

1 AN ACT concerning regulation.

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

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11A as follows:

6 (5 ILCS 375/6.11A)

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

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

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

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

22 (ii) reduce or ameliorate the physical, mental, or
23 developmental effects of an illness, condition, injury,

1 disease, or disability; or

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

4 (c) The coverage required under this Section shall be
5 subject to the same deductible, coinsurance, waiting period,
6 cost sharing limitation, treatment limitation, calendar year
7 maximum, or other limitations as provided for other physical or
8 rehabilitative or occupational therapy benefits covered by the
9 policy.

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

21 (e) When making a determination of medical necessity for
22 treatment, an insurer must make the determination in a manner
23 consistent with the manner in which that determination is made
24 with respect to other diseases or illnesses covered under the
25 policy, including an appeals process. During the appeals
26 process, any challenge to medical necessity may be viewed as

1 reasonable only if the review includes a licensed health care
2 professional with the same category of license as the
3 professional who ordered or referred the service in question
4 and with expertise in the most current and effective treatment.
5 (Source: P.A. 96-1227, eff. 1-1-11; 97-604, eff. 8-26-11.)

6 Section 10. The Election Code is amended by changing
7 Sections 19-12.1 and 19-13 as follows:

8 (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

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

1 nursing home resident's identification card, which will enable
2 him to vote under this Article as a physically incapacitated or
3 nursing home voter. For the purposes of this Section,
4 "federally operated veterans' home, hospital, or facility"
5 means the long-term care facilities at the Jesse Brown VA
6 Medical Center, Illiana Health Care System, Edward Hines, Jr.
7 VA Hospital, Marion VA Medical Center, and Captain James A.
8 Lovell Federal Health Care Center.

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

1 Card indicating that the person named thereon has a Class 1A or
2 Class 2 disability, the county clerk or board of election
3 commissioners shall issue a voter's identification card for
4 persons with disabilities or a nursing home resident's
5 identification card. Such identification cards shall be issued
6 for a period of 5 years, upon the expiration of which time the
7 voter may secure a new card by making application in the same
8 manner as is prescribed for the issuance of an original card,
9 accompanied by a new affidavit of the attending physician,
10 advanced practice nurse, or a physician assistant. The date of
11 expiration of such five-year period shall be made known to any
12 interested person by the election authority upon the request of
13 such person. Applications for the renewal of the identification
14 cards shall be mailed to the voters holding such cards not less
15 than 3 months prior to the date of expiration of the cards.

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

25 The holder of a voter's identification card for persons
26 with disabilities or a nursing home resident's identification

1 card may make application by mail for an official ballot within
2 the time prescribed by Section 19-2. Such application shall
3 contain the same information as is included in the form of
4 application for ballot by a physically incapacitated elector
5 prescribed in Section 19-3 except that it shall also include
6 the applicant's voter's identification card for persons with
7 disabilities card number and except that it need not be sworn
8 to. If an examination of the records discloses that the
9 applicant is lawfully entitled to vote, he shall be mailed a
10 ballot as provided in Section 19-4. The ballot envelope shall
11 be the same as that prescribed in Section 19-5 for voters with
12 physical disabilities, and the manner of voting and returning
13 the ballot shall be the same as that provided in this Article
14 for other vote by mail ballots, except that a statement to be
15 subscribed to by the voter but which need not be sworn to shall
16 be placed on the ballot envelope in lieu of the affidavit
17 prescribed by Section 19-5.

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

21 For the purposes of this Section, "nursing home resident"
22 includes a resident of (i) a federally operated veterans' home,
23 hospital, or facility located in Illinois or (ii) a facility
24 licensed under the ID/DD Community Care Act, the MC/DD Act, or
25 the Specialized Mental Health Rehabilitation Act of 2013. For
26 the purposes of this Section, "federally operated veterans'

1 home, hospital, or facility" means the long-term care
2 facilities at the Jesse Brown VA Medical Center, Illiana Health
3 Care System, Edward Hines, Jr. VA Hospital, Marion VA Medical
4 Center, and Captain James A. Lovell Federal Health Care Center.
5 (Source: P.A. 98-104, eff. 7-22-13; 98-1171, eff. 6-1-15;
6 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; revised 10-14-15.)

7 (10 ILCS 5/19-13) (from Ch. 46, par. 19-13)

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

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

25 (2) The voter's physician, advanced practice nurse, or

1 physician assistant completes a Certificate of Attending
2 Health Care Professional ~~Physician~~ in a form substantially as
3 follows:

4 CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL ~~PHYSICIAN~~

5 I state that I am a physician, advanced practice nurse, or
6 physician assistant, duly licensed to practice in the State of
7; that is a patient in (name of
8 hospital/home/center), located at (address of
9 hospital/home/center), (county,
10 city/village); that such individual was admitted for
11 (nature of illness or physical injury), on
12 (date of admission); and that I have examined such
13 individual in the State in which I am licensed to practice
14 ~~medicine~~ and do not expect such individual to be released from
15 the hospital/home/center on or before the day of election or,
16 if released, to be able to travel to the polling place on
17 election day.

18 Under penalties as provided by law pursuant to Section
19 29-10 of The Election Code, the undersigned certifies that the
20 statements set forth in this certification are true and
21 correct.

22 (Signature)

23 (Date licensed)

24 (3) Any person who is registered to vote in the same
25 precinct as the admitted voter or any legal relative of the
26 admitted voter may present such voter's vote by mail ballot

1 application, completed as prescribed in paragraph 1,
2 accompanied by the physician's, advanced practice nurse's, or a
3 physician assistant's certificate, completed as prescribed in
4 paragraph 2, to the election authority. Such precinct voter or
5 relative shall execute and sign an affidavit furnished by the
6 election authority attesting that he is a registered voter in
7 the same precinct as the admitted voter or that he is a legal
8 relative of the admitted voter and stating the nature of the
9 relationship. Such precinct voter or relative shall further
10 attest that he has been authorized by the admitted voter to
11 obtain his or her vote by mail ballot from the election
12 authority and deliver such ballot to him in the hospital, home,
13 or center.

14 Upon receipt of the admitted voter's application,
15 physician's, advanced practice nurse's, or a physician
16 assistant's certificate, and the affidavit of the precinct
17 voter or the relative, the election authority shall examine the
18 registration records to determine if the applicant is qualified
19 to vote and, if found to be qualified, shall provide the
20 precinct voter or the relative the vote by mail ballot for
21 delivery to the applicant.

22 Upon receipt of the vote by mail ballot, the admitted voter
23 shall mark the ballot in secret and subscribe to the
24 certifications on the vote by mail ballot return envelope.
25 After depositing the ballot in the return envelope and securely
26 sealing the envelope, such voter shall give the envelope to the

1 precinct voter or the relative who shall deliver it to the
2 election authority in sufficient time for the ballot to be
3 delivered by the election authority to the election authority's
4 central ballot counting location before 7 p.m. on election day.

5 Upon receipt of the admitted voter's vote by mail ballot,
6 the ballot shall be counted in the manner prescribed in this
7 Article.

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

9 Section 15. The Alcoholism and Other Drug Abuse and
10 Dependency Act is amended by changing Section 5-23 as follows:

11 (20 ILCS 301/5-23)

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

13 (a) Reports of drug overdose.

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

1 and subsection (j) of Section 22-30 of the School Code.

2 (2) The report may include:

3 (A) Trends in drug overdose death rates.

4 (B) Trends in emergency room utilization related
5 to drug overdose and the cost impact of emergency room
6 utilization.

7 (C) Trends in utilization of pre-hospital and
8 emergency services and the cost impact of emergency
9 services utilization.

10 (D) Suggested improvements in data collection.

11 (E) A description of other interventions effective
12 in reducing the rate of fatal or nonfatal drug
13 overdose.

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

19 (b) Programs; drug overdose prevention.

20 (1) The Director may establish a program to provide for
21 the production and publication, in electronic and other
22 formats, of drug overdose prevention, recognition, and
23 response literature. The Director may develop and
24 disseminate curricula for use by professionals,
25 organizations, individuals, or committees interested in
26 the prevention of fatal and nonfatal drug overdose,

1 including, but not limited to, drug users, jail and prison
2 personnel, jail and prison inmates, drug treatment
3 professionals, emergency medical personnel, hospital
4 staff, families and associates of drug users, peace
5 officers, firefighters, public safety officers, needle
6 exchange program staff, and other persons. In addition to
7 information regarding drug overdose prevention,
8 recognition, and response, literature produced by the
9 Department shall stress that drug use remains illegal and
10 highly dangerous and that complete abstinence from illegal
11 drug use is the healthiest choice. The literature shall
12 provide information and resources for substance abuse
13 treatment.

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

24 (2) The Director may provide advice to State and local
25 officials on the growing drug overdose crisis, including
26 the prevalence of drug overdose incidents, programs

1 promoting the disposal of unused prescription drugs,
2 trends in drug overdose incidents, and solutions to the
3 drug overdose crisis.

4 (c) Grants.

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

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

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

25 (A) Policies and projects to encourage persons,
26 including drug users, to call 911 when they witness a

1 potentially fatal drug overdose.

2 (B) Drug overdose prevention, recognition, and
3 response education projects in drug treatment centers,
4 outreach programs, and other organizations that work
5 with, or have access to, drug users and their families
6 and communities.

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

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

17 (E) Prescription and distribution of opioid
18 antagonists.

19 (F) The institution of education and training
20 projects on drug overdose response and treatment for
21 emergency services and law enforcement personnel.

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

24 (4) In addition to moneys appropriated by the General
25 Assembly, the Director may seek grants from private
26 foundations, the federal government, and other sources to

1 fund the grants under this Section and to fund an
2 evaluation of the programs supported by the grants.

3 (d) Health care professional prescription of opioid
4 antagonists.

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

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

1 that another person is experiencing a drug overdose. The
2 person shall not, as a result of his or her acts or
3 omissions, be (i) liable for any violation of the Medical
4 Practice Act of 1987, the Physician Assistant Practice Act
5 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
6 or any other professional licensing statute, or (ii)
7 subject to any criminal prosecution or civil liability,
8 except for willful and wanton misconduct.

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

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

8 (4) For the purposes of this subsection:

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

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

24 "Patient" includes a person who is not at risk of
25 opioid overdose but who, in the judgment of the physician,
26 advanced practice nurse, or physician assistant, may be in

1 a position to assist another individual during an overdose
2 and who has received patient information as required in
3 paragraph (2) of this subsection on the indications for and
4 administration of an opioid antagonist.

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

12 (e) Drug overdose response policy.

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

24 (2) Every publicly or privately owned ambulance,
25 special emergency medical services vehicle, non-transport
26 vehicle, or ambulance assist vehicle, as described in the

1 Emergency Medical Services (EMS) Systems Act, which
2 responds to requests for emergency services or transports
3 patients between hospitals in emergency situations must
4 possess opioid antagonists.

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

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

12 Section 20. The Department of Central Management Services
13 Law of the Civil Administrative Code of Illinois is amended by
14 changing Section 405-105 as follows:

15 (20 ILCS 405/405-105) (was 20 ILCS 405/64.1)

16 Sec. 405-105. Fidelity, surety, property, and casualty
17 insurance. The Department shall establish and implement a
18 program to coordinate the handling of all fidelity, surety,
19 property, and casualty insurance exposures of the State and the
20 departments, divisions, agencies, branches, and universities
21 of the State. In performing this responsibility, the Department
22 shall have the power and duty to do the following:

23 (1) Develop and maintain loss and exposure data on all
24 State property.

1 (2) Study the feasibility of establishing a
2 self-insurance plan for State property and prepare
3 estimates of the costs of reinsurance for risks beyond the
4 realistic limits of the self-insurance.

5 (3) Prepare a plan for centralizing the purchase of
6 property and casualty insurance on State property under a
7 master policy or policies and purchase the insurance
8 contracted for as provided in the Illinois Purchasing Act.

9 (4) Evaluate existing provisions for fidelity bonds
10 required of State employees and recommend changes that are
11 appropriate commensurate with risk experience and the
12 determinations respecting self-insurance or reinsurance so
13 as to permit reduction of costs without loss of coverage.

14 (5) Investigate procedures for inclusion of school
15 districts, public community college districts, and other
16 units of local government in programs for the centralized
17 purchase of insurance.

18 (6) Implement recommendations of the State Property
19 Insurance Study Commission that the Department finds
20 necessary or desirable in the performance of its powers and
21 duties under this Section to achieve efficient and
22 comprehensive risk management.

23 (7) Prepare and, in the discretion of the Director,
24 implement a plan providing for the purchase of public
25 liability insurance or for self-insurance for public
26 liability or for a combination of purchased insurance and

1 self-insurance for public liability (i) covering the State
2 and drivers of motor vehicles owned, leased, or controlled
3 by the State of Illinois pursuant to the provisions and
4 limitations contained in the Illinois Vehicle Code, (ii)
5 covering other public liability exposures of the State and
6 its employees within the scope of their employment, and
7 (iii) covering drivers of motor vehicles not owned, leased,
8 or controlled by the State but used by a State employee on
9 State business, in excess of liability covered by an
10 insurance policy obtained by the owner of the motor vehicle
11 or in excess of the dollar amounts that the Department
12 shall determine to be reasonable. Any contract of insurance
13 let under this Law shall be by bid in accordance with the
14 procedure set forth in the Illinois Purchasing Act. Any
15 provisions for self-insurance shall conform to subdivision
16 (11).

17 The term "employee" as used in this subdivision (7) and
18 in subdivision (11) means a person while in the employ of
19 the State who is a member of the staff or personnel of a
20 State agency, bureau, board, commission, committee,
21 department, university, or college or who is a State
22 officer, elected official, commissioner, member of or ex
23 officio member of a State agency, bureau, board,
24 commission, committee, department, university, or college,
25 or a member of the National Guard while on active duty
26 pursuant to orders of the Governor of the State of

1 Illinois, or any other person while using a licensed motor
2 vehicle owned, leased, or controlled by the State of
3 Illinois with the authorization of the State of Illinois,
4 provided the actual use of the motor vehicle is within the
5 scope of that authorization and within the course of State
6 service.

7 Subsequent to payment of a claim on behalf of an
8 employee pursuant to this Section and after reasonable
9 advance written notice to the employee, the Director may
10 exclude the employee from future coverage or limit the
11 coverage under the plan if (i) the Director determines that
12 the claim resulted from an incident in which the employee
13 was grossly negligent or had engaged in willful and wanton
14 misconduct or (ii) the Director determines that the
15 employee is no longer an acceptable risk based on a review
16 of prior accidents in which the employee was at fault and
17 for which payments were made pursuant to this Section.

