



SENATE JOURNAL

STATE OF ILLINOIS

NINETY-FIFTH GENERAL ASSEMBLY

60TH LEGISLATIVE DAY

THURSDAY, JUNE 28, 2007

12:17 O'CLOCK P.M.

SENATE
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60th Legislative Day

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The Senate met pursuant to adjournment.
Honorable Emil Jones, Jr., President of the Senate, presiding.
Prayer by Pastor James Hennig, Concordia Lutheran Church, Springfield, Illinois.
Senator Maloney led the Senate in the Pledge of Allegiance.

The Journal of Wednesday, June 27, 2007, was being read when on motion of Senator Hunter, further reading of same was dispensed with, and unless some Senator had corrections to offer, the Journal would stand approved. No corrections being offered, the Journal was ordered to stand approved.

LEGISLATIVE MEASURE FILED

The following Floor amendment to the House Bill listed below has been filed with the Secretary and referred to the Committee on Rules:

Senate Floor Amendment No. 1 to House Bill 1926

JOINT ACTION MOTION FILED

The following Joint Action Motion to the Senate Bill listed below has been filed with the Secretary and referred to the Committee on Rules:

Motion to Concur in House Amendment 2 to Senate Bill 1446

PRESENTATION OF RESOLUTION

SENATE RESOLUTION 274

Offered by Senator Peterson and all Senators:
Mourns the death of James P. Keagle, Sr., former Mayor of Wauconda.

By unanimous consent, the foregoing resolution was referred to the Resolutions Consent Calendar.

MESSAGES FROM THE HOUSE

A message from the House by
Mr. Mahoney, Clerk:
Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL NO. 122

A bill for AN ACT concerning regulation.
Passed the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

The foregoing **House Bill No. 122** was taken up, ordered printed and placed on first reading.

A message from the House by
Mr. Mahoney, Clerk:
Mr. President -- I am directed to inform the Senate that the House of Representatives has refused to concur with the Senate in the adoption of their amendment to a bill of the following title, to-wit:

HOUSE BILL 1717

[June 28, 2007]

A bill for AN ACT concerning criminal law.
Which amendment is as follows:
Senate Amendment No. 1 to HOUSE BILL NO. 1717
Non-concurred in by the House, June 27, 2007.

MARK MAHONEY, Clerk of the House

Under the rules, the foregoing **House Bill No. 1717**, with Senate Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by
Mr. Mahoney, Clerk:
Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of their amendment to a bill of the following title, to-wit:
HOUSE BILL 1775

A bill for AN ACT concerning regulation.
Which amendment is as follows:
Senate Amendment No. 2 to HOUSE BILL NO. 1775
Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by
Mr. Mahoney, Clerk:
Mr. President -- I am directed to inform the Senate that the House of Representatives has receded from their amendment numbered 3 to a bill of the following title, to-wit:
SENATE BILL NO. 144

A bill for AN ACT concerning regulation.
Action taken by the House, June 27, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by
Mr. Mahoney, Clerk:
Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:
SENATE BILL NO. 360

A bill for AN ACT concerning regulation.
Together with the following amendments which are attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:
House Amendment No. 1 to SENATE BILL NO. 360
House Amendment No. 4 to SENATE BILL NO. 360
Passed the House, as amended, June 28, 2007.

MARK MAHONEY, Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 360

AMENDMENT NO. 1. Amend Senate Bill 360 by replacing everything after the enacting clause with the following:

"Section 5. The Regulatory Sunset Act is amended by changing Section 4.18 and by adding Section 4.28 as follows:

(5 ILCS 80/4.18)

Sec. 4.18. Acts repealed January 1, 2008 and December 31, 2008.

(a) The following Acts are repealed on January 1, 2008:

The Acupuncture Practice Act.

[June 28, 2007]

The Clinical Social Work and Social Work Practice Act.
 The Home Medical Equipment and Services Provider License Act.
~~The Nursing and Advanced Practice Nursing Act.~~
 The Illinois Speech-Language Pathology and Audiology Practice Act.
 The Marriage and Family Therapy Licensing Act.
 The Nursing Home Administrators Licensing and Disciplinary Act.
 The Pharmacy Practice Act of 1987.
 The Physician Assistant Practice Act of 1987.
 The Podiatric Medical Practice Act of 1987.
 The Structural Pest Control Act.

(b) The following Acts are repealed on December 31, 2008:

The Medical Practice Act of 1987.

The Environmental Health Practitioner Licensing Act.

(Source: P.A. 94-754, eff. 5-10-06; 94-1075, eff. 12-29-06; 94-1085, eff. 1-19-07; revised 1-22-07.)
 (5 ILCS 80/4.28 new)

Sec. 4.28. Act repealed on January 1, 2018. The following Act is repealed on January 1, 2018:
The Nurse Practice Act.

Section 10. The Mental Health and Developmental Disabilities Administrative Act is amended by changing Section 56 as follows:

(20 ILCS 1705/56) (from Ch. 91 1/2, par. 100-56)

Sec. 56. The Secretary, upon making a determination based upon information in the possession of the Department, that continuation in practice of a licensed health care professional would constitute an immediate danger to the public, shall submit a written communication to the Director of Professional Regulation indicating such determination and additionally providing a complete summary of the information upon which such determination is based, and recommending that the Director of Professional Regulation immediately suspend such person's license. All relevant evidence, or copies thereof, in the Department's possession may also be submitted in conjunction with the written communication. A copy of such written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submittal to the Director of Professional Regulation be simultaneously mailed to the last known business address of such licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, which is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

For the purposes of this Section, "licensed health care professional" means any person licensed under the Illinois Dental Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Medical Practice Act of 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical Practice Act of 1987, and the Illinois Optometric Practice Act of 1987.

(Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

Section 15. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by changing Sections 2310-140 and 2310-210 as follows:

(20 ILCS 2310/2310-140) (was 20 ILCS 2310/55.37a)

Sec. 2310-140. Recommending suspension of licensed health care professional. The Director, upon making a determination based upon information in the possession of the Department that continuation in practice of a licensed health care professional would constitute an immediate danger to the public, shall submit a written communication to the Director of Professional Regulation indicating that determination and additionally (i) providing a complete summary of the information upon which the determination is based and (ii) recommending that the Director of Professional Regulation immediately suspend the person's license. All relevant evidence, or copies thereof, in the Department's possession may also be submitted in conjunction with the written communication. A copy of the written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submittal to the Director of Professional Regulation be simultaneously mailed to the last known business address of the licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, that is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

For the purposes of this Section, "licensed health care professional" means any person licensed under the Illinois Dental Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the

Medical Practice Act of 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical Practice Act of 1987, or the Illinois Optometric Practice Act of 1987.

(Source: P.A. 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

(20 ILCS 2310/2310-210) (was 20 ILCS 2310/55.62a)

Sec. 2310-210. Advisory Panel on Minority Health.

(a) In this Section:

"Health profession" means any health profession regulated under the laws of this State, including, without limitation, professions regulated under the Illinois Athletic Trainers Practice Act, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Licensing Act, the Medical Practice Act of 1987, the Naprapathic Practice Act, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Illinois Occupational Therapy Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Professional Counselor and Clinical Professional Counselor Licensing Act, and the Illinois Speech-Language Pathology and Audiology Practice Act.

"Minority" has the same meaning as in Section 2310-215.

(b) The General Assembly finds as follows:

(1) The health status of individuals from ethnic and racial minorities in this State is significantly lower than the health status of the general population of the State.

(2) Minorities suffer disproportionately high rates of cancer, stroke, heart disease, diabetes, sickle-cell anemia, lupus, substance abuse, acquired immune deficiency syndrome, other diseases and disorders, unintentional injuries, and suicide.

(3) The incidence of infant mortality among minorities is almost double that for the general population.

(4) Minorities suffer disproportionately from lack of access to health care and poor living conditions.

(5) Minorities are under-represented in the health care professions.

(6) Minority participation in the procurement policies of the health care industry is lacking.

(7) Minority health professionals historically have tended to practice in low-income areas and to serve minorities.

(8) National experts on minority health report that access to health care among minorities can be substantially improved by increasing the number of minority health professionals.

(9) Increasing the number of minorities serving on the facilities of health professional schools is an important factor in attracting minorities to pursue a career in health professions.

(10) Retaining minority health professionals currently practicing in this State and those receiving training and education in this State is an important factor in maintaining and increasing the number of minority health professionals in Illinois.

(11) An Advisory Panel on Minority Health is necessary to address the health issues affecting minorities in this State.

(c) The General Assembly's intent is as follows:

(1) That all Illinoisans have access to health care.

(2) That the gap between the health status of minorities and other Illinoisans be closed.

(3) That the health issues that disproportionately affect minorities be addressed to improve the health status of minorities.

(4) That the number of minorities in the health professions be increased.

(d) The Advisory Panel on Minority Health is created. The Advisory Panel shall consist of 25 members appointed by the Director of Public Health. The members shall represent health professions and the General Assembly.

(e) The Advisory Panel shall assist the Department in the following manner:

(1) Examination of the following areas as they relate to minority health:

(A) Access to health care.

(B) Demographic factors.

(C) Environmental factors.

(D) Financing of health care.

(E) Health behavior.

- (F) Health knowledge.
 - (G) Utilization of quality care.
 - (H) Minorities in health care professions.
 - (2) Development of monitoring, tracking, and reporting mechanisms for programs and services with minority health goals and objectives.
 - (3) Communication with local health departments, community-based organizations, voluntary health organizations, and other public and private organizations statewide, on an ongoing basis, to learn more about their services to minority communities, the health problems of minority communities, and their ideas for improving minority health.
 - (4) Promotion of communication among all State agencies that provide services to minority populations.
 - (5) Building coalitions between the State and leadership in minority communities.
 - (6) Encouragement of recruitment and retention of minority health professionals.
 - (7) Improvement in methods for collecting and reporting data on minority health.
 - (8) Improvement in accessibility to health and medical care for minority populations in under-served rural and urban areas.
 - (9) Reduction of communication barriers for non-English speaking residents.
 - (10) Coordination of the development and dissemination of culturally appropriate and sensitive education material, public awareness messages, and health promotion programs for minorities.
- (f) On or before January 1, 1997 the Advisory Panel shall submit an interim report to the Governor and the General Assembly. The interim report shall include an update on the Advisory Panel's progress in performing its functions under this Section and shall include recommendations, including recommendations for any necessary legislative changes.

