95TH GENERAL ASSEMBLY
State of Illinois
2007 and 2008
HB0115


SYNOPSIS AS INTRODUCED:

See Index

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois, the School Code, and the Communicable Disease Prevention Act. Requires that the Cervical Cancer Elimination Task Force identify strategies that are effective in reducing the number of women who are unscreened and under-screened for cervical cancer; increase awareness about human papillomavirus (HPV) and its link to cervical cancer and cervical dysplasia, the availability and efficacy of the HPV vaccine in the prevention of the disease, and the importance of providing it to young females; and assist in the development and implementation of a plan to provide HPV vaccines to the maximum extent possible throughout the State. Requires that, beginning with the 2008-2009 school year, the parent or legal guardian of a female child entering the sixth grade for the first time must submit a statement signed by a physician to the effect that the parent or guardian received information on the connection between HPV and cervical cancer and verifying that the child received the HPV vaccine or that the parent or guardian, having received the information, elected not to have the child receive the HPV vaccine and that the child did not receive the HPV vaccine. Requires a school to include the number of HPV-vaccinated children in its report to the State Board of Education. Requires that the Department of Public Health develop and disseminate information about HPV and the HPV vaccine to physicians, local public health departments, health clinics, and other appropriate healthcare professionals. Provides that the Department may pay for health insurance coverage with funds appropriated for this purpose on behalf of persons who are not otherwise covered by a public or private plan for the cost of acquisition and administration of the HPV vaccine.

LRB095 03811 KBJ 23842 b

FISCAL NOTE ACT
MAY APPLY
AN ACT concerning public health.

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

Section 5. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by changing Section 2310-353 as follows:

(20 ILCS 2310/2310-353)
Sec. 2310-353. Cervical Cancer Elimination Task Force.
(a) A standing Task Force on Cervical Cancer Elimination ("Task Force") is established within the Illinois Department of Public Health.
(b) The Task Force shall have 12 members appointed by the Director of Public Health as follows:
   (1) A representative of an organization relating to women and cancer.
   (2) A representative of an organization providing health care to women.
   (3) A health educator.
   (4) A representative of a national organization relating to cancer treatment who is an oncologist.
   (5) A representative of the health insurance industry.
   (6) A representative of a national organization of obstetricians and gynecologists.
(7) A representative of a national organization of family physicians.

(8) The State Epidemiologist.

(9) A member at-large with an interest in women's health.

(10) A social marketing expert on health issues.

(11) A licensed registered nurse.


The directors of Public Health and Healthcare and Family Services Public Aid, and the Secretary of Human Services, or their designees, and the Chair and Vice-Chair of the Conference of Women Legislators in Illinois, or their designees, shall be ex officio members of the Task Force. The Director of Public Health shall also consult with the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, and the Minority Leader of the Senate in the designation of members of the Illinois General Assembly as ex-officio members.

Appointments to the Task Force should reflect the composition of the Illinois population with regard to ethnic, racial, age, and religious composition.

(c) The Director of Public Health shall appoint a Chair from among the members of the Task Force. The Task Force shall elect a Vice-Chair from its members. Initial appointments to the Task Force shall be made not later than 30 days after the
effective date of this amendatory Act of the 93rd General Assembly. A majority of the Task Force shall constitute a quorum for the transaction of its business. The Task Force shall meet at least quarterly. The Task Force Chair may establish sub-committees for the purpose of making special studies; such sub-committees may include non-Task-Force members as resource persons.

(d) Members of the Task Force shall be reimbursed for their necessary expenses incurred in performing their duties. The Department of Public Health shall provide staff and technical assistance to the Task Force to the extent possible within annual appropriations for its ordinary and contingent expenses.

(e) The Task Force shall have the following duties:

(1) To obtain from the Department of Public Health, if available, data and analyses regarding the prevalence and burden of cervical cancer. The Task Force may conduct or arrange for independent studies and analyses.

(2) To coordinate the efforts of the Task Force with existing State committees and programs providing cervical cancer screening, education, and case management.

(3) To raise public awareness on the causes and nature of cervical cancer, personal risk factors, the value of prevention, early detection, options for testing, treatment costs, new technology, medical care reimbursement, and physician education.
(4) To identify priority strategies, new technologies, and newly introduced vaccines that are effective in preventing and controlling the risk of cervical cancer and to reduce the number of women who are unscreened and under-screened for cervical cancer.