18 The Director is authorized to promulgate
19 administrative rules that may be necessary to establish and
20 administer the plan.

21 Appropriations from the Road Fund shall be used to pay
22 auto liability claims and related expenses involving
23 employees of the Department of Transportation, the
24 Illinois State Police, and the Secretary of State.

25 (8) Charge, collect, and receive from all other
26 agencies of the State government fees or monies equivalent

1 to the cost of purchasing the insurance.

2 (9) Establish, through the Director, charges for risk
3 management services rendered to State agencies by the
4 Department. The State agencies so charged shall reimburse
5 the Department by vouchers drawn against their respective
6 appropriations. The reimbursement shall be determined by
7 the Director as amounts sufficient to reimburse the
8 Department for expenditures incurred in rendering the
9 service.

10 The Department shall charge the employing State agency
11 or university for workers' compensation payments for
12 temporary total disability paid to any employee after the
13 employee has received temporary total disability payments
14 for 120 days if the employee's treating physician, advanced
15 practice nurse, or physician assistant has issued a release
16 to return to work with restrictions and the employee is
17 able to perform modified duty work but the employing State
18 agency or university does not return the employee to work
19 at modified duty. Modified duty shall be duties assigned
20 that may or may not be delineated as part of the duties
21 regularly performed by the employee. Modified duties shall
22 be assigned within the prescribed restrictions established
23 by the treating physician and the physician who performed
24 the independent medical examination. The amount of all
25 reimbursements shall be deposited into the Workers'
26 Compensation Revolving Fund which is hereby created as a

1 revolving fund in the State treasury. In addition to any
2 other purpose authorized by law, moneys in the Fund shall
3 be used, subject to appropriation, to pay these or other
4 temporary total disability claims of employees of State
5 agencies and universities.

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

11 (10) Establish rules, procedures, and forms to be used
12 by State agencies in the administration and payment of
13 workers' compensation claims. For claims filed prior to
14 July 1, 2013, the Department shall initially evaluate and
15 determine the compensability of any injury that is the
16 subject of a workers' compensation claim and provide for
17 the administration and payment of such a claim for all
18 State agencies. For claims filed on or after July 1, 2013,
19 the Department shall retain responsibility for certain
20 administrative payments including, but not limited to,
21 payments to the private vendor contracted to perform
22 services under subdivision (10b) of this Section, payments
23 related to travel expenses for employees of the Office of
24 the Attorney General, and payments to internal Department
25 staff responsible for the oversight and management of any
26 contract awarded pursuant to subdivision (10b) of this

1 Section. Through December 31, 2012, the Director may
2 delegate to any agency with the agreement of the agency
3 head the responsibility for evaluation, administration,
4 and payment of that agency's claims. Neither the Department
5 nor the private vendor contracted to perform services under
6 subdivision (10b) of this Section shall be responsible for
7 providing workers' compensation services to the Illinois
8 State Toll Highway Authority or to State universities that
9 maintain self-funded workers' compensation liability
10 programs.

11 (10a) By April 1 of each year prior to calendar year
12 2013, the Director must report and provide information to
13 the State Workers' Compensation Program Advisory Board
14 concerning the status of the State workers' compensation
15 program for the next fiscal year. Information that the
16 Director must provide to the State Workers' Compensation
17 Program Advisory Board includes, but is not limited to,
18 documents, reports of negotiations, bid invitations,
19 requests for proposals, specifications, copies of proposed
20 and final contracts or agreements, and any other materials
21 concerning contracts or agreements for the program. By the
22 first of each month prior to calendar year 2013, the
23 Director must provide updated, and any new, information to
24 the State Workers' Compensation Program Advisory Board
25 until the State workers' compensation program for the next
26 fiscal year is determined.

1 (10b) No later than January 1, 2013, the chief
2 procurement officer appointed under paragraph (4) of
3 subsection (a) of Section 10-20 of the Illinois Procurement
4 Code (hereinafter "chief procurement officer"), in
5 consultation with the Department of Central Management
6 Services, shall procure one or more private vendors to
7 administer the program providing payments for workers'
8 compensation liability with respect to the employees of all
9 State agencies. The chief procurement officer may procure a
10 single contract applicable to all State agencies or
11 multiple contracts applicable to one or more State
12 agencies. If the chief procurement officer procures a
13 single contract applicable to all State agencies, then the
14 Department of Central Management Services shall be
15 designated as the agency that enters into the contract and
16 shall be responsible for the contract. If the chief
17 procurement officer procures multiple contracts applicable
18 to one or more State agencies, each agency to which the
19 contract applies shall be designated as the agency that
20 shall enter into the contract and shall be responsible for
21 the contract. If the chief procurement officer procures
22 contracts applicable to an individual State agency, the
23 agency subject to the contract shall be designated as the
24 agency responsible for the contract.

25 (10c) The procurement of private vendors for the
26 administration of the workers' compensation program for

1 State employees is subject to the provisions of the
2 Illinois Procurement Code and administration by the chief
3 procurement officer.

4 (10d) Contracts for the procurement of private vendors
5 for the administration of the workers' compensation
6 program for State employees shall be based upon, but
7 limited to, the following criteria: (i) administrative
8 cost, (ii) service capabilities of the vendor, and (iii)
9 the compensation (including premiums, fees, or other
10 charges). A vendor for the administration of the workers'
11 compensation program for State employees shall provide
12 services, including, but not limited to:

13 (A) providing a web-based case management system
14 and provide access to the Office of the Attorney
15 General;

16 (B) ensuring claims adjusters are available to
17 provide testimony or information as requested by the
18 Office of the Attorney General;

19 (C) establishing a preferred provider program for
20 all State agencies and facilities; and

21 (D) authorizing the payment of medical bills at the
22 preferred provider discount rate.

23 (10e) By September 15, 2012, the Department of Central
24 Management Services shall prepare a plan to effectuate the
25 transfer of responsibility and administration of the
26 workers' compensation program for State employees to the

1 selected private vendors. The Department shall submit a
2 copy of the plan to the General Assembly.

3 (11) Any plan for public liability self-insurance
4 implemented under this Section shall provide that (i) the
5 Department shall attempt to settle and may settle any
6 public liability claim filed against the State of Illinois
7 or any public liability claim filed against a State
8 employee on the basis of an occurrence in the course of the
9 employee's State employment; (ii) any settlement of such a
10 claim is not subject to fiscal year limitations and must be
11 approved by the Director and, in cases of settlements
12 exceeding \$100,000, by the Governor; and (iii) a settlement
13 of any public liability claim against the State or a State
14 employee shall require an unqualified release of any right
15 of action against the State and the employee for acts
16 within the scope of the employee's employment giving rise
17 to the claim.

18 Whenever and to the extent that a State employee
19 operates a motor vehicle or engages in other activity
20 covered by self-insurance under this Section, the State of
21 Illinois shall defend, indemnify, and hold harmless the
22 employee against any claim in tort filed against the
23 employee for acts or omissions within the scope of the
24 employee's employment in any proper judicial forum and not
25 settled pursuant to this subdivision (11), provided that
26 this obligation of the State of Illinois shall not exceed a

1 maximum liability of \$2,000,000 for any single occurrence
2 in connection with the operation of a motor vehicle or
3 \$100,000 per person per occurrence for any other single
4 occurrence, or \$500,000 for any single occurrence in
5 connection with the provision of medical care by a licensed
6 physician, advanced practice nurse, or physician assistant
7 employee.

8 Any claims against the State of Illinois under a
9 self-insurance plan that are not settled pursuant to this
10 subdivision (11) shall be heard and determined by the Court
11 of Claims and may not be filed or adjudicated in any other
12 forum. The Attorney General of the State of Illinois or the
13 Attorney General's designee shall be the attorney with
14 respect to all public liability self-insurance claims that
15 are not settled pursuant to this subdivision (11) and
16 therefore result in litigation. The payment of any award of
17 the Court of Claims entered against the State relating to
18 any public liability self-insurance claim shall act as a
19 release against any State employee involved in the
20 occurrence.

21 (12) Administer a plan the purpose of which is to make
22 payments on final settlements or final judgments in
23 accordance with the State Employee Indemnification Act.
24 The plan shall be funded through appropriations from the
25 General Revenue Fund specifically designated for that
26 purpose, except that indemnification expenses for

1 employees of the Department of Transportation, the
2 Illinois State Police, and the Secretary of State shall be
3 paid from the Road Fund. The term "employee" as used in
4 this subdivision (12) has the same meaning as under
5 subsection (b) of Section 1 of the State Employee
6 Indemnification Act. Subject to sufficient appropriation,
7 the Director shall approve payment of any claim, without
8 regard to fiscal year limitations, presented to the
9 Director that is supported by a final settlement or final
10 judgment when the Attorney General and the chief officer of
11 the public body against whose employee the claim or cause
12 of action is asserted certify to the Director that the
13 claim is in accordance with the State Employee
14 Indemnification Act and that they approve of the payment.
15 In no event shall an amount in excess of \$150,000 be paid
16 from this plan to or for the benefit of any claimant.

17 (13) Administer a plan the purpose of which is to make
18 payments on final settlements or final judgments for
19 employee wage claims in situations where there was an
20 appropriation relevant to the wage claim, the fiscal year
21 and lapse period have expired, and sufficient funds were
22 available to pay the claim. The plan shall be funded
23 through appropriations from the General Revenue Fund
24 specifically designated for that purpose.

25 Subject to sufficient appropriation, the Director is
26 authorized to pay any wage claim presented to the Director

1 that is supported by a final settlement or final judgment
2 when the chief officer of the State agency employing the
3 claimant certifies to the Director that the claim is a
4 valid wage claim and that the fiscal year and lapse period
5 have expired. Payment for claims that are properly
6 submitted and certified as valid by the Director shall
7 include interest accrued at the rate of 7% per annum from
8 the forty-fifth day after the claims are received by the
9 Department or 45 days from the date on which the amount of
10 payment is agreed upon, whichever is later, until the date
11 the claims are submitted to the Comptroller for payment.
12 When the Attorney General has filed an appearance in any
13 proceeding concerning a wage claim settlement or judgment,
14 the Attorney General shall certify to the Director that the
15 wage claim is valid before any payment is made. In no event
16 shall an amount in excess of \$150,000 be paid from this
17 plan to or for the benefit of any claimant.

18 Nothing in Public Act 84-961 shall be construed to
19 affect in any manner the jurisdiction of the Court of
20 Claims concerning wage claims made against the State of
21 Illinois.

22 (14) Prepare and, in the discretion of the Director,
23 implement a program for self-insurance for official
24 fidelity and surety bonds for officers and employees as
25 authorized by the Official Bond Act.

26 (Source: P.A. 96-928, eff. 6-15-10; 97-18, eff. 6-28-11;

1 97-895, eff. 8-3-12; 97-1143, eff. 12-28-12.)

2 Section 25. The Foster Parent Law is amended by changing
3 Section 1-15 as follows:

4 (20 ILCS 520/1-15)

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

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

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

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

17 (4) The right to receive timely financial
18 reimbursement commensurate with the care needs of the child
19 as specified in the service plan.

20 (5) The right to be provided a clear, written
21 understanding of a placement agency's plan concerning the
22 placement of a child in the foster parent's home. Inherent
23 in this right is the foster parent's responsibility to
24 support activities that will promote the child's right to

1 relationships with his or her own family and cultural
2 heritage.

3 (6) The right to be provided a fair, timely, and
4 impartial investigation of complaints concerning the
5 foster parent's licensure, to be provided the opportunity
6 to have a person of the foster parent's choosing present
7 during the investigation, and to be provided due process
8 during the investigation; the right to be provided the
9 opportunity to request and receive mediation or an
10 administrative review of decisions that affect licensing
11 parameters, or both mediation and an administrative
12 review; and the right to have decisions concerning a
13 licensing corrective action plan specifically explained
14 and tied to the licensing standards violated.

15 (7) The right, at any time during which a child is
16 placed with the foster parent, to receive additional or
17 necessary information that is relevant to the care of the
18 child.

19 (7.5) The right to be given information concerning a
20 child (i) from the Department as required under subsection
21 (u) of Section 5 of the Children and Family Services Act
22 and (ii) from a child welfare agency as required under
23 subsection (c-5) of Section 7.4 of the Child Care Act of
24 1969.

25 (8) The right to be notified of scheduled meetings and
26 staffings concerning the foster child in order to actively

1 participate in the case planning and decision-making
2 process regarding the child, including individual service
3 planning meetings, administrative case reviews,
4 interdisciplinary staffings, and individual educational
5 planning meetings; the right to be informed of decisions
6 made by the courts or the child welfare agency concerning
7 the child; the right to provide input concerning the plan
8 of services for the child and to have that input given full
9 consideration in the same manner as information presented
10 by any other professional on the team; and the right to
11 communicate with other professionals who work with the
12 foster child within the context of the team, including
13 therapists, physicians, attending health care
14 professionals, and teachers.

15 (9) The right to be given, in a timely and consistent
16 manner, any information a case worker has regarding the
17 child and the child's family which is pertinent to the care
18 and needs of the child and to the making of a permanency
19 plan for the child. Disclosure of information concerning
20 the child's family shall be limited to that information
21 that is essential for understanding the needs of and
22 providing care to the child in order to protect the rights
23 of the child's family. When a positive relationship exists
24 between the foster parent and the child's family, the
25 child's family may consent to disclosure of additional
26 information.

1 (10) The right to be given reasonable written notice of
2 (i) any change in a child's case plan, (ii) plans to
3 terminate the placement of the child with the foster
4 parent, and (iii) the reasons for the change or termination
5 in placement. The notice shall be waived only in cases of a
6 court order or when the child is determined to be at
7 imminent risk of harm.

8 (11) The right to be notified in a timely and complete
9 manner of all court hearings, including notice of the date
10 and time of the court hearing, the name of the judge or
11 hearing officer hearing the case, the location of the
12 hearing, and the court docket number of the case; and the
13 right to intervene in court proceedings or to seek mandamus
14 under the Juvenile Court Act of 1987.

15 (12) The right to be considered as a placement option
16 when a foster child who was formerly placed with the foster
17 parent is to be re-entered into foster care, if that
18 placement is consistent with the best interest of the child
19 and other children in the foster parent's home.

