

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 1. This Act may be referred to as the Health Care  
5 Workforce Reinforcement Act.

6 Section 5. The Department of Professional Regulation Law  
7 of the Civil Administrative Code of Illinois is amended by  
8 changing Section 2105-400 as follows:

9 (20 ILCS 2105/2105-400)

10 Sec. 2105-400. Emergency powers.

11 (a) Upon proclamation of a disaster by the Governor, as  
12 provided for in the Illinois Emergency Management Agency Act,  
13 the Secretary of Financial and Professional Regulation shall  
14 have the following powers, which shall be exercised only in  
15 coordination with the Illinois Emergency Management Agency and  
16 the Department of Public Health:

17 (1) The power to suspend the requirements for  
18 permanent or temporary licensure of persons who are  
19 licensed in another state and are working ~~under the~~  
20 ~~direction of the Illinois Emergency Management Agency and~~  
21 ~~the Department of Public Health~~ pursuant to a declared  
22 disaster.

1           (2) The power to modify the scope of practice  
2 restrictions under any licensing act administered by the  
3 Department for any person working under the direction of  
4 the Illinois Emergency Management Agency and the Illinois  
5 Department of Public Health pursuant to the declared  
6 disaster.

7           (3) The power to expand the exemption in Section 4(a)  
8 of the Pharmacy Practice Act to those licensed  
9 professionals whose scope of practice has been modified,  
10 under paragraph (2) of subsection (a) of this Section, to  
11 include any element of the practice of pharmacy as defined  
12 in the Pharmacy Practice Act for any person working under  
13 the direction of the Illinois Emergency Management Agency  
14 and the Illinois Department of Public Health pursuant to  
15 the declared disaster.

16           (b) Persons exempt from licensure under paragraph (1) of  
17 subsection (a) of this Section and persons operating under  
18 modified scope of practice provisions under paragraph (2) of  
19 subsection (a) of this Section shall be exempt from licensure  
20 or be subject to modified scope of practice only until the  
21 declared disaster has ended as provided by law. For purposes  
22 of this Section, persons working under the direction of an  
23 emergency services and disaster agency accredited by the  
24 Illinois Emergency Management Agency and a local public health  
25 department, pursuant to a declared disaster, shall be deemed  
26 to be working under the direction of the Illinois Emergency

1 Management Agency and the Department of Public Health.

2 (c) The Secretary or the Director, as his or her designee,  
3 shall exercise these powers by way of proclamation.

4 (d) Any person who was issued a temporary out-of-state  
5 permit by the Department pursuant to a proclamation issued by  
6 the Secretary or related action by the Director in response to  
7 the COVID-19 pandemic may continue to practice under his or  
8 her temporary out-of-state permit if he or she submits an  
9 application for licensure by endorsement to the Department on  
10 or before May 11, 2023. Any such person may continue to  
11 practice under his or her temporary out-of-state permit until  
12 the Department issues the license or denies the application,  
13 at which time the temporary out-of-state permit shall expire.  
14 If the Department does not issue the license or does not deny  
15 the application by May 11, 2024, the temporary out-of-state  
16 permit shall expire. If the person holding a temporary  
17 out-of-state permit does not submit an application for  
18 licensure by endorsement to the Department on or before May  
19 11, 2023, the temporary out-of-state COVID permit shall expire  
20 on that date. The Secretary may extend the May 11, 2023  
21 deadline under this subsection for an additional 60 days. This  
22 subsection applies to the following licensed professions:  
23 physician; registered nurse; practical nurse; advanced  
24 practice registered nurse; full practice advanced practice  
25 registered nurse; pharmacist; occupational therapist;  
26 occupational therapy assistant; physical therapist; physical

1 therapist assistant; clinical psychologist; physician  
2 assistant; clinical social worker; social worker; dietitian  
3 nutritionist; professional counselor; clinical professional  
4 counselor; and respiratory care practitioner.

5 (e) Any person who was issued a temporary reinstatement  
6 permit by the Department pursuant to a proclamation issued by  
7 the Secretary or related action by the Director in response to  
8 the COVID-19 pandemic may continue to practice under his or  
9 her temporary reinstatement permit if he or she submits an  
10 application for restoration or reinstatement of his or her  
11 license to the Department on or before May 11, 2023. Any such  
12 person may continue to practice under his or her temporary  
13 reinstatement permit until the Department restores or  
14 reinstates the license or denies the application, at which  
15 time the temporary reinstatement permit shall expire. If the  
16 Department does not restore or reinstate the license or does  
17 not deny the application by May 11, 2024, the temporary  
18 reinstatement permit shall expire. If the person holding a  
19 temporary reinstatement permit does not submit an application  
20 for restoration or reinstatement to the Department on or  
21 before May 11, 2023, the temporary reinstatement permit shall  
22 expire on that date. The Secretary may extend the May 11, 2023  
23 deadline under this subsection for an additional 60 days. This  
24 subsection applies to the following licensed professions:  
25 physician; registered nurse; practical nurse; advanced  
26 practice registered nurse; full practice advanced practice

1 registered nurse; pharmacist; occupational therapist;  
2 occupational therapy assistant; physical therapist; physical  
3 therapist assistant; clinical psychologist; physician  
4 assistant; clinical social worker; social worker; dietitian  
5 nutritionist; professional counselor; clinical professional  
6 counselor; and respiratory care practitioner.

7 (Source: P.A. 99-227, eff. 8-3-15.)

8 Section 10. The Assisted Living and Shared Housing Act is  
9 amended by changing Sections 40 and 110 as follows:

10 (210 ILCS 9/40)

11 Sec. 40. Probationary licenses. If the applicant has not  
12 been previously licensed under this Act or if the  
13 establishment is not in operation at the time the application  
14 is made and if the Department determines that the applicant  
15 meets the licensure requirements of this Act, the Department  
16 shall issue a probationary license. A probationary license  
17 shall be valid for 120 days unless sooner suspended or  
18 revoked. Within 30 days prior to the termination of a  
19 probationary license, the Department shall fully and  
20 completely review the establishment and, if the establishment  
21 meets the applicable requirements for licensure, shall issue a  
22 license, except that, during a statewide public health  
23 emergency, as defined in the Illinois Emergency Management  
24 Agency Act, the Department shall fully and completely review

1 the establishment to the extent feasible. If the Department  
2 finds that the establishment does not meet the requirements  
3 for licensure, but has made substantial progress toward  
4 meeting those requirements, the license may be renewed once  
5 for a period not to exceed 120 days from the expiration date of  
6 the initial probationary license.

7 (Source: P.A. 93-1003, eff. 8-23-04.)

8 (210 ILCS 9/110)

9 Sec. 110. Powers and duties of the Department.

10 (a) The Department shall conduct an annual unannounced  
11 on-site visit at each assisted living and shared housing  
12 establishment to determine compliance with applicable  
13 licensure requirements and standards, except that, during a  
14 statewide public health emergency, as defined in the Illinois  
15 Emergency Management Agency Act, the Department shall conduct  
16 on-site reviews and annual unannounced on-site visits to the  
17 extent feasible. Additional visits may be conducted without  
18 prior notice to the assisted living or shared housing  
19 establishment.

20 (b) Upon receipt of information that may indicate the  
21 failure of the assisted living or shared housing establishment  
22 or a service provider to comply with a provision of this Act,  
23 the Department shall investigate the matter or make  
24 appropriate referrals to other government agencies and  
25 entities having jurisdiction over the subject matter of the

1 possible violation. The Department may also make referrals to  
2 any public or private agency that the Department considers  
3 available for appropriate assistance to those involved. The  
4 Department may oversee and coordinate the enforcement of State  
5 consumer protection policies affecting residents residing in  
6 an establishment licensed under this Act.

7 (c) The Department shall establish by rule complaint  
8 receipt, investigation, resolution, and involuntary residency  
9 termination procedures. Resolution procedures shall provide  
10 for on-site review and evaluation of an assisted living or  
11 shared housing establishment found to be in violation of this  
12 Act within a specified period of time based on the gravity and  
13 severity of the violation and any pervasive pattern of  
14 occurrences of the same or similar violations.

15 (d) (Blank).

16 (e) The Department shall by rule establish penalties and  
17 sanctions, which shall include, but need not be limited to,  
18 the creation of a schedule of graduated penalties and  
19 sanctions to include closure.

20 (f) The Department shall by rule establish procedures for  
21 disclosure of information to the public, which shall include,  
22 but not be limited to, ownership, licensure status, frequency  
23 of complaints, disposition of substantiated complaints, and  
24 disciplinary actions.

25 (g) (Blank).

26 (h) Beginning January 1, 2000, the Department shall begin

1 drafting rules necessary for the administration of this Act.

2 (Source: P.A. 96-975, eff. 7-2-10.)

3 Section 15. The Nursing Home Care Act is amended by  
4 changing Sections 3-102.2, 3-116, 3-202.5, 3-202.6, 3-206, and  
5 3-702 as follows:

6 (210 ILCS 45/3-102.2)

7 Sec. 3-102.2. Supported congregate living arrangement  
8 demonstration. The Illinois Department may grant no more than  
9 3 waivers from the requirements of this Act for facilities  
10 participating in the supported congregate living arrangement  
11 demonstration. A joint waiver request must be made by an  
12 applicant and the Department on Aging. If the Department on  
13 Aging does not act upon an application within 60 days, the  
14 applicant may submit a written waiver request on its own  
15 behalf. The waiver request must include a specific program  
16 plan describing the types of residents to be served and the  
17 services that will be provided in the facility. The Department  
18 shall conduct an on-site review at each facility annually or  
19 as often as necessary to ascertain compliance with the program  
20 plan, except that, during a statewide public health emergency,  
21 as defined in the Illinois Emergency Management Agency Act,  
22 the Department shall conduct on-site reviews and annual  
23 unannounced on-site visits to the extent feasible. The  
24 Department may revoke the waiver if it determines that the



1 facility is not in compliance with the program plan. Nothing  
2 in this Section prohibits the Department from conducting  
3 complaint investigations.

4 A facility granted a waiver under this Section is not  
5 subject to the Illinois Health Facilities Planning Act, unless  
6 it subsequently applies for a certificate of need to convert  
7 to a nursing facility. A facility applying for conversion  
8 shall meet the licensure and certificate of need requirements  
9 in effect as of the date of application, and this provision may  
10 not be waived.

11 (Source: P.A. 89-530, eff. 7-19-96.)

12 (210 ILCS 45/3-116) (from Ch. 111 1/2, par. 4153-116)

13 Sec. 3-116. If the applicant has not been previously  
14 licensed or if the facility is not in operation at the time  
15 application is made, the Department shall issue only a  
16 probationary license. A probationary license shall be valid  
17 for 120 days unless sooner suspended or revoked under Section  
18 3-119. Within 30 days prior to the termination of a  
19 probationary license, the Department shall fully and  
20 completely inspect the facility and, if the facility meets the  
21 applicable requirements for licensure, shall issue a license  
22 under Section 3-109, except that, during a statewide public  
23 health emergency, as defined in the Illinois Emergency  
24 Management Agency Act, the Department shall fully and  
25 completely inspect the establishment within appropriate time

1 frames to the extent feasible. If the Department finds that  
2 the facility does not meet the requirements for licensure but  
3 has made substantial progress toward meeting those  
4 requirements, the license may be renewed once for a period not  
5 to exceed 120 days from the expiration date of the initial  
6 probationary license.

7 (Source: P.A. 81-223.)

8 (210 ILCS 45/3-202.5)

9 Sec. 3-202.5. Facility plan review; fees.

10 (a) Before commencing construction of a new facility or  
11 specified types of alteration or additions to an existing long  
12 term care facility involving major construction, as defined by  
13 rule by the Department, with an estimated cost greater than  
14 \$100,000, architectural drawings and specifications for the  
15 facility shall be submitted to the Department for review and  
16 approval. A facility may submit architectural drawings and  
17 specifications for other construction projects for Department  
18 review according to subsection (b) that shall not be subject  
19 to fees under subsection (d). Review of drawings and  
20 specifications shall be conducted by an employee of the  
21 Department meeting the qualifications established by the  
22 Department of Central Management Services class specifications  
23 for such an individual's position or by a person contracting  
24 with the Department who meets those class specifications.  
25 Final approval of the drawings and specifications for

1 compliance with design and construction standards shall be  
2 obtained from the Department before the alteration, addition,  
3 or new construction is begun.

4 (b) The Department shall inform an applicant in writing  
5 within 10 working days after receiving drawings and  
6 specifications and the required fee, if any, from the  
7 applicant whether the applicant's submission is complete or  
8 incomplete. Failure to provide the applicant with this notice  
9 within 10 working days shall result in the submission being  
10 deemed complete for purposes of initiating the 60-day review  
11 period under this Section. If the submission is incomplete,  
12 the Department shall inform the applicant of the deficiencies  
13 with the submission in writing. If the submission is complete  
14 the required fee, if any, has been paid, the Department shall  
15 approve or disapprove drawings and specifications submitted to  
16 the Department no later than 60 days following receipt by the  
17 Department. The drawings and specifications shall be of  
18 sufficient detail, as provided by Department rule, to enable  
19 the Department to render a determination of compliance with  
20 design and construction standards under this Act. If the  
21 Department finds that the drawings are not of sufficient  
22 detail for it to render a determination of compliance, the  
23 plans shall be determined to be incomplete and shall not be  
24 considered for purposes of initiating the 60-day ~~60-day~~ review  
25 period. If a submission of drawings and specifications is  
26 incomplete, the applicant may submit additional information.