(5) To identify and examine the limitations of existing laws, regulations, programs, and services with regard to coverage and awareness issues for cervical cancer, including requiring insurance or other coverage for PAP smears and mammograms in accordance with the most recently published American Cancer Society guidelines.

(6) To develop a statewide comprehensive Cervical Cancer Prevention Plan and strategies for implementing the Plan and for promoting the Plan to the general public, State and local elected officials, and various public and private organizations, associations, businesses, industries, and agencies.

(7) To receive and to consider reports and testimony from individuals, local health departments, community-based organizations, voluntary health organizations, and other public and private organizations statewide to learn more about their contributions to cervical cancer diagnosis, prevention, and treatment and more about their ideas for improving cervical cancer prevention, diagnosis, and treatment in Illinois.

(8) To increase awareness about human papillomavirus
(HPV) and its link to cervical cancer and cervical dysplasia, the availability and efficacy of the HPV vaccine in the prevention of the disease, and the importance of providing it to young females 9 years of age through 26 years of age.

(9) To assist in the development and implementation of a plan to provide HPV vaccines to the maximum extent possible throughout the State, as recommended by the U.S. Centers for Disease Control and Prevention.

(f) The Task Force shall submit a report to the Governor and the General Assembly by April 1, 2005 and by April 1 of each year thereafter. The report shall include (i) information regarding the progress being made in fulfilling the duties of the Task Force and in developing the Cervical Cancer Prevention Plan and (ii) recommended strategies or actions to reduce the occurrence of cervical cancer and the burdens from cervical cancer suffered by citizens of this State.

(g) The Task Force shall expire on April 1, 2009, or upon submission of the Task Force's final report to the Governor and the General Assembly, whichever occurs earlier.

(Source: P.A. 93-956, eff. 8-19-04; revised 12-15-05.)
Sec. 27-8.1. Health examinations and immunizations.

(1) In compliance with rules and regulations which the Department of Public Health shall promulgate, and except as hereinafter provided, all children in Illinois shall have a health examination as follows: within one year prior to entering kindergarten or the first grade of any public, private, or parochial elementary school; upon entering the fifth and ninth grades of any public, private, or parochial school; prior to entrance into any public, private, or parochial nursery school; and, irrespective of grade, immediately prior to or upon entrance into any public, private, or parochial school or nursery school, each child shall present proof of having been examined in accordance with this Section and the rules and regulations promulgated hereunder.

A tuberculosis skin test screening shall be included as a required part of each health examination included under this Section if the child resides in an area designated by the Department of Public Health as having a high incidence of tuberculosis. Additional health examinations of pupils, including vision examinations, may be required when deemed necessary by school authorities. Parents are encouraged to have their children undergo vision examinations at the same points in time required for health examinations.

(1.5) In compliance with rules adopted by the Department of Public Health and except as otherwise provided in this Section, all children in kindergarten and the second and sixth grades of
any public, private, or parochial school shall have a dental
examination. Each of these children shall present proof of
having been examined by a dentist in accordance with this
Section and rules adopted under this Section before May 15th of
the school year. If a child in the second or sixth grade fails
to present proof by May 15th, the school may hold the child's
report card until one of the following occurs: (i) the child
presents proof of a completed dental examination or (ii) the
child presents proof that a dental examination will take place
within 60 days after May 15th. The Department of Public Health
shall establish, by rule, a waiver for children who show an
undue burden or a lack of access to a dentist. Each public,
private, and parochial school must give notice of this dental
examination requirement to the parents and guardians of
students at least 60 days before May 15th of each school year.

(2) The Department of Public Health shall promulgate rules
and regulations specifying the examinations and procedures
that constitute a health examination, which shall include the
collection of data relating to obesity, (including at a
minimum, date of birth, gender, height, weight, blood pressure,
and date of exam), and a dental examination and may recommend
by rule that certain additional examinations be performed. The
rules and regulations of the Department of Public Health shall
specify that a tuberculosis skin test screening shall be
included as a required part of each health examination included
under this Section if the child resides in an area designated
by the Department of Public Health as having a high incidence
of tuberculosis. The Department of Public Health shall specify
that a diabetes screening as defined by rule shall be included
as a required part of each health examination. Diabetes testing
is not required.