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

24 (14) The right to be informed of the Foster Parent
25 Hotline established under Section 35.6 of the Children and
26 Family Services Act and all of the rights accorded to

1 foster parents concerning reports of misconduct by
2 Department employees, service providers, or contractors,
3 confidential handling of those reports, and investigation
4 by the Inspector General appointed under Section 35.5 of
5 the Children and Family Services Act.

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

7 Section 30. The Regional Integrated Behavioral Health
8 Networks Act is amended by changing Section 20 as follows:

9 (20 ILCS 1340/20)

10 Sec. 20. Steering Committee and Networks.

11 (a) To achieve these goals, the Department of Human
12 Services shall convene a Regional Integrated Behavioral Health
13 Networks Steering Committee (hereinafter "Steering Committee")
14 comprised of State agencies involved in the provision,
15 regulation, or financing of health, mental health, substance
16 abuse, rehabilitation, and other services. These include, but
17 shall not be limited to, the following agencies:

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

19 (2) The Department of Human Services and its Divisions
20 of Mental Illness and Alcoholism and Substance Abuse
21 Services.

22 (3) The Department of Public Health, including its
23 Center for Rural Health.

24 The Steering Committee shall include a representative from

1 each Network. The agencies of the Steering Committee are
2 directed to work collaboratively to provide consultation,
3 advice, and leadership to the Networks in facilitating
4 communication within and across multiple agencies and in
5 removing regulatory barriers that may prevent Networks from
6 accomplishing the goals. The Steering Committee collectively
7 or through one of its member Agencies shall also provide
8 technical assistance to the Networks.

9 (b) There also shall be convened Networks in each of the
10 Department of Human Services' regions comprised of
11 representatives of community stakeholders represented in the
12 Network, including when available, but not limited to, relevant
13 trade and professional associations representing hospitals,
14 community providers, public health care, hospice care, long
15 term care, law enforcement, emergency medical service,
16 physicians, advanced practice nurses, and physician assistants
17 trained in psychiatry; an organization that advocates on behalf
18 of federally qualified health centers, an organization that
19 advocates on behalf of persons suffering with mental illness
20 and substance abuse disorders, an organization that advocates
21 on behalf of persons with disabilities, an organization that
22 advocates on behalf of persons who live in rural areas, an
23 organization that advocates on behalf of persons who live in
24 medically underserved areas; and others designated by the
25 Steering Committee or the Networks. A member from each Network
26 may choose a representative who may serve on the Steering

1 Committee.

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

3 Section 35. The Mental Health and Developmental
4 Disabilities Administrative Act is amended by changing
5 Sections 5.1, 14, and 15.4 as follows:

6 (20 ILCS 1705/5.1) (from Ch. 91 1/2, par. 100-5.1)

7 Sec. 5.1. The Department shall develop, by rule, the
8 procedures and standards by which it shall approve medications
9 for clinical use in its facilities. A list of those drugs
10 approved pursuant to these procedures shall be distributed to
11 all Department facilities.

12 Drugs not listed by the Department may not be administered
13 in facilities under the jurisdiction of the Department,
14 provided that an unlisted drug may be administered as part of
15 research with the prior written consent of the Secretary
16 specifying the nature of the permitted use and the physicians
17 authorized to prescribe the drug. Drugs, as used in this
18 Section, mean psychotropic and narcotic drugs.

19 No physician, advanced practice nurse, or physician
20 assistant in the Department shall sign a prescription in blank,
21 nor permit blank prescription forms to circulate out of his
22 possession or control.

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

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

2 Sec. 14. Chester Mental Health Center. To maintain and
3 operate a facility for the care, custody, and treatment of
4 persons with mental illness or habilitation of persons with
5 developmental disabilities hereinafter designated, to be known
6 as the Chester Mental Health Center.

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

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

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

20 (c) Any male person with mental illness or
21 developmental disabilities or person in need of mental
22 treatment now confined under the supervision of the
23 Department or hereafter admitted to any facility thereof or
24 committed thereto by any court of competent jurisdiction.

25 If and when it shall appear to the facility director of the
26 Chester Mental Health Center that it is necessary to confine

1 persons in order to maintain security or provide for the
2 protection and safety of recipients and staff, the Chester
3 Mental Health Center may confine all persons on a unit to their
4 rooms. This period of confinement shall not exceed 10 hours in
5 a 24 hour period, including the recipient's scheduled hours of
6 sleep, unless approved by the Secretary of the Department.
7 During the period of confinement, the persons confined shall be
8 observed at least every 15 minutes. A record shall be kept of
9 the observations. This confinement shall not be considered
10 seclusion as defined in the Mental Health and Developmental
11 Disabilities Code.

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

1 The facility director of the Chester Mental Health Center
2 may authorize the temporary use of transport devices on a civil
3 recipient when necessary in the course of transport of the
4 civil recipient outside the facility to maintain custody or
5 security. The decision whether to use any transport devices
6 shall be reviewed and approved on an individualized basis by a
7 physician, an advanced practice nurse, or a physician assistant
8 based upon a determination of the civil recipient's: (1)
9 history of violence, (2) history of violence during transports,
10 (3) history of escapes and escape attempts, (4) history of
11 trauma, (5) history of incidents of restraint or seclusion and
12 use of involuntary medication, (6) current functioning level
13 and medical status, and (7) prior experience during similar
14 transports, and the length, duration, and purpose of the
15 transport. The least restrictive transport device consistent
16 with the individual's need shall be used. Staff transporting
17 the individual shall be trained in the use of the transport
18 devices, recognizing and responding to a person in distress,
19 and shall observe and monitor the individual while being
20 transported. The facility shall keep a monthly record listing
21 all transports, including those transports for which use of
22 transport devices was not sought, those for which use of
23 transport devices was sought but denied, and each instance in
24 which transport devices are used, circumstances indicating the
25 need for use of transport devices, time of application of
26 transport devices, time of release from those devices, and any

1 adverse events. The facility director shall allow the Illinois
2 Guardianship and Advocacy Commission, the agency designated by
3 the Governor under Section 1 of the Protection and Advocacy for
4 Persons with Developmental Disabilities Act, and the
5 Department to examine and copy the record upon request. This
6 use of transport devices shall not be considered restraint as
7 defined in the Mental Health and Developmental Disabilities
8 Code. For the purpose of this Section "transport device" means
9 ankle cuffs, handcuffs, waist chains or wrist-waist devices
10 designed to restrict an individual's range of motion while
11 being transported. These devices must be approved by the
12 Division of Mental Health, used in accordance with the
13 manufacturer's instructions, and used only by qualified staff
14 members who have completed all training required to be eligible
15 to transport patients and all other required training relating
16 to the safe use and application of transport devices, including
17 recognizing and responding to signs of distress in an
18 individual whose movement is being restricted by a transport
19 device.

20 If and when it shall appear to the satisfaction of the
21 Department that any person confined in the Chester Mental
22 Health Center is not or has ceased to be such a source of
23 danger to the public as to require his subjection to the
24 regimen of the center, the Department is hereby authorized to
25 transfer such person to any State facility for treatment of
26 persons with mental illness or habilitation of persons with

1 developmental disabilities, as the nature of the individual
2 case may require.

3 Subject to the provisions of this Section, the Department,
4 except where otherwise provided by law, shall, with respect to
5 the management, conduct and control of the Chester Mental
6 Health Center and the discipline, custody and treatment of the
7 persons confined therein, have and exercise the same rights and
8 powers as are vested by law in the Department with respect to
9 any and all of the State facilities for treatment of persons
10 with mental illness or habilitation of persons with
11 developmental disabilities, and the recipients thereof, and
12 shall be subject to the same duties as are imposed by law upon
13 the Department with respect to such facilities and the
14 recipients thereof.

15 The Department may elect to place persons who have been
16 ordered by the court to be detained under the Sexually Violent
17 Persons Commitment Act in a distinct portion of the Chester
18 Mental Health Center. The persons so placed shall be separated
19 and shall not comingle with the recipients of the Chester
20 Mental Health Center. The portion of Chester Mental Health
21 Center that is used for the persons detained under the Sexually
22 Violent Persons Commitment Act shall not be a part of the
23 mental health facility for the enforcement and implementation
24 of the Mental Health and Developmental Disabilities Code nor
25 shall their care and treatment be subject to the provisions of
26 the Mental Health and Developmental Disabilities Code. The

1 changes added to this Section by this amendatory Act of the
2 98th General Assembly are inoperative on and after June 30,
3 2015.

4 (Source: P.A. 98-79, eff. 7-15-13; 98-356, eff. 8-16-13;
5 98-756, eff. 7-16-14; 99-143, eff. 7-27-15.)

6 (20 ILCS 1705/15.4)

7 Sec. 15.4. Authorization for nursing delegation to permit
8 direct care staff to administer medications.

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

23 (b) For the purposes of this Section:

24 "Authorized direct care staff" means non-licensed persons
25 who have successfully completed a medication administration

1 training program approved by the Department of Human Services
2 and conducted by a nurse-trainer. This authorization is
3 specific to an individual receiving service in a specific
4 agency and does not transfer to another agency.

5 "Medications" means oral and topical medications, insulin
6 in an injectable form, oxygen, epinephrine auto-injectors, and
7 vaginal and rectal creams and suppositories. "Oral" includes
8 inhalants and medications administered through enteral tubes,
9 utilizing aseptic technique. "Topical" includes eye, ear, and
10 nasal medications. Any controlled substances must be packaged
11 specifically for an identified individual.

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

1 to do so by the registered nurse.

2 "Nurse-trainer training program" means a standardized,
3 competency-based medication administration train-the-trainer
4 program provided by the Department of Human Services and
5 conducted by a Department of Human Services master
6 nurse-trainer for the purpose of training nurse-trainers to
7 train persons employed or under contract to provide direct care
8 or treatment to individuals receiving services to administer
9 medications and provide self-administration of medication
10 training to individuals under the supervision and monitoring of
11 the nurse-trainer. The program incorporates adult learning
12 styles, teaching strategies, classroom management, and a
13 curriculum overview, including the ethical and legal aspects of
14 supervising those administering medications.

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

22 "Training program" means a standardized medication
23 administration training program approved by the Department of
24 Human Services and conducted by a registered professional nurse
25 for the purpose of training persons employed or under contract
26 to provide direct care or treatment to individuals receiving

1 services to administer medications and provide
2 self-administration of medication training to individuals
3 under the delegation and supervision of a nurse-trainer. The
4 program incorporates adult learning styles, teaching
5 strategies, classroom management, curriculum overview,
6 including ethical-legal aspects, and standardized
7 competency-based evaluations on administration of medications
8 and self-administration of medication training programs.

9 (c) Training and authorization of non-licensed direct care
10 staff by nurse-trainers must meet the requirements of this
11 subsection.

12 (1) Prior to training non-licensed direct care staff to
13 administer medication, the nurse-trainer shall perform the
14 following for each individual to whom medication will be
15 administered by non-licensed direct care staff:

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

18 (B) An evaluation of the medications prescribed.

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

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

22 (B) Have completed high school or have a high
23 school equivalency certificate.

24 (C) Have demonstrated functional literacy.

25 (D) Have satisfactorily completed the Health and
26 Safety component of a Department of Human Services

1 authorized direct care staff training program.

2 (E) Have successfully completed the training
3 program, pass the written portion of the comprehensive
4 exam, and score 100% on the competency-based
5 assessment specific to the individual and his or her
6 medications.

7 (F) Have received additional competency-based
8 assessment by the nurse-trainer as deemed necessary by
9 the nurse-trainer whenever a change of medication
10 occurs or a new individual that requires medication
11 administration enters the program.

12 (3) Authorized direct care staff shall be re-evaluated
13 by a nurse-trainer at least annually or more frequently at
14 the discretion of the registered professional nurse. Any
15 necessary retraining shall be to the extent that is
16 necessary to ensure competency of the authorized direct
17 care staff to administer medication.

18 (4) Authorization of direct care staff to administer
19 medication shall be revoked if, in the opinion of the
20 registered professional nurse, the authorized direct care
21 staff is no longer competent to administer medication.

22 (5) The registered professional nurse shall assess an
23 individual's health status at least annually or more
24 frequently at the discretion of the registered
25 professional nurse.

26 (d) Medication self-administration shall meet the

1 following requirements:

2 (1) As part of the normalization process, in order for
3 each individual to attain the highest possible level of
4 independent functioning, all individuals shall be
5 permitted to participate in their total health care
6 program. This program shall include, but not be limited to,
7 individual training in preventive health and
8 self-medication procedures.

9 (A) Every program shall adopt written policies and
10 procedures for assisting individuals in obtaining
11 preventative health and self-medication skills in
12 consultation with a registered professional nurse,
13 advanced practice nurse, physician assistant, or
14 physician licensed to practice medicine in all its
15 branches.

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

20 (C) When the results of the screening and
21 assessment indicate an individual not to be capable to
22 self-administer his or her own medications, programs
23 shall be developed in consultation with the Community
24 Support Team or Interdisciplinary Team to provide
25 individuals with self-medication administration.

26 (2) Each individual shall be presumed to be competent

1 to self-administer medications if:

2 (A) authorized by an order of a physician licensed
3 to practice medicine in all its branches, an advanced
4 practice nurse, or a physician assistant; and

5 (B) approved to self-administer medication by the
6 individual's Community Support Team or
7 Interdisciplinary Team, which includes a registered
8 professional nurse or an advanced practice nurse.

9 (e) Quality Assurance.

10 (1) A registered professional nurse, advanced practice
11 nurse, licensed practical nurse, physician licensed to
12 practice medicine in all its branches, physician
13 assistant, or pharmacist shall review the following for all
14 individuals:

15 (A) Medication orders.

16 (B) Medication labels, including medications
17 listed on the medication administration record for
18 persons who are not self-medicating to ensure the
19 labels match the orders issued by the physician
20 licensed to practice medicine in all its branches,
21 advanced practice nurse, or physician assistant.

22 (C) Medication administration records for persons
23 who are not self-medicating to ensure that the records
24 are completed appropriately for:

25 (i) medication administered as prescribed;

26 (ii) refusal by the individual; and

1 (iii) full signatures provided for all
2 initials used.

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

6 (3) A quality assurance review of medication errors and
7 data collection for the purpose of monitoring and
8 recommending corrective action shall be conducted within 7
9 days and included in the required annual review.

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

13 (g) The absence of this training program constitutes a
14 threat to the public interest, safety, and welfare and
15 necessitates emergency rulemaking by the Departments of Human
16 Services and Public Health under Section 5-45 of the Illinois
17 Administrative Procedure Act.