1 The 60-day review period shall not commence until the  
2 Department determines that a submission of drawings and  
3 specifications is complete or the submission is deemed  
4 complete. If the Department has not approved or disapproved  
5 the drawings and specifications within 60 days, the  
6 construction, major alteration, or addition shall be deemed  
7 approved. If the drawings and specifications are disapproved,  
8 the Department shall state in writing, with specificity, the  
9 reasons for the disapproval. The entity submitting the  
10 drawings and specifications may submit additional information  
11 in response to the written comments from the Department or  
12 request a reconsideration of the disapproval. A final decision  
13 of approval or disapproval shall be made within 45 days of the  
14 receipt of the additional information or reconsideration  
15 request. If denied, the Department shall state the specific  
16 reasons for the denial.

17 (c) The Department shall provide written approval for  
18 occupancy pursuant to subsection (g) and shall not issue a  
19 violation to a facility as a result of a licensure or complaint  
20 survey based upon the facility's physical structure if:

21 (1) the Department reviewed and approved or deemed  
22 approved the drawings and specifications for compliance  
23 with design and construction standards;

24 (2) the construction, major alteration, or addition  
25 was built as submitted;

26 (3) the law or rules have not been amended since the

1 original approval; and

2 (4) the conditions at the facility indicate that there  
3 is a reasonable degree of safety provided for the  
4 residents.

5 (d) The Department shall charge the following fees in  
6 connection with its reviews conducted before June 30, 2004  
7 under this Section:

8 (1) (Blank).

9 (2) (Blank).

10 (3) If the estimated dollar value of the alteration,  
11 addition, or new construction is \$100,000 or more but less  
12 than \$500,000, the fee shall be the greater of \$2,400 or  
13 1.2% of that value.

14 (4) If the estimated dollar value of the alteration,  
15 addition, or new construction is \$500,000 or more but less  
16 than \$1,000,000, the fee shall be the greater of \$6,000 or  
17 0.96% of that value.

18 (5) If the estimated dollar value of the alteration,  
19 addition, or new construction is \$1,000,000 or more but  
20 less than \$5,000,000, the fee shall be the greater of  
21 \$9,600 or 0.22% of that value.

22 (6) If the estimated dollar value of the alteration,  
23 addition, or new construction is \$5,000,000 or more, the  
24 fee shall be the greater of \$11,000 or 0.11% of that value,  
25 but shall not exceed \$40,000.

26 The fees provided in this subsection (d) shall not apply

1 to major construction projects involving facility changes that  
2 are required by Department rule amendments.

3 The fees provided in this subsection (d) shall also not  
4 apply to major construction projects if 51% or more of the  
5 estimated cost of the project is attributed to capital  
6 equipment. For major construction projects where 51% or more  
7 of the estimated cost of the project is attributed to capital  
8 equipment, the Department shall by rule establish a fee that  
9 is reasonably related to the cost of reviewing the project.

10 The Department shall not commence the facility plan review  
11 process under this Section until the applicable fee has been  
12 paid.

13 (e) All fees received by the Department under this Section  
14 shall be deposited into the Health Facility Plan Review Fund,  
15 a special fund created in the State Treasury. All fees paid by  
16 long-term care facilities under subsection (d) shall be used  
17 only to cover the costs relating to the Department's review of  
18 long-term care facility projects under this Section. Moneys  
19 shall be appropriated from that Fund to the Department only to  
20 pay the costs of conducting reviews under this Section or  
21 under Section 3-202.5 of the ID/DD Community Care Act or  
22 Section 3-202.5 of the MC/DD Act. None of the moneys in the  
23 Health Facility Plan Review Fund shall be used to reduce the  
24 amount of General Revenue Fund moneys appropriated to the  
25 Department for facility plan reviews conducted pursuant to  
26 this Section.

1 (f) (1) The provisions of this amendatory Act of 1997  
2 concerning drawings and specifications shall apply only to  
3 drawings and specifications submitted to the Department on or  
4 after October 1, 1997.

5 (2) On and after the effective date of this amendatory Act  
6 of 1997 and before October 1, 1997, an applicant may submit or  
7 resubmit drawings and specifications to the Department and pay  
8 the fees provided in subsection (d). If an applicant pays the  
9 fees provided in subsection (d) under this paragraph (2), the  
10 provisions of subsection (b) shall apply with regard to those  
11 drawings and specifications.

12 (g) The Department shall conduct an on-site inspection of  
13 the completed project no later than 30 days after notification  
14 from the applicant that the project has been completed and all  
15 certifications required by the Department have been received  
16 and accepted by the Department, except that, during a  
17 statewide public health emergency, as defined in the Illinois  
18 Emergency Management Agency Act, the Department shall conduct  
19 an on-site inspection of the completed project to the extent  
20 feasible. The Department shall provide written approval for  
21 occupancy to the applicant within 5 working days of the  
22 Department's final inspection, provided the applicant has  
23 demonstrated substantial compliance as defined by Department  
24 rule. Occupancy of new major construction is prohibited until  
25 Department approval is received, unless the Department has not  
26 acted within the time frames provided in this subsection (g),

1 in which case the construction shall be deemed approved.  
2 Occupancy shall be authorized after any required health  
3 inspection by the Department has been conducted.

4 (h) The Department shall establish, by rule, a procedure  
5 to conduct interim on-site review of large or complex  
6 construction projects.

7 (i) The Department shall establish, by rule, an expedited  
8 process for emergency repairs or replacement of like  
9 equipment.

10 (j) Nothing in this Section shall be construed to apply to  
11 maintenance, upkeep, or renovation that does not affect the  
12 structural integrity of the building, does not add beds or  
13 services over the number for which the long-term care facility  
14 is licensed, and provides a reasonable degree of safety for  
15 the residents.

16 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

17 (210 ILCS 45/3-202.6)

18 Sec. 3-202.6. Department of Veterans' Affairs facility  
19 plan review.

20 (a) Before commencing construction of a new facility or  
21 specified types of alteration or additions to an existing  
22 long-term care facility involving major construction, as  
23 defined by rule by the Department, with an estimated cost  
24 greater than \$100,000, architectural drawings and  
25 specifications for the facility shall be submitted to the



1 Department for review. A facility may submit architectural  
2 drawings and specifications for other construction projects  
3 for Department review according to subsection (b) of this  
4 Section. Review of drawings and specifications shall be  
5 conducted by an employee of the Department meeting the  
6 qualifications established by the Department of Central  
7 Management Services class specifications for such an  
8 individual's position or by a person contracting with the  
9 Department who meets those class specifications.

10 (b) The Department shall inform an applicant in writing  
11 within 15 working days after receiving drawings and  
12 specifications from the applicant whether the applicant's  
13 submission is complete or incomplete. Failure to provide the  
14 applicant with this notice within 15 working days after  
15 receiving drawings and specifications from the applicant shall  
16 result in the submission being deemed complete for purposes of  
17 initiating the 60-working-day review period under this  
18 Section. If the submission is incomplete, the Department shall  
19 inform the applicant of the deficiencies with the submission  
20 in writing.

21 If the submission is complete, the Department shall  
22 approve or disapprove drawings and specifications submitted to  
23 the Department no later than 60 working days following receipt  
24 by the Department. The drawings and specifications shall be of  
25 sufficient detail, as provided by Department rule, to enable  
26 the Department to render a determination of compliance with

1 design and construction standards under this Act. If the  
2 Department finds that the drawings are not of sufficient  
3 detail for it to render a determination of compliance, the  
4 plans shall be determined to be incomplete and shall not be  
5 considered for purposes of initiating the 60-working-day  
6 review period. If a submission of drawings and specifications  
7 is incomplete, the applicant may submit additional  
8 information. The 60-working-day review period shall not  
9 commence until the Department determines that a submission of  
10 drawings and specifications is complete or the submission is  
11 deemed complete. If the Department has not approved or  
12 disapproved the drawings and specifications within 60 working  
13 days after receipt by the Department, the construction, major  
14 alteration, or addition shall be deemed approved. If the  
15 drawings and specifications are disapproved, the Department  
16 shall state in writing, with specificity, the reasons for the  
17 disapproval. The entity submitting the drawings and  
18 specifications may submit additional information in response  
19 to the written comments from the Department or request a  
20 reconsideration of the disapproval. A final decision of  
21 approval or disapproval shall be made within 45 working days  
22 after the receipt of the additional information or  
23 reconsideration request. If denied, the Department shall state  
24 the specific reasons for the denial.

25 (c) The Department shall provide written approval for  
26 occupancy pursuant to subsection (e) of this Section and shall

1 not issue a violation to a facility as a result of a licensure  
2 or complaint survey based upon the facility's physical  
3 structure if:

4 (1) the Department reviewed and approved or is deemed  
5 to have approved the drawings and specifications for  
6 compliance with design and construction standards;

7 (2) the construction, major alteration, or addition  
8 was built as submitted;

9 (3) the law or rules have not been amended since the  
10 original approval; and

11 (4) the conditions at the facility indicate that there  
12 is a reasonable degree of safety provided for the  
13 residents.

14 (d) The Department shall not charge a fee in connection  
15 with its reviews to the Department of Veterans' Affairs.

16 (e) The Department shall conduct an on-site inspection of  
17 the completed project no later than 45 working days after  
18 notification from the applicant that the project has been  
19 completed and all certifications required by the Department  
20 have been received and accepted by the Department, except  
21 that, during a statewide public health emergency, as defined  
22 in the Illinois Emergency Management Agency Act, the  
23 Department shall conduct an on-site inspection of the  
24 completed project to the extent feasible. The Department may  
25 extend this deadline if a federally mandated survey time frame  
26 takes precedence. The Department shall provide written

1 approval for occupancy to the applicant within 7 working days  
2 after the Department's final inspection, provided the  
3 applicant has demonstrated substantial compliance as defined  
4 by Department rule. Occupancy of new major construction is  
5 prohibited until Department approval is received, unless the  
6 Department has not acted within the time frames provided in  
7 this subsection (e), in which case the construction shall be  
8 deemed approved. Occupancy shall be authorized after any  
9 required health inspection by the Department has been  
10 conducted.

11 (f) The Department shall establish, by rule, an expedited  
12 process for emergency repairs or replacement of like  
13 equipment.

14 (g) Nothing in this Section shall be construed to apply to  
15 maintenance, upkeep, or renovation that does not affect the  
16 structural integrity or fire or life safety of the building,  
17 does not add beds or services over the number for which the  
18 long-term care facility is licensed, and provides a reasonable  
19 degree of safety for the residents.

20 (h) If the number of licensed facilities increases or the  
21 number of beds for the currently licensed facilities  
22 increases, the Department has the right to reassess the  
23 mandated time frames listed in this Section.

24 (Source: P.A. 99-314, eff. 8-7-15.)

25 (210 ILCS 45/3-206) (from Ch. 111 1/2, par. 4153-206)

1           Sec. 3-206. The Department shall prescribe a curriculum  
2 for training nursing assistants, habilitation aides, and child  
3 care aides.

4           (a) No person, except a volunteer who receives no  
5 compensation from a facility and is not included for the  
6 purpose of meeting any staffing requirements set forth by the  
7 Department, shall act as a nursing assistant, habilitation  
8 aide, or child care aide in a facility, nor shall any person,  
9 under any other title, not licensed, certified, or registered  
10 to render medical care by the Department of Financial and  
11 Professional Regulation, assist with the personal, medical, or  
12 nursing care of residents in a facility, unless such person  
13 meets the following requirements:

14           (1) Be at least 16 years of age, of temperate habits  
15 and good moral character, honest, reliable and  
16 trustworthy.

17           (2) Be able to speak and understand the English  
18 language or a language understood by a substantial  
19 percentage of the facility's residents.

20           (3) Provide evidence of employment or occupation, if  
21 any, and residence for 2 years prior to his present  
22 employment.

23           (4) Have completed at least 8 years of grade school or  
24 provide proof of equivalent knowledge.

25           (5) Begin a current course of training for nursing  
26 assistants, habilitation aides, or child care aides,

1 approved by the Department, within 45 days of initial  
2 employment in the capacity of a nursing assistant,  
3 habilitation aide, or child care aide at any facility.  
4 Such courses of training shall be successfully completed  
5 within 120 days of initial employment in the capacity of  
6 nursing assistant, habilitation aide, or child care aide  
7 at a facility. Nursing assistants, habilitation aides, and  
8 child care aides who are enrolled in approved courses in  
9 community colleges or other educational institutions on a  
10 term, semester, or trimester basis, shall be exempt from  
11 the 120-day completion time limit. During a statewide  
12 public health emergency, as defined in the Illinois  
13 Emergency Management Agency Act, all nursing assistants,  
14 habilitation aides, and child care aides shall, to the  
15 extent feasible, complete the training. The Department  
16 shall adopt rules for such courses of training. These  
17 rules shall include procedures for facilities to carry on  
18 an approved course of training within the facility. The  
19 Department shall allow an individual to satisfy the  
20 supervised clinical experience requirement for placement  
21 on the Health Care Worker Registry under 77 Ill. Adm. Code  
22 300.663 through supervised clinical experience at an  
23 assisted living establishment licensed under the Assisted  
24 Living and Shared Housing Act. The Department shall adopt  
25 rules requiring that the Health Care Worker Registry  
26 include information identifying where an individual on the

1 Health Care Worker Registry received his or her clinical  
2 training.

3 The Department may accept comparable training in lieu  
4 of the 120-hour course for student nurses, foreign nurses,  
5 military personnel, or employees of the Department of  
6 Human Services.