On or before January 1, 1998 the Advisory Panel shall submit a final report to the Governor and the General Assembly. The final report shall include the following:

- (1) An evaluation of the health status of minorities in this State.
- (2) An evaluation of minority access to health care in this State.
- (3) Recommendations for improving the health status of minorities in this State.
- (4) Recommendations for increasing minority access to health care in this State.
- (5) Recommendations for increasing minority participation in the procurement policies of the health care industry.
- (6) Recommendations for increasing the number of minority health professionals in this State.
- (7) Recommendations that will ensure that the health status of minorities in this State continues to be addressed beyond the expiration of the Advisory Panel.

(Source: P.A. 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

Section 20. The Department of Veterans Affairs Act is amended by changing Section 2.07 as follows: (20 ILCS 2805/2.07) (from Ch. 126 1/2, par. 67.07)

Sec. 2.07. The Department shall employ and maintain sufficient and qualified staff at the veterans' homes to fulfill the requirements of this Act. The Department shall report to the General Assembly, by January 1 and July 1 of each year, the number of staff employed in providing direct patient care at their veterans' homes, the compliance or noncompliance with staffing standards established by the United States Department of Veterans Affairs for such care, and in the event of noncompliance with such standards, the number of staff required for compliance. For purposes of this Section, a nurse who has a license application pending with the State shall not be deemed unqualified by the Department if the nurse is in compliance with Section 50-15 of the Nurse Practice Act 225 ILCS 65/5-15(g) or 225 ILCS 5-15(i) of the Nursing and Advanced Practice Nursing Act.

All contracts between the State and outside contractors to provide workers to staff and service the Anna Veterans Home shall be canceled in accordance with the terms of those contracts. Upon cancellation, each worker or staff member shall be offered certified employment status under the Illinois Personnel Code with the State of Illinois. To the extent it is reasonably practicable, the position offered to each person shall be at the same facility and shall consist of the same duties and hours as previously existed under the canceled contract or contracts.

(Source: P.A. 93-597, eff. 8-26-03; 94-703, eff. 6-1-06; revised 9-15-06.)

Section 25. The Geriatric Medicine Assistance Act is amended by changing Section 2 as follows: (20 ILCS 3945/2) (from Ch. 144, par. 2002)

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Sec. 2. There is created the Geriatric Medicine Assistance Commission. The Commission shall receive and approve applications for grants from schools, recognized by the Department of Professional Regulation as being authorized to confer doctor of medicine, doctor of osteopathy, doctor of chiropractic or registered professional nursing degrees in the State, to help finance the establishment of geriatric medicine programs within such schools. In determining eligibility for grants, the Commission shall give preference to those programs which exhibit the greatest potential for directly benefiting the largest number of elderly citizens in the State. The Commission may not approve the application of any institution which is unable to demonstrate its current financial stability and reasonable prospects for future stability. No institution which fails to possess and maintain an open policy with respect to race, creed, color and sex as to admission of students, appointment of faculty and employment of staff shall be eligible for grants under this Act. The Commission shall establish such rules and standards as it deems necessary for the implementation of this Act.

The Commission shall be composed of 8 members selected as follows: 2 physicians licensed to practice under the Medical Practice Act of 1987 and specializing in geriatric medicine; a registered professional nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ and specializing in geriatric health care; 2 representatives of organizations interested in geriatric medicine or the care of the elderly; and 3 individuals 60 or older who are interested in geriatric health care or the care of the elderly. The members of the Commission shall be selected by the Governor from a list of recommendations submitted to him by organizations concerned with geriatric medicine or the care of the elderly.

The terms of the members of the Commission shall be 4 years, except that of the members initially appointed, 2 shall be designated to serve until January 1, 1986, 3 until January 1, 1988, and 2 until January 1, 1990. Members of the Commission shall receive no compensation, but shall be reimbursed for actual expenses incurred in carrying out their duties.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 30. The State Finance Act is amended by changing Section 8h as follows:

(30 ILCS 105/8h)

Sec. 8h. Transfers to General Revenue Fund.

(a) Except as otherwise provided in this Section and Section 8n of this Act, and ~~(e), (d), or (e)~~, notwithstanding any other State law to the contrary, the Governor may, through June 30, 2007, from time to time direct the State Treasurer and Comptroller to transfer a specified sum from any fund held by the State Treasurer to the General Revenue Fund in order to help defray the State's operating costs for the fiscal year. The total transfer under this Section from any fund in any fiscal year shall not exceed the lesser of (i) 8% of the revenues to be deposited into the fund during that fiscal year or (ii) an amount that leaves a remaining fund balance of 25% of the July 1 fund balance of that fiscal year. In fiscal year 2005 only, prior to calculating the July 1, 2004 final balances, the Governor may calculate and direct the State Treasurer with the Comptroller to transfer additional amounts determined by applying the formula authorized in Public Act 93-839 to the funds balances on July 1, 2003. No transfer may be made from a fund under this Section that would have the effect of reducing the available balance in the fund to an amount less than the amount remaining unexpended and unreserved from the total appropriation from that fund estimated to be expended for that fiscal year. This Section does not apply to any funds that are restricted by federal law to a specific use, to any funds in the Motor Fuel Tax Fund, the Intercity Passenger Rail Fund, the Hospital Provider Fund, the Medicaid Provider Relief Fund, the Teacher Health Insurance Security Fund, the Reviewing Court Alternative Dispute Resolution Fund, the Voters' Guide Fund, the Foreign Language Interpreter Fund, the Lawyers' Assistance Program Fund, the Supreme Court Federal Projects Fund, the Supreme Court Special State Projects Fund, the Supplemental Low-Income Energy Assistance Fund, the Good Samaritan Energy Trust Fund, the Low-Level Radioactive Waste Facility Development and Operation Fund, the Horse Racing Equity Trust Fund, or the Hospital Basic Services Preservation Fund, or to any funds to which Section 70-50 of the Nurse Practice Act ~~subsection (f) of Section 20-40 of the Nursing and Advanced Practice Nursing Act~~ applies. No transfers may be made under this Section from the Pet Population Control Fund. Notwithstanding any other provision of this Section, for fiscal year 2004, the total transfer under this Section from the Road Fund or the State Construction Account Fund shall not exceed the lesser of (i) 5% of the revenues to be deposited into the fund during that fiscal year or (ii) 25% of the beginning balance in the fund. For fiscal year 2005 through fiscal year 2007, no amounts may be transferred under this Section from the Road Fund, the State Construction Account Fund, the Criminal Justice Information Systems Trust Fund, the Wireless Service Emergency Fund, or the Mandatory Arbitration Fund.

In determining the available balance in a fund, the Governor may include receipts, transfers into the

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fund, and other resources anticipated to be available in the fund in that fiscal year.

The State Treasurer and Comptroller shall transfer the amounts designated under this Section as soon as may be practicable after receiving the direction to transfer from the Governor.

(a-5) Transfers directed to be made under this Section on or before February 28, 2006 that are still pending on May 19, 2006 (the effective date of Public Act 94-774) ~~this amendatory Act of the 94th General Assembly~~ shall be redirected as provided in Section 8n of this Act.

(b) This Section does not apply to: (i) the Ticket For The Cure Fund; (ii) any fund established under the Community Senior Services and Resources Act; or (iii) on or after January 1, 2006 (the effective date of Public Act 94-511), the Child Labor and Day and Temporary Labor Enforcement Fund.

(c) This Section does not apply to the Demutualization Trust Fund established under the Uniform Disposition of Unclaimed Property Act.

(d) This Section does not apply to moneys set aside in the Illinois State Podiatric Disciplinary Fund for podiatric scholarships and residency programs under the Podiatric Scholarship and Residency Act.

(e) Subsection (a) does not apply to, and no transfer may be made under this Section from, the Pension Stabilization Fund.

(Source: P.A. 93-32, eff. 6-20-03; 93-659, eff. 2-3-04; 93-674, eff. 6-10-04; 93-714, eff. 7-12-04; 93-801, eff. 7-22-04; 93-839, eff. 7-30-04; 93-1054, eff. 11-18-04; 93-1067, eff. 1-15-05; 94-91, eff. 7-1-05; 94-120, eff. 7-6-05; 94-511, eff. 1-1-06; 94-535, eff. 8-10-05; 94-639, eff. 8-22-05; 94-645, eff. 8-22-05; 94-648, eff. 1-1-06; 94-686, eff. 11-2-05; 94-691, eff. 11-2-05; 94-726, eff. 1-20-06; 94-773, eff. 5-18-06; 94-774, eff. 5-19-06; 94-804, eff. 5-26-06; 94-839, eff. 6-6-06; revised 6-19-06.)

Section 40. The Nurse Educator Assistance Act is amended by changing Section 5-15 as follows:
(110 ILCS 967/5-15)

Sec. 5-15. Definitions. In this Act:

"Approved program of professional nursing education" and "approved program of practical nursing education" mean programs of professional or practical nursing, respectively, approved by the Department of Financial and Professional Regulation under the provisions of the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

"Commission" means the Illinois Student Assistance Commission.

(Source: P.A. 94-1020, eff. 7-11-06.)

Section 45. The Nursing Education Scholarship Law is amended by changing Section 3 as follows:
(110 ILCS 975/3) (from Ch. 144, par. 2753)

Sec. 3. Definitions.

The following terms, whenever used or referred to, have the following meanings except where the context clearly indicates otherwise:

(1) "Board" means the Board of Higher Education created by the Board of Higher Education Act.

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

(3) "Approved institution" means a public community college, private junior college, hospital-based diploma in nursing program, or public or private college or university located in this State that has approval by the Department of Professional Regulation for an associate degree in nursing program, associate degree in applied sciences in nursing program, hospital-based diploma in nursing program, baccalaureate degree in nursing program, graduate degree in nursing program, or certificate in practical nursing program.

(4) "Baccalaureate degree in nursing program" means a program offered by an approved institution and leading to a bachelor of science degree in nursing.

(5) "Enrollment" means the establishment and maintenance of an individual's status as a student in an approved institution, regardless of the terms used at the institution to describe such status.

(6) "Academic year" means the period of time from September 1 of one year through August 31 of the next year or as otherwise defined by the academic institution.

(7) "Associate degree in nursing program or hospital-based diploma in nursing program" means a program offered by an approved institution and leading to an associate degree in nursing, associate degree in applied sciences in nursing, or hospital-based diploma in nursing.