18 (h) Direct care staff who fail to qualify for delegated
19 authority to administer medications pursuant to the provisions
20 of this Section shall be given additional education and testing
21 to meet criteria for delegation authority to administer
22 medications. Any direct care staff person who fails to qualify
23 as an authorized direct care staff after initial training and
24 testing must within 3 months be given another opportunity for
25 retraining and retesting. A direct care staff person who fails
26 to meet criteria for delegated authority to administer

1 medication, including, but not limited to, failure of the
2 written test on 2 occasions shall be given consideration for
3 shift transfer or reassignment, if possible. No employee shall
4 be terminated for failure to qualify during the 3-month time
5 period following initial testing. Refusal to complete training
6 and testing required by this Section may be grounds for
7 immediate dismissal.

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

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

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

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

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

3 Section 40. The Department of Professional Regulation Law
4 of the Civil Administrative Code of Illinois is amended by
5 changing Section 2105-360 as follows:

6 (20 ILCS 2105/2105-360)

7 Sec. 2105-360. Licensing exemptions for athletic team
8 health care professionals.

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

10 "Athletic team" means any professional or amateur level
11 group from outside the State of Illinois organized for the
12 purpose of engaging in athletic events that employs the
13 services of a health care professional.

14 "Health care professional" means a physician, physician
15 assistant, physical therapist, athletic trainer, or
16 acupuncturist.

17 (b) Notwithstanding any other provision of law, a health
18 care professional who is licensed to practice in another state
19 or country shall be exempt from licensure requirements under
20 the applicable Illinois professional Act while practicing his
21 or her profession in this State if all of the following
22 conditions are met:

23 (1) The health care professional has an oral or written
24 agreement with an athletic team to provide health care

1 services to the athletic team members, coaching staff, and
2 families traveling with the athletic team for a specific
3 sporting event to take place in this State.

4 (2) The health care professional may not provide care
5 or consultation to any person residing in this State other
6 than a person described in paragraph (1) of this subsection
7 (b) unless the care is covered under the Good Samaritan
8 Act.

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

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

19 (e) A health care professional who is exempt from licensure
20 requirements under this Section is not authorized to practice
21 at a health care clinic or facility, including an acute care
22 facility.

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

24 Section 45. The Department of Public Health Act is amended
25 by changing Sections 7 and 8.2 as follows:

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

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

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

23 (20 ILCS 2305/8.2)

24 Sec. 8.2. Osteoporosis Prevention and Education Program.

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

12 (b) The program shall include the following:

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

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

17 (B) Risk factors.

18 (C) The role of hysterectomy.

19 (D) Prevention of osteoporosis, including
20 nutrition, diet, and physical exercise.

21 (E) Diagnostic procedures and appropriate
22 indications for their use.

23 (F) Hormone replacement, including benefits and
24 risks.

25 (G) Environmental safety and injury prevention.

26 (H) Availability of osteoporosis diagnostic

1 treatment services in the community.

2 (2) Development of educational materials to be made
3 available for consumers, particularly targeted to
4 high-risk groups, through local health departments, local
5 physicians, advanced practice nurses, or physician
6 assistants, other providers (including, but not limited
7 to, health maintenance organizations, hospitals, and
8 clinics), and women's organizations.

9 (3) Development of professional education programs for
10 health care providers to assist them in understanding
11 research findings and the subjects set forth in paragraph
12 (1).

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

23 (c) The State Board of Health shall serve as an advisory
24 board to the Department with specific respect to the prevention
25 and education activities related to osteoporosis described in
26 this Section. The State Board of Health shall assist the

1 Department in implementing this Section.

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

3 Section 50. The Department of Public Health Powers and
4 Duties Law of the Civil Administrative Code of Illinois is
5 amended by changing Sections 2310-345, 2310-397, 2310-410,
6 2310-425, and 2310-600 and by renumbering and changing Section
7 2310-685 (as added by Public Act 99-424) as follows:

8 (20 ILCS 2310/2310-345) (was 20 ILCS 2310/55.49)

9 Sec. 2310-345. Breast cancer; written summary regarding
10 early detection and treatment.

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

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

23 (c) The summary shall also include the medically viable
24 alternative methods for the treatment of breast cancer,

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

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

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

23 (c-15) The summary shall also inform individuals, in
24 layman's terms, of the meaning and consequences of "dense
25 breast tissue" under the guidelines of the Breast Imaging
26 Reporting and Data System of the American College of Radiology

1 and potential recommended follow-up tests or studies.

2 (d) In developing the summary, the Department shall consult
3 with the Advisory Board of Cancer Control, the Illinois State
4 Medical Society and consumer groups. The summary shall be
5 updated by the Department every 2 years.

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

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

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

26 "The information contained in this brochure regarding

1 recommendations for early detection and diagnosis of breast
2 disease and alternative breast disease treatments is only for
3 the purpose of assisting you, the patient, in understanding the
4 medical information and advice offered by your physician. This
5 brochure cannot serve as a substitute for the sound
6 professional advice of your physician. The availability of this
7 brochure or the information contained within is not intended to
8 alter, in any way, the existing physician-patient
9 relationship, nor the existing professional obligations of
10 your physician in the delivery of medical services to you, the
11 patient."

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

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

14 (20 ILCS 2310/2310-397) (was 20 ILCS 2310/55.90)

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

16 (a) The Department, subject to appropriation or other
17 available funding, shall conduct a program to promote awareness
18 and early detection of prostate and testicular cancer. The
19 program may include, but need not be limited to:

20 (1) Dissemination of information regarding the
21 incidence of prostate and testicular cancer, the risk
22 factors associated with prostate and testicular cancer,
23 and the benefits of early detection and treatment.

24 (2) Promotion of information and counseling about
25 treatment options.

1 (3) Establishment and promotion of referral services
2 and screening programs.

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

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

10 (1) The Program shall apply to the following persons
11 and entities:

12 (A) uninsured and underinsured men 50 years of age
13 and older;

14 (B) uninsured and underinsured men between 40 and
15 50 years of age who are at high risk for prostate
16 cancer, upon the advice of a physician, advanced
17 practice nurse, or physician assistant or upon the
18 request of the patient; and

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

21 (2) Any entity funded by the Program shall coordinate
22 with other local providers of prostate cancer screening,
23 diagnostic, follow-up, education, and advocacy services to
24 avoid duplication of effort. Any entity funded by the
25 Program shall comply with any applicable State and federal
26 standards regarding prostate cancer screening.

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

6 (4) Any entity funded by the Program shall collect data
7 and maintain records that are determined by the Department
8 to be necessary to facilitate the Department's ability to
9 monitor and evaluate the effectiveness of the entities and
10 the Program. Commencing with the Program's second year of
11 operation, the Department shall submit an Annual Report to
12 the General Assembly and the Governor. The report shall
13 describe the activities and effectiveness of the Program
14 and shall include, but not be limited to, the following
15 types of information regarding those served by the Program:

16 (A) the number; and

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

18 (5) The Department or any entity funded by the Program
19 shall collect personal and medical information necessary
20 to administer the Program from any individual applying for
21 services under the Program. The information shall be
22 confidential and shall not be disclosed other than for
23 purposes directly connected with the administration of the
24 Program or except as otherwise provided by law or pursuant
25 to prior written consent of the subject of the information.

26 (6) The Department or any entity funded by the program

1 may disclose the confidential information to medical
2 personnel and fiscal intermediaries of the State to the
3 extent necessary to administer the Program, and to other
4 State public health agencies or medical researchers if the
5 confidential information is necessary to carry out the
6 duties of those agencies or researchers in the
7 investigation, control, or surveillance of prostate
8 cancer.

9 (c) The Department shall adopt rules to implement the
10 Prostate Cancer Screening Program in accordance with the
11 Illinois Administrative Procedure Act.

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

13 (20 ILCS 2310/2310-410) (was 20 ILCS 2310/55.42)

14 Sec. 2310-410. Sickle cell disease. To conduct a public
15 information campaign for physicians, advanced practice nurses,
16 physician assistants, hospitals, health facilities, public
17 health departments, and the general public on sickle cell
18 disease, methods of care, and treatment modalities available;
19 to identify and catalogue sickle cell resources in this State
20 for distribution and referral purposes; and to coordinate
21 services with the established programs, including State,
22 federal, and voluntary groups.

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

24 (20 ILCS 2310/2310-425) (was 20 ILCS 2310/55.66)

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

2 (a) From funds made available from the General Assembly for
3 this purpose, the Department shall publish in plain language,
4 in both an English and a Spanish version, a pamphlet providing
5 information regarding health care for women which shall include
6 the following:

7 (1) A summary of the various medical conditions,
8 including cancer, sexually transmitted diseases,
9 endometriosis, or other similar diseases or conditions
10 widely affecting women's reproductive health, that may
11 require a hysterectomy or other treatment.

12 (2) A summary of the recommended schedule and
13 indications for physical examinations, including "pap
14 smears" or other tests designed to detect medical
15 conditions of the uterus and other reproductive organs.

16 (3) A summary of the widely accepted medical
17 treatments, including viable alternatives, that may be
18 prescribed for the medical conditions specified in
19 paragraph (1).

20 (b) In developing the summary the Department shall consult
21 with the Illinois State Medical Society, Illinois Society of
22 Advanced Practice Nurses, the Illinois Academy of Physician
23 Assistants, and consumer groups. The summary shall be updated
24 by the Department every 2 years.

25 (c) The Department shall distribute the summary to
26 hospitals, public health centers, and health care

1 professionals ~~physicians~~ who are likely to treat medical
2 conditions described in paragraph (1) of subsection (a). Those
3 hospitals, public health centers, and physicians shall make the
4 summaries available to the public. The Department shall also
5 distribute the summaries to any person, organization, or other
6 interested parties upon request. The summary may be duplicated
7 by any person provided the copies are identical to the current
8 summary prepared by the Department.

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

12 "The information contained in this brochure is only for the
13 purpose of assisting you, the patient, in understanding the
14 medical information and advice offered by your health care
15 professional ~~physician~~. This brochure cannot serve as a
16 substitute for the sound professional advice of your health
17 care professional ~~physician~~. The availability of this brochure
18 or the information contained within is not intended to alter,
19 in any way, the existing health care professional-patient
20 ~~physician-patient~~ relationship, nor the existing professional
21 obligations of your health care professional ~~physician~~ in the
22 delivery of medical services to you, the patient."

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

24 (20 ILCS 2310/2310-600)

25 Sec. 2310-600. Advance directive information.

1 (a) The Department of Public Health shall prepare and
2 publish the summary of advance directives law, as required by
3 the federal Patient Self-Determination Act, and related forms.
4 Publication may be limited to the World Wide Web. The summary
5 required under this subsection (a) must include the Department
6 of Public Health Uniform POLST form.

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

9 (1) The statutory Living Will Declaration form.

10 (2) The Illinois Statutory Short Form Power of Attorney
11 for Health Care.

12 (3) The statutory Declaration of Mental Health
13 Treatment Form.

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

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

17 (b-5) In consultation with a statewide professional
18 organization representing physicians licensed to practice
19 medicine in all its branches, statewide organizations
20 representing physician assistants, advanced practice nurses,
21 nursing homes, registered professional nurses, and emergency
22 medical systems, and a statewide organization representing
23 hospitals, the Department of Public Health shall develop and
24 publish a uniform form for practitioner cardiopulmonary
25 resuscitation (CPR) or life-sustaining treatment orders that
26 may be utilized in all settings. The form shall meet the

1 published minimum requirements to nationally be considered a
2 practitioner orders for life-sustaining treatment form, or
3 POLST, and may be referred to as the Department of Public
4 Health Uniform POLST form. This form does not replace a
5 physician's or other practitioner's authority to make a
6 do-not-resuscitate (DNR) order.

7 (c) (Blank).

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

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

13 (20 ILCS 2310/2310-690)

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

15 (a) In this Section:

16 "CMV" means cytomegalovirus.

17 "Health care professional and provider" means any
18 physician, advanced practice nurse, physician assistant,
19 hospital facility, or other person that is licensed or
20 otherwise authorized to deliver health care services.

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

24 (1) the incidence of CMV;

25 (2) the transmission of CMV to pregnant women and women

1 who may become pregnant;

2 (3) birth defects caused by congenital CMV;

3 (4) methods of diagnosing congenital CMV; and

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

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

8 (d) The Department shall publish information to:

9 (1) educate women who may become pregnant, expectant
10 parents, and parents of infants about CMV; and

11 (2) raise awareness of CMV among health care
12 professionals and providers who provide care to expectant
13 mothers or infants.

14 (e) The Department may solicit and accept the assistance of
15 any relevant health care professional ~~medical~~ associations or
16 community resources, including faith-based resources, to
17 promote education about CMV under this Section.

18 (f) If a newborn infant fails the 2 initial hearing
19 screenings in the hospital, then the hospital performing that
20 screening shall provide to the parents of the newborn infant
21 information regarding: (i) birth defects caused by congenital
22 CMV; (ii) testing opportunities and options for CMV, including
23 the opportunity to test for CMV before leaving the hospital;
24 and (iii) early intervention services. Health care
25 professionals and providers may, but are not required to, use
26 the materials developed by the Department for distribution to

1 parents of newborn infants.

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

3 Section 55. The Comprehensive Healthcare Workforce
4 Planning Act is amended by changing Section 15 as follows:

5 (20 ILCS 2325/15)

6 Sec. 15. Members.

7 (a) The following 10 persons or their designees shall be
8 members of the Council: the Director of the Department; a
9 representative of the Governor's Office; the Secretary of Human
10 Services; the Directors of the Departments of Commerce and
11 Economic Opportunity, Employment Security, Financial and
12 Professional Regulation, and Healthcare and Family Services;
13 and the Executive Director of the Board of Higher Education,
14 the Executive Director of the Illinois Community College Board,
15 and the State Superintendent of Education.

16 (b) The Governor shall appoint 9 ~~8~~ additional members, who
17 shall be healthcare workforce experts, including
18 representatives of practicing physicians, nurses, pharmacists,
19 and dentists, physician assistants, State and local health
20 professions organizations, schools of medicine and osteopathy,
21 nursing, dental, physician assistants, allied health, and
22 public health; public and private teaching hospitals; health
23 insurers, business; and labor. The Speaker of the Illinois
24 House of Representatives, the President of the Illinois Senate,

1 the Minority Leader of the Illinois House of Representatives,
2 and the Minority Leader of the Illinois Senate may each appoint
3 2 representatives to the Council. Members appointed under this
4 subsection (b) shall serve 4-year terms and may be reappointed.