7 The Department shall accept on-the-job experience in  
8 lieu of clinical training from any individual who  
9 participated in the temporary nursing assistant program  
10 during the COVID-19 pandemic before the end date of the  
11 temporary nursing assistant program and left the program  
12 in good standing, and the Department shall notify all  
13 approved certified nurse assistant training programs in  
14 the State of this requirement. The individual shall  
15 receive one hour of credit for every hour employed as a  
16 temporary nursing assistant, up to 40 total hours, and  
17 shall be permitted 90 days after the end date of the  
18 temporary nursing assistant program to enroll in an  
19 approved certified nursing assistant training program and  
20 240 days to successfully complete the certified nursing  
21 assistant training program. Temporary nursing assistants  
22 who enroll in a certified nursing assistant training  
23 program within 90 days of the end of the temporary nursing  
24 assistant program may continue to work as a nursing  
25 assistant for up to 240 days after enrollment in the  
26 certified nursing assistant training program. As used in

1           this Section, "temporary nursing assistant program" means  
2           the program implemented by the Department of Public Health  
3           by emergency rule, as listed in 44 Ill. Reg. 7936,  
4           effective April 21, 2020.

5           The facility shall develop and implement procedures,  
6           which shall be approved by the Department, for an ongoing  
7           review process, which shall take place within the  
8           facility, for nursing assistants, habilitation aides, and  
9           child care aides.

10          At the time of each regularly scheduled licensure  
11          survey, or at the time of a complaint investigation, the  
12          Department may require any nursing assistant, habilitation  
13          aide, or child care aide to demonstrate, either through  
14          written examination or action, or both, sufficient  
15          knowledge in all areas of required training. If such  
16          knowledge is inadequate the Department shall require the  
17          nursing assistant, habilitation aide, or child care aide  
18          to complete inservice training and review in the facility  
19          until the nursing assistant, habilitation aide, or child  
20          care aide demonstrates to the Department, either through  
21          written examination or action, or both, sufficient  
22          knowledge in all areas of required training.

23          (6) Be familiar with and have general skills related  
24          to resident care.

25          (a-0.5) An educational entity, other than a secondary  
26          school, conducting a nursing assistant, habilitation aide, or



1 child care aide training program shall initiate a criminal  
2 history record check in accordance with the Health Care Worker  
3 Background Check Act prior to entry of an individual into the  
4 training program. A secondary school may initiate a criminal  
5 history record check in accordance with the Health Care Worker  
6 Background Check Act at any time during or after a training  
7 program.

8 (a-1) Nursing assistants, habilitation aides, or child  
9 care aides seeking to be included on the Health Care Worker  
10 Registry under the Health Care Worker Background Check Act on  
11 or after January 1, 1996 must authorize the Department of  
12 Public Health or its designee to request a criminal history  
13 record check in accordance with the Health Care Worker  
14 Background Check Act and submit all necessary information. An  
15 individual may not newly be included on the Health Care Worker  
16 Registry unless a criminal history record check has been  
17 conducted with respect to the individual.

18 (b) Persons subject to this Section shall perform their  
19 duties under the supervision of a licensed nurse.

20 (c) It is unlawful for any facility to employ any person in  
21 the capacity of nursing assistant, habilitation aide, or child  
22 care aide, or under any other title, not licensed by the State  
23 of Illinois to assist in the personal, medical, or nursing  
24 care of residents in such facility unless such person has  
25 complied with this Section.

26 (d) Proof of compliance by each employee with the

1 requirements set out in this Section shall be maintained for  
2 each such employee by each facility in the individual  
3 personnel folder of the employee. Proof of training shall be  
4 obtained only from the Health Care Worker Registry.

5 (e) Each facility shall obtain access to the Health Care  
6 Worker Registry's web application, maintain the employment and  
7 demographic information relating to each employee, and verify  
8 by the category and type of employment that each employee  
9 subject to this Section meets all the requirements of this  
10 Section.

11 (f) Any facility that is operated under Section 3-803  
12 shall be exempt from the requirements of this Section.

13 (g) Each skilled nursing and intermediate care facility  
14 that admits persons who are diagnosed as having Alzheimer's  
15 disease or related dementias shall require all nursing  
16 assistants, habilitation aides, or child care aides, who did  
17 not receive 12 hours of training in the care and treatment of  
18 such residents during the training required under paragraph  
19 (5) of subsection (a), to obtain 12 hours of in-house training  
20 in the care and treatment of such residents. If the facility  
21 does not provide the training in-house, the training shall be  
22 obtained from other facilities, community colleges or other  
23 educational institutions that have a recognized course for  
24 such training. The Department shall, by rule, establish a  
25 recognized course for such training. The Department's rules  
26 shall provide that such training may be conducted in-house at

1 each facility subject to the requirements of this subsection,  
2 in which case such training shall be monitored by the  
3 Department.

4 The Department's rules shall also provide for  
5 circumstances and procedures whereby any person who has  
6 received training that meets the requirements of this  
7 subsection shall not be required to undergo additional  
8 training if he or she is transferred to or obtains employment  
9 at a different facility or a facility other than a long-term  
10 care facility but remains continuously employed for pay as a  
11 nursing assistant, habilitation aide, or child care aide.  
12 Individuals who have performed no nursing or nursing-related  
13 services for a period of 24 consecutive months shall be listed  
14 as "inactive" and as such do not meet the requirements of this  
15 Section. Licensed sheltered care facilities shall be exempt  
16 from the requirements of this Section.

17 An individual employed during the COVID-19 pandemic as a  
18 nursing assistant in accordance with any Executive Orders,  
19 emergency rules, or policy memoranda related to COVID-19 shall  
20 be assumed to meet competency standards and may continue to be  
21 employed as a certified nurse assistant when the pandemic ends  
22 and the Executive Orders or emergency rules lapse. Such  
23 individuals shall be listed on the Department's Health Care  
24 Worker Registry website as "active".

25 (Source: P.A. 100-297, eff. 8-24-17; 100-432, eff. 8-25-17;  
26 100-863, eff. 8-14-18; 101-655, eff. 3-12-21.)

1 (210 ILCS 45/3-702) (from Ch. 111 1/2, par. 4153-702)

2 Sec. 3-702. (a) A person who believes that this Act or a  
3 rule promulgated under this Act may have been violated may  
4 request an investigation. The request may be submitted to the  
5 Department in writing, by telephone, by electronic means, or  
6 by personal visit. An oral complaint shall be reduced to  
7 writing by the Department. The Department shall make  
8 available, through its website and upon request, information  
9 regarding the oral and phone intake processes and the list of  
10 questions that will be asked of the complainant. The  
11 Department shall request information identifying the  
12 complainant, including the name, address, and telephone  
13 number, to help enable appropriate follow-up. The Department  
14 shall act on such complaints via on-site visits or other  
15 methods deemed appropriate to handle the complaints with or  
16 without such identifying information, as otherwise provided  
17 under this Section. The complainant shall be informed that  
18 compliance with such request is not required to satisfy the  
19 procedures for filing a complaint under this Act. The  
20 Department must notify complainants that complaints with less  
21 information provided are far more difficult to respond to and  
22 investigate.

23 (b) The substance of the complaint shall be provided in  
24 writing to the licensee, owner, or administrator no earlier  
25 than at the commencement of an on-site inspection of the

1 facility which takes place pursuant to the complaint.

2 (c) The Department shall not disclose the name of the  
3 complainant unless the complainant consents in writing to the  
4 disclosure or the investigation results in a judicial  
5 proceeding, or unless disclosure is essential to the  
6 investigation. The complainant shall be given the opportunity  
7 to withdraw the complaint before disclosure. Upon the request  
8 of the complainant, the Department may permit the complainant  
9 or a representative of the complainant to accompany the person  
10 making the on-site inspection of the facility.

11 (d) Upon receipt of a complaint, the Department shall  
12 determine whether this Act or a rule promulgated under this  
13 Act has been or is being violated. The Department shall  
14 investigate all complaints alleging abuse or neglect within 7  
15 days after the receipt of the complaint except that complaints  
16 of abuse or neglect which indicate that a resident's life or  
17 safety is in imminent danger shall be investigated within 24  
18 hours after receipt of the complaint. All other complaints  
19 shall be investigated within 30 days after the receipt of the  
20 complaint, except that, during a statewide public health  
21 emergency, as defined in the Illinois Emergency Management  
22 Agency Act, all other complaints shall be investigated within  
23 appropriate time frames to the extent feasible. The Department  
24 employees investigating a complaint shall conduct a brief,  
25 informal exit conference with the facility to alert its  
26 administration of any suspected serious deficiency that poses

1 a direct threat to the health, safety, or welfare of a resident  
2 to enable an immediate correction for the alleviation or  
3 elimination of such threat. Such information and findings  
4 discussed in the brief exit conference shall become a part of  
5 the investigating record but shall not in any way constitute  
6 an official or final notice of violation as provided under  
7 Section 3-301. All complaints shall be classified as "an  
8 invalid report", "a valid report", or "an undetermined  
9 report". For any complaint classified as "a valid report", the  
10 Department must determine within 30 working days after any  
11 Department employee enters a facility to begin an on-site  
12 inspection if any rule or provision of this Act has been or is  
13 being violated.

14 (d-1) The Department shall, whenever possible, combine an  
15 on-site investigation of a complaint in a facility with other  
16 inspections in order to avoid duplication of inspections.

17 (e) In all cases, the Department shall inform the  
18 complainant of its findings within 10 days of its  
19 determination unless otherwise indicated by the complainant,  
20 and the complainant may direct the Department to send a copy of  
21 such findings to another person. The Department's findings may  
22 include comments or documentation provided by either the  
23 complainant or the licensee pertaining to the complaint. The  
24 Department shall also notify the facility of such findings  
25 within 10 days of the determination, but the name of the  
26 complainant or residents shall not be disclosed in this notice

1 to the facility. The notice of such findings shall include a  
2 copy of the written determination; the correction order, if  
3 any; the warning notice, if any; the inspection report; or the  
4 State licensure form on which the violation is listed.

5 (f) A written determination, correction order, or warning  
6 notice concerning a complaint, together with the facility's  
7 response, shall be available for public inspection, but the  
8 name of the complainant or resident shall not be disclosed  
9 without his consent.

10 (g) A complainant who is dissatisfied with the  
11 determination or investigation by the Department may request a  
12 hearing under Section 3-703. The facility shall be given  
13 notice of any such hearing and may participate in the hearing  
14 as a party. If a facility requests a hearing under Section  
15 3-703 which concerns a matter covered by a complaint, the  
16 complainant shall be given notice and may participate in the  
17 hearing as a party. A request for a hearing by either a  
18 complainant or a facility shall be submitted in writing to the  
19 Department within 30 days after the mailing of the  
20 Department's findings as described in subsection (e) of this  
21 Section. Upon receipt of the request the Department shall  
22 conduct a hearing as provided under Section 3-703.

23 (g-5) The Department shall conduct an annual review of all  
24 survey activity from the preceding fiscal year and make a  
25 report concerning the complaint and survey process. The report  
26 shall include, but not be limited to:

- 1           (1) the total number of complaints received;
- 2           (2) the breakdown of 24-hour, 7-day, and 30-day
- 3 complaints;
- 4           (3) the breakdown of anonymous and non-anonymous
- 5 complaints;
- 6           (4) the number of complaints that were substantiated
- 7 versus unsubstantiated;
- 8           (5) the total number of substantiated complaints that
- 9 were completed in the time frame determined under
- 10 subsection (d);
- 11           (6) the total number of informal dispute resolutions
- 12 requested;
- 13           (7) the total number of informal dispute resolution
- 14 requests approved;
- 15           (8) the total number of informal dispute resolutions
- 16 that were overturned or reduced in severity;
- 17           (9) the total number of nurse surveyors hired during
- 18 the calendar year;
- 19           (10) the total number of nurse surveyors who left
- 20 Department employment;
- 21           (11) the average length of tenure for nurse surveyors
- 22 employed by the Department at the time the report is
- 23 created;
- 24           (12) the total number of times the Department imposed
- 25 discretionary denial of payment within 15 days of notice
- 26 and within 2 days of notice as well as the number of times



1 the discretionary denial of payment took effect; and  
2 (13) any other complaint information requested by the  
3 Long-Term Care Facility Advisory Board created under  
4 Section 2-204 of this Act or the Illinois Long-Term Care  
5 Council created under Section 4.04a of the Illinois Act on  
6 the Aging.

7 This report shall be provided to the Long-Term Care  
8 Facility Advisory Board, the Illinois Long-Term Care Council,  
9 and the General Assembly. The Long-Term Care Facility Advisory  
10 Board and the Illinois Long-Term Care Council shall review the  
11 report and suggest any changes deemed necessary to the  
12 Department for review and action, including how to investigate  
13 and substantiate anonymous complaints.

14 (h) Any person who knowingly transmits a false report to  
15 the Department commits the offense of disorderly conduct under  
16 subsection (a)(8) of Section 26-1 of the Criminal Code of  
17 2012.

18 (Source: P.A. 102-432, eff. 8-20-21; 102-947, eff. 1-1-23;  
19 revised 12-9-22.)