(8) "Graduate degree in nursing program" means a program offered by an approved institution and leading to a master of science degree in nursing or a doctorate of philosophy or doctorate of nursing degree in nursing.

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

(10) "Accepted for admission" means a student has completed the requirements for entry into an associate degree in nursing program, associate degree in applied sciences in nursing program,

hospital-based diploma in nursing program, baccalaureate degree in nursing program, graduate degree in nursing program, or certificate in practical nursing program at an approved institution, as documented by the institution.

(11) "Fees" means those mandatory charges, in addition to tuition, that all enrolled students must pay, including required course or lab fees.

(12) "Full-time student" means a student enrolled for at least 12 hours per term or as otherwise determined by the academic institution.

(13) "Law" means the Nursing Education Scholarship Law.

(14) "Nursing employment obligation" means employment in this State as a registered professional nurse or licensed practical nurse in direct patient care or as a nurse educator in the case of a graduate degree in nursing program recipient for at least one year for each year of scholarship assistance received through the Nursing Education Scholarship Program.

(15) "Part-time student" means a person who is enrolled for at least one-third of the number of hours required per term by a school for its full-time students.

(16) "Practical nursing program" means a program offered by an approved institution leading to a certificate in practical nursing.

(17) "Registered professional nurse" means a person who is currently licensed as a registered professional nurse by the Department of Professional Regulation under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

(18) "Licensed practical nurse" means a person who is currently licensed as a licensed practical nurse by the Department of Professional Regulation under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

(19) "School term" means an academic term, such as a semester, quarter, trimester, or number of clock hours, as defined by an approved institution.

(20) "Student in good standing" means a student maintaining a cumulative grade point average equivalent to at least the academic grade of a "C".

(21) "Total and permanent disability" means a physical or mental impairment, disease, or loss of a permanent nature that prevents nursing employment with or without reasonable accommodation. Proof of disability shall be a declaration from the social security administration, Illinois Workers' Compensation Commission, Department of Defense, or an insurer authorized to transact business in Illinois who is providing disability insurance coverage to a contractor.

(22) "Tuition" means the established charges of an institution of higher learning for instruction at that institution.

(23) "Nurse educator" means a person who is currently licensed as a registered nurse by the Department of Professional Regulation under the Nurse Practice Act Nursing and Advanced Practice Nursing Act, who has a graduate degree in nursing, and who is employed by an approved academic institution to educate registered nursing students, licensed practical nursing students, and registered nurses pursuing graduate degrees.

(Source: P.A. 92-43, eff. 1-1-02; 93-721, eff. 1-1-05; 93-879, eff. 1-1-05; revised 10-25-04.)

Section 50. The Academic Degree Act is amended by changing Section 11 as follows:

(110 ILCS 1010/11) (from Ch. 144, par. 241)

Sec. 11. Exemptions. This Act shall not apply to any school or educational institution regulated or approved under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

This Act shall not apply to any of the following:

(a) in-training programs by corporations or other business organizations for the training of their personnel;

(b) education or other improvement programs by business, trade and similar organizations and associations for the benefit of their members only; or

(c) apprentice or other training programs by labor unions.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 55. The Ambulatory Surgical Treatment Center Act is amended by changing Section 6.5 as follows:

(210 ILCS 5/6.5)

Sec. 6.5. Clinical privileges; advanced practice nurses. All ambulatory surgical treatment centers (ASTC) licensed under this Act shall comply with the following requirements:

(1) No ASTC policy, rule, regulation, or practice shall be inconsistent with the provision of adequate collaboration and consultation, including medical direction of licensed advanced practice nurses, in

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accordance with Section 54.5 of the Medical Practice Act of 1987.

(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatrist licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted by the consulting committee of the ASTC. A licensed physician, dentist, or podiatrist may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatrist, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery by the consulting committee of the ASTC. Payment for services rendered by an assistant in surgery who is not an ambulatory surgical treatment center employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the ~~Nurse Practice Act~~ Nursing and Advanced Practice Nursing Act and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

(3) An advanced practice nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice nursing services in an ambulatory surgical treatment center. An advanced practice nurse must possess clinical privileges granted by the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. Individual advanced practice nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advanced practice nurse's role in providing care for his or her patients, except as otherwise provided in the consulting staff policies. The consulting medical staff committee shall periodically review the services of advanced practice nurses granted privileges.

(4) ~~(3)~~ The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or Board eligible, is recommended. Anesthesia services may only be administered pursuant to the order of a physician licensed to practice medicine in all its branches, licensed dentist, or licensed podiatrist.

(A) The individuals who, with clinical privileges granted by the medical staff and ASTC, may administer anesthesia services are limited to the following:

- (i) an anesthesiologist; or
- (ii) a physician licensed to practice medicine in all its branches; or
- (iii) a dentist with authority to administer anesthesia under Section 8.1 of the Illinois Dental Practice Act; or
- (iv) a licensed certified registered nurse anesthetist.

(B) For anesthesia services, an anesthesiologist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with clinical privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff consulting committee in consultation with the anesthesia service and included in the medical staff consulting committee policies.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section ~~65-35 of the Nurse Practice Act~~ 15-15 of the Nursing and Advanced Practice Nursing Act to provide anesthesia services ordered by a licensed physician, dentist, or podiatrist. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatrist in accordance with the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

(Source: P.A. 93-352, eff. 1-1-04; 94-915, eff. 1-1-07.)

Section 60. The Illinois Clinical Laboratory and Blood Bank Act is amended by changing Section 7-101 as follows:

(210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

Sec. 7-101. Examination of specimens. A clinical laboratory shall examine specimens only at the request of (i) a licensed physician, (ii) a licensed dentist, (iii) a licensed podiatrist, (iv) a therapeutic optometrist for diagnostic or therapeutic purposes related to the use of diagnostic topical or therapeutic ocular pharmaceutical agents, as defined in subsections (c) and (d) of Section 15.1 of the Illinois Optometric Practice Act of 1987, (v) a licensed physician assistant in accordance with the written guidelines required under subdivision (3) of Section 4 and under Section 7.5 of the Physician Assistant Practice Act of 1987, (v-A) an advanced practice nurse in accordance with the written collaborative agreement required under Section 65-35 of the Nurse Practice Act ~~15-15 of the Nursing and Advanced Practice Nursing Act~~, or (vi) an authorized law enforcement agency or, in the case of blood alcohol, at the request of the individual for whom the test is to be performed in compliance with Sections 11-501 and 11-501.1 of the Illinois Vehicle Code. If the request to a laboratory is oral, the physician or other authorized person shall submit a written request to the laboratory within 48 hours. If the laboratory does not receive the written request within that period, it shall note that fact in its records. For purposes of this Section, a request made by electronic mail or fax constitutes a written request.

(Source: P.A. 90-116, eff. 7-14-97; 90-322, eff. 1-1-98; 90-655, eff. 7-30-98; 90-666, eff. 7-30-98; 90-742, eff. 8-13-98; 91-357, eff. 7-29-99.)

Section 65. The Life Care Facilities Act is amended by changing Section 2 as follows:

(210 ILCS 40/2) (from Ch. 111 1/2, par. 4160-2)

Sec. 2. As used in this Act, unless the context otherwise requires:

- (a) "Department" means the Department of Public Health.
- (b) "Director" means the Director of the Department.
- (c) "Life care contract" means a contract to provide to a person for the duration of such person's life or for a term in excess of one year, nursing services, medical services or personal care services, in addition to maintenance services for such person in a facility, conditioned upon the transfer of an entrance fee to the provider of such services in addition to or in lieu of the payment of regular periodic charges for the care and services involved.
- (d) "Provider" means a person who provides services pursuant to a life care contract.
- (e) "Resident" means a person who enters into a life care contract with a provider, or who is designated in a life care contract to be a person provided with maintenance and nursing, medical or personal care services.
- (f) "Facility" means a place or places in which a provider undertakes to provide a resident with nursing services, medical services or personal care services, in addition to maintenance services for a term in excess of one year or for life pursuant to a life care contract. The term also means a place or places in which a provider undertakes to provide such services to a non-resident.
- (g) "Living unit" means an apartment, room or other area within a facility set aside for the exclusive use of one or more identified residents.
- (h) "Entrance fee" means an initial or deferred transfer to a provider of a sum of money or property, made or promised to be made by a person entering into a life care contract, which assures a resident of services pursuant to a life care contract.
- (i) "Permit" means a written authorization to enter into life care contracts issued by the Department to a provider.
- (j) "Medical services" means those services pertaining to medical or dental care that are performed in behalf of patients at the direction of a physician licensed under the Medical Practice Act of 1987 or a dentist licensed under the Illinois Dental Practice Act by such physicians or dentists, or by a registered or licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ or by other professional and technical personnel.
- (k) "Nursing services" means those services pertaining to the curative, restorative and preventive aspects of nursing care that are performed at the direction of a physician licensed under the Medical Practice Act of 1987 by or under the supervision of a registered or licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.
- (l) "Personal care services" means assistance with meals, dressing, movement, bathing or other personal needs or maintenance, or general supervision and oversight of the physical and mental well-being of an individual, who is incapable of maintaining a private, independent residence or who is incapable of managing his person whether or not a guardian has been appointed for such individual.
- (m) "Maintenance services" means food, shelter and laundry services.

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(n) "Certificates of Need" means those permits issued pursuant to the Illinois Health Facilities Planning Act as now or hereafter amended.

(o) "Non-resident" means a person admitted to a facility who has not entered into a life care contract. (Source: P.A. 90-742, eff. 8-13-98.)

Section 70. The Nursing Home Care Act is amended by changing Section 1-118 as follows:

(210 ILCS 45/1-118) (from Ch. 111 1/2, par. 4151-118)

Sec. 1-118. "Nurse" means a registered nurse or a licensed practical nurse as defined in the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 75. The Emergency Medical Services (EMS) Systems Act is amended by changing Section 3.80 as follows:

(210 ILCS 50/3.80)

Sec. 3.80. Pre-Hospital RN and Emergency Communications Registered Nurse.

(a) Emergency Communications Registered Nurse or "ECRN" means a registered professional nurse, licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act who has successfully completed supplemental education in accordance with rules adopted by the Department, and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols.

Upon the effective date of this amendatory Act of 1995, all existing Registered Professional Nurse/MICNs shall be considered ECRNs.