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

9 Section 60. The Community Health Worker Advisory Board Act
10 is amended by changing Section 10 as follows:

11 (20 ILCS 2335/10)

12 Sec. 10. Advisory Board.

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

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

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

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

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

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

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

10 (7) ~~(6)~~ one member who is a licensed nurse or advanced
11 practice nurse;

12 (8) ~~(7)~~ one member who is a licensed social worker,
13 counselor, or psychologist;

14 (9) ~~(8)~~ one member who currently employs community
15 health workers;

16 (10) ~~(9)~~ one member who is a health policy advisor with
17 experience in health workforce policy;

18 (11) ~~(10)~~ one member who is a public health
19 professional with experience with community health policy;
20 and

21 (12) ~~(11)~~ one representative of a community college,
22 university, or educational institution that provides
23 training to community health workers.

24 (b) In addition, the following persons or their designees
25 shall serve as ex officio, non-voting members of the Board: the
26 Executive Director of the Illinois Community College Board, the

1 Director of Children and Family Services, the Director of
2 Aging, the Director of Public Health, the Director of
3 Employment Security, the Director of Commerce and Economic
4 Opportunity, the Secretary of Financial and Professional
5 Regulation, the Director of Healthcare and Family Services, and
6 the Secretary of Human Services.

7 (c) The voting members of the Board shall select a
8 chairperson from the voting members of the Board. The Board
9 shall consult with additional experts as needed. Members of the
10 Board shall serve without compensation. The Department shall
11 provide administrative and staff support to the Board. The
12 meetings of the Board are subject to the provisions of the Open
13 Meetings Act.

14 (d) The Board shall consider the core competencies of a
15 community health worker, including skills and areas of
16 knowledge that are essential to bringing about expanded health
17 and wellness in diverse communities and reducing health
18 disparities. As relating to members of communities and health
19 teams, the core competencies for effective community health
20 workers may include, but are not limited to:

- 21 (1) outreach methods and strategies;
- 22 (2) client and community assessment;
- 23 (3) effective community-based and participatory
24 methods, including research;
- 25 (4) culturally competent communication and care;
- 26 (5) health education for behavior change;

1 (6) support, advocacy, and health system navigation
2 for clients;

3 (7) application of public health concepts and
4 approaches;

5 (8) individual and community capacity building and
6 mobilization; and

7 (9) writing, oral, technical, and communication
8 skills.

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

10 Section 65. The Illinois Housing Development Act is amended
11 by changing Section 7.30 as follows:

12 (20 ILCS 3805/7.30)

13 Sec. 7.30. Foreclosure Prevention Program.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 "Approved housing counseling" means in-person counseling
23 provided by a counselor employed by an approved counseling
24 agency to all borrowers, or documented telephone counseling
25 where a hardship would be imposed on one or more borrowers. A
26 hardship shall exist in instances in which the borrower is

1 confined to his or her home due to a medical condition, as
2 verified in writing by a physician, advanced practice nurse, or
3 physician assistant, or the borrower resides 50 miles or more
4 from the nearest approved counseling agency. In instances of
5 telephone counseling, the borrower must supply all necessary
6 documents to the counselor at least 72 hours prior to the
7 scheduled telephone counseling session.

8 (c) (Blank).

9 (c-5) Where the jurisdiction of an approved counseling
10 agency is included within more than one of the geographic areas
11 set forth in this Section, the Authority may elect to fully
12 fund the applicant from one of the relevant geographic areas.

13 (Source: P.A. 97-1164, eff. 6-1-13; 98-20, eff. 6-11-13.)

14 Section 70. The Illinois Health Information Exchange and
15 Technology Act is amended by changing Section 15 as follows:

16 (20 ILCS 3860/15)

17 (Section scheduled to be repealed on January 1, 2021)

18 Sec. 15. Governance of the Illinois Health Information
19 Exchange Authority.

20 (a) The Authority shall consist of and be governed by one
21 Executive Director and 8 directors who are hereby authorized to
22 carry out the provisions of this Act and to exercise the powers
23 conferred under this Act.

24 (b) The Executive Director and 8 directors shall be

1 appointed to 3-year staggered terms by the Governor with the
2 advice and consent of the Senate. Of the members first
3 appointed after the effective date of this Act, 3 shall be
4 appointed for a term of one year, 3 shall be appointed for a
5 term of 2 years, and 3 shall be appointed for a term of 3 years.
6 The Executive Director and directors may serve successive terms
7 and, in the event the term of the Executive Director or a
8 director expires, he or she shall serve in the expired term
9 until a new Executive Director or director is appointed and
10 qualified. Vacancies shall be filled for the unexpired term in
11 the same manner as original appointments. The Governor may
12 remove a director or the Executive Director for incompetency,
13 dereliction of duty, malfeasance, misfeasance, or nonfeasance
14 in office or any other good cause. The Executive Director shall
15 be compensated at an annual salary of 75% of the salary of the
16 Governor.

17 (c) The Executive Director and directors shall be chosen
18 with due regard to broad geographic representation and shall be
19 representative of a broad spectrum of health care providers and
20 stakeholders, including representatives from any of the
21 following fields or groups: health care consumers, consumer
22 advocates, physicians, physician assistants, nurses,
23 hospitals, federally qualified health centers as defined in
24 Section 1905(1)(2)(B) of the Social Security Act and any
25 subsequent amendments thereto, health plans or third-party
26 payors, employers, long-term care providers, pharmacists,

1 State and local public health entities, outpatient diagnostic
2 service providers, behavioral health providers, home health
3 agency organizations, health professional schools in Illinois,
4 health information technology, or health information research.

5 (d) The directors of the Illinois Department of Healthcare
6 and Family Services, the Illinois Department of Public Health,
7 and the Illinois Department of Insurance and the Secretary of
8 the Illinois Department of Human Services, or their designees,
9 and a designee of the Office of the Governor, shall serve as
10 ex-officio members of the Authority.

11 (e) The Authority is authorized to conduct its business by
12 a majority of the appointed members. The Authority may adopt
13 bylaws in order to conduct meetings. The bylaws may permit the
14 Authority to meet by telecommunication or electronic
15 communication.

16 (f) The Authority shall appoint an Illinois Health
17 Information Exchange Authority Advisory Committee ("Advisory
18 Committee") with representation from any of the fields or
19 groups listed in subsection (c) of this Section. The purpose of
20 the Advisory Committee shall be to advise and provide
21 recommendations to the Authority regarding the ILHIE. The
22 Advisory Committee members shall serve 2-year terms. The
23 Authority may establish other advisory committees and
24 subcommittees to conduct the business of the Authority.

25 (g) Directors of the Authority, members of the Advisory
26 Committee, and any other advisory committee and subcommittee

1 members may be reimbursed for ordinary and contingent travel
2 and meeting expenses for their service at the rate approved for
3 State employee travel.

4 (Source: P.A. 96-1331, eff. 7-27-10.)

5 Section 75. The Property Tax Code is amended by changing
6 Sections 15-168 and 15-172 as follows:

7 (35 ILCS 200/15-168)

8 Sec. 15-168. Homestead exemption for persons with
9 disabilities.

10 (a) Beginning with taxable year 2007, an annual homestead
11 exemption is granted to persons with disabilities in the amount
12 of \$2,000, except as provided in subsection (c), to be deducted
13 from the property's value as equalized or assessed by the
14 Department of Revenue. The person with a disability shall
15 receive the homestead exemption upon meeting the following
16 requirements:

17 (1) The property must be occupied as the primary
18 residence by the person with a disability.

19 (2) The person with a disability must be liable for
20 paying the real estate taxes on the property.

21 (3) The person with a disability must be an owner of
22 record of the property or have a legal or equitable
23 interest in the property as evidenced by a written
24 instrument. In the case of a leasehold interest in

1 property, the lease must be for a single family residence.

2 A person who has a disability during the taxable year is
3 eligible to apply for this homestead exemption during that
4 taxable year. Application must be made during the application
5 period in effect for the county of residence. If a homestead
6 exemption has been granted under this Section and the person
7 awarded the exemption subsequently becomes a resident of a
8 facility licensed under the Nursing Home Care Act, the
9 Specialized Mental Health Rehabilitation Act of 2013, the ID/DD
10 Community Care Act, or the MC/DD Act, then the exemption shall
11 continue (i) so long as the residence continues to be occupied
12 by the qualifying person's spouse or (ii) if the residence
13 remains unoccupied but is still owned by the person qualified
14 for the homestead exemption.

15 (b) For the purposes of this Section, "person with a
16 disability" means a person unable to engage in any substantial
17 gainful activity by reason of a medically determinable physical
18 or mental impairment which can be expected to result in death
19 or has lasted or can be expected to last for a continuous
20 period of not less than 12 months. Persons with disabilities
21 filing claims under this Act shall submit proof of disability
22 in such form and manner as the Department shall by rule and
23 regulation prescribe. Proof that a claimant is eligible to
24 receive disability benefits under the Federal Social Security
25 Act shall constitute proof of disability for purposes of this
26 Act. Issuance of an Illinois Person with a Disability

1 Identification Card stating that the claimant is under a Class
2 disability, as defined in Section 4A of the Illinois
3 Identification Card Act, shall constitute proof that the person
4 named thereon is a person with a disability for purposes of
5 this Act. A person with a disability not covered under the
6 Federal Social Security Act and not presenting an Illinois
7 Person with a Disability Identification Card stating that the
8 claimant is under a Class 2 disability shall be examined by a
9 physician, advanced practice nurse, or physician assistant
10 designated by the Department, and his status as a person with a
11 disability determined using the same standards as used by the
12 Social Security Administration. The costs of any required
13 examination shall be borne by the claimant.

14 (c) For land improved with (i) an apartment building owned
15 and operated as a cooperative or (ii) a life care facility as
16 defined under Section 2 of the Life Care Facilities Act that is
17 considered to be a cooperative, the maximum reduction from the
18 value of the property, as equalized or assessed by the
19 Department, shall be multiplied by the number of apartments or
20 units occupied by a person with a disability. The person with a
21 disability shall receive the homestead exemption upon meeting
22 the following requirements:

23 (1) The property must be occupied as the primary
24 residence by the person with a disability.

25 (2) The person with a disability must be liable by
26 contract with the owner or owners of record for paying the

1 apportioned property taxes on the property of the
2 cooperative or life care facility. In the case of a life
3 care facility, the person with a disability must be liable
4 for paying the apportioned property taxes under a life care
5 contract as defined in Section 2 of the Life Care
6 Facilities Act.

7 (3) The person with a disability must be an owner of
8 record of a legal or equitable interest in the cooperative
9 apartment building. A leasehold interest does not meet this
10 requirement.

11 If a homestead exemption is granted under this subsection, the
12 cooperative association or management firm shall credit the
13 savings resulting from the exemption to the apportioned tax
14 liability of the qualifying person with a disability. The chief
15 county assessment officer may request reasonable proof that the
16 association or firm has properly credited the exemption. A
17 person who willfully refuses to credit an exemption to the
18 qualified person with a disability is guilty of a Class B
19 misdemeanor.

20 (d) The chief county assessment officer shall determine the
21 eligibility of property to receive the homestead exemption
22 according to guidelines established by the Department. After a
23 person has received an exemption under this Section, an annual
24 verification of eligibility for the exemption shall be mailed
25 to the taxpayer.

26 In counties with fewer than 3,000,000 inhabitants, the

1 chief county assessment officer shall provide to each person
2 granted a homestead exemption under this Section a form to
3 designate any other person to receive a duplicate of any notice
4 of delinquency in the payment of taxes assessed and levied
5 under this Code on the person's qualifying property. The
6 duplicate notice shall be in addition to the notice required to
7 be provided to the person receiving the exemption and shall be
8 given in the manner required by this Code. The person filing
9 the request for the duplicate notice shall pay an
10 administrative fee of \$5 to the chief county assessment
11 officer. The assessment officer shall then file the executed
12 designation with the county collector, who shall issue the
13 duplicate notices as indicated by the designation. A
14 designation may be rescinded by the person with a disability in
15 the manner required by the chief county assessment officer.

16 (e) A taxpayer who claims an exemption under Section 15-165
17 or 15-169 may not claim an exemption under this Section.

18 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;
19 99-180, eff. 7-29-15; revised 10-20-15.)

20 (35 ILCS 200/15-172)

21 Sec. 15-172. Senior Citizens Assessment Freeze Homestead
22 Exemption.

23 (a) This Section may be cited as the Senior Citizens
24 Assessment Freeze Homestead Exemption.

25 (b) As used in this Section:

1 "Applicant" means an individual who has filed an
2 application under this Section.

3 "Base amount" means the base year equalized assessed value
4 of the residence plus the first year's equalized assessed value
5 of any added improvements which increased the assessed value of
6 the residence after the base year.

7 "Base year" means the taxable year prior to the taxable
8 year for which the applicant first qualifies and applies for
9 the exemption provided that in the prior taxable year the
10 property was improved with a permanent structure that was
11 occupied as a residence by the applicant who was liable for
12 paying real property taxes on the property and who was either
13 (i) an owner of record of the property or had legal or
14 equitable interest in the property as evidenced by a written
15 instrument or (ii) had a legal or equitable interest as a
16 lessee in the parcel of property that was single family
17 residence. If in any subsequent taxable year for which the
18 applicant applies and qualifies for the exemption the equalized
19 assessed value of the residence is less than the equalized
20 assessed value in the existing base year (provided that such
21 equalized assessed value is not based on an assessed value that
22 results from a temporary irregularity in the property that
23 reduces the assessed value for one or more taxable years), then
24 that subsequent taxable year shall become the base year until a
25 new base year is established under the terms of this paragraph.
26 For taxable year 1999 only, the Chief County Assessment Officer

1 shall review (i) all taxable years for which the applicant
2 applied and qualified for the exemption and (ii) the existing
3 base year. The assessment officer shall select as the new base
4 year the year with the lowest equalized assessed value. An
5 equalized assessed value that is based on an assessed value
6 that results from a temporary irregularity in the property that
7 reduces the assessed value for one or more taxable years shall
8 not be considered the lowest equalized assessed value. The
9 selected year shall be the base year for taxable year 1999 and
10 thereafter until a new base year is established under the terms
11 of this paragraph.

12 "Chief County Assessment Officer" means the County
13 Assessor or Supervisor of Assessments of the county in which
14 the property is located.