20 Section 20. The MC/DD Act is amended by changing Sections  
21 3-116, 3-202.5, and 3-702 as follows:

22 (210 ILCS 46/3-116)

23 Sec. 3-116. Probationary license. If the applicant has not  
24 been previously licensed or if the facility is not in

1 operation at the time application is made, the Department  
2 shall issue only a probationary license. A probationary  
3 license shall be valid for 120 days unless sooner suspended or  
4 revoked under Section 3-119. Within 30 days prior to the  
5 termination of a probationary license, the Department shall  
6 fully and completely inspect the facility and, if the facility  
7 meets the applicable requirements for licensure, shall issue a  
8 license under Section 3-109, except that, during a statewide  
9 public health emergency, as defined in the Illinois Emergency  
10 Management Agency Act, the Department shall inspect facilities  
11 within an appropriate time frame to the extent feasible. If  
12 the Department finds that the facility does not meet the  
13 requirements for licensure but has made substantial progress  
14 toward meeting those requirements, the license may be renewed  
15 once for a period not to exceed 120 days from the expiration  
16 date of the initial probationary license.

17 (Source: P.A. 99-180, eff. 7-29-15.)

18 (210 ILCS 46/3-202.5)

19 Sec. 3-202.5. Facility plan review; fees.

20 (a) Before commencing construction of a new facility or  
21 specified types of alteration or additions to an existing  
22 facility involving major construction, as defined by rule by  
23 the Department, with an estimated cost greater than \$100,000,  
24 architectural drawings and specifications for the facility  
25 shall be submitted to the Department for review and approval.

1 A facility may submit architectural drawings and  
2 specifications for other construction projects for Department  
3 review according to subsection (b) that shall not be subject  
4 to fees under subsection (d). Review of drawings and  
5 specifications shall be conducted by an employee of the  
6 Department meeting the qualifications established by the  
7 Department of Central Management Services class specifications  
8 for such an individual's position or by a person contracting  
9 with the Department who meets those class specifications.  
10 Final approval of the drawings and specifications for  
11 compliance with design and construction standards shall be  
12 obtained from the Department before the alteration, addition,  
13 or new construction is begun.

14 (b) The Department shall inform an applicant in writing  
15 within 10 working days after receiving drawings and  
16 specifications and the required fee, if any, from the  
17 applicant whether the applicant's submission is complete or  
18 incomplete. Failure to provide the applicant with this notice  
19 within 10 working days shall result in the submission being  
20 deemed complete for purposes of initiating the 60-day ~~60-day~~  
21 review period under this Section. If the submission is  
22 incomplete, the Department shall inform the applicant of the  
23 deficiencies with the submission in writing. If the submission  
24 is complete the required fee, if any, has been paid, the  
25 Department shall approve or disapprove drawings and  
26 specifications submitted to the Department no later than 60

1 days following receipt by the Department. The drawings and  
2 specifications shall be of sufficient detail, as provided by  
3 Department rule, to enable the Department to render a  
4 determination of compliance with design and construction  
5 standards under this Act. If the Department finds that the  
6 drawings are not of sufficient detail for it to render a  
7 determination of compliance, the plans shall be determined to  
8 be incomplete and shall not be considered for purposes of  
9 initiating the 60 day review period. If a submission of  
10 drawings and specifications is incomplete, the applicant may  
11 submit additional information. The 60 day review period shall  
12 not commence until the Department determines that a submission  
13 of drawings and specifications is complete or the submission  
14 is deemed complete. If the Department has not approved or  
15 disapproved the drawings and specifications within 60 days,  
16 the construction, major alteration, or addition shall be  
17 deemed approved. If the drawings and specifications are  
18 disapproved, the Department shall state in writing, with  
19 specificity, the reasons for the disapproval. The entity  
20 submitting the drawings and specifications may submit  
21 additional information in response to the written comments  
22 from the Department or request a reconsideration of the  
23 disapproval. A final decision of approval or disapproval shall  
24 be made within 45 days of the receipt of the additional  
25 information or reconsideration request. If denied, the  
26 Department shall state the specific reasons for the denial.

1 (c) The Department shall provide written approval for  
2 occupancy pursuant to subsection (g) and shall not issue a  
3 violation to a facility as a result of a licensure or complaint  
4 survey based upon the facility's physical structure if:

5 (1) the Department reviewed and approved or deemed  
6 approved the drawings and specifications for compliance  
7 with design and construction standards;

8 (2) the construction, major alteration, or addition  
9 was built as submitted;

10 (3) the law or rules have not been amended since the  
11 original approval; and

12 (4) the conditions at the facility indicate that there  
13 is a reasonable degree of safety provided for the  
14 residents.

15 (d) (Blank).

16 (e) All fees received by the Department under this Section  
17 shall be deposited into the Health Facility Plan Review Fund,  
18 a special fund created in the State Treasury. Moneys shall be  
19 appropriated from that Fund to the Department only to pay the  
20 costs of conducting reviews under this Section, under Section  
21 3-202.5 of the Nursing Home Care Act, or under Section 3-202.5  
22 of the ID/DD Community Care Act. None of the moneys in the  
23 Health Facility Plan Review Fund shall be used to reduce the  
24 amount of General Revenue Fund moneys appropriated to the  
25 Department for facility plan reviews conducted pursuant to  
26 this Section.

1 (f) (Blank).

2 (g) The Department shall conduct an on site inspection of  
3 the completed project no later than 30 days after notification  
4 from the applicant that the project has been completed and all  
5 certifications required by the Department have been received  
6 and accepted by the Department, except that, during a  
7 statewide public health emergency, as defined in the Illinois  
8 Emergency Management Agency Act, the Department shall conduct  
9 an on-site inspection to the extent feasible. The Department  
10 shall provide written approval for occupancy to the applicant  
11 within 5 working days of the Department's final inspection,  
12 provided the applicant has demonstrated substantial compliance  
13 as defined by Department rule. Occupancy of new major  
14 construction is prohibited until Department approval is  
15 received, unless the Department has not acted within the time  
16 frames provided in this subsection (g), in which case the  
17 construction shall be deemed approved. Occupancy shall be  
18 authorized after any required health inspection by the  
19 Department has been conducted.

20 (h) The Department shall establish, by rule, a procedure  
21 to conduct interim on site review of large or complex  
22 construction projects.

23 (i) The Department shall establish, by rule, an expedited  
24 process for emergency repairs or replacement of like  
25 equipment.

26 (j) Nothing in this Section shall be construed to apply to

1 maintenance, upkeep, or renovation that does not affect the  
2 structural integrity of the building, does not add beds or  
3 services over the number for which the facility is licensed,  
4 and provides a reasonable degree of safety for the residents.  
5 (Source: P.A. 99-180, eff. 7-29-15.)

6 (210 ILCS 46/3-702)

7 Sec. 3-702. Request for investigation of violation.

8 (a) A person who believes that this Act or a rule  
9 promulgated under this Act may have been violated may request  
10 an investigation. The request may be submitted to the  
11 Department in writing, by telephone, by electronic means, or  
12 by personal visit. An oral complaint shall be reduced to  
13 writing by the Department. The Department shall make  
14 available, through its website and upon request, information  
15 regarding the oral and phone intake processes and the list of  
16 questions that will be asked of the complainant. The  
17 Department shall request information identifying the  
18 complainant, including the name, address and telephone number,  
19 to help enable appropriate follow up. The Department shall act  
20 on such complaints via on-site visits or other methods deemed  
21 appropriate to handle the complaints with or without such  
22 identifying information, as otherwise provided under this  
23 Section. The complainant shall be informed that compliance  
24 with such request is not required to satisfy the procedures  
25 for filing a complaint under this Act. The Department must

1 notify complainants that complaints with less information  
2 provided are far more difficult to respond to and investigate.

3 (b) The substance of the complaint shall be provided in  
4 writing to the licensee, owner or administrator no earlier  
5 than at the commencement of an on-site inspection of the  
6 facility which takes place pursuant to the complaint.

7 (c) The Department shall not disclose the name of the  
8 complainant unless the complainant consents in writing to the  
9 disclosure or the investigation results in a judicial  
10 proceeding, or unless disclosure is essential to the  
11 investigation. The complainant shall be given the opportunity  
12 to withdraw the complaint before disclosure. Upon the request  
13 of the complainant, the Department may permit the complainant  
14 or a representative of the complainant to accompany the person  
15 making the on-site inspection of the facility.

16 (d) Upon receipt of a complaint, the Department shall  
17 determine whether this Act or a rule promulgated under this  
18 Act has been or is being violated. The Department shall  
19 investigate all complaints alleging abuse or neglect within 7  
20 days after the receipt of the complaint except that complaints  
21 of abuse or neglect which indicate that a resident's life or  
22 safety is in imminent danger shall be investigated within 24  
23 hours after receipt of the complaint. All other complaints  
24 shall be investigated within 30 days after the receipt of the  
25 complaint, except that, during a statewide public health  
26 emergency, as defined in the Illinois Emergency Management



1 Agency Act, all other complaints shall be investigated within  
2 an appropriate time frame to the extent feasible. The  
3 Department employees investigating a complaint shall conduct a  
4 brief, informal exit conference with the facility to alert its  
5 administration of any suspected serious deficiency that poses  
6 a direct threat to the health, safety or welfare of a resident  
7 to enable an immediate correction for the alleviation or  
8 elimination of such threat. Such information and findings  
9 discussed in the brief exit conference shall become a part of  
10 the investigating record but shall not in any way constitute  
11 an official or final notice of violation as provided under  
12 Section 3-301. All complaints shall be classified as "an  
13 invalid report", "a valid report", or "an undetermined  
14 report". For any complaint classified as "a valid report", the  
15 Department must determine within 30 working days if any rule  
16 or provision of this Act has been or is being violated.

17 (d-1) The Department shall, whenever possible, combine an  
18 on site investigation of a complaint in a facility with other  
19 inspections in order to avoid duplication of inspections.

20 (e) In all cases, the Department shall inform the  
21 complainant of its findings within 10 days of its  
22 determination unless otherwise indicated by the complainant,  
23 and the complainant may direct the Department to send a copy of  
24 such findings to another person. The Department's findings may  
25 include comments or documentation provided by either the  
26 complainant or the licensee pertaining to the complaint. The

1 Department shall also notify the facility of such findings  
2 within 10 days of the determination, but the name of the  
3 complainant or residents shall not be disclosed in this notice  
4 to the facility. The notice of such findings shall include a  
5 copy of the written determination; the correction order, if  
6 any; the warning notice, if any; the inspection report; or the  
7 State licensure form on which the violation is listed.

8 (f) A written determination, correction order, or warning  
9 notice concerning a complaint, together with the facility's  
10 response, shall be available for public inspection, but the  
11 name of the complainant or resident shall not be disclosed  
12 without his or her consent.

13 (g) A complainant who is dissatisfied with the  
14 determination or investigation by the Department may request a  
15 hearing under Section 3-703. The facility shall be given  
16 notice of any such hearing and may participate in the hearing  
17 as a party. If a facility requests a hearing under Section  
18 3-703 which concerns a matter covered by a complaint, the  
19 complainant shall be given notice and may participate in the  
20 hearing as a party. A request for a hearing by either a  
21 complainant or a facility shall be submitted in writing to the  
22 Department within 30 days after the mailing of the  
23 Department's findings as described in subsection (e) of this  
24 Section. Upon receipt of the request the Department shall  
25 conduct a hearing as provided under Section 3-703.

26 (g-5) The Department shall conduct an annual review and

1 make a report concerning the complaint process that includes  
2 the number of complaints received, the breakdown of anonymous  
3 and non-anonymous complaints and whether the complaints were  
4 substantiated or not, the total number of substantiated  
5 complaints, and any other complaint information requested by  
6 the DD Facility Advisory Board. This report shall be provided  
7 to the DD Facility Advisory Board. The DD Facility Advisory  
8 Board shall review the report and suggest any changes deemed  
9 necessary to the Department for review and action, including  
10 how to investigate and substantiate anonymous complaints.

11 (h) Any person who knowingly transmits a false report to  
12 the Department commits the offense of disorderly conduct under  
13 subsection (a)(8) of Section 26-1 of the Criminal Code of  
14 2012.

15 (Source: P.A. 99-180, eff. 7-29-15.)

16 Section 25. The ID/DD Community Care Act is amended by  
17 changing Sections 3-116, 3-206, and 3-702 as follows:

18 (210 ILCS 47/3-116)

19 Sec. 3-116. Probationary license. If the applicant has not  
20 been previously licensed or if the facility is not in  
21 operation at the time application is made, the Department  
22 shall issue only a probationary license. A probationary  
23 license shall be valid for 120 days unless sooner suspended or  
24 revoked under Section 3-119. Within 30 days prior to the

1 termination of a probationary license, the Department shall  
2 fully and completely inspect the facility and, if the facility  
3 meets the applicable requirements for licensure, shall issue a  
4 license under Section 3-109 except that, during a statewide  
5 public health emergency, as defined in the Illinois Emergency  
6 Management Agency Act, the Department shall inspect facilities  
7 within an appropriate time frame to the extent feasible. If  
8 the Department finds that the facility does not meet the  
9 requirements for licensure but has made substantial progress  
10 toward meeting those requirements, the license may be renewed  
11 once for a period not to exceed 120 days from the expiration  
12 date of the initial probationary license.

13 (Source: P.A. 96-339, eff. 7-1-10.)