Physicians licensed to practice medicine in all of its
branches, advanced practice nurses who have a written
collaborative agreement with a collaborating physician which
authorizes them to perform health examinations, or physician
assistants who have been delegated the performance of health
examinations by their supervising physician shall be
responsible for the performance of the health examinations,
other than dental examinations and vision and hearing
screening, and shall sign all report forms required by
subsection (4) of this Section that pertain to those portions
of the health examination for which the physician, advanced
practice nurse, or physician assistant is responsible. If a
registered nurse performs any part of a health examination,
then a physician licensed to practice medicine in all of its
branches must review and sign all required report forms.
Licensed dentists shall perform all dental examinations and
shall sign all report forms required by subsection (4) of this
Section that pertain to the dental examinations. Physicians
licensed to practice medicine in all its branches, or licensed
optometrists, shall perform all vision exams required by school
authorities and shall sign all report forms required by
subsection (4) of this Section that pertain to the vision exam. Vision and hearing screening tests, which shall not be considered examinations as that term is used in this Section, shall be conducted in accordance with rules and regulations of the Department of Public Health, and by individuals whom the Department of Public Health has certified. In these rules and regulations, the Department of Public Health shall require that individuals conducting vision screening tests give a child's parent or guardian written notification, before the vision screening is conducted, that states, "Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months."

(3) Every child shall, at or about the same time as he or she receives a health examination required by subsection (1) of this Section, present to the local school proof of having received such immunizations against preventable communicable diseases as the Department of Public Health shall require by rules and regulations promulgated pursuant to this Section and the Communicable Disease Prevention Act. Beginning with the 2008-2009 school year, the parent or legal guardian of a female child entering the sixth grade (or such other grade as the Department of Public Health designates by rule) of any public, private, or parochial school for the first time must submit a
statement to the local school, which must be signed by a physician licensed to practice medicine in all of its branches, to the effect that the parent or guardian received information from the physician on the connection between human papillomavirus (HPV) and cervical cancer, which information the physician must provide, and verifying that the child received the HPV vaccine or that the parent or guardian, having received the information, elected not to have the child receive the HPV vaccine and that the child did not receive the HPV vaccine. The Department of Public Health may prescribe a uniform statement to be used for this purpose.

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

(5) If a child does not submit proof of having had either
the health examination or the immunization as required, then
the child shall be examined or receive the immunization, as the
case may be, and present proof by October 15 of the current
school year, or by an earlier date of the current school year
established by a school district. To establish a date before
October 15 of the current school year for the health
examination or immunization as required, a school district must
give notice of the requirements of this Section 60 days prior
to the earlier established date. If for medical reasons one or
more of the required immunizations must be given after October
15 of the current school year, or after an earlier established
date of the current school year, then the child shall present,
by October 15, or by the earlier established date, a schedule
for the administration of the immunizations and a statement of
the medical reasons causing the delay, both the schedule and
the statement being issued by the physician, advanced practice
nurse, physician assistant, registered nurse, or local health
department that will be responsible for administration of the
remaining required immunizations. If a child does not comply by
October 15, or by the earlier established date of the current
school year, with the requirements of this subsection, then the
local school authority shall exclude that child from school
until such time as the child presents proof of having had the
health examination as required and presents proof of having
received those required immunizations which are medically
possible to receive immediately. During a child's exclusion
from school for noncompliance with this subsection, the child's parents or legal guardian shall be considered in violation of Section 26-1 and subject to any penalty imposed by Section 26-10. This subsection (5) does not apply to dental examinations.

(6) Every school shall report to the State Board of Education by November 15, in the manner which that agency shall require, the number of children who have received the necessary immunizations and the health examination (other than a dental examination) as required, indicating, of those who have not received the immunizations and examination as required, the number of children who are exempt from health examination and immunization requirements on religious or medical grounds as provided in subsection (8). This report shall also include the number of female children entering the sixth grade (or such other grade as the Department of Public Health designates by rule) who have received a human papillomavirus (HPV) vaccination and the number of female children who have not received an HPV vaccination. Every school shall report to the State Board of Education by June 30, in the manner that the State Board requires, the number of children who have received the required dental examination, indicating, of those who have not received the required dental examination, the number of children who are exempt from the dental examination on religious grounds as provided in subsection (8) of this Section and the number of children who have received a waiver under
subsection (1.5) of this Section. This reported information shall be provided to the Department of Public Health by the State Board of Education.