15 "Equalized assessed value" means the assessed value as
16 equalized by the Illinois Department of Revenue.

17 "Household" means the applicant, the spouse of the
18 applicant, and all persons using the residence of the applicant
19 as their principal place of residence.

20 "Household income" means the combined income of the members
21 of a household for the calendar year preceding the taxable
22 year.

23 "Income" has the same meaning as provided in Section 3.07
24 of the Senior Citizens and Persons with Disabilities Property
25 Tax Relief Act, except that, beginning in assessment year 2001,
26 "income" does not include veteran's benefits.

1 "Internal Revenue Code of 1986" means the United States
2 Internal Revenue Code of 1986 or any successor law or laws
3 relating to federal income taxes in effect for the year
4 preceding the taxable year.

5 "Life care facility that qualifies as a cooperative" means
6 a facility as defined in Section 2 of the Life Care Facilities
7 Act.

8 "Maximum income limitation" means:

- 9 (1) \$35,000 prior to taxable year 1999;
- 10 (2) \$40,000 in taxable years 1999 through 2003;
- 11 (3) \$45,000 in taxable years 2004 through 2005;
- 12 (4) \$50,000 in taxable years 2006 and 2007; and
- 13 (5) \$55,000 in taxable year 2008 and thereafter.

14 "Residence" means the principal dwelling place and
15 appurtenant structures used for residential purposes in this
16 State occupied on January 1 of the taxable year by a household
17 and so much of the surrounding land, constituting the parcel
18 upon which the dwelling place is situated, as is used for
19 residential purposes. If the Chief County Assessment Officer
20 has established a specific legal description for a portion of
21 property constituting the residence, then that portion of
22 property shall be deemed the residence for the purposes of this
23 Section.

24 "Taxable year" means the calendar year during which ad
25 valorem property taxes payable in the next succeeding year are
26 levied.

1 (c) Beginning in taxable year 1994, a senior citizens
2 assessment freeze homestead exemption is granted for real
3 property that is improved with a permanent structure that is
4 occupied as a residence by an applicant who (i) is 65 years of
5 age or older during the taxable year, (ii) has a household
6 income that does not exceed the maximum income limitation,
7 (iii) is liable for paying real property taxes on the property,
8 and (iv) is an owner of record of the property or has a legal or
9 equitable interest in the property as evidenced by a written
10 instrument. This homestead exemption shall also apply to a
11 leasehold interest in a parcel of property improved with a
12 permanent structure that is a single family residence that is
13 occupied as a residence by a person who (i) is 65 years of age
14 or older during the taxable year, (ii) has a household income
15 that does not exceed the maximum income limitation, (iii) has a
16 legal or equitable ownership interest in the property as
17 lessee, and (iv) is liable for the payment of real property
18 taxes on that property.

19 In counties of 3,000,000 or more inhabitants, the amount of
20 the exemption for all taxable years is the equalized assessed
21 value of the residence in the taxable year for which
22 application is made minus the base amount. In all other
23 counties, the amount of the exemption is as follows: (i)
24 through taxable year 2005 and for taxable year 2007 and
25 thereafter, the amount of this exemption shall be the equalized
26 assessed value of the residence in the taxable year for which

1 application is made minus the base amount; and (ii) for taxable
2 year 2006, the amount of the exemption is as follows:

3 (1) For an applicant who has a household income of
4 \$45,000 or less, the amount of the exemption is the
5 equalized assessed value of the residence in the taxable
6 year for which application is made minus the base amount.

7 (2) For an applicant who has a household income
8 exceeding \$45,000 but not exceeding \$46,250, the amount of
9 the exemption is (i) the equalized assessed value of the
10 residence in the taxable year for which application is made
11 minus the base amount (ii) multiplied by 0.8.

12 (3) For an applicant who has a household income
13 exceeding \$46,250 but not exceeding \$47,500, the amount of
14 the exemption is (i) the equalized assessed value of the
15 residence in the taxable year for which application is made
16 minus the base amount (ii) multiplied by 0.6.

17 (4) For an applicant who has a household income
18 exceeding \$47,500 but not exceeding \$48,750, the amount of
19 the exemption is (i) the equalized assessed value of the
20 residence in the taxable year for which application is made
21 minus the base amount (ii) multiplied by 0.4.

22 (5) For an applicant who has a household income
23 exceeding \$48,750 but not exceeding \$50,000, the amount of
24 the exemption is (i) the equalized assessed value of the
25 residence in the taxable year for which application is made
26 minus the base amount (ii) multiplied by 0.2.

1 When the applicant is a surviving spouse of an applicant
2 for a prior year for the same residence for which an exemption
3 under this Section has been granted, the base year and base
4 amount for that residence are the same as for the applicant for
5 the prior year.

6 Each year at the time the assessment books are certified to
7 the County Clerk, the Board of Review or Board of Appeals shall
8 give to the County Clerk a list of the assessed values of
9 improvements on each parcel qualifying for this exemption that
10 were added after the base year for this parcel and that
11 increased the assessed value of the property.

12 In the case of land improved with an apartment building
13 owned and operated as a cooperative or a building that is a
14 life care facility that qualifies as a cooperative, the maximum
15 reduction from the equalized assessed value of the property is
16 limited to the sum of the reductions calculated for each unit
17 occupied as a residence by a person or persons (i) 65 years of
18 age or older, (ii) with a household income that does not exceed
19 the maximum income limitation, (iii) who is liable, by contract
20 with the owner or owners of record, for paying real property
21 taxes on the property, and (iv) who is an owner of record of a
22 legal or equitable interest in the cooperative apartment
23 building, other than a leasehold interest. In the instance of a
24 cooperative where a homestead exemption has been granted under
25 this Section, the cooperative association or its management
26 firm shall credit the savings resulting from that exemption

1 only to the apportioned tax liability of the owner who
2 qualified for the exemption. Any person who willfully refuses
3 to credit that savings to an owner who qualifies for the
4 exemption is guilty of a Class B misdemeanor.

5 When a homestead exemption has been granted under this
6 Section and an applicant then becomes a resident of a facility
7 licensed under the Assisted Living and Shared Housing Act, the
8 Nursing Home Care Act, the Specialized Mental Health
9 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
10 the MC/DD Act, the exemption shall be granted in subsequent
11 years so long as the residence (i) continues to be occupied by
12 the qualified applicant's spouse or (ii) if remaining
13 unoccupied, is still owned by the qualified applicant for the
14 homestead exemption.

15 Beginning January 1, 1997, when an individual dies who
16 would have qualified for an exemption under this Section, and
17 the surviving spouse does not independently qualify for this
18 exemption because of age, the exemption under this Section
19 shall be granted to the surviving spouse for the taxable year
20 preceding and the taxable year of the death, provided that,
21 except for age, the surviving spouse meets all other
22 qualifications for the granting of this exemption for those
23 years.

24 When married persons maintain separate residences, the
25 exemption provided for in this Section may be claimed by only
26 one of such persons and for only one residence.

1 For taxable year 1994 only, in counties having less than
2 3,000,000 inhabitants, to receive the exemption, a person shall
3 submit an application by February 15, 1995 to the Chief County
4 Assessment Officer of the county in which the property is
5 located. In counties having 3,000,000 or more inhabitants, for
6 taxable year 1994 and all subsequent taxable years, to receive
7 the exemption, a person may submit an application to the Chief
8 County Assessment Officer of the county in which the property
9 is located during such period as may be specified by the Chief
10 County Assessment Officer. The Chief County Assessment Officer
11 in counties of 3,000,000 or more inhabitants shall annually
12 give notice of the application period by mail or by
13 publication. In counties having less than 3,000,000
14 inhabitants, beginning with taxable year 1995 and thereafter,
15 to receive the exemption, a person shall submit an application
16 by July 1 of each taxable year to the Chief County Assessment
17 Officer of the county in which the property is located. A
18 county may, by ordinance, establish a date for submission of
19 applications that is different than July 1. The applicant shall
20 submit with the application an affidavit of the applicant's
21 total household income, age, marital status (and if married the
22 name and address of the applicant's spouse, if known), and
23 principal dwelling place of members of the household on January
24 1 of the taxable year. The Department shall establish, by rule,
25 a method for verifying the accuracy of affidavits filed by
26 applicants under this Section, and the Chief County Assessment

1 Officer may conduct audits of any taxpayer claiming an
2 exemption under this Section to verify that the taxpayer is
3 eligible to receive the exemption. Each application shall
4 contain or be verified by a written declaration that it is made
5 under the penalties of perjury. A taxpayer's signing a
6 fraudulent application under this Act is perjury, as defined in
7 Section 32-2 of the Criminal Code of 2012. The applications
8 shall be clearly marked as applications for the Senior Citizens
9 Assessment Freeze Homestead Exemption and must contain a notice
10 that any taxpayer who receives the exemption is subject to an
11 audit by the Chief County Assessment Officer.

12 Notwithstanding any other provision to the contrary, in
13 counties having fewer than 3,000,000 inhabitants, if an
14 applicant fails to file the application required by this
15 Section in a timely manner and this failure to file is due to a
16 mental or physical condition sufficiently severe so as to
17 render the applicant incapable of filing the application in a
18 timely manner, the Chief County Assessment Officer may extend
19 the filing deadline for a period of 30 days after the applicant
20 regains the capability to file the application, but in no case
21 may the filing deadline be extended beyond 3 months of the
22 original filing deadline. In order to receive the extension
23 provided in this paragraph, the applicant shall provide the
24 Chief County Assessment Officer with a signed statement from
25 the applicant's physician, advanced practice nurse, or
26 physician assistant stating the nature and extent of the

1 condition, that, in the physician's, advanced practice
2 nurse's, or physician assistant's opinion, the condition was so
3 severe that it rendered the applicant incapable of filing the
4 application in a timely manner, and the date on which the
5 applicant regained the capability to file the application.

6 Beginning January 1, 1998, notwithstanding any other
7 provision to the contrary, in counties having fewer than
8 3,000,000 inhabitants, if an applicant fails to file the
9 application required by this Section in a timely manner and
10 this failure to file is due to a mental or physical condition
11 sufficiently severe so as to render the applicant incapable of
12 filing the application in a timely manner, the Chief County
13 Assessment Officer may extend the filing deadline for a period
14 of 3 months. In order to receive the extension provided in this
15 paragraph, the applicant shall provide the Chief County
16 Assessment Officer with a signed statement from the applicant's
17 physician, advanced practice nurse, or physician assistant
18 stating the nature and extent of the condition, and that, in
19 the physician's, advanced practice nurse's, or physician
20 assistant's opinion, the condition was so severe that it
21 rendered the applicant incapable of filing the application in a
22 timely manner.

23 In counties having less than 3,000,000 inhabitants, if an
24 applicant was denied an exemption in taxable year 1994 and the
25 denial occurred due to an error on the part of an assessment
26 official, or his or her agent or employee, then beginning in

1 taxable year 1997 the applicant's base year, for purposes of
2 determining the amount of the exemption, shall be 1993 rather
3 than 1994. In addition, in taxable year 1997, the applicant's
4 exemption shall also include an amount equal to (i) the amount
5 of any exemption denied to the applicant in taxable year 1995
6 as a result of using 1994, rather than 1993, as the base year,
7 (ii) the amount of any exemption denied to the applicant in
8 taxable year 1996 as a result of using 1994, rather than 1993,
9 as the base year, and (iii) the amount of the exemption
10 erroneously denied for taxable year 1994.

11 For purposes of this Section, a person who will be 65 years
12 of age during the current taxable year shall be eligible to
13 apply for the homestead exemption during that taxable year.
14 Application shall be made during the application period in
15 effect for the county of his or her residence.

16 The Chief County Assessment Officer may determine the
17 eligibility of a life care facility that qualifies as a
18 cooperative to receive the benefits provided by this Section by
19 use of an affidavit, application, visual inspection,
20 questionnaire, or other reasonable method in order to insure
21 that the tax savings resulting from the exemption are credited
22 by the management firm to the apportioned tax liability of each
23 qualifying resident. The Chief County Assessment Officer may
24 request reasonable proof that the management firm has so
25 credited that exemption.

26 Except as provided in this Section, all information

1 received by the chief county assessment officer or the
2 Department from applications filed under this Section, or from
3 any investigation conducted under the provisions of this
4 Section, shall be confidential, except for official purposes or
5 pursuant to official procedures for collection of any State or
6 local tax or enforcement of any civil or criminal penalty or
7 sanction imposed by this Act or by any statute or ordinance
8 imposing a State or local tax. Any person who divulges any such
9 information in any manner, except in accordance with a proper
10 judicial order, is guilty of a Class A misdemeanor.

11 Nothing contained in this Section shall prevent the
12 Director or chief county assessment officer from publishing or
13 making available reasonable statistics concerning the
14 operation of the exemption contained in this Section in which
15 the contents of claims are grouped into aggregates in such a
16 way that information contained in any individual claim shall
17 not be disclosed.

18 (d) Each Chief County Assessment Officer shall annually
19 publish a notice of availability of the exemption provided
20 under this Section. The notice shall be published at least 60
21 days but no more than 75 days prior to the date on which the
22 application must be submitted to the Chief County Assessment
23 Officer of the county in which the property is located. The
24 notice shall appear in a newspaper of general circulation in
25 the county.

26 Notwithstanding Sections 6 and 8 of the State Mandates Act,

1 no reimbursement by the State is required for the
2 implementation of any mandate created by this Section.

3 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;
4 99-180, eff. 7-29-15; revised 10-21-15.)

5 Section 80. The Missing Persons Identification Act is
6 amended by changing Section 5 as follows:

7 (50 ILCS 722/5)

8 Sec. 5. Missing person reports.

9 (a) Report acceptance. All law enforcement agencies shall
10 accept without delay any report of a missing person. Acceptance
11 of a missing person report filed in person may not be refused
12 on any ground. No law enforcement agency may refuse to accept a
13 missing person report:

14 (1) on the basis that the missing person is an adult;

15 (2) on the basis that the circumstances do not indicate
16 foul play;

17 (3) on the basis that the person has been missing for a
18 short period of time;

19 (4) on the basis that the person has been missing a
20 long period of time;

21 (5) on the basis that there is no indication that the
22 missing person was in the jurisdiction served by the law
23 enforcement agency at the time of the disappearance;

24 (6) on the basis that the circumstances suggest that

1 the disappearance may be voluntary;

2 (7) on the basis that the reporting individual does not
3 have personal knowledge of the facts;

4 (8) on the basis that the reporting individual cannot
5 provide all of the information requested by the law
6 enforcement agency;

7 (9) on the basis that the reporting individual lacks a
8 familial or other relationship with the missing person;

9 (9-5) on the basis of the missing person's mental state
10 or medical condition; or

11 (10) for any other reason.