(b) "Pre-Hospital Registered Nurse" or "Pre-Hospital RN" means a registered professional nurse, licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to this Act, and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports.

Upon the effective date of this amendatory Act of 1995, all existing Registered Professional Nurse/Field RNs shall be considered Pre-Hospital RNs.

(c) The Department shall have the authority and responsibility to:

(1) Prescribe education and continuing education requirements for Pre-Hospital RN and ECRN candidates through rules adopted pursuant to this Act:

(A) Education for Pre-Hospital RN shall include extrication, telecommunications, and pre-hospital cardiac and trauma care;

(B) Education for ECRN shall include telecommunications, System standing medical orders and the procedures and protocols established by the EMS Medical Director;

(C) A Pre-Hospital RN candidate who is fulfilling clinical training and in-field supervised experience requirements may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS Medical Director;

(D) An EMS Medical Director may impose in-field supervised field experience requirements on System ECRNs as part of their training or continuing education, in which they perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or qualified EMT, only when authorized by the EMS Medical Director;

(2) Require EMS Medical Directors to reapprove Pre-Hospital RNs and ECRNs every 4 years, based on compliance with continuing education requirements prescribed by the Department through rules adopted pursuant to this Act;

(3) Allow EMS Medical Directors to grant inactive status to any Pre-Hospital RN or ECRN who qualifies, based on standards and procedures established by the Department in rules adopted pursuant to this Act;

(4) Require a Pre-Hospital RN to honor Do Not Resuscitate (DNR) orders and powers of attorney for health care only in accordance with rules adopted by the Department pursuant to this Act and protocols of the EMS System in which he or she practices.

(Source: P.A. 89-177, eff. 7-19-95; 90-742, eff. 8-13-98.)

Section 80. The Home Health, Home Services, and Home Nursing Agency Licensing Act is amended

by changing Section 2.09 as follows:

(210 ILCS 55/2.09)

Sec. 2.09. "Home services" or "in-home services" means assistance with activities of daily living, housekeeping, personal laundry, and companionship provided to an individual in his or her personal residence, which are intended to enable that individual to remain safely and comfortably in his or her own personal residence. "Home services" or "in-home services" does not include services that would be required to be performed by an individual licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

(Source: P.A. 94-379, eff. 1-1-06.)

Section 85. The Home Health, Home Services, and Home Nursing Agency Licensing Act is amended by changing Section 6.3 as follows:

(210 ILCS 55/6.3)

Sec. 6.3. Home services agencies; standards; fees.

(a) Before January 1, 2008, the Department shall adopt standards for the licensure and operation of home services agencies operated in this State. The structure of the standards shall be based on the concept of home services and its focus on assistance with activities of daily living, housekeeping, personal laundry, and companionship being provided to an individual intended to enable that individual to remain safely and comfortably in his or her own personal residence. As home services do not include services that would be required to be performed by an individual licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act, the standards shall be developed from a similar concept. After consideration and recommendations by the Home Health and Home Services Advisory Committee, the Department shall adopt such rules and regulations as are necessary for the proper regulation of home services agencies. Requirements for licensure as a home services agency shall include the following:

(1) Compliance with the requirements of the Health Care Worker Background Check Act.

(2) Notification, in a form and manner established by the Department by rule, to home services workers and consumers as to the party or parties responsible under State and federal laws for payment of employment taxes, social security taxes, and workers' compensation, liability, the day-to-day supervision of workers, and the hiring, firing, and discipline of workers with the placement arrangement for home services.

(3) Compliance with rules, as adopted by the Department, in regard to (i) reporting by the licensee of any known or suspected incidences of abuse, neglect, or financial exploitation of an eligible adult, as defined in the Elder Abuse and Neglect Act, by a home services worker employed by or placed by the licensee or (ii) reports to a law enforcement agency in connection with any other individual protected under the laws of the State of Illinois.

(4) Compliance with rules, as adopted by the Department, addressing the health, safety, and well-being of clients receiving home services.

(b) The Department may establish fees for home services agency licensure in rules in a manner that will make the program self-supporting. The amount of the licensure fees shall be based on the funding required for operation of the licensure program.

(Source: P.A. 94-379, eff. 1-1-06.)

Section 90. The End Stage Renal Disease Facility Act is amended by changing Section 5 as follows:

(210 ILCS 62/5)

Sec. 5. Definitions. As used in this Act:

"Committee" means the End Stage Renal Disease Advisory Committee.

"Department" means the Department of Public Health.

"Dialysis" means a process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.

"Dialysis technician" means an individual who is not a registered nurse or physician and who provides dialysis care under the supervision of a registered nurse or physician.

"Director" means the Director of Public Health.

"End stage renal disease" means that stage of renal impairment that appears irreversible and permanent and that requires a regular course of dialysis or kidney transplantation to maintain life.

"End stage renal disease facility" or "ESRDF" means a facility that provides dialysis treatment or dialysis training to individuals with end stage renal disease.

"Licensee" means an individual or entity licensed by the Department to operate an end stage renal disease facility.

"Nurse" means an individual who is licensed to practice nursing under the Nurse Practice Act Nursing

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~~and Advanced Practice Nursing Act.~~

"Patient" means any individual receiving treatment from an end stage renal disease facility.

"Person" means any individual, firm, partnership, corporation, company, association, or other legal entity.

"Physician" means an individual who is licensed to practice medicine in all of its branches under the Medical Practice Act of 1987.

(Source: P.A. 92-794, eff. 7-1-03.)

Section 95. The Hospital Licensing Act is amended by changing Sections 10, 10.7, and 10.9 as follows:

(210 ILCS 85/10) (from Ch. 111 1/2, par. 151)

Sec. 10. Board creation; Department rules.

(a) The Governor shall appoint a Hospital Licensing Board composed of 14 persons, which shall advise and consult with the Director in the administration of this Act. The Secretary of Human Services (or his or her designee) shall serve on the Board, along with one additional representative of the Department of Human Services to be designated by the Secretary. Four appointive members shall represent the general public and 2 of these shall be members of hospital governing boards; one appointive member shall be a registered professional nurse or advanced practice nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, who is employed in a hospital; 3 appointive members shall be hospital administrators actively engaged in the supervision or administration of hospitals; 2 appointive members shall be practicing physicians, licensed in Illinois to practice medicine in all of its branches; and one appointive member shall be a physician licensed to practice podiatric medicine under the Podiatric Medical Practice Act of 1987; and one appointive member shall be a dentist licensed to practice dentistry under the Illinois Dental Practice Act. In making Board appointments, the Governor shall give consideration to recommendations made through the Director by professional organizations concerned with hospital administration for the hospital administrative and governing board appointments, registered professional nurse organizations for the registered professional nurse appointment, professional medical organizations for the physician appointments, and professional dental organizations for the dentist appointment.

(b) Each appointive member shall hold office for a term of 3 years, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term and the terms of office of the members first taking office shall expire, as designated at the time of appointment, 2 at the end of the first year, 2 at the end of the second year, and 3 at the end of the third year, after the date of appointment. The initial terms of office of the 2 additional members representing the general public provided for in this Section shall expire at the end of the third year after the date of appointment. The term of office of each original appointee shall commence July 1, 1953; the term of office of the original registered professional nurse appointee shall commence July 1, 1969; the term of office of the original licensed podiatrist appointee shall commence July 1, 1981; the term of office of the original dentist appointee shall commence July 1, 1987; and the term of office of each successor shall commence on July 1 of the year in which his predecessor's term expires. Board members, while serving on business of the Board, shall receive actual and necessary travel and subsistence expenses while so serving away from their places of residence. The Board shall meet as frequently as the Director deems necessary, but not less than once a year. Upon request of 5 or more members, the Director shall call a meeting of the Board.

(c) The Director shall prescribe rules, regulations, standards, and statements of policy needed to implement, interpret, or make specific the provisions and purposes of this Act. The Department shall adopt rules which set forth standards for determining when the public interest, safety or welfare requires emergency action in relation to termination of a research program or experimental procedure conducted by a hospital licensed under this Act. No rule, regulation, or standard shall be adopted by the Department concerning the operation of hospitals licensed under this Act which has not had prior approval of the Hospital Licensing Board, nor shall the Department adopt any rule, regulation or standard relating to the establishment of a hospital without consultation with the Hospital Licensing Board.

(d) Within one year after the effective date of this amendatory Act of 1984, all hospitals licensed under this Act and providing perinatal care shall comply with standards of perinatal care promulgated by the Department. The Director shall promulgate rules or regulations under this Act which are consistent with "An Act relating to the prevention of developmental disabilities", approved September 6, 1973, as amended.

(Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

(210 ILCS 85/10.7)

Sec. 10.7. Clinical privileges; advanced practice nurses. All hospitals licensed under this Act shall comply with the following requirements:

(1) No hospital policy, rule, regulation, or practice shall be inconsistent with the provision of adequate collaboration and consultation ~~including medical direction of licensed advanced practice nurses~~, in accordance with Section 54.5 of the Medical Practice Act of 1987.

(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatrist licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted at the hospital. A licensed physician, dentist, or podiatrist may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatrist, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery at the hospital. Payment for services rendered by an assistant in surgery who is not a hospital employee shall be paid at the appropriate non-physician modifier rate if the payer would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

(3) An advanced practice nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice nursing services in a hospital. An advanced practice nurse must possess clinical privileges recommended by the medical staff and granted by the hospital in order to provide services. Individual advanced practice nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advanced practice nurse's role in providing care for his or her patients, except as otherwise provided in medical staff bylaws. The medical staff shall periodically review the services of advanced practice nurses granted privileges. This review shall be conducted in accordance with item (2) of subsection (a) of Section 10.8 of this Act for advanced practice nurses employed by the hospital.

(4) ~~(3)~~ The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or Board eligible, is recommended. Anesthesia services may only be administered pursuant to the order of a physician licensed to practice medicine in all its branches, licensed dentist, or licensed podiatrist.

(A) The individuals who, with clinical privileges granted at the hospital, may administer anesthesia services are limited to the following:

- (i) an anesthesiologist; or
- (ii) a physician licensed to practice medicine in all its branches; or
- (iii) a dentist with authority to administer anesthesia under Section 8.1 of the Illinois Dental Practice Act; or
- (iv) a licensed certified registered nurse anesthetist.