14 (210 ILCS 47/3-206)

15 Sec. 3-206. Curriculum for training nursing assistants and  
16 aides. The Department shall prescribe a curriculum for  
17 training nursing assistants, habilitation aides, and child  
18 care aides.

19 (a) No person, except a volunteer who receives no  
20 compensation from a facility and is not included for the  
21 purpose of meeting any staffing requirements set forth by the  
22 Department, shall act as a nursing assistant, habilitation  
23 aide, or child care aide in a facility, nor shall any person,  
24 under any other title, not licensed, certified, or registered  
25 to render medical care by the Department of Financial and

1 Professional Regulation, assist with the personal, medical, or  
2 nursing care of residents in a facility, unless such person  
3 meets the following requirements:

4 (1) Be at least 16 years of age, of temperate habits  
5 and good moral character, honest, reliable and  
6 trustworthy.

7 (2) Be able to speak and understand the English  
8 language or a language understood by a substantial  
9 percentage of the facility's residents.

10 (3) Provide evidence of employment or occupation, if  
11 any, and residence for 2 years prior to his or her present  
12 employment.

13 (4) Have completed at least 8 years of grade school or  
14 provide proof of equivalent knowledge.

15 (5) Begin a current course of training for nursing  
16 assistants, habilitation aides, or child care aides,  
17 approved by the Department, within 45 days of initial  
18 employment in the capacity of a nursing assistant,  
19 habilitation aide, or child care aide at any facility.  
20 Such courses of training shall be successfully completed  
21 within 120 days of initial employment in the capacity of  
22 nursing assistant, habilitation aide, or child care aide  
23 at a facility, except that, during a statewide public  
24 health emergency, as defined in the Illinois Emergency  
25 Management Agency Act, training shall be completed to the  
26 extent feasible. Nursing assistants, habilitation aides,

1 and child care aides who are enrolled in approved courses  
2 in community colleges or other educational institutions on  
3 a term, semester or trimester basis, shall be exempt from  
4 the 120-day completion time limit. The Department shall  
5 adopt rules for such courses of training. These rules  
6 shall include procedures for facilities to carry on an  
7 approved course of training within the facility.

8 The Department may accept comparable training in lieu  
9 of the 120-hour course for student nurses, foreign nurses,  
10 military personnel, or employees of the Department of  
11 Human Services.

12 The facility shall develop and implement procedures,  
13 which shall be approved by the Department, for an ongoing  
14 review process, which shall take place within the  
15 facility, for nursing assistants, habilitation aides, and  
16 child care aides.

17 At the time of each regularly scheduled licensure  
18 survey, or at the time of a complaint investigation, the  
19 Department may require any nursing assistant, habilitation  
20 aide, or child care aide to demonstrate, either through  
21 written examination or action, or both, sufficient  
22 knowledge in all areas of required training. If such  
23 knowledge is inadequate the Department shall require the  
24 nursing assistant, habilitation aide, or child care aide  
25 to complete inservice training and review in the facility  
26 until the nursing assistant, habilitation aide, or child

1 care aide demonstrates to the Department, either through  
2 written examination or action, or both, sufficient  
3 knowledge in all areas of required training; and

4 (6) Be familiar with and have general skills related  
5 to resident care.

6 (a-0.5) An educational entity, other than a secondary  
7 school, conducting a nursing assistant, habilitation aide, or  
8 child care aide training program shall initiate a criminal  
9 history record check in accordance with the Health Care Worker  
10 Background Check Act prior to entry of an individual into the  
11 training program. A secondary school may initiate a criminal  
12 history record check in accordance with the Health Care Worker  
13 Background Check Act at any time during or after a training  
14 program.

15 (a-1) Nursing assistants, habilitation aides, or child  
16 care aides seeking to be included on the Health Care Worker  
17 Registry under the Health Care Worker Background Check Act  
18 must authorize the Department of Public Health or its designee  
19 to request a criminal history record check in accordance with  
20 the Health Care Worker Background Check Act and submit all  
21 necessary information. An individual may not newly be included  
22 on the Health Care Worker Registry unless a criminal history  
23 record check has been conducted with respect to the  
24 individual.

25 (b) Persons subject to this Section shall perform their  
26 duties under the supervision of a licensed nurse or other

1 appropriately trained, licensed, or certified personnel.

2 (c) It is unlawful for any facility to employ any person in  
3 the capacity of nursing assistant, habilitation aide, or child  
4 care aide, or under any other title, not licensed by the State  
5 of Illinois to assist in the personal, medical, or nursing  
6 care of residents in such facility unless such person has  
7 complied with this Section.

8 (d) Proof of compliance by each employee with the  
9 requirements set out in this Section shall be maintained for  
10 each such employee by each facility in the individual  
11 personnel folder of the employee. Proof of training shall be  
12 obtained only from the Health Care Worker Registry.

13 (e) Each facility shall obtain access to the Health Care  
14 Worker Registry's web application, maintain the employment and  
15 demographic information relating to each employee, and verify  
16 by the category and type of employment that each employee  
17 subject to this Section meets all the requirements of this  
18 Section.

19 (f) Any facility that is operated under Section 3-803  
20 shall be exempt from the requirements of this Section.

21 (g) Each skilled nursing and intermediate care facility  
22 that admits persons who are diagnosed as having Alzheimer's  
23 disease or related dementias shall require all nursing  
24 assistants, habilitation aides, or child care aides, who did  
25 not receive 12 hours of training in the care and treatment of  
26 such residents during the training required under paragraph



1 (5) of subsection (a), to obtain 12 hours of in house training  
2 in the care and treatment of such residents. If the facility  
3 does not provide the training in house, the training shall be  
4 obtained from other facilities, community colleges or other  
5 educational institutions that have a recognized course for  
6 such training. The Department shall, by rule, establish a  
7 recognized course for such training.

8 The Department's rules shall provide that such training  
9 may be conducted in house at each facility subject to the  
10 requirements of this subsection, in which case such training  
11 shall be monitored by the Department. The Department's rules  
12 shall also provide for circumstances and procedures whereby  
13 any person who has received training that meets the  
14 requirements of this subsection shall not be required to  
15 undergo additional training if he or she is transferred to or  
16 obtains employment at a different facility or a facility other  
17 than those licensed under this Act but remains continuously  
18 employed as a nursing assistant, habilitation aide, or child  
19 care aide. Individuals who have performed no nursing,  
20 nursing-related services, or habilitation services for a  
21 period of 24 consecutive months shall be listed as inactive  
22 and as such do not meet the requirements of this Section.  
23 Licensed sheltered care facilities shall be exempt from the  
24 requirements of this Section.

25 (Source: P.A. 100-432, eff. 8-25-17.)

1 (210 ILCS 47/3-702)

2 Sec. 3-702. Request for investigation of violation.

3 (a) A person who believes that this Act or a rule  
4 promulgated under this Act may have been violated may request  
5 an investigation. The request may be submitted to the  
6 Department in writing, by telephone, by electronic means, or  
7 by personal visit. An oral complaint shall be reduced to  
8 writing by the Department. The Department shall make  
9 available, through its website and upon request, information  
10 regarding the oral and phone intake processes and the list of  
11 questions that will be asked of the complainant. The  
12 Department shall request information identifying the  
13 complainant, including the name, address and telephone number,  
14 to help enable appropriate follow up. The Department shall act  
15 on such complaints via on-site visits or other methods deemed  
16 appropriate to handle the complaints with or without such  
17 identifying information, as otherwise provided under this  
18 Section. The complainant shall be informed that compliance  
19 with such request is not required to satisfy the procedures  
20 for filing a complaint under this Act. The Department must  
21 notify complainants that complaints with less information  
22 provided are far more difficult to respond to and investigate.

23 (b) The substance of the complaint shall be provided in  
24 writing to the licensee, owner or administrator no earlier  
25 than at the commencement of an on-site inspection of the  
26 facility which takes place pursuant to the complaint.

1 (c) The Department shall not disclose the name of the  
2 complainant unless the complainant consents in writing to the  
3 disclosure or the investigation results in a judicial  
4 proceeding, or unless disclosure is essential to the  
5 investigation. The complainant shall be given the opportunity  
6 to withdraw the complaint before disclosure. Upon the request  
7 of the complainant, the Department may permit the complainant  
8 or a representative of the complainant to accompany the person  
9 making the on-site inspection of the facility.

10 (d) Upon receipt of a complaint, the Department shall  
11 determine whether this Act or a rule promulgated under this  
12 Act has been or is being violated. The Department shall  
13 investigate all complaints alleging abuse or neglect within 7  
14 days after the receipt of the complaint except that complaints  
15 of abuse or neglect which indicate that a resident's life or  
16 safety is in imminent danger shall be investigated within 24  
17 hours after receipt of the complaint. All other complaints  
18 shall be investigated within 30 days after the receipt of the  
19 complaint, except that, during a statewide public health  
20 emergency, as defined in the Illinois Emergency Management  
21 Agency Act, all other complaints shall be investigated within  
22 an appropriate time frame to the extent feasible. The  
23 Department employees investigating a complaint shall conduct a  
24 brief, informal exit conference with the facility to alert its  
25 administration of any suspected serious deficiency that poses  
26 a direct threat to the health, safety or welfare of a resident

1 to enable an immediate correction for the alleviation or  
2 elimination of such threat. Such information and findings  
3 discussed in the brief exit conference shall become a part of  
4 the investigating record but shall not in any way constitute  
5 an official or final notice of violation as provided under  
6 Section 3-301. All complaints shall be classified as "an  
7 invalid report", "a valid report", or "an undetermined  
8 report". For any complaint classified as "a valid report", the  
9 Department must determine within 30 working days if any rule  
10 or provision of this Act has been or is being violated.

11 (d-1) The Department shall, whenever possible, combine an  
12 on site investigation of a complaint in a facility with other  
13 inspections in order to avoid duplication of inspections.

14 (e) In all cases, the Department shall inform the  
15 complainant of its findings within 10 days of its  
16 determination unless otherwise indicated by the complainant,  
17 and the complainant may direct the Department to send a copy of  
18 such findings to another person. The Department's findings may  
19 include comments or documentation provided by either the  
20 complainant or the licensee pertaining to the complaint. The  
21 Department shall also notify the facility of such findings  
22 within 10 days of the determination, but the name of the  
23 complainant or residents shall not be disclosed in this notice  
24 to the facility. The notice of such findings shall include a  
25 copy of the written determination; the correction order, if  
26 any; the warning notice, if any; the inspection report; or the

1 State licensure form on which the violation is listed.

2 (f) A written determination, correction order, or warning  
3 notice concerning a complaint, together with the facility's  
4 response, shall be available for public inspection, but the  
5 name of the complainant or resident shall not be disclosed  
6 without his or her consent.

7 (g) A complainant who is dissatisfied with the  
8 determination or investigation by the Department may request a  
9 hearing under Section 3-703. The facility shall be given  
10 notice of any such hearing and may participate in the hearing  
11 as a party. If a facility requests a hearing under Section  
12 3-703 which concerns a matter covered by a complaint, the  
13 complainant shall be given notice and may participate in the  
14 hearing as a party. A request for a hearing by either a  
15 complainant or a facility shall be submitted in writing to the  
16 Department within 30 days after the mailing of the  
17 Department's findings as described in subsection (e) of this  
18 Section. Upon receipt of the request the Department shall  
19 conduct a hearing as provided under Section 3-703.

20 (g-5) The Department shall conduct an annual review and  
21 make a report concerning the complaint process that includes  
22 the number of complaints received, the breakdown of anonymous  
23 and non-anonymous complaints and whether the complaints were  
24 substantiated or not, the total number of substantiated  
25 complaints, and any other complaint information requested by  
26 the DD Facility Advisory Board. This report shall be provided

1 to the DD Facility Advisory Board. The DD Facility Advisory  
2 Board shall review the report and suggest any changes deemed  
3 necessary to the Department for review and action, including  
4 how to investigate and substantiate anonymous complaints.

5 (h) Any person who knowingly transmits a false report to  
6 the Department commits the offense of disorderly conduct under  
7 subsection (a)(8) of Section 26-1 of the Criminal Code of  
8 2012.

9 (Source: P.A. 97-1150, eff. 1-25-13; 98-988, eff. 8-18-14.)

10 Section 30. The Specialized Mental Health Rehabilitation  
11 Act of 2013 is amended by changing Section 4-105 as follows:

12 (210 ILCS 49/4-105)

13 Sec. 4-105. Provisional licensure duration. A provisional  
14 license shall be valid upon fulfilling the requirements  
15 established by the Department by emergency rule. The license  
16 shall remain valid as long as a facility remains in compliance  
17 with the licensure provisions established in rule. Provisional  
18 licenses issued upon initial licensure as a specialized mental  
19 health rehabilitation facility shall expire at the end of a  
20 3-year period, which commences on the date the provisional  
21 license is issued. Issuance of a provisional license for any  
22 reason other than initial licensure (including, but not  
23 limited to, change of ownership, location, number of beds, or  
24 services) shall not extend the maximum 3-year period, at the

1 end of which a facility must be licensed pursuant to Section  
2 4-201. An extension for 120 days may be granted if requested  
3 and approved by the Department. Notwithstanding any other  
4 provision of this Act or the Specialized Mental Health  
5 Rehabilitation Facilities Code, 77 Ill. ~~Adm.~~ ~~Admin.~~ Code 380,  
6 to the contrary, if a facility has received notice from the  
7 Department that its application for provisional licensure to  
8 provide recovery and rehabilitation services has been accepted  
9 as complete and the facility has attested in writing to the  
10 Department that it will comply with the staff training plan  
11 approved by the Division of Mental Health, then a provisional  
12 license for recovery and rehabilitation services shall be  
13 issued to the facility within 60 days after the Department  
14 determines that the facility is in compliance with the  
15 requirements of the Life Safety Code in accordance with  
16 Section 4-104.5 of this Act.