12 (b) Manner of reporting. All law enforcement agencies shall
13 accept missing person reports in person. Law enforcement
14 agencies are encouraged to accept reports by phone or by
15 electronic or other media to the extent that such reporting is
16 consistent with law enforcement policies or practices.

17 (c) Contents of report. In accepting a report of a missing
18 person, the law enforcement agency shall attempt to gather
19 relevant information relating to the disappearance. The law
20 enforcement agency shall attempt to gather at the time of the
21 report information that shall include, but shall not be limited
22 to, the following:

23 (1) the name of the missing person, including
24 alternative names used;

25 (2) the missing person's date of birth;

26 (3) the missing person's identifying marks, such as

- 1 birthmarks, moles, tattoos, and scars;
- 2 (4) the missing person's height and weight;
- 3 (5) the missing person's gender;
- 4 (6) the missing person's race;
- 5 (7) the missing person's current hair color and true or
- 6 natural hair color;
- 7 (8) the missing person's eye color;
- 8 (9) the missing person's prosthetics, surgical
- 9 implants, or cosmetic implants;
- 10 (10) the missing person's physical anomalies;
- 11 (11) the missing person's blood type, if known;
- 12 (12) the missing person's driver's license number, if
- 13 known;
- 14 (13) the missing person's social security number, if
- 15 known;
- 16 (14) a photograph of the missing person; recent
- 17 photographs are preferable and the agency is encouraged to
- 18 attempt to ascertain the approximate date the photograph
- 19 was taken;
- 20 (15) a description of the clothing the missing person
- 21 was believed to be wearing;
- 22 (16) a description of items that might be with the
- 23 missing person, such as jewelry, accessories, and shoes or
- 24 boots;
- 25 (17) information on the missing person's electronic
- 26 communications devices, such as cellular telephone numbers

1 and e-mail addresses;

2 (18) the reasons why the reporting individual believes
3 that the person is missing;

4 (19) the name and location of the missing person's
5 school or employer, if known;

6 (20) the name and location of the missing person's
7 dentist or primary care physician or provider, or both, if
8 known;

9 (21) any circumstances that may indicate that the
10 disappearance was not voluntary;

11 (22) any circumstances that may indicate that the
12 missing person may be at risk of injury or death;

13 (23) a description of the possible means of
14 transportation of the missing person, including make,
15 model, color, license number, and Vehicle Identification
16 Number of a vehicle;

17 (24) any identifying information about a known or
18 possible abductor or person last seen with the missing
19 person, or both, including:

20 (A) name;

21 (B) a physical description;

22 (C) date of birth;

23 (D) identifying marks;

24 (E) the description of possible means of
25 transportation, including make, model, color, license
26 number, and Vehicle Identification Number of a

1 vehicle;

2 (F) known associates;

3 (25) any other information that may aid in locating the
4 missing person; and

5 (26) the date of last contact.

6 (d) Notification and follow up action.

7 (1) Notification. The law enforcement agency shall
8 notify the person making the report, a family member, or
9 other person in a position to assist the law enforcement
10 agency in its efforts to locate the missing person of the
11 following:

12 (A) general information about the handling of the
13 missing person case or about intended efforts in the
14 case to the extent that the law enforcement agency
15 determines that disclosure would not adversely affect
16 its ability to locate or protect the missing person or
17 to apprehend or prosecute any person criminally
18 involved in the disappearance;

19 (B) that the person should promptly contact the law
20 enforcement agency if the missing person remains
21 missing in order to provide additional information and
22 materials that will aid in locating the missing person
23 such as the missing person's credit cards, debit cards,
24 banking information, and cellular telephone records;
25 and

26 (C) that any DNA samples provided for the missing

1 person case are provided on a voluntary basis and will
2 be used solely to help locate or identify the missing
3 person and will not be used for any other purpose.

4 The law enforcement agency, upon acceptance of a
5 missing person report, shall inform the reporting citizen
6 of one of 2 resources, based upon the age of the missing
7 person. If the missing person is under 18 years of age,
8 contact information for the National Center for Missing and
9 Exploited Children shall be given. If the missing person is
10 age 18 or older, contact information for the National
11 Center for Missing Adults shall be given.

12 Agencies handling the remains of a missing person who
13 is deceased must notify the agency handling the missing
14 person's case. Documented efforts must be made to locate
15 family members of the deceased person to inform them of the
16 death and location of the remains of their family member.

17 The law enforcement agency is encouraged to make
18 available informational materials, through publications or
19 electronic or other media, that advise the public about how
20 the information or materials identified in this subsection
21 are used to help locate or identify missing persons.

22 (2) Follow up action. If the person identified in the
23 missing person report remains missing after 30 days, and
24 the additional information and materials specified below
25 have not been received, the law enforcement agency shall
26 attempt to obtain:

1 (A) DNA samples from family members or from the
2 missing person along with any needed documentation, or
3 both, including any consent forms, required for the use
4 of State or federal DNA databases, including, but not
5 limited to, the Local DNA Index System (LDIS), State
6 DNA Index System (SDIS), and National DNA Index System
7 (NDIS);

8 (B) an authorization to release dental or skeletal
9 x-rays of the missing person;

10 (C) any additional photographs of the missing
11 person that may aid the investigation or an
12 identification; the law enforcement agency is not
13 required to obtain written authorization before it
14 releases publicly any photograph that would aid in the
15 investigation or identification of the missing person;

16 (D) dental information and x-rays; and

17 (E) fingerprints.

18 (3) All DNA samples obtained in missing person cases
19 shall be immediately forwarded to the Department of State
20 Police for analysis. The Department of State Police shall
21 establish procedures for determining how to prioritize
22 analysis of the samples relating to missing person cases.

23 (4) This subsection shall not be interpreted to
24 preclude a law enforcement agency from attempting to obtain
25 the materials identified in this subsection before the
26 expiration of the 30-day period.

1 (Source: P.A. 99-244, eff. 1-1-16.)

2 Section 85. The Counties Code is amended by changing
3 Sections 3-14049, 3-15003.6, 5-1069, and 5-21001 as follows:

4 (55 ILCS 5/3-14049) (from Ch. 34, par. 3-14049)

5 Sec. 3-14049. Appointment of physicians and nurses for the
6 poor and mentally ill persons. The appointment, employment and
7 removal by the Board of Commissioners of Cook County⁷ of all
8 physicians and surgeons, advanced practice nurses, physician
9 assistants, and nurses for the care and treatment of the sick,
10 poor, mentally ill or persons in need of mental treatment of
11 said county shall be made only in conformity with rules
12 prescribed by the County Civil Service Commission to accomplish
13 the purposes of this Section.

14 The Board of Commissioners of Cook County may provide that
15 all such physicians and surgeons who serve without compensation
16 shall be appointed for a term to be fixed by the Board, and
17 that the physicians and surgeons usually designated and known
18 as interns shall be appointed for a term to be fixed by the
19 Board: Provided, that there may also, at the discretion of the
20 board, be a consulting staff of physicians and surgeons, which
21 staff may be appointed by the president, subject to the
22 approval of the board, and provided further, that the Board may
23 contract with any recognized training school or any program for
24 health professionals for health care services ~~the nursing~~ of

1 any or all of such sick or mentally ill or persons in need of
2 mental treatment.

3 (Source: P.A. 86-962.)

4 (55 ILCS 5/3-15003.6)

5 Sec. 3-15003.6. Pregnant female prisoners.

6 (a) Definitions. For the purpose of this Section:

7 (1) "Restraints" means any physical restraint or
8 mechanical device used to control the movement of a
9 prisoner's body or limbs, or both, including, but not
10 limited to, flex cuffs, soft restraints, hard metal
11 handcuffs, a black box, Chubb cuffs, leg irons, belly
12 chains, a security (tether) chain, or a convex shield, or
13 shackles of any kind.

14 (2) "Labor" means the period of time before a birth and
15 shall include any medical condition in which a woman is
16 sent or brought to the hospital for the purpose of
17 delivering her baby. These situations include: induction
18 of labor, prodromal labor, pre-term labor, prelabor
19 rupture of membranes, the 3 stages of active labor, uterine
20 hemorrhage during the third trimester of pregnancy, and
21 caesarian delivery including pre-operative preparation.

22 (3) "Post-partum" means, as determined by her
23 physician, advanced practice nurse, or physician
24 assistant, the period immediately following delivery,
25 including the entire period a woman is in the hospital or

1 infirmary after birth.

2 (4) "Correctional institution" means any entity under
3 the authority of a county law enforcement division of a
4 county of more than 3,000,000 inhabitants that has the
5 power to detain or restrain, or both, a person under the
6 laws of the State.

7 (5) "Corrections official" means the official that is
8 responsible for oversight of a correctional institution,
9 or his or her designee.

10 (6) "Prisoner" means any person incarcerated or
11 detained in any facility who is accused of, convicted of,
12 sentenced for, or adjudicated delinquent for, violations
13 of criminal law or the terms and conditions of parole,
14 probation, pretrial release, or diversionary program, and
15 any person detained under the immigration laws of the
16 United States at any correctional facility.

17 (7) "Extraordinary circumstance" means an
18 extraordinary medical or security circumstance, including
19 a substantial flight risk, that dictates restraints be used
20 to ensure the safety and security of the prisoner, the
21 staff of the correctional institution or medical facility,
22 other prisoners, or the public.

23 (b) A county department of corrections shall not apply
24 security restraints to a prisoner that has been determined by a
25 qualified medical professional to be pregnant and is known by
26 the county department of corrections to be pregnant or in

1 postpartum recovery, which is the entire period a woman is in
2 the medical facility after birth, unless the corrections
3 official makes an individualized determination that the
4 prisoner presents a substantial flight risk or some other
5 extraordinary circumstance that dictates security restraints
6 be used to ensure the safety and security of the prisoner, her
7 child or unborn child, the staff of the county department of
8 corrections or medical facility, other prisoners, or the
9 public. The protections set out in clauses (b) (3) and (b) (4) of
10 this Section shall apply to security restraints used pursuant
11 to this subsection. The corrections official shall immediately
12 remove all restraints upon the written or oral request of
13 medical personnel. Oral requests made by medical personnel
14 shall be verified in writing as promptly as reasonably
15 possible.

16 (1) Qualified authorized health staff shall have the
17 authority to order therapeutic restraints for a pregnant or
18 postpartum prisoner who is a danger to herself, her child,
19 unborn child, or other persons due to a psychiatric or
20 medical disorder. Therapeutic restraints may only be
21 initiated, monitored and discontinued by qualified and
22 authorized health staff and used to safely limit a
23 prisoner's mobility for psychiatric or medical reasons. No
24 order for therapeutic restraints shall be written unless
25 medical or mental health personnel, after personally
26 observing and examining the prisoner, are clinically

1 satisfied that the use of therapeutic restraints is
2 justified and permitted in accordance with hospital
3 policies and applicable State law. Metal handcuffs or
4 shackles are not considered therapeutic restraints.

5 (2) Whenever therapeutic restraints are used by
6 medical personnel, Section 2-108 of the Mental Health and
7 Developmental Disabilities Code shall apply.

8 (3) Leg irons, shackles or waist shackles shall not be
9 used on any pregnant or postpartum prisoner regardless of
10 security classification. Except for therapeutic restraints
11 under clause (b)(2), no restraints of any kind may be
12 applied to prisoners during labor.

13 (4) When a pregnant or postpartum prisoner must be
14 restrained, restraints used shall be the least restrictive
15 restraints possible to ensure the safety and security of
16 the prisoner, her child, unborn child, the staff of the
17 county department of corrections or medical facility,
18 other prisoners, or the public, and in no case shall
19 include leg irons, shackles or waist shackles.

20 (5) Upon the pregnant prisoner's entry into a hospital
21 room, and completion of initial room inspection, a
22 corrections official shall be posted immediately outside
23 the hospital room, unless requested to be in the room by
24 medical personnel attending to the prisoner's medical
25 needs.

26 (6) The county department of corrections shall provide

1 adequate corrections personnel to monitor the pregnant
2 prisoner during her transport to and from the hospital and
3 during her stay at the hospital.

4 (7) Where the county department of corrections
5 requires prisoner safety assessments, a corrections
6 official may enter the hospital room to conduct periodic
7 prisoner safety assessments, except during a medical
8 examination or the delivery process.

9 (8) Upon discharge from a medical facility, postpartum
10 prisoners shall be restrained only with handcuffs in front
11 of the body during transport to the county department of
12 corrections. A corrections official shall immediately
13 remove all security restraints upon written or oral request
14 by medical personnel. Oral requests made by medical
15 personnel shall be verified in writing as promptly as
16 reasonably possible.

17 (c) Enforcement. No later than 30 days before the end of
18 each fiscal year, the county sheriff or corrections official of
19 the correctional institution where a pregnant prisoner has been
20 restrained during that previous fiscal year, shall submit a
21 written report to the Illinois General Assembly and the Office
22 of the Governor that includes an account of every instance of
23 prisoner restraint pursuant to this Section. The written report
24 shall state the date, time, location and rationale for each
25 instance in which restraints are used. The written report shall
26 not contain any individually identifying information of any

1 prisoner. Such reports shall be made available for public
2 inspection.

3 (Source: P.A. 97-660, eff. 6-1-12.)

4 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

5 Sec. 5-1069. Group life, health, accident, hospital, and
6 medical insurance.

7 (a) The county board of any county may arrange to provide,
8 for the benefit of employees of the county, group life, health,
9 accident, hospital, and medical insurance, or any one or any
10 combination of those types of insurance, or the county board
11 may self-insure, for the benefit of its employees, all or a
12 portion of the employees' group life, health, accident,
13 hospital, and medical insurance, or any one or any combination
14 of those types of insurance, including a combination of
15 self-insurance and other types of insurance authorized by this
16 Section, provided that the county board complies with all other
17 requirements of this Section. The insurance may include
18 provision for employees who rely on treatment by prayer or
19 spiritual means alone for healing in accordance with the tenets
20 and practice of a well recognized religious denomination. The
21 county board may provide for payment by the county of a portion
22 or all of the premium or charge for the insurance with the
23 employee paying the balance of the premium or charge, if any.
24 If the county board undertakes a plan under which the county
25 pays only a portion of the premium or charge, the county board

1 shall provide for withholding and deducting from the
2 compensation of those employees who consent to join the plan
3 the balance of the premium or charge for the insurance.