(B) For anesthesia services, an anesthesiologist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with medical staff privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff and licensed hospital in consultation with the anesthesia service.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section 65-35 of the Nurse Practice Act ~~Section 15-15 of the Nursing and Advanced Practice Nursing Act~~ to provide anesthesia services ordered by a licensed physician, dentist, or podiatrist. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatrist in accordance with the hospital's alternative policy.

(Source: P.A. 93-352, eff. 1-1-04; 94-915, eff. 1-1-07.)

(210 ILCS 85/10.9)

Sec. 10.9. Nurse mandated overtime prohibited.

(a) Definitions. As used in this Section:

"Mandated overtime" means work that is required by the hospital in excess of an agreed-to, predetermined work shift. Time spent by nurses required to be available as a condition of employment in specialized units, such as surgical nursing services, shall not be counted or considered in calculating the amount of time worked for the purpose of applying the prohibition against mandated overtime under subsection (b).

"Nurse" means any advanced practice nurse, registered professional nurse, or licensed practical nurse, as defined in the ~~Nurse Practice Act~~ Nursing and Advanced Practice Nursing Act, who receives an hourly wage and has direct responsibility to oversee or carry out nursing care. For the purposes of this Section, "advanced practice nurse" does not include a certified registered nurse anesthetist who is primarily engaged in performing the duties of a nurse anesthetist.

"Unforeseen emergent circumstance" means (i) any declared national, State, or municipal disaster or other catastrophic event, or any implementation of a hospital's disaster plan, that will substantially affect or increase the need for health care services or (ii) any circumstance in which patient care needs require specialized nursing skills through the completion of a procedure. An "unforeseen emergent circumstance" does not include situations in which the hospital fails to have enough nursing staff to meet the usual and reasonably predictable nursing needs of its patients.

(b) Mandated overtime prohibited. No nurse may be required to work mandated overtime except in the case of an unforeseen emergent circumstance when such overtime is required only as a last resort. Such mandated overtime shall not exceed 4 hours beyond an agreed-to, predetermined work shift.

(c) Off-duty period. When a nurse is mandated to work up to 12 consecutive hours, the nurse must be allowed at least 8 consecutive hours of off-duty time immediately following the completion of a shift.

(d) Retaliation prohibited. No hospital may discipline, discharge, or take any other adverse employment action against a nurse solely because the nurse refused to work mandated overtime as prohibited under subsection (b).

(e) Violations. Any employee of a hospital that is subject to this Act may file a complaint with the Department of Public Health regarding an alleged violation of this Section. The complaint must be filed within 45 days following the occurrence of the incident giving rise to the alleged violation. The Department must forward notification of the alleged violation to the hospital in question within 3 business days after the complaint is filed. Upon receiving a complaint of a violation of this Section, the Department may take any action authorized under Section 7 or 9 of this Act.

(f) Proof of violation. Any violation of this Section must be proved by clear and convincing evidence that a nurse was required to work overtime against his or her will. The hospital may defeat the claim of a violation by presenting clear and convincing evidence that an unforeseen emergent circumstance, which required overtime work, existed at the time the employee was required or compelled to work.

(Source: P.A. 94-349, eff. 7-28-05.)

Section 100. The Hospital Report Card Act is amended by changing Section 10 as follows:

(210 ILCS 86/10)

Sec. 10. Definitions. For the purpose of this Act:

"Average daily census" means the average number of inpatients receiving service on any given 24-hour period beginning at midnight in each clinical service area of the hospital.

"Clinical service area" means a grouping of clinical services by a generic class of various types or levels of support functions, equipment, care, or treatment provided to inpatients. Hospitals may have, but are not required to have, the following categories of service: behavioral health, critical care, maternal-child care, medical-surgical, pediatrics, perioperative services, and telemetry.

"Department" means the Department of Public Health.

"Direct-care nurse" and "direct-care nursing staff" includes any registered nurse, licensed practical nurse, or assistive nursing personnel with direct responsibility to oversee or carry out medical regimens or nursing care for one or more patient.

"Hospital" means a health care facility licensed under the Hospital Licensing Act.

"Nursing care" means care that falls within the scope of practice set forth in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ or is otherwise encompassed within recognized professional standards of nursing practice, including assessment, nursing diagnosis, planning, intervention, evaluation, and patient advocacy.

"Retaliate" means to discipline, discharge, suspend, demote, harass, deny employment or promotion,

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lay off, or take any other adverse action against direct-care nursing staff as a result of that nursing staff taking any action described in this Act.

"Skill mix" means the differences in licensing, specialty, and experiences among direct-care nurses.

"Staffing levels" means the numerical nurse to patient ratio by licensed nurse classification within a nursing department or unit.

"Unit" means a functional division or area of a hospital in which nursing care is provided.

(Source: P.A. 93-563, eff. 1-1-04.)

Section 105. The Illinois Dental Practice Act is amended by changing Section 4 as follows:
(225 ILCS 25/4) (from Ch. 111, par. 2304)

(Section scheduled to be repealed on January 1, 2016)

Sec. 4. Definitions. As used in this Act:

(a) "Department" means the Illinois Department of Professional Regulation.

(b) "Director" means the Director of Professional Regulation.

(c) "Board" means the Board of Dentistry established by Section 6 of this Act.

(d) "Dentist" means a person who has received a general license pursuant to paragraph (a) of Section 11 of this Act and who may perform any intraoral and extraoral procedure required in the practice of dentistry and to whom is reserved the responsibilities specified in Section 17.

(e) "Dental hygienist" means a person who holds a license under this Act to perform dental services as authorized by Section 18.

(f) "Dental assistant" means an appropriately trained person who, under the supervision of a dentist, provides dental services as authorized by Section 17.

(g) "Dental laboratory" means a person, firm or corporation which:

(i) engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues; and

(ii) utilizes or employs a dental technician to provide such services; and

(iii) performs such functions only for a dentist or dentists.

(h) "Supervision" means supervision of a dental hygienist or a dental assistant requiring that a dentist authorize the procedure, remain in the dental facility while the procedure is performed, and approve the work performed by the dental hygienist or dental assistant before dismissal of the patient, but does not mean that the dentist must be present at all times in the treatment room.

(i) "General supervision" means supervision of a dental hygienist requiring that the patient be a patient of record, that the dentist examine the patient in accordance with Section 18 prior to treatment by the dental hygienist, and that the dentist authorize the procedures which are being carried out by a notation in the patient's record, but not requiring that a dentist be present when the authorized procedures are being performed. The issuance of a prescription to a dental laboratory by a dentist does not constitute general supervision.

(j) "Public member" means a person who is not a health professional. For purposes of board membership, any person with a significant financial interest in a health service or profession is not a public member.

(k) "Dentistry" means the healing art which is concerned with the examination, diagnosis, treatment planning and care of conditions within the human oral cavity and its adjacent tissues and structures, as further specified in Section 17.

(l) "Branches of dentistry" means the various specialties of dentistry which, for purposes of this Act, shall be limited to the following: endodontics, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, and oral and maxillofacial radiology.

(m) "Specialist" means a dentist who has received a specialty license pursuant to Section 11(b).

(n) "Dental technician" means a person who owns, operates or is employed by a dental laboratory and engages in making, providing, repairing or altering dental prosthetic appliances and other artificial materials and devices which are returned to a dentist for insertion into the human oral cavity or which come in contact with its adjacent structures and tissues.

(o) "Impaired dentist" or "impaired dental hygienist" means a dentist or dental hygienist who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including deterioration through the aging process, loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish the person's ability to deliver competent patient care.

(p) "Nurse" means a registered professional nurse, a certified registered nurse anesthetist licensed as

an advanced practice nurse, or a licensed practical nurse licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

(q) "Patient of record" means a patient for whom the patient's most recent dentist has obtained a relevant medical and dental history and on whom the dentist has performed an examination and evaluated the condition to be treated.

(r) "Dental emergency responder" means a dentist or dental hygienist who is appropriately certified in emergency medical response, as defined by the Department of Public Health.

(Source: P.A. 93-821, eff. 7-28-04; 94-409, eff. 12-31-05.)

Section 110. The Health Care Worker Background Check Act is amended by changing Section 25 as follows:

(225 ILCS 46/25)

Sec. 25. Persons ineligible to be hired by health care employers and long-term care facilities.

(a) After January 1, 1996, January 1, 1997, or the effective date of this amendatory Act of the 94th General Assembly, as applicable, no health care employer shall knowingly hire, employ, or retain any individual in a position with duties involving direct care for clients, patients, or residents, and no long-term care facility shall knowingly hire, employ, or retain any individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, who has been convicted of committing or attempting to commit one or more of the offenses defined in Sections 8-1.1, 8-1.2, 9-1, 9-1.2, 9-2, 9-2.1, 9-3, 9-3.1, 9-3.2, 9-3.3, 10-1, 10-2, 10-3, 10-3.1, 10-4, 10-5, 10-7, 11-6, 11-9.1, 11-9.5, 11-19.2, 11-20.1, 12-1, 12-2, 12-3, 12-3.1, 12-3.2, 12-4, 12-4.1, 12-4.2, 12-4.3, 12-4.4, 12-4.5, 12-4.6, 12-4.7, 12-7.4, 12-11, 12-13, 12-14, 12-14.1, 12-15, 12-16, 12-19, 12-21, 12-21.6, 12-32, 12-33, 16-1, 16-1.3, 16A-3, 17-3, 18-1, 18-2, 18-3, 18-4, 18-5, 19-1, 19-3, 19-4, 20-1, 20-1.1, 24-1, 24-1.2, 24-1.5, or 33A-2 of the Criminal Code of 1961; those provided in Section 4 of the Wrongs to Children Act; those provided in Section 53 of the Criminal Jurisprudence Act; those defined in Section 5, 5.1, 5.2, 7, or 9 of the Cannabis Control Act; those defined in the Methamphetamine Control and Community Protection Act; or those defined in Sections 401, 401.1, 404, 405, 405.1, 407, or 407.1 of the Illinois Controlled Substances Act, unless the applicant or employee obtains a waiver pursuant to Section 40.

(a-1) After January 1, 2004, no health care employer shall knowingly hire any individual in a position with duties involving direct care for clients, patients, or residents, and no long-term care facility shall knowingly hire any individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, who has (i) been convicted of committing or attempting to commit one or more of the offenses defined in Section 12-3.3, 12-4.2-5, 16-2, 16G-15, 16G-20, 18-5, 20-1.2, 24-1.1, 24-1.2-5, 24-1.6, 24-3.2, or 24-3.3 of the Criminal Code of 1961; Section 4, 5, 6, 8, or 17.02 of the Illinois Credit Card and Debit Card Act; or Section 5.1 of the Wrongs to Children Act; or (ii) violated Section 50-50 of the Nurse Practice Act Section 10-5 of the Nursing and Advanced Practice Nursing Act.