17 (Source: P.A. 99-712, eff. 8-5-16; 100-365, eff. 8-25-17;  
18 revised 2-28-22.)

19 Section 35. The Illinois Insurance Code is amended by  
20 adding Section 356z.61 as follows:

21 (215 ILCS 5/356z.61 new)

22 Sec. 356z.61. Coverage of pharmacy testing, screening,  
23 vaccinations, and treatment.

24 A group or individual policy of accident and health

1 insurance or a managed care plan that is amended, delivered,  
2 issued, or renewed on or after January 1, 2025 shall provide  
3 coverage for health care or patient care services provided by  
4 a pharmacist if:

5 (1) the pharmacist meets the requirements and scope of  
6 practice described in paragraph (15), (16), or (17) of  
7 subsection (d) of Section 3 of the Pharmacy Practice Act;

8 (2) the health plan provides coverage for the same  
9 service provided by a licensed physician, an advanced  
10 practice registered nurse, or a physician assistant;

11 (3) the pharmacist is included in the health benefit  
12 plan's network of participating providers; and

13 (4) reimbursement has been successfully negotiated in  
14 good faith between the pharmacist and the health plan.

15 Section 45. The Medical Practice Act of 1987 is amended by  
16 changing Sections 2 and 54.2 as follows:

17 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

18 (Section scheduled to be repealed on January 1, 2027)

19 Sec. 2. Definitions. For purposes of this Act, the  
20 following definitions shall have the following meanings,  
21 except where the context requires otherwise:

22 "Act" means the Medical Practice Act of 1987.

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



1 file or license file as maintained by the Department's  
2 licensure maintenance unit.

3 "Chiropractic physician" means a person licensed to treat  
4 human ailments without the use of drugs and without operative  
5 surgery. Nothing in this Act shall be construed to prohibit a  
6 chiropractic physician from providing advice regarding the use  
7 of non-prescription products or from administering atmospheric  
8 oxygen. Nothing in this Act shall be construed to authorize a  
9 chiropractic physician to prescribe drugs.

10 "Department" means the Department of Financial and  
11 Professional Regulation.

12 "Disciplinary action" means revocation, suspension,  
13 probation, supervision, practice modification, reprimand,  
14 required education, fines or any other action taken by the  
15 Department against a person holding a license.

16 "Email address of record" means the designated email  
17 address recorded by the Department in the applicant's  
18 application file or the licensee's license file, as maintained  
19 by the Department's licensure maintenance unit.

20 "Final determination" means the governing body's final  
21 action taken under the procedure followed by a health care  
22 institution, or professional association or society, against  
23 any person licensed under the Act in accordance with the  
24 bylaws or rules and regulations of such health care  
25 institution, or professional association or society.

26 "Fund" means the Illinois State Medical Disciplinary Fund.

1 "Impaired" means the inability to practice medicine with  
2 reasonable skill and safety due to physical or mental  
3 disabilities as evidenced by a written determination or  
4 written consent based on clinical evidence including  
5 deterioration through the aging process or loss of motor  
6 skill, or abuse of drugs or alcohol, of sufficient degree to  
7 diminish a person's ability to deliver competent patient care.

8 "International medical graduate" means a medical graduate  
9 (i) who has been trained in a country other than the United  
10 States; (ii) whose education has been certified by the  
11 Educational Commission for Foreign Medical Graduates; (iii)  
12 who has passed Step 1, Step 2 Clinical Knowledge, and Step 3 of  
13 the United States Medical Licensing Examination as required by  
14 this Act; (iv) who maintains an unencumbered license from  
15 another country; and (v) who is not licensed to practice  
16 medicine in any state or territory of the United States.

17 "Medical Board" means the Illinois State Medical Board.

18 "Physician" means a person licensed under the Medical  
19 Practice Act to practice medicine in all of its branches or a  
20 chiropractic physician.

21 "Professional association" means an association or society  
22 of persons licensed under this Act, and operating within the  
23 State of Illinois, including but not limited to, medical  
24 societies, osteopathic organizations, and chiropractic  
25 organizations, but this term shall not be deemed to include  
26 hospital medical staffs.

1 "Program of care, counseling, or treatment" means a  
2 written schedule of organized treatment, care, counseling,  
3 activities, or education, satisfactory to the Medical Board,  
4 designed for the purpose of restoring an impaired person to a  
5 condition whereby the impaired person can practice medicine  
6 with reasonable skill and safety of a sufficient degree to  
7 deliver competent patient care.

8 "Reinstate" means to change the status of a license or  
9 permit from inactive or nonrenewed status to active status.

10 "Restore" means to remove an encumbrance from a license  
11 due to probation, suspension, or revocation.

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

14 (Source: P.A. 102-20, eff. 1-1-22; 102-1117, eff. 1-13-23.)

15 (225 ILCS 60/54.2)

16 (Section scheduled to be repealed on January 1, 2027)

17 Sec. 54.2. Physician delegation of authority.

18 (a) Nothing in this Act shall be construed to limit the  
19 delegation of patient care tasks or duties by a physician, to a  
20 licensed practical nurse, a registered professional nurse, or  
21 other licensed person practicing within the scope of his or  
22 her individual licensing Act. Delegation by a physician  
23 licensed to practice medicine in all its branches to physician  
24 assistants or advanced practice registered nurses is also  
25 addressed in Section 54.5 of this Act. No physician may

1 delegate any patient care task or duty that is statutorily or  
2 by rule mandated to be performed by a physician.

3 (b) In an office or practice setting and within a  
4 physician-patient relationship, a physician may delegate  
5 patient care tasks or duties to an unlicensed person who  
6 possesses appropriate training and experience provided a  
7 health care professional, who is practicing within the scope  
8 of such licensed professional's individual licensing Act, is  
9 on site to provide assistance.

10 (c) Any such patient care task or duty delegated to a  
11 licensed or unlicensed person must be within the scope of  
12 practice, education, training, or experience of the delegating  
13 physician and within the context of a physician-patient  
14 relationship.

15 (d) Nothing in this Section shall be construed to affect  
16 referrals for professional services required by law.

17 (e) The Department shall have the authority to promulgate  
18 rules concerning a physician's delegation, including but not  
19 limited to, the use of light emitting devices for patient care  
20 or treatment.

21 (f) Nothing in this Act shall be construed to limit the  
22 method of delegation that may be authorized by any means,  
23 including, but not limited to, oral, written, electronic,  
24 standing orders, protocols, guidelines, or verbal orders.

25 (g) A physician licensed to practice medicine in all of  
26 its branches under this Act may delegate any and all authority

1 prescribed to him or her by law to international medical  
2 graduate physicians, so long as the tasks or duties are within  
3 the scope of practice, education, training, or experience of  
4 the delegating physician who is on site to provide assistance.  
5 An international medical graduate working in Illinois pursuant  
6 to this subsection is subject to all statutory and regulatory  
7 requirements of this Act, as applicable, relating to the  
8 standards of care. An international medical graduate physician  
9 is limited to providing treatment under the supervision of a  
10 physician licensed to practice medicine in all of its  
11 branches. The supervising physician or employer must keep  
12 record of and make available upon request by the Department  
13 the following: (1) evidence of education certified by the  
14 Educational Commission for Foreign Medical Graduates; (2)  
15 evidence of passage of Step 1, Step 2 Clinical Knowledge, and  
16 Step 3 of the United States Medical Licensing Examination as  
17 required by this Act; and (3) evidence of an unencumbered  
18 license from another country. This subsection does not apply  
19 to any international medical graduate whose license as a  
20 physician is revoked, suspended, or otherwise encumbered.

21 (Source: P.A. 100-513, eff. 1-1-18.)

22 Section 50. The Pharmacy Practice Act is amended by  
23 changing Section 3 and by adding Section 9.6 as follows:

24 (225 ILCS 85/3)

1 (Section scheduled to be repealed on January 1, 2028)

2 Sec. 3. Definitions. For the purpose of this Act, except  
3 where otherwise limited therein:

4 (a) "Pharmacy" or "drugstore" means and includes every  
5 store, shop, pharmacy department, or other place where  
6 pharmacist care is provided by a pharmacist (1) where drugs,  
7 medicines, or poisons are dispensed, sold or offered for sale  
8 at retail, or displayed for sale at retail; or (2) where  
9 prescriptions of physicians, dentists, advanced practice  
10 registered nurses, physician assistants, veterinarians,  
11 podiatric physicians, or optometrists, within the limits of  
12 their licenses, are compounded, filled, or dispensed; or (3)  
13 which has upon it or displayed within it, or affixed to or used  
14 in connection with it, a sign bearing the word or words  
15 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",  
16 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",  
17 "Drugs", "Dispensary", "Medicines", or any word or words of  
18 similar or like import, either in the English language or any  
19 other language; or (4) where the characteristic prescription  
20 sign (Rx) or similar design is exhibited; or (5) any store, or  
21 shop, or other place with respect to which any of the above  
22 words, objects, signs or designs are used in any  
23 advertisement.

24 (b) "Drugs" means and includes (1) articles recognized in  
25 the official United States Pharmacopoeia/National Formulary  
26 (USP/NF), or any supplement thereto and being intended for and

1 having for their main use the diagnosis, cure, mitigation,  
2 treatment or prevention of disease in man or other animals, as  
3 approved by the United States Food and Drug Administration,  
4 but does not include devices or their components, parts, or  
5 accessories; and (2) all other articles intended for and  
6 having for their main use the diagnosis, cure, mitigation,  
7 treatment or prevention of disease in man or other animals, as  
8 approved by the United States Food and Drug Administration,  
9 but does not include devices or their components, parts, or  
10 accessories; and (3) articles (other than food) having for  
11 their main use and intended to affect the structure or any  
12 function of the body of man or other animals; and (4) articles  
13 having for their main use and intended for use as a component  
14 or any articles specified in clause (1), (2) or (3); but does  
15 not include devices or their components, parts or accessories.

16 (c) "Medicines" means and includes all drugs intended for  
17 human or veterinary use approved by the United States Food and  
18 Drug Administration.

19 (d) "Practice of pharmacy" means:

20 (1) the interpretation and the provision of assistance  
21 in the monitoring, evaluation, and implementation of  
22 prescription drug orders;

23 (2) the dispensing of prescription drug orders;

24 (3) participation in drug and device selection;

25 (4) drug administration limited to the administration  
26 of oral, topical, injectable, and inhalation as follows:

1 (A) in the context of patient education on the  
2 proper use or delivery of medications;

3 (B) vaccination of patients 7 years of age and  
4 older pursuant to a valid prescription or standing  
5 order, by a physician licensed to practice medicine in  
6 all its branches, except for vaccinations covered by  
7 paragraph (15), upon completion of appropriate  
8 training, including how to address contraindications  
9 and adverse reactions set forth by rule, with  
10 notification to the patient's physician and  
11 appropriate record retention, or pursuant to hospital  
12 pharmacy and therapeutics committee policies and  
13 procedures. Eligible vaccines are those listed on the  
14 U.S. Centers for Disease Control and Prevention (CDC)  
15 Recommended Immunization Schedule, the CDC's Health  
16 Information for International Travel, or the U.S. Food  
17 and Drug Administration's Vaccines Licensed and  
18 Authorized for Use in the United States. As applicable  
19 to the State's Medicaid program and other payers,  
20 vaccines ordered and administered in accordance with  
21 this subsection shall be covered and reimbursed at no  
22 less than the rate that the vaccine is reimbursed when  
23 ordered and administered by a physician;

24 (B-5) following the initial administration of  
25 long-acting or extended-release form opioid  
26 antagonists by a physician licensed to practice



1 medicine in all its branches, administration of  
2 injections of long-acting or extended-release form  
3 opioid antagonists for the treatment of substance use  
4 disorder, pursuant to a valid prescription by a  
5 physician licensed to practice medicine in all its  
6 branches, upon completion of appropriate training,  
7 including how to address contraindications and adverse  
8 reactions, including, but not limited to, respiratory  
9 depression and the performance of cardiopulmonary  
10 resuscitation, set forth by rule, with notification to  
11 the patient's physician and appropriate record  
12 retention, or pursuant to hospital pharmacy and  
13 therapeutics committee policies and procedures;

14 (C) administration of injections of  
15 alpha-hydroxyprogesterone caproate, pursuant to a  
16 valid prescription, by a physician licensed to  
17 practice medicine in all its branches, upon completion  
18 of appropriate training, including how to address  
19 contraindications and adverse reactions set forth by  
20 rule, with notification to the patient's physician and  
21 appropriate record retention, or pursuant to hospital  
22 pharmacy and therapeutics committee policies and  
23 procedures; and

24 (D) administration of injections of long-term  
25 antipsychotic medications pursuant to a valid  
26 prescription by a physician licensed to practice

1 medicine in all its branches, upon completion of  
2 appropriate training conducted by an Accreditation  
3 Council of Pharmaceutical Education accredited  
4 provider, including how to address contraindications  
5 and adverse reactions set forth by rule, with  
6 notification to the patient's physician and  
7 appropriate record retention, or pursuant to hospital  
8 pharmacy and therapeutics committee policies and  
9 procedures.