4 (b) If the county board does not provide for self-insurance
5 or for a plan under which the county pays a portion or all of
6 the premium or charge for a group insurance plan, the county
7 board may provide for withholding and deducting from the
8 compensation of those employees who consent thereto the total
9 premium or charge for any group life, health, accident,
10 hospital, and medical insurance.

11 (c) The county board may exercise the powers granted in
12 this Section only if it provides for self-insurance or, where
13 it makes arrangements to provide group insurance through an
14 insurance carrier, if the kinds of group insurance are obtained
15 from an insurance company authorized to do business in the
16 State of Illinois. The county board may enact an ordinance
17 prescribing the method of operation of the insurance program.

18 (d) If a county, including a home rule county, is a
19 self-insurer for purposes of providing health insurance
20 coverage for its employees, the insurance coverage shall
21 include screening by low-dose mammography for all women 35
22 years of age or older for the presence of occult breast cancer
23 unless the county elects to provide mammograms itself under
24 Section 5-1069.1. The coverage shall be as follows:

25 (1) A baseline mammogram for women 35 to 39 years of
26 age.

1 (2) An annual mammogram for women 40 years of age or
2 older.

3 (3) A mammogram at the age and intervals considered
4 medically necessary by the woman's health care provider for
5 women under 40 years of age and having a family history of
6 breast cancer, prior personal history of breast cancer,
7 positive genetic testing, or other risk factors.

8 (4) A comprehensive ultrasound screening of an entire
9 breast or breasts if a mammogram demonstrates
10 heterogeneous or dense breast tissue, when medically
11 necessary as determined by a physician licensed to practice
12 medicine in all of its branches, advanced practice nurse,
13 or physician assistant.

14 For purposes of this subsection, "low-dose mammography"
15 means the x-ray examination of the breast using equipment
16 dedicated specifically for mammography, including the x-ray
17 tube, filter, compression device, and image receptor, with an
18 average radiation exposure delivery of less than one rad per
19 breast for 2 views of an average size breast. The term also
20 includes digital mammography.

21 (d-5) Coverage as described by subsection (d) shall be
22 provided at no cost to the insured and shall not be applied to
23 an annual or lifetime maximum benefit.

24 (d-10) When health care services are available through
25 contracted providers and a person does not comply with plan
26 provisions specific to the use of contracted providers, the

1 requirements of subsection (d-5) are not applicable. When a
2 person does not comply with plan provisions specific to the use
3 of contracted providers, plan provisions specific to the use of
4 non-contracted providers must be applied without distinction
5 for coverage required by this Section and shall be at least as
6 favorable as for other radiological examinations covered by the
7 policy or contract.

8 (d-15) If a county, including a home rule county, is a
9 self-insurer for purposes of providing health insurance
10 coverage for its employees, the insurance coverage shall
11 include mastectomy coverage, which includes coverage for
12 prosthetic devices or reconstructive surgery incident to the
13 mastectomy. Coverage for breast reconstruction in connection
14 with a mastectomy shall include:

15 (1) reconstruction of the breast upon which the
16 mastectomy has been performed;

17 (2) surgery and reconstruction of the other breast to
18 produce a symmetrical appearance; and

19 (3) prostheses and treatment for physical
20 complications at all stages of mastectomy, including
21 lymphedemas.

22 Care shall be determined in consultation with the attending
23 physician and the patient. The offered coverage for prosthetic
24 devices and reconstructive surgery shall be subject to the
25 deductible and coinsurance conditions applied to the
26 mastectomy, and all other terms and conditions applicable to

1 other benefits. When a mastectomy is performed and there is no
2 evidence of malignancy then the offered coverage may be limited
3 to the provision of prosthetic devices and reconstructive
4 surgery to within 2 years after the date of the mastectomy. As
5 used in this Section, "mastectomy" means the removal of all or
6 part of the breast for medically necessary reasons, as
7 determined by a licensed physician.

8 A county, including a home rule county, that is a
9 self-insurer for purposes of providing health insurance
10 coverage for its employees, may not penalize or reduce or limit
11 the reimbursement of an attending provider or provide
12 incentives (monetary or otherwise) to an attending provider to
13 induce the provider to provide care to an insured in a manner
14 inconsistent with this Section.

15 (d-20) The requirement that mammograms be included in
16 health insurance coverage as provided in subsections (d)
17 through (d-15) is an exclusive power and function of the State
18 and is a denial and limitation under Article VII, Section 6,
19 subsection (h) of the Illinois Constitution of home rule county
20 powers. A home rule county to which subsections (d) through
21 (d-15) apply must comply with every provision of those
22 subsections.

23 (e) The term "employees" as used in this Section includes
24 elected or appointed officials but does not include temporary
25 employees.

26 (f) The county board may, by ordinance, arrange to provide

1 group life, health, accident, hospital, and medical insurance,
2 or any one or a combination of those types of insurance, under
3 this Section to retired former employees and retired former
4 elected or appointed officials of the county.

5 (g) Rulemaking authority to implement this amendatory Act
6 of the 95th General Assembly, if any, is conditioned on the
7 rules being adopted in accordance with all provisions of the
8 Illinois Administrative Procedure Act and all rules and
9 procedures of the Joint Committee on Administrative Rules; any
10 purported rule not so adopted, for whatever reason, is
11 unauthorized.

12 (Source: P.A. 95-1045, eff. 3-27-09.)

13 (55 ILCS 5/5-21001) (from Ch. 34, par. 5-21001)

14 Sec. 5-21001. Establishment and maintenance of county
15 home. In any county which establishes and maintains a county
16 sheltered care home or a county nursing home for the care of
17 infirm or chronically ill persons, as provided in Section
18 5-1005, the County Board shall have power:

19 1. To acquire in the name of the county by purchase, grant,
20 gift, or legacy, a suitable tract or tracts of land upon which
21 to erect and maintain the home, and in connection therewith a
22 farm or acreage for the purpose of providing supplies for the
23 home and employment for such patients as are able to work and
24 benefit thereby.

25 The board shall expend not more than \$20,000 for the

1 purchase of any such land or the erection of buildings without
2 a 2/3 vote of all its members in counties of 300,000 or more
3 population, or a favorable vote of at least a majority of all
4 its members in counties under 300,000 population.

5 2. To receive in the name of the county, gifts and legacies
6 to aid in the erection or maintenance of the home.

7 3. To appoint a superintendent and all necessary employees
8 for the management and control of the home and to prescribe
9 their compensation and duties.

10 4. To arrange for physicians' or other health care
11 professionals' services and other medical care for the patients
12 in the home and prescribe the compensation and duties of
13 physicians so designated.

14 5. To control the admission and discharge of patients in
15 the home.

16 6. To fix the rate per day, week, or month which it will
17 charge for care and maintenance of the patients. Rates so
18 established may vary according to the amount of care required,
19 but the rates shall be uniform for all persons or agencies
20 purchasing care in the home except rates for persons who are
21 able to purchase their own care may approximate actual cost.

22 7. To make all rules and regulations for the management of
23 the home and of the patients therein.

24 8. To make appropriations from the county treasury for the
25 purchase of land and the erection of buildings for the home,
26 and to defray the expenses necessary for the care and

1 maintenance of the home and for providing maintenance, personal
2 care and nursing services to the patients therein, and to cause
3 an amount sufficient for those purposes to be levied upon the
4 taxable property of the counties and collected as other taxes
5 and further providing that in counties with a population of not
6 more than 1,000,000 to levy and collect annually a tax of not
7 to exceed .1% of the value, as equalized or assessed by the
8 Department of Revenue, of all the taxable property in the
9 county for these purposes. The tax shall be in addition to all
10 other taxes which the county is authorized to levy on the
11 aggregate valuation of the property within the county and shall
12 not be included in any limitation of the tax rate upon which
13 taxes are required to be extended, but shall be excluded
14 therefrom and in addition thereto. The tax shall be levied and
15 collected in like manner as the general taxes of the county,
16 and when collected, shall be paid into a special fund in the
17 county treasury and used only as herein authorized. No such tax
18 shall be levied or increased from a rate lower than the maximum
19 rate in any such county until the question of levying such tax
20 has first been submitted to the voters of such county at an
21 election held in such county, and has been approved by a
22 majority of such voters voting thereon. The corporate
23 authorities shall certify the question of levying such tax to
24 the proper election officials, who shall submit the question to
25 the voters at an election held in accordance with the general
26 election law.

1 The proposition shall be in substantially the following
2 form:

3 -----

4 Shall County be authorized
5 to levy and collect a tax at a rate not YES
6 to exceed .1% for the purpose of -----
7 (purchasing, maintaining) a NO
8 county nursing home?

9 -----

10 If a majority of votes cast on the question are in favor,
11 the county shall be authorized to levy the tax.

12 If the county has levied such tax at a rate lower than the
13 maximum rate set forth in this Section, the county board may
14 increase the rate of the tax, but not to exceed such maximum
15 rate, by certifying the proposition of such increase to the
16 proper election officials for submission to the voters of the
17 county at a regular election in accordance with the general
18 election law. The proposition shall be in substantially the
19 following form:

20 -----

21 Shall the maximum rate
22 of the tax levied by..... YES
23 County for the purpose of.....
24 (purchasing, maintaining) a -----
25 county nursing home be
26 increased from..... to NO

1 (not to exceed .1%)

2 -----

3 If a majority of all the votes cast upon the proposition
4 are in favor thereof, the county board may levy the tax at a
5 rate not to exceed the rate set forth in this Section.

6 9. Upon the vote of a 2/3 majority of all the members of
7 the board, to sell, dispose of or lease for any term, any part
8 of the home properties in such manner and upon such terms as it
9 deems best for the interest of the county, and to make and
10 execute all necessary conveyances thereof in the same manner as
11 other conveyances of real estate may be made by a county.
12 However, if the home was erected after referendum approval by
13 the voters of the county, it shall not be sold or disposed of
14 except after referendum approval thereof by a majority of the
15 voters of the county voting thereon.

16 If the home was erected after referendum approval by the
17 voters of the county, the county nursing home may be leased
18 upon the vote of a 3/5 majority of all the members of the
19 board.

20 10. To operate a sheltered care home as a part of a county
21 nursing home provided that a license to do so is obtained
22 pursuant to the Nursing Home Care Act, as amended.

23 (Source: P.A. 89-185, eff. 1-1-96.)

24 Section 90. The Illinois Municipal Code is amended by
25 changing Sections 10-1-38.1 and 10-2.1-18 as follows:

1 (65 ILCS 5/10-1-38.1) (from Ch. 24, par. 10-1-38.1)

2 Sec. 10-1-38.1. When the force of the Fire Department or of
3 the Police Department is reduced, and positions displaced or
4 abolished, seniority shall prevail, and the officers and
5 members so reduced in rank, or removed from the service of the
6 Fire Department or of the Police Department shall be considered
7 furloughed without pay from the positions from which they were
8 reduced or removed.

9 Such reductions and removals shall be in strict compliance
10 with seniority and in no event shall any officer or member be
11 reduced more than one rank in a reduction of force. Officers
12 and members with the least seniority in the position to be
13 reduced shall be reduced to the next lower rated position. For
14 purposes of determining which officers and members will be
15 reduced in rank, seniority shall be determined by adding the
16 time spent at the rank or position from which the officer or
17 member is to be reduced and the time spent at any higher rank
18 or position in the Department. For purposes of determining
19 which officers or members in the lowest rank or position shall
20 be removed from the Department in the event of a layoff, length
21 of service in the Department shall be the basis for determining
22 seniority, with the least senior such officer or member being
23 the first so removed and laid off. Such officers or members
24 laid off shall have their names placed on an appropriate
25 reemployment list in the reverse order of dates of layoff.

1 If any positions which have been vacated because of
2 reduction in forces or displacement and abolition of positions,
3 are reinstated, such members and officers of the Fire
4 Department or of the Police Department as are furloughed from
5 the said positions shall be notified by registered mail of such
6 reinstatement of positions and shall have prior right to such
7 positions if otherwise qualified, and in all cases seniority
8 shall prevail. Written application for such reinstated
9 position must be made by the furloughed person within 30 days
10 after notification as above provided and such person may be
11 required to submit to examination by physicians, advanced
12 practice nurses, or physician assistants of both the commission
13 and the appropriate pension board to determine his physical
14 fitness.

15 (Source: P.A. 84-747.)

16 (65 ILCS 5/10-2.1-18) (from Ch. 24, par. 10-2.1-18)

17 Sec. 10-2.1-18. Fire or police departments - Reduction of
18 force - Reinstatement. When the force of the fire department or
19 of the police department is reduced, and positions displaced or
20 abolished, seniority shall prevail and the officers and members
21 so reduced in rank, or removed from the service of the fire
22 department or of the police department shall be considered
23 furloughed without pay from the positions from which they were
24 reduced or removed.

25 Such reductions and removals shall be in strict compliance

1 with seniority and in no event shall any officer or member be
2 reduced more than one rank in a reduction of force. Officers
3 and members with the least seniority in the position to be
4 reduced shall be reduced to the next lower rated position. For
5 purposes of determining which officers and members will be
6 reduced in rank, seniority shall be determined by adding the
7 time spent at the rank or position from which the officer or
8 member is to be reduced and the time spent at any higher rank
9 or position in the Department. For purposes of determining
10 which officers or members in the lowest rank or position shall
11 be removed from the Department in the event of a layoff, length
12 of service in the Department shall be the basis for determining
13 seniority, with the least senior such officer or member being
14 the first so removed and laid off. Such officers or members
15 laid off shall have their names placed on an appropriate
16 reemployment list in the reverse order of dates of layoff.

17 If any positions which have been vacated because of
18 reduction in forces or displacement and abolition of positions,
19 are reinstated, such members and officers of the fire
20 department or of the police department as are furloughed from
21 the said positions shall be notified by the board by registered
22 mail of such reinstatement of positions and shall have prior
23 right to such positions if otherwise qualified, and in all
24 cases seniority shall prevail. Written application for such
25 reinstated position must be made by the furloughed person
26 within 30 days after notification as above provided and such

1 person may be required to submit to examination by physicians,
2 advanced practice nurses, or physician assistants of both the
3 board of fire and police commissioners and the appropriate
4 pension board to determine his physical fitness.

5 (Source: P.A. 84-747.)