A UCIA criminal history record check need not be redone for health care employees who have been continuously employed by a health care employer since January 1, 2004, but nothing in this Section prohibits a health care employer from initiating a criminal history check for these employees.

A health care employer is not required to retain an individual in a position with duties involving direct care for clients, patients, or residents, and no long-term care facility is required to retain an individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, who has been convicted of committing or attempting to commit one or more of the offenses enumerated in this subsection.

(b) A health care employer shall not hire, employ, or retain any individual in a position with duties involving direct care of clients, patients, or residents, and no long-term care facility shall knowingly hire, employ, or retain any individual in a position with duties that involve or may involve contact with residents or access to the living quarters or the financial, medical, or personal records of residents, if the health care employer becomes aware that the individual has been convicted in another state of committing or attempting to commit an offense that has the same or similar elements as an offense listed in subsection (a) or (a-1), as verified by court records, records from a state agency, or an FBI criminal history record check. This shall not be construed to mean that a health care employer has an obligation to conduct a criminal history records check in other states in which an employee has resided.

(Source: P.A. 93-224, eff. 7-18-03; 94-556, eff. 9-11-05; 94-665, eff. 1-1-06; 94-1053, eff. 7-24-06.)

Section 115. The Health Care Worker Self-Referral Act is amended by changing Section 15 as follows:

[June 28, 2007]

(225 ILCS 47/15)

Sec. 15. Definitions. In this Act:

- (a) "Board" means the Health Facilities Planning Board.
- (b) "Entity" means any individual, partnership, firm, corporation, or other business that provides health services but does not include an individual who is a health care worker who provides professional services to an individual.
- (c) "Group practice" means a group of 2 or more health care workers legally organized as a partnership, professional corporation, not-for-profit corporation, faculty practice plan or a similar association in which:
- (1) each health care worker who is a member or employee or an independent contractor of the group provides substantially the full range of services that the health care worker routinely provides, including consultation, diagnosis, or treatment, through the use of office space, facilities, equipment, or personnel of the group;
 - (2) the services of the health care workers are provided through the group, and payments received for health services are treated as receipts of the group; and
 - (3) the overhead expenses and the income from the practice are distributed by methods previously determined by the group.
- (d) "Health care worker" means any individual licensed under the laws of this State to provide health services, including but not limited to: dentists licensed under the Illinois Dental Practice Act; dental hygienists licensed under the Illinois Dental Practice Act; nurses and advanced practice nurses licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act; occupational therapists licensed under the Illinois Occupational Therapy Practice Act; optometrists licensed under the Illinois Optometric Practice Act of 1987; pharmacists licensed under the Pharmacy Practice Act of 1987; physical therapists licensed under the Illinois Physical Therapy Act; physicians licensed under the Medical Practice Act of 1987; physician assistants licensed under the Physician Assistant Practice Act of 1987; podiatrists licensed under the Podiatric Medical Practice Act of 1987; clinical psychologists licensed under the Clinical Psychologist Licensing Act; clinical social workers licensed under the Clinical Social Work and Social Work Practice Act; speech-language pathologists and audiologists licensed under the Illinois Speech-Language Pathology and Audiology Practice Act; or hearing instrument dispensers licensed under the Hearing Instrument Consumer Protection Act, or any of their successor Acts.
- (e) "Health services" means health care procedures and services provided by or through a health care worker.
- (f) "Immediate family member" means a health care worker's spouse, child, child's spouse, or a parent.
- (g) "Investment interest" means an equity or debt security issued by an entity, including, without limitation, shares of stock in a corporation, units or other interests in a partnership, bonds, debentures, notes, or other equity interests or debt instruments except that investment interest for purposes of Section 20 does not include interest in a hospital licensed under the laws of the State of Illinois.
- (h) "Investor" means an individual or entity directly or indirectly owning a legal or beneficial ownership or investment interest, (such as through an immediate family member, trust, or another entity related to the investor).
- (i) "Office practice" includes the facility or facilities at which a health care worker, on an ongoing basis, provides or supervises the provision of professional health services to individuals.
- (j) "Referral" means any referral of a patient for health services, including, without limitation:
- (1) The forwarding of a patient by one health care worker to another health care worker or to an entity outside the health care worker's office practice or group practice that provides health services.
 - (2) The request or establishment by a health care worker of a plan of care outside the health care worker's office practice or group practice that includes the provision of any health services.
- (Source: P.A. 89-72, eff. 12-31-95; 90-742, eff. 8-13-98.)

Section 120. The Medical Practice Act of 1987 is amended by changing Sections 23 and 54.5 and by adding Section 8.1 as follows:

(225 ILCS 60/8.1 new)

Sec. 8.1. Matters concerning advanced practice nurses. Any proposed rules, amendments, second notice materials and adopted rule or amendment materials, and policy statements concerning advanced practice nurses shall be presented to the Medical Licensing Board for review and comment. The recommendations of both the Board of Nursing and the Medical Licensing Board shall be presented to the Secretary for consideration in making final decisions. Whenever the Board of Nursing and the

[June 28, 2007]

Medical Licensing Board disagree on a proposed rule or policy, the Secretary shall convene a joint meeting of the officers of each Board to discuss the resolution of any such disagreements.

(225 ILCS 60/23) (from Ch. 111, par. 4400-23)

(Section scheduled to be repealed on December 31, 2008)

Sec. 23. Reports relating to professional conduct and capacity.

(A) Entities required to report.

(1) Health care institutions. The chief administrator or executive officer of any health care institution licensed by the Illinois Department of Public Health shall report to the Disciplinary Board when any person's clinical privileges are terminated or are restricted based on a final determination, in accordance with that institution's by-laws or rules and regulations, that a person has either committed an act or acts which may directly threaten patient care, and not of an administrative nature, or that a person may be mentally or physically disabled in such a manner as to endanger patients under that person's care. Such officer also shall report if a person accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care and not of an administrative nature, or in lieu of formal action seeking to determine whether a person may be mentally or physically disabled in such a manner as to endanger patients under that person's care. The Medical Disciplinary Board shall, by rule, provide for the reporting to it of all instances in which a person, licensed under this Act, who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Such reports shall be strictly confidential and may be reviewed and considered only by the members of the Disciplinary Board, or by authorized staff as provided by rules of the Disciplinary Board. Provisions shall be made for the periodic report of the status of any such person not less than twice annually in order that the Disciplinary Board shall have current information upon which to determine the status of any such person. Such initial and periodic reports of impaired physicians shall not be considered records within the meaning of The State Records Act and shall be disposed of, following a determination by the Disciplinary Board that such reports are no longer required, in a manner and at such time as the Disciplinary Board shall determine by rule. The filing of such reports shall be construed as the filing of a report for purposes of subsection (C) of this Section.

(2) Professional associations. The President or chief executive officer of any association or society, of persons licensed under this Act, operating within this State shall report to the Disciplinary Board when the association or society renders a final determination that a person has committed unprofessional conduct related directly to patient care or that a person may be mentally or physically disabled in such a manner as to endanger patients under that person's care.

(3) Professional liability insurers. Every insurance company which offers policies of professional liability insurance to persons licensed under this Act, or any other entity which seeks to indemnify the professional liability of a person licensed under this Act, shall report to the Disciplinary Board the settlement of any claim or cause of action, or final judgment rendered in any cause of action, which alleged negligence in the furnishing of medical care by such licensed person when such settlement or final judgment is in favor of the plaintiff.

(4) State's Attorneys. The State's Attorney of each county shall report to the Disciplinary Board all instances in which a person licensed under this Act is convicted or otherwise found guilty of the commission of any felony. The State's Attorney of each county may report to the Disciplinary Board through a verified complaint any instance in which the State's Attorney believes that a physician has willfully violated the notice requirements of the Parental Notice of Abortion Act of 1995.

(5) State agencies. All agencies, boards, commissions, departments, or other instrumentalities of the government of the State of Illinois shall report to the Disciplinary Board any instance arising in connection with the operations of such agency, including the administration of any law by such agency, in which a person licensed under this Act has either committed an act or acts which may be a violation of this Act or which may constitute unprofessional conduct related directly to patient care or which indicates that a person licensed under this Act may be mentally or physically disabled in such a manner as to endanger patients under that person's care.

(B) Mandatory reporting. All reports required by items (34), (35), and (36) of subsection (A) of Section 22 and by Section 23 shall be submitted to the Disciplinary Board in a timely fashion. The reports shall be filed in writing within 60 days after a determination that a report is required under this Act. All reports shall contain the following information:

- (1) The name, address and telephone number of the person making the report.
- (2) The name, address and telephone number of the person who is the subject of the

report.

(3) The name and date of birth of any patient or patients whose treatment is a subject of the report, if available, or other means of identification if such information is not available, identification of the hospital or other healthcare facility where the care at issue in the report was rendered, provided, however, no medical records may be revealed.

(4) A brief description of the facts which gave rise to the issuance of the report, including the dates of any occurrences deemed to necessitate the filing of the report.

(5) If court action is involved, the identity of the court in which the action is filed, along with the docket number and date of filing of the action.

(6) Any further pertinent information which the reporting party deems to be an aid in the evaluation of the report.

The Disciplinary Board or Department may also exercise the power under Section 38 of this Act to subpoena copies of hospital or medical records in mandatory report cases alleging death or permanent bodily injury. Appropriate rules shall be adopted by the Department with the approval of the Disciplinary Board.

When the Department has received written reports concerning incidents required to be reported in items (34), (35), and (36) of subsection (A) of Section 22, the licensee's failure to report the incident to the Department under those items shall not be the sole grounds for disciplinary action.

Nothing contained in this Section shall act to in any way, waive or modify the confidentiality of medical reports and committee reports to the extent provided by law. Any information reported or disclosed shall be kept for the confidential use of the Disciplinary Board, the Medical Coordinators, the Disciplinary Board's attorneys, the medical investigative staff, and authorized clerical staff, as provided in this Act, and shall be afforded the same status as is provided information concerning medical studies in Part 21 of Article VIII of the Code of Civil Procedure, except that the Department may disclose information and documents to a federal, State, or local law enforcement agency pursuant to a subpoena in an ongoing criminal investigation. Furthermore, information and documents disclosed to a federal, State, or local law enforcement agency may be used by that agency only for the investigation and prosecution of a criminal offense.