10 (5) (blank);

11 (6) drug regimen review;

12 (7) drug or drug-related research;

13 (8) the provision of patient counseling;

14 (9) the practice of telepharmacy;

15 (10) the provision of those acts or services necessary  
16 to provide pharmacist care;

17 (11) medication therapy management;

18 (12) the responsibility for compounding and labeling  
19 of drugs and devices (except labeling by a manufacturer,  
20 repackager, or distributor of non-prescription drugs and  
21 commercially packaged legend drugs and devices), proper  
22 and safe storage of drugs and devices, and maintenance of  
23 required records;

24 (13) the assessment and consultation of patients and  
25 dispensing of hormonal contraceptives; ~~and~~

26 (14) the initiation, dispensing, or administration of

1 drugs, laboratory tests, assessments, referrals, and  
2 consultations for human immunodeficiency virus  
3 pre-exposure prophylaxis and human immunodeficiency virus  
4 post-exposure prophylaxis under Section 43.5;

5 (15) vaccination of patients 7 years of age and older  
6 for COVID-19 or influenza subcutaneously, intramuscularly,  
7 or orally as authorized, approved, or licensed by the  
8 United States Food and Drug Administration, pursuant to  
9 the following conditions:

10 (A) the vaccine must be authorized or licensed by  
11 the United States Food and Drug Administration;

12 (B) the vaccine must be ordered and administered  
13 according to the Advisory Committee on Immunization  
14 Practices standard immunization schedule;

15 (C) the pharmacist must complete a course of  
16 training accredited by the Accreditation Council on  
17 Pharmacy Education or a similar health authority or  
18 professional body approved by the Division of  
19 Professional Regulation;

20 (D) the pharmacist must have a current certificate  
21 in basic cardiopulmonary resuscitation;

22 (E) the pharmacist must complete, during each  
23 State licensing period, a minimum of 2 hours of  
24 immunization-related continuing pharmacy education  
25 approved by the Accreditation Council on Pharmacy  
26 Education;

1           (F) the pharmacist must comply with recordkeeping  
2           and reporting requirements of the jurisdiction in  
3           which the pharmacist administers vaccines, including  
4           informing the patient's primary-care provider, when  
5           available, and complying with requirements whereby the  
6           person administering a vaccine must review the vaccine  
7           registry or other vaccination records prior to  
8           administering the vaccine; and

9           (G) the pharmacist must inform the pharmacist's  
10          patients who are less than 18 years old, as well as the  
11          adult caregiver accompanying the child, of the  
12          importance of a well-child visit with a pediatrician  
13          or other licensed primary-care provider and must refer  
14          patients as appropriate;

15          (16) the ordering and administration of COVID-19  
16          therapeutics subcutaneously, intramuscularly, or orally  
17          with notification to the patient's physician and  
18          appropriate record retention or pursuant to hospital  
19          pharmacy and therapeutics committee policies and  
20          procedures. Eligible therapeutics are those approved,  
21          authorized, or licensed by the United States Food and Drug  
22          Administration and must be administered subcutaneously,  
23          intramuscularly, or orally in accordance with that  
24          approval, authorization, or licensing; and

25          (17) the ordering and administration of tests and  
26          screenings for (i) influenza, (ii) SARS-COV 2, and (iii)

1 health conditions identified by a statewide public health  
2 emergency, as defined in the Illinois Emergency Management  
3 Agency Act, with notification to the patient's physician  
4 and appropriate record retention or pursuant to hospital  
5 pharmacy and therapeutics committee policies and  
6 procedures. Eligible tests and screenings are those  
7 approved, authorized, or licensed by the United States  
8 Food and Drug Administration and must be administered in  
9 accordance with that approval, authorization, or  
10 licensing.

11 A pharmacist who orders or administers tests or  
12 screenings for health conditions described in this  
13 paragraph may use a test that may guide clinical  
14 decision-making for the health condition that is waived  
15 under the federal Clinical Laboratory Improvement  
16 Amendments of 1988 and regulations promulgated thereunder  
17 or any established screening procedure that is established  
18 under a statewide protocol.

19 A pharmacist may delegate the administrative and  
20 technical tasks of performing a test for the health  
21 conditions described in this paragraph to a registered  
22 pharmacy technician or student pharmacist acting under the  
23 supervision of the pharmacist.

24 A pharmacist who performs any of the acts defined as the  
25 practice of pharmacy in this State must be actively licensed  
26 as a pharmacist under this Act.

1 (e) "Prescription" means and includes any written, oral,  
2 facsimile, or electronically transmitted order for drugs or  
3 medical devices, issued by a physician licensed to practice  
4 medicine in all its branches, dentist, veterinarian, podiatric  
5 physician, or optometrist, within the limits of his or her  
6 license, by a physician assistant in accordance with  
7 subsection (f) of Section 4, or by an advanced practice  
8 registered nurse in accordance with subsection (g) of Section  
9 4, containing the following: (1) name of the patient; (2) date  
10 when prescription was issued; (3) name and strength of drug or  
11 description of the medical device prescribed; and (4)  
12 quantity; (5) directions for use; (6) prescriber's name,  
13 address, and signature; and (7) DEA registration number where  
14 required, for controlled substances. The prescription may, but  
15 is not required to, list the illness, disease, or condition  
16 for which the drug or device is being prescribed. DEA  
17 registration numbers shall not be required on inpatient drug  
18 orders. A prescription for medication other than controlled  
19 substances shall be valid for up to 15 months from the date  
20 issued for the purpose of refills, unless the prescription  
21 states otherwise.

22 (f) "Person" means and includes a natural person,  
23 partnership, association, corporation, government entity, or  
24 any other legal entity.

25 (g) "Department" means the Department of Financial and  
26 Professional Regulation.

1 (h) "Board of Pharmacy" or "Board" means the State Board  
2 of Pharmacy of the Department of Financial and Professional  
3 Regulation.

4 (i) "Secretary" means the Secretary of Financial and  
5 Professional Regulation.

6 (j) "Drug product selection" means the interchange for a  
7 prescribed pharmaceutical product in accordance with Section  
8 25 of this Act and Section 3.14 of the Illinois Food, Drug and  
9 Cosmetic Act.

10 (k) "Inpatient drug order" means an order issued by an  
11 authorized prescriber for a resident or patient of a facility  
12 licensed under the Nursing Home Care Act, the ID/DD Community  
13 Care Act, the MC/DD Act, the Specialized Mental Health  
14 Rehabilitation Act of 2013, the Hospital Licensing Act, or the  
15 University of Illinois Hospital Act, or a facility which is  
16 operated by the Department of Human Services (as successor to  
17 the Department of Mental Health and Developmental  
18 Disabilities) or the Department of Corrections.

19 (k-5) "Pharmacist" means an individual health care  
20 professional and provider currently licensed by this State to  
21 engage in the practice of pharmacy.

22 (l) "Pharmacist in charge" means the licensed pharmacist  
23 whose name appears on a pharmacy license and who is  
24 responsible for all aspects of the operation related to the  
25 practice of pharmacy.

26 (m) "Dispense" or "dispensing" means the interpretation,

1 evaluation, and implementation of a prescription drug order,  
2 including the preparation and delivery of a drug or device to a  
3 patient or patient's agent in a suitable container  
4 appropriately labeled for subsequent administration to or use  
5 by a patient in accordance with applicable State and federal  
6 laws and regulations. "Dispense" or "dispensing" does not mean  
7 the physical delivery to a patient or a patient's  
8 representative in a home or institution by a designee of a  
9 pharmacist or by common carrier. "Dispense" or "dispensing"  
10 also does not mean the physical delivery of a drug or medical  
11 device to a patient or patient's representative by a  
12 pharmacist's designee within a pharmacy or drugstore while the  
13 pharmacist is on duty and the pharmacy is open.

14 (n) "Nonresident pharmacy" means a pharmacy that is  
15 located in a state, commonwealth, or territory of the United  
16 States, other than Illinois, that delivers, dispenses, or  
17 distributes, through the United States Postal Service,  
18 commercially acceptable parcel delivery service, or other  
19 common carrier, to Illinois residents, any substance which  
20 requires a prescription.

21 (o) "Compounding" means the preparation and mixing of  
22 components, excluding flavorings, (1) as the result of a  
23 prescriber's prescription drug order or initiative based on  
24 the prescriber-patient-pharmacist relationship in the course  
25 of professional practice or (2) for the purpose of, or  
26 incident to, research, teaching, or chemical analysis and not



1 for sale or dispensing. "Compounding" includes the preparation  
2 of drugs or devices in anticipation of receiving prescription  
3 drug orders based on routine, regularly observed dispensing  
4 patterns. Commercially available products may be compounded  
5 for dispensing to individual patients only if all of the  
6 following conditions are met: (i) the commercial product is  
7 not reasonably available from normal distribution channels in  
8 a timely manner to meet the patient's needs and (ii) the  
9 prescribing practitioner has requested that the drug be  
10 compounded.

11 (p) (Blank).

12 (q) (Blank).

13 (r) "Patient counseling" means the communication between a  
14 pharmacist or a student pharmacist under the supervision of a  
15 pharmacist and a patient or the patient's representative about  
16 the patient's medication or device for the purpose of  
17 optimizing proper use of prescription medications or devices.  
18 "Patient counseling" may include without limitation (1)  
19 obtaining a medication history; (2) acquiring a patient's  
20 allergies and health conditions; (3) facilitation of the  
21 patient's understanding of the intended use of the medication;  
22 (4) proper directions for use; (5) significant potential  
23 adverse events; (6) potential food-drug interactions; and (7)  
24 the need to be compliant with the medication therapy. A  
25 pharmacy technician may only participate in the following  
26 aspects of patient counseling under the supervision of a

1 pharmacist: (1) obtaining medication history; (2) providing  
2 the offer for counseling by a pharmacist or student  
3 pharmacist; and (3) acquiring a patient's allergies and health  
4 conditions.

5 (s) "Patient profiles" or "patient drug therapy record"  
6 means the obtaining, recording, and maintenance of patient  
7 prescription information, including prescriptions for  
8 controlled substances, and personal information.

9 (t) (Blank).

10 (u) "Medical device" or "device" means an instrument,  
11 apparatus, implement, machine, contrivance, implant, in vitro  
12 reagent, or other similar or related article, including any  
13 component part or accessory, required under federal law to  
14 bear the label "Caution: Federal law requires dispensing by or  
15 on the order of a physician". A seller of goods and services  
16 who, only for the purpose of retail sales, compounds, sells,  
17 rents, or leases medical devices shall not, by reasons  
18 thereof, be required to be a licensed pharmacy.

19 (v) "Unique identifier" means an electronic signature,  
20 handwritten signature or initials, thumb print, or other  
21 acceptable biometric or electronic identification process as  
22 approved by the Department.

23 (w) "Current usual and customary retail price" means the  
24 price that a pharmacy charges to a non-third-party payor.

25 (x) "Automated pharmacy system" means a mechanical system  
26 located within the confines of the pharmacy or remote location

1 that performs operations or activities, other than compounding  
2 or administration, relative to storage, packaging, dispensing,  
3 or distribution of medication, and which collects, controls,  
4 and maintains all transaction information.

5 (y) "Drug regimen review" means and includes the  
6 evaluation of prescription drug orders and patient records for  
7 (1) known allergies; (2) drug or potential therapy  
8 contraindications; (3) reasonable dose, duration of use, and  
9 route of administration, taking into consideration factors  
10 such as age, gender, and contraindications; (4) reasonable  
11 directions for use; (5) potential or actual adverse drug  
12 reactions; (6) drug-drug interactions; (7) drug-food  
13 interactions; (8) drug-disease contraindications; (9)  
14 therapeutic duplication; (10) patient laboratory values when  
15 authorized and available; (11) proper utilization (including  
16 over or under utilization) and optimum therapeutic outcomes;  
17 and (12) abuse and misuse.

18 (z) "Electronically transmitted prescription" means a  
19 prescription that is created, recorded, or stored by  
20 electronic means; issued and validated with an electronic  
21 signature; and transmitted by electronic means directly from  
22 the prescriber to a pharmacy. An electronic prescription is  
23 not an image of a physical prescription that is transferred by  
24 electronic means from computer to computer, facsimile to  
25 facsimile, or facsimile to computer.

26 (aa) "Medication therapy management services" means a

1 distinct service or group of services offered by licensed  
2 pharmacists, physicians licensed to practice medicine in all  
3 its branches, advanced practice registered nurses authorized  
4 in a written agreement with a physician licensed to practice  
5 medicine in all its branches, or physician assistants  
6 authorized in guidelines by a supervising physician that  
7 optimize therapeutic outcomes for individual patients through  
8 improved medication use. In a retail or other non-hospital  
9 pharmacy, medication therapy management services shall consist  
10 of the evaluation of prescription drug orders and patient  
11 medication records to resolve conflicts with the following:

- 12 (1) known allergies;
- 13 (2) drug or potential therapy contraindications;
- 14 (3) reasonable dose, duration of use, and route of  
15 administration, taking into consideration factors such as  
16 age, gender, and contraindications;
- 17 (4) reasonable directions for use;
- 18 (5) potential or actual adverse drug reactions;
- 19 (6) drug-drug interactions;
- 20 (7) drug-food interactions;
- 21 (8) drug-disease contraindications;
- 22 (9) identification of therapeutic duplication;
- 23 (10) patient laboratory values when authorized and  
24 available;
- 25 (11) proper utilization (including over or under  
26 utilization) and optimum therapeutic outcomes; and

1 (12) drug abuse and misuse.