(7) Upon determining that the number of pupils who are required to be in compliance with subsection (5) of this Section is below 90% of the number of pupils enrolled in the school district, 10% of each State aid payment made pursuant to Section 18-8.05 to the school district for such year shall be withheld by the regional superintendent until the number of students in compliance with subsection (5) is the applicable specified percentage or higher.

(8) Parents or legal guardians who object to health or dental examinations or any part thereof, or to immunizations, on religious grounds shall not be required to submit their children or wards to the examinations or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed statement of objection, detailing the grounds for the objection. If the physical condition of the child is such that any one or more of the immunizing agents should not be administered, the examining physician, advanced practice nurse, or physician assistant responsible for the performance of the health examination shall endorse that fact upon the health examination form. Exempting a child from the health or dental examination does not exempt the child from participation in the program of physical education training provided in Sections 27-5 through 27-7 of this Code.
(9) For the purposes of this Section, "nursery schools" means those nursery schools operated by elementary school systems or secondary level school units or institutions of higher learning.

(Source: P.A. 92-703, eff. 7-19-02; 93-504, eff. 1-1-04; 93-530, eff. 1-1-04; 93-946, eff. 7-1-05; 93-966, eff. 1-1-05; revised 12-1-05.)

Section 15. The Communicable Disease Prevention Act is amended by changing Section 1 and by adding Section 2e as follows:

(410 ILCS 315/1) (from Ch. 111 1/2, par. 22.11)

Sec. 1. Certain communicable diseases such as measles, poliomyelitis and tetanus, may and do result in serious physical and mental disability including mental retardation, permanent paralysis, encephalitis, convulsions, pneumonia, and not infrequently, death. In addition, human papillomavirus (HPV) is a common virus that can develop into cervical cancer, precancerous lesions, or genital warts.

Most of these diseases attack young children, and if they have not been immunized, may spread to other susceptible children and possibly, adults, thus, posing serious threats to the health of the community. Effective, safe and widely used vaccines and immunization procedures have been developed and are available to prevent these diseases and to limit their
spread. Even though such immunization procedures are available, many children fail to receive this protection either through parental oversight, lack of concern, knowledge or interest, or lack of available facilities or funds. The existence of susceptible children in the community constitutes a health hazard to the individual and to the public at large by serving as a focus for the spread of these communicable diseases.

It is declared to be the public policy of this State that all children shall be protected, as soon after birth as medically indicated, by the appropriate vaccines and immunizing procedures to prevent communicable diseases which are or which may in the future become preventable by immunization.

It is also declared to be the public policy of this State that Gardasil, the approved vaccine to prevent certain types of HPV, or any other vaccine approved for the same purpose be administered to young females to the maximum extent possible in accordance with the recommendations of the U.S. Centers for Disease Control and Prevention.

(Source: P.A. 78-255; 78-303; 78-1297.)

(410 ILCS 315/2e new)

Sec. 2e. HPV vaccination. The Department of Public Health shall develop and disseminate information about human papillomavirus (HPV) and the HPV vaccine to physicians, local
public health departments, health clinics, and other appropriate healthcare professionals. The information shall include the recommendations of the U.S. Centers for Disease Control and Prevention that the HPV vaccine should be administered to 11 and 12-year-old girls, can be administered to girls as young as 9 years of age, and is also recommended for 13 through 26-year-old females who have not yet received or completed the vaccination series.

The Department of Public Health may pay for health insurance coverage with funds appropriated for this purpose on behalf of persons who are not otherwise covered by a public or private plan for the cost of acquisition and administration of the HPV vaccine under the guidelines and recommendation of the U.S. Centers for Disease Control and Prevention. The Department of Public Health shall adopt rules to establish eligibility requirements for participation in this health insurance coverage program.
INDEX

Statutes amended in order of appearance

3  20 ILCS 2310/2310-353
4  105 ILCS 5/27-8.1 from Ch. 122, par. 27-8.1
5  410 ILCS 315/1 from Ch. 111 1/2, par. 22.11
6  410 ILCS 315/2e new