(C) Immunity from prosecution. Any individual or organization acting in good faith, and not in a wilful and wanton manner, in complying with this Act by providing any report or other information to the Disciplinary Board or a peer review committee, or assisting in the investigation or preparation of such information, or by voluntarily reporting to the Disciplinary Board or a peer review committee information regarding alleged errors or negligence by a person licensed under this Act, or by participating in proceedings of the Disciplinary Board or a peer review committee, or by serving as a member of the Disciplinary Board or a peer review committee, shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(D) Indemnification. Members of the Disciplinary Board, the Medical Coordinators, the Disciplinary Board's attorneys, the medical investigative staff, physicians retained under contract to assist and advise the medical coordinators in the investigation, and authorized clerical staff shall be indemnified by the State for any actions occurring within the scope of services on the Disciplinary Board, done in good faith and not wilful and wanton in nature. The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were wilful and wanton.

Should the Attorney General decline representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were wilful and wanton.

The member must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving services of the Disciplinary Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine within 7 days after receiving such notice, whether he or she will undertake to represent the member.

(E) Deliberations of Disciplinary Board. Upon the receipt of any report called for by this Act, other than those reports of impaired persons licensed under this Act required pursuant to the rules of the Disciplinary Board, the Disciplinary Board shall notify in writing, by certified mail, the person who is the subject of the report. Such notification shall be made within 30 days of receipt by the Disciplinary Board of the report.

The notification shall include a written notice setting forth the person's right to examine the report. Included in such notification shall be the address at which the file is maintained, the name of the

custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding, clarifying, adding to, or proposing the amending of the report previously filed. The person who is the subject of the report shall also submit with the written statement any medical records related to the report. The statement and accompanying medical records shall become a permanent part of the file and must be received by the Disciplinary Board no more than 30 days after the date on which the person was notified by the Disciplinary Board of the existence of the original report.

The Disciplinary Board shall review all reports received by it, together with any supporting information and responding statements submitted by persons who are the subject of reports. The review by the Disciplinary Board shall be in a timely manner but in no event, shall the Disciplinary Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the Disciplinary Board.

When the Disciplinary Board makes its initial review of the materials contained within its disciplinary files, the Disciplinary Board shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Failure to make such determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action.

Should the Disciplinary Board find that there are not sufficient facts to warrant further investigation, or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported to the Secretary. The Secretary shall then have 30 days to accept the Medical Disciplinary Board's decision or request further investigation. The Secretary shall inform the Board in writing of the decision to request further investigation, including the specific reasons for the decision. The individual or entity filing the original report or complaint and the person who is the subject of the report or complaint shall be notified in writing by the Secretary of any final action on their report or complaint.

(F) Summary reports. The Disciplinary Board shall prepare, on a timely basis, but in no event less than ~~once~~ ~~one~~ every other month, a summary report of final actions taken upon disciplinary files maintained by the Disciplinary Board. The summary reports shall be made available to the public upon request and payment of the fees set by the Department. This publication may be made available to the public on the Department's Internet website sent by the Disciplinary Board to every health care facility licensed by the Illinois Department of Public Health, every professional association and society of persons licensed under this Act functioning on a statewide basis in this State, the American Medical Association, the American Osteopathic Association, the American Chiropractic Association, all insurers providing professional liability insurance to persons licensed under this Act in the State of Illinois, the Federation of State Medical Licensing Boards, and the Illinois Pharmacists Association.

(G) Any violation of this Section shall be a Class A misdemeanor.

(H) If any such person violates the provisions of this Section an action may be brought in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, for an order enjoining such violation or for an order enforcing compliance with this Section. Upon filing of a verified petition in such court, the court may issue a temporary restraining order without notice or bond and may preliminarily or permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this paragraph shall be in addition to, and not in lieu of, all other remedies and penalties provided for by this Section.

(Source: P.A. 94-677, eff. 8-25-05.)

(225 ILCS 60/54.5)

(Section scheduled to be repealed on December 31, 2008)

Sec. 54.5. Physician delegation of authority.

(a) Physicians licensed to practice medicine in all its branches may delegate care and treatment responsibilities to a physician assistant under guidelines in accordance with the requirements of the Physician Assistant Practice Act of 1987. A physician licensed to practice medicine in all its branches may enter into supervising physician agreements with no more than 2 physician assistants.

(b) A physician licensed to practice medicine in all its branches in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act Title 15 of the Nursing and Advanced Practice Nursing Act. Collaboration is for the purpose of providing medical consultation ~~direction~~, and no employment relationship is required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act. The written collaborative agreement shall be for services the collaborating physician generally provides to his or her patients in the normal course of clinical medical practice. A written collaborative agreement ~~Physician-medical~~

direction shall be adequate with respect to collaboration with advanced practice nurses certified nurse practitioners, certified nurse midwives, and clinical nurse specialists if all of the following apply: a collaborating physician:

(1) The agreement is written to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom, but must specify those procedures that require a physician's presence as the procedures are being performed, participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse and periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice;

(2) Practice guidelines and orders are developed and approved jointly by the advanced practice nurse and collaborating physician, as needed, based on the practice of the practitioners. Such guidelines and orders and the patient services provided thereunder are periodically reviewed by the collaborating physician, is on site at least once a month to provide medical direction and consultation; and

(3) The advanced practice nurse provides services the collaborating physician generally provides to his or her patients in the normal course of clinical practice, except as set forth in subsection (b-5) of this Section. With respect to labor and delivery, the collaborating physician must provide delivery services in order to participate with a certified nurse midwife, is available through telecommunications for consultation on medical problems, complications, or emergencies or patient referral.

(4) The collaborating physician and advanced practice nurse meet in person at least once a month to provide collaboration and consultation.

(5) Methods of communication are available with the collaborating physician in person or through telecommunications for consultation, collaboration, and referral as needed to address patient care needs.

(6) The agreement contains provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause.

(b-5) An anesthesiologist or physician licensed to practice medicine in all its branches may collaborate with a certified registered nurse anesthetist in accordance with Section 65-35 of the Nurse Practice Act for the provision of anesthesia services. With respect to the provision of anesthesia services, the collaborating anesthesiologist or physician shall have training and experience in the delivery of anesthesia services consistent with Department rules. Collaboration Section 15-25 of the Nursing and Advanced Practice Nursing Act. Medical direction for a certified registered nurse anesthetist shall be adequate if:

(1) an anesthesiologist or a physician participates in the joint formulation and joint approval of orders or guidelines and periodically reviews such orders and the services provided patients under such orders; and

(2) for anesthesia services, the anesthesiologist or physician participates through discussion of and agreement with the anesthesia plan and is physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. Anesthesia services in a hospital shall be conducted in accordance with Section 10.7 of the Hospital Licensing Act and in an ambulatory surgical treatment center in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

(b-10) The anesthesiologist or operating physician must agree with the anesthesia plan prior to the delivery of services.

(c) The supervising physician shall have access to the medical records of all patients attended by a physician assistant. The collaborating physician shall have access to the medical records of all patients attended to by an advanced practice nurse.

(d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician licensed to practice medicine in all its branches to a licensed practical nurse, a registered professional nurse, or other persons personnel.

(e) A physician shall not be liable for the acts or omissions of a physician assistant or advanced practice nurse solely on the basis of having signed a supervision agreement or guidelines or a collaborative agreement, an order, a standing medical order, a standing delegation order, or other order or guideline authorizing a physician assistant or advanced practice nurse to perform acts, unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts or commits willful and wanton misconduct.

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

Section 125. The Nursing and Advanced Practice Nursing Act is amended by changing and [June 28, 2007]

renumbering Titles 5, 10, 15, 17, and 20 as follows:

(225 ILCS 65/Art. 50 heading new) (was 225 ILCS 65/Tit. 5 heading)

Article 50 TITLE 5. GENERAL PROVISIONS

(225 ILCS 65/50-1 new) (was 225 ILCS 65/5-1)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-1~~ 5-1. This ~~Act~~ Article may be cited as the Nurse Nursing and Advanced Practice Nursing Act, and throughout this Article, references to this Act shall mean this Article.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/50-5 new) (was 225 ILCS 65/5-5)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-5~~ 5-5. Legislative purpose. The practice of professional and practical nursing in the State of Illinois is hereby declared to affect the public health, safety, and welfare and to be subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of nursing, as defined in this Act, merit and receive the confidence of the public and that only qualified persons be authorized to so practice in the State of Illinois. This Act shall be liberally construed to best carry out these subjects and purposes.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/50-10 new) (was 225 ILCS 65/5-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-10~~ 5-10. Definitions. Each of the following terms, when used in this Act, shall have the meaning ascribed to it in this Section, except where the context clearly indicates otherwise:

(a) ~~"Department" means the Department of Professional Regulation.~~

(b) ~~"Director" means the Director of Professional Regulation.~~

(c) ~~"Board" means the Board of Nursing appointed by the Director.~~

(d) "Academic year" means the customary annual schedule of courses at a college, university, or approved school, customarily regarded as the school year as distinguished from the calendar year.

"Advanced practice nurse" or "APN" means a person who has met the qualifications for a (i) certified nurse midwife (CNM); (ii) certified nurse practitioner (CNP); (iii) certified registered nurse anesthetist (CRNA); or (iv) clinical nurse specialist (CNS) and has been licensed by the Department. All advanced practice nurses licensed and practicing in the State of Illinois shall use the title APN and may use speciality credentials after their name.

(e) "Approved program of professional nursing education" and "approved program of practical nursing education" are programs of professional or practical nursing, respectively, approved by the Department under the provisions of this Act.

"Board" means the Board of Nursing appointed by the Secretary.

"Collaboration" means a process involving 2 or more health care professionals working together, each contributing one's respective area of expertise to provide more comprehensive patient care.

"Consultation" means the process whereby an advanced practice nurse seeks the advice or opinion of another health care professional.

"Credentialed" means the process of assessing and validating the qualifications of a health care professional.

"Current nursing practice update course" means a planned nursing education curriculum approved by the Department consisting of activities that have educational objectives, instructional methods, content or subject matter, clinical practice, and evaluation methods, related to basic review and updating content and specifically planned for those nurses previously licensed in the United States or its territories and preparing for reentry into nursing practice.