2 "Medication therapy management services" includes the  
3 following:

4 (1) documenting the services delivered and  
5 communicating the information provided to patients'  
6 prescribers within an appropriate time frame, not to  
7 exceed 48 hours;

8 (2) providing patient counseling designed to enhance a  
9 patient's understanding and the appropriate use of his or  
10 her medications; and

11 (3) providing information, support services, and  
12 resources designed to enhance a patient's adherence with  
13 his or her prescribed therapeutic regimens.

14 "Medication therapy management services" may also include  
15 patient care functions authorized by a physician licensed to  
16 practice medicine in all its branches for his or her  
17 identified patient or groups of patients under specified  
18 conditions or limitations in a standing order from the  
19 physician.

20 "Medication therapy management services" in a licensed  
21 hospital may also include the following:

22 (1) reviewing assessments of the patient's health  
23 status; and

24 (2) following protocols of a hospital pharmacy and  
25 therapeutics committee with respect to the fulfillment of  
26 medication orders.

1 (bb) "Pharmacist care" means the provision by a pharmacist  
2 of medication therapy management services, with or without the  
3 dispensing of drugs or devices, intended to achieve outcomes  
4 that improve patient health, quality of life, and comfort and  
5 enhance patient safety.

6 (cc) "Protected health information" means individually  
7 identifiable health information that, except as otherwise  
8 provided, is:

9 (1) transmitted by electronic media;

10 (2) maintained in any medium set forth in the  
11 definition of "electronic media" in the federal Health  
12 Insurance Portability and Accountability Act; or

13 (3) transmitted or maintained in any other form or  
14 medium.

15 "Protected health information" does not include  
16 individually identifiable health information found in:

17 (1) education records covered by the federal Family  
18 Educational Right and Privacy Act; or

19 (2) employment records held by a licensee in its role  
20 as an employer.

21 (dd) "Standing order" means a specific order for a patient  
22 or group of patients issued by a physician licensed to  
23 practice medicine in all its branches in Illinois.

24 (ee) "Address of record" means the designated address  
25 recorded by the Department in the applicant's application file  
26 or licensee's license file maintained by the Department's

1 licensure maintenance unit.

2 (ff) "Home pharmacy" means the location of a pharmacy's  
3 primary operations.

4 (gg) "Email address of record" means the designated email  
5 address recorded by the Department in the applicant's  
6 application file or the licensee's license file, as maintained  
7 by the Department's licensure maintenance unit.

8 (Source: P.A. 101-349, eff. 1-1-20; 102-16, eff. 6-17-21;  
9 102-103, eff. 1-1-22; 102-558, eff. 8-20-21; 102-813, eff.  
10 5-13-22; 102-1051, eff. 1-1-23.)

11 (225 ILCS 85/9.6 new)

12 Sec. 9.6. Administration of vaccines and therapeutics by  
13 registered pharmacy technicians and student pharmacists.

14 (a) Under the supervision of an appropriately trained  
15 pharmacist, a registered pharmacy technician or student  
16 pharmacist may administer COVID-19 and influenza vaccines  
17 subcutaneously, intramuscularly, or orally as authorized,  
18 approved, or licensed by the United States Food and Drug  
19 Administration, subject to the following conditions:

20 (1) the vaccination must be ordered by the supervising  
21 pharmacist;

22 (2) the supervising pharmacist must be readily and  
23 immediately available to the immunizing pharmacy  
24 technician or student pharmacist;

25 (3) the pharmacy technician or student pharmacist must

1 complete a practical training program that is approved by  
2 the Accreditation Council for Pharmacy Education and that  
3 includes hands-on injection technique training and  
4 training in the recognition and treatment of emergency  
5 reactions to vaccines;

6 (4) the pharmacy technician or student pharmacist must  
7 have a current certificate in basic cardiopulmonary  
8 resuscitation;

9 (5) the pharmacy technician or student pharmacist must  
10 complete, during the relevant licensing period, a minimum  
11 of 2 hours of immunization-related continuing pharmacy  
12 education that is approved by the Accreditation Council  
13 for Pharmacy Education;

14 (6) the supervising pharmacist must comply with all  
15 relevant recordkeeping and reporting requirements;

16 (7) the supervising pharmacist must be responsible for  
17 complying with requirements related to reporting adverse  
18 events;

19 (8) the supervising pharmacist must review the vaccine  
20 registry or other vaccination records prior to ordering  
21 the vaccination to be administered by the pharmacy  
22 technician or student pharmacist;

23 (9) the pharmacy technician or student pharmacist  
24 must, if the patient is 18 years of age or younger, inform  
25 the patient and the adult caregiver accompanying the  
26 patient of the importance of a well-child visit with a



1 pediatrician or other licensed primary-care provider and  
2 must refer patients as appropriate;

3 (10) in the case of a COVID-19 vaccine, the  
4 vaccination must be ordered and administered according to  
5 the Advisory Committee on Immunization Practices' COVID-19  
6 vaccine recommendations;

7 (11) in the case of a COVID-19 vaccine, the  
8 supervising pharmacist must comply with any applicable  
9 requirements or conditions of use as set forth in the  
10 Centers for Disease Control and Prevention COVID-19  
11 vaccination provider agreement and any other federal  
12 requirements that apply to the administration of COVID-19  
13 vaccines being administered; and

14 (12) the registered pharmacy technician or student  
15 pharmacist and the supervising pharmacist must comply with  
16 all other requirements of this Act and the rules adopted  
17 thereunder pertaining to the administration of drugs.

18 (b) Under the supervision of an appropriately trained  
19 pharmacist, a registered pharmacy technician or student  
20 pharmacist may administer COVID-19 therapeutics  
21 subcutaneously, intramuscularly, or orally as authorized,  
22 approved, or licensed by the United States Food and Drug  
23 Administration, subject to the following conditions:

24 (1) the COVID-19 therapeutic must be authorized,  
25 approved or licensed by the United States Food and Drug  
26 Administration;

1           (2) the COVID-19 therapeutic must be administered  
2           subcutaneously, intramuscularly, or orally in accordance  
3           with the United States Food and Drug Administration  
4           approval, authorization, or licensing;

5           (3) a pharmacy technician or student pharmacist  
6           practicing pursuant to this Section must complete a  
7           practical training program that is approved by the  
8           Accreditation Council for Pharmacy Education and that  
9           includes hands-on injection technique training, clinical  
10           evaluation of indications and contraindications of  
11           COVID-19 therapeutics training, training in the  
12           recognition and treatment of emergency reactions to  
13           COVID-19 therapeutics, and any additional training  
14           required in the United States Food and Drug Administration  
15           approval, authorization, or licensing;

16           (4) the pharmacy technician or student pharmacist must  
17           have a current certificate in basic cardiopulmonary  
18           resuscitation;

19           (5) the pharmacy technician or student pharmacist must  
20           comply with any applicable requirements or conditions of  
21           use that apply to the administration of COVID-19  
22           therapeutics;

23           (6) the supervising pharmacist must comply with all  
24           relevant recordkeeping and reporting requirements;

25           (7) the supervising pharmacist must be readily and  
26           immediately available to the pharmacy technician or

1       student pharmacist; and  
2           (8) the registered pharmacy technician or student  
3       pharmacist and the supervising pharmacist must comply with  
4       all other requirements of this Act and the rules adopted  
5       thereunder pertaining to the administration of drugs.

6           Section 55. The Illinois Speech-Language Pathology and  
7       Audiology Practice Act is amended by changing Section 8.8 as  
8       follows:

9           (225 ILCS 110/8.8)

10          (Section scheduled to be repealed on January 1, 2028)

11          Sec. 8.8. Supervision of speech-language pathology  
12       assistants.

13          (a) A speech-language pathology assistant shall practice  
14       only under the supervision of a speech-language pathologist  
15       who has at least 2 years experience in addition to the  
16       supervised professional experience required under subsection  
17       (f) of Section 8 of this Act. A speech-language pathologist  
18       who supervises a speech-language pathology assistant (i) must  
19       have completed at least 6 clock hours of training in  
20       supervision related to speech-language pathology, and (ii)  
21       must complete at least 2 clock hours of continuing education  
22       in supervision related to speech-language pathology in each  
23       new licensing cycle after completion of the initial training  
24       required under item (i). The Department shall promulgate rules

1 describing the supervision training requirements. The rules  
2 may allow a speech-language pathologist to apply to the Board  
3 for an exemption from this training requirement based upon  
4 prior supervisory experience.

5 (b) A speech-language pathology assistant must be under  
6 the direct supervision of a speech-language pathologist at  
7 least 30% of the speech-language pathology assistant's actual  
8 patient or client contact time per patient or client during  
9 the first 90 days of initial employment as a speech-language  
10 pathology assistant. Thereafter, a speech-language pathology  
11 assistant must be under the direct supervision of a  
12 speech-language pathologist at least 20% of the  
13 speech-language pathology assistant's actual patient or client  
14 contact time per patient or client. Supervision of a  
15 speech-language pathology assistant beyond the minimum  
16 requirements of this subsection may be imposed at the  
17 discretion of the supervising speech-language pathologist. A  
18 supervising speech-language pathologist must be available to  
19 communicate with a speech-language pathology assistant  
20 whenever the assistant is in contact with a patient or client.

21 (c) A speech-language pathologist that supervises a  
22 speech-language pathology assistant must document direct  
23 supervision activities. At a minimum, supervision  
24 documentation must provide (i) information regarding the  
25 quality of the speech-language pathology assistant's  
26 performance of assigned duties, and (ii) verification that

1 clinical activity is limited to duties specified in Section  
2 8.7.

3 (d) A full-time speech-language pathologist may supervise  
4 no more than 2 speech-language pathology assistants. A  
5 speech-language pathologist that does not work full-time may  
6 supervise no more than one speech-language pathology  
7 assistant.

8 (e) For purposes of this Section, "direct supervision"  
9 means on-site, in-view observation and guidance by a  
10 speech-language pathologist while an assigned activity is  
11 performed by the speech-language pathology assistant or  
12 supervision by a speech-language pathologist by way of video  
13 conferencing technology during telehealth practice.

14 (Source: P.A. 100-530, eff. 1-1-18.)

15 Section 65. The Radiation Protection Act of 1990 is  
16 amended by changing Section 7a as follows:

17 (420 ILCS 40/7a) (from Ch. 111 1/2, par. 210-7a)

18 (Section scheduled to be repealed on January 1, 2027)

19 Sec. 7a. Certification of industrial radiographers.

20 (a) Beginning January 1, 1993, no person may perform  
21 industrial radiography unless he or she is certified by the  
22 Department of Nuclear Safety or its successor, the Illinois  
23 Emergency Management Agency, to perform industrial  
24 radiography. The Agency shall promulgate regulations

1 establishing standards and procedures for certification of  
2 industrial radiographers. The regulations may include, without  
3 limitation, provisions specifying a minimum course of study  
4 and requiring that individuals seeking certification pass an  
5 examination administered or approved by the Agency. Industrial  
6 radiography certification shall be valid for 5 years, except  
7 that certifications for industrial radiography trainees shall  
8 be valid for 2 years or shall be extended pursuant to  
9 subsection (e). The Agency shall establish by regulation  
10 standards and procedures for renewal of certification. The  
11 regulations shall provide that certification for industrial  
12 radiography trainees shall be nonrenewable.

13 (b) The regulations of the Department of Nuclear Safety,  
14 as the predecessor agency of the Illinois Emergency Management  
15 Agency, shall provide for provisional certification of persons  
16 who performed industrial radiography before January 1, 1993.  
17 In order to obtain provisional certification, the industrial  
18 radiographer must apply to the Department no later than  
19 January 1, 1993. Provisional certification shall be valid for  
20 2 years, except for those certifications extended pursuant to  
21 subsection (e), provided that a person who has obtained a  
22 provisional certification must take an examination that is  
23 administered or approved by the Department within 12 months of  
24 the date on which the provisional certification was issued.  
25 Upon passing the examination, the Department shall certify the  
26 individual as an industrial radiographer. Provisional

1 certification shall be nonrenewable.

2 (c) The Agency may, by regulation, assess certification  
3 fees and fees to recover the cost of examining applicants for  
4 certification.

5 (d) The Agency may suspend or revoke the certification of  
6 an industrial radiographer, or take other action as provided  
7 in Sections 36 and 38 of this Act, if a certified industrial  
8 radiographer violates this Act or any rule or regulation  
9 promulgated under this Act, or otherwise endangers the safety  
10 of himself, his co-workers, or members of the general public.  
11 It shall be a violation of this Act for any person to allow an  
12 individual who is not a certified industrial radiographer to  
13 perform industrial radiography.

14 (e) The Agency may extend the term of existing  
15 certifications for industrial radiographers and industrial  
16 radiographer trainees in 90-day increments, not to exceed a  
17 maximum period of 6 months beyond the initial term, to allow  
18 individuals time to meet the examination criteria. Industrial  
19 radiographers and industrial radiographer trainees shall meet  
20 all other requirements as set forth by the Agency.

21 (Source: P.A. 94-104, eff. 7-1-05.)

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law.