"Dentist" means a person licensed to practice dentistry under the Illinois Dental Practice Act.

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

"Impaired nurse" means a nurse licensed under this Act who is unable to practice with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination or written consent based on clinical evidence, including loss of motor skills, abuse of drugs or alcohol, or a psychiatric disorder, of sufficient degree to diminish his or her ability to deliver competent patient care.

"License-pending advanced practice nurse" means a registered professional nurse who has completed all requirements for licensure as an advanced practice nurse except the certification examination and has applied to take the next available certification exam and received a temporary license from the Department.

"License-pending registered nurse" means a person who has passed the Department-approved registered nurse licensure exam and has applied for a license from the Department. A license-pending

registered nurse shall use the title "RN lic pend" on all documentation related to nursing practice.

"Physician" means a person licensed to practice medicine in all its branches under the Medical Practice Act of 1987.

"Podiatrist" means a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987.

~~(f) "Nursing Act Coordinator" means a registered professional nurse appointed by the Director to carry out the administrative policies of the Department.~~

~~(g) "Assistant Nursing Act Coordinator" means a registered professional nurse appointed by the Director to assist in carrying out the administrative policies of the Department.~~

~~(h) "Registered" is the equivalent of "licensed".~~

~~(i) "Practical nurse" or "licensed practical nurse" means a person who is licensed as a practical nurse under this Act and practices practical nursing as defined in paragraph (j) of this Act Section. Only a practical nurse licensed under this Act is entitled to use the title "licensed practical nurse" and the abbreviation "L.P.N."~~

~~(j) "Practical nursing" means the performance of nursing acts requiring the basic nursing knowledge, judgement, and skill acquired by means of completion of an approved practical nursing education program. Practical nursing includes assisting in the nursing process as delegated by ~~and under the direction~~ of a registered professional nurse or an advanced practice nurse. The practical nurse may work under the direction of a licensed physician, dentist, podiatrist, or other health care professional determined by the Department.~~

"Privileged" means the authorization granted by the governing body of a healthcare facility, agency, or organization to provide specific patient care services within well-defined limits, based on qualifications reviewed in the credentialing process.

~~(k) "Registered Nurse" or "Registered Professional Nurse" means a person who is licensed as a professional nurse under this Act and practices nursing as defined in paragraph (l) of this Act Section. Only a registered nurse licensed under this Act is entitled to use the titles "registered nurse" and "registered professional nurse" and the abbreviation, "R.N."~~

~~(l) "Registered professional nursing practice" is a scientific process founded on a professional body of knowledge; it is a learned profession based on the understanding of the human condition across the life span and environment and includes all nursing specialties and means the performance of any nursing act based upon professional knowledge, judgment, and skills acquired by means of completion of an approved registered professional nursing education program. A registered professional nurse provides holistic nursing care emphasizing the importance of the whole and the interdependence of its parts through the nursing process to individuals, groups, families, or communities, that includes but is not limited to: (1) the assessment of healthcare needs, nursing diagnosis, planning, implementation, and nursing evaluation; (2) the promotion, maintenance, and restoration of health; (3) counseling, patient education, health education, and patient advocacy; (4) the administration of medications and treatments as prescribed by a physician licensed to practice medicine in all of its branches, a licensed dentist, a licensed podiatrist, or a licensed optometrist or as prescribed by a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1987 or by an advanced practice nurse in accordance with Article 65 of this a written collaborative agreement required under the Nursing and Advanced Practice Nursing Act; (5) the coordination and management of the nursing plan of care; (6) the delegation to and supervision of individuals who assist the registered professional nurse implementing the plan of care; and (7) teaching ~~and supervision~~ of nursing students. The foregoing shall not be deemed to include those acts of medical diagnosis or prescription of therapeutic or corrective measures that are properly performed only by physicians licensed in the State of Illinois.~~

~~(m) "Current nursing practice update course" means a planned nursing education curriculum approved by the Department consisting of activities that have educational objectives, instructional methods, content or subject matter, clinical practice, and evaluation methods, related to basic review and updating content and specifically planned for those nurses previously licensed in the United States or its territories and preparing for reentry into nursing practice.~~

~~(n) "Professional assistance program for nurses" means a professional assistance program that meets criteria established by the Board of Nursing and approved by the Secretary Director, which provides a non-disciplinary treatment approach for nurses licensed under this Act whose ability to practice is compromised by alcohol or chemical substance addiction.~~

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

"Unencumbered license" means a license issued in good standing.

"Written collaborative agreement" means a written agreement between an advanced practice nurse and a collaborating physician, dentist, or podiatrist pursuant to Section 65-35.

(Source: P.A. 90-61, eff. 12-30-97; 90-248, eff. 1-1-98; 90-655, eff. 7-30-98; 90-742, eff. 8-13-98.)
 (225 ILCS 65/50-15 new) (was 225 ILCS 65/5-15)
 (Section scheduled to be repealed on January 1, 2008)
 Sec. ~~50-15~~ ~~5-15~~. Policy; application of Act.

(a) For the protection of life and the promotion of health, and the prevention of illness and communicable diseases, any person practicing or offering to practice advanced, professional, ~~or~~ and practical nursing in Illinois shall submit evidence that he or she is qualified to practice, and shall be licensed as provided under this Act. No person shall practice or offer to practice advanced, professional, or practical nursing in Illinois or use any title, sign, card or device to indicate that such a person is practicing professional or practical nursing unless such person has been licensed under the provisions of this Act.

(b) This Act does not prohibit the following:

(1) ~~(a)~~ The practice of nursing in Federal employment in the discharge of the employee's duties by a person who is employed by the United States government or any bureau, division or agency thereof and is a legally qualified and licensed nurse of another state or territory and not in conflict with Sections ~~50-50, 55-10, 60-10, and 70-5~~ ~~40-5, 40-30, and 40-45~~ of this Act.

(2) ~~(b)~~ Nursing that is included in ~~the~~ their program of study by students enrolled in programs of nursing or in current nurse practice update courses approved by the Department.

(3) ~~(c)~~ The furnishing of nursing assistance in an emergency.

(4) ~~(d)~~ The practice of nursing by a nurse who holds an active license in another state when providing services to patients in Illinois during a bonafide emergency or in immediate preparation for or during interstate transit.

(5) ~~(e)~~ The incidental care of the sick by members of the family, domestic servants or housekeepers, or care of the sick where treatment is by prayer or spiritual means.

(6) ~~(f)~~ Persons from being employed as unlicensed assistive personnel ~~nursing aides, attendants, orderlies, and other auxiliary workers~~ in private homes, long term care facilities, nurseries, hospitals or other institutions.

~~(g) The practice of practical nursing by one who has applied in writing to the Department in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who has complied with all the provisions under Section 10-30, except the passing of an examination to be eligible to receive such license, until: the decision of the Department that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 3 months. An applicant practicing practical nursing under this Section who passes the examination, however, may continue to practice under this Section until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this paragraph shall practice practical nursing except under the direct supervision of a registered professional nurse licensed under this Act or a licensed physician, dentist or podiatrist. In no instance shall any such applicant practice or be employed in any supervisory capacity.~~

(7) ~~(h)~~ The practice of practical nursing by one who is a licensed practical nurse under the laws of another U.S. jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who is qualified to receive such license under this Act ~~Section 10-30~~, until (i) ~~(4)~~ the expiration of 6 months after the filing of such written application, (ii) ~~(2)~~ the withdrawal of such application, or (iii) ~~(3)~~ the denial of such application by the Department.

~~(i) The practice of professional nursing by one who has applied in writing to the Department in form and substance satisfactory to the Department for a license as a registered professional nurse and has complied with all the provisions under Section 10-30 except the passing of an examination to be eligible to receive such license, until the decision of the Department that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 3 months. An applicant practicing professional nursing under this Section who passes the examination, however, may continue to practice under this Section until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this paragraph shall practice professional nursing except under the direct supervision of a registered professional nurse licensed under this Act. In no instance shall any such applicant practice or be employed in any supervisory capacity.~~

(8) The practice of advanced practice nursing by one who is an advanced practice nurse under the

laws of another state, territory of the United States, or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as an advanced practice nurse and who is qualified to receive such license under this Act, until (i) the expiration of 6 months after the filing of such written application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department.

(9) ~~(g)~~ The practice of professional nursing by one who is a registered professional nurse under the laws of another state, territory of the United States or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a registered professional nurse and who is qualified to receive such license under Section ~~55-10 40-30~~, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.

(10) ~~(h)~~ The practice of professional nursing that is included in a program of study by one who is a registered professional nurse under the laws of another state or territory of the United States or foreign country, territory or province and who is enrolled in a graduate nursing education program or a program for the completion of a baccalaureate nursing degree in this State, which includes clinical supervision by faculty as determined by the educational institution offering the program and the health care organization where the practice of nursing occurs. ~~The educational institution will file with the Department each academic term a list of the names and origin of license of all professional nurses practicing nursing as part of their programs under this provision.~~

(11) ~~(i)~~ Any person licensed in this State under any other Act from engaging in the practice for which she or he is licensed.

(12) ~~(m)~~ Delegation to authorized direct care staff trained under Section 15.4 of the Mental Health and Developmental Disabilities Administrative Act consistent with the policies of the Department.

(13) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician, dentist, or podiatrist to a licensed practical nurse, a registered professional nurse, or other persons.

~~An applicant for license practicing under the exceptions set forth in subparagraphs (g), (h), (i), and (j) of this Section shall use the title R.N. Lic. Pend. or L.P.N. Lic. Pend. respectively and no other.~~

(Source: P.A. 93-265, eff. 7-22-03.)

(225 ILCS 65/50-20 new) (was 225 ILCS 65/5-20)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-20 5-20~~. Unlicensed practice; violation; civil penalty.

(a) Any person who practices, offers to practice, attempts to practice, or holds oneself out to practice nursing without being licensed under this Act shall, in addition to any other penalty provided by law, pay a civil penalty to the Department in an amount not to exceed ~~\$10,000 \$5,000~~ for each offense as determined by the Department. The civil penalty shall be assessed by the Department after a hearing is held in accordance with the provisions set forth in this Act regarding the provision of a hearing for the discipline of a licensee.

(b) The Department has the authority and power to investigate any and all unlicensed activity.

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record.

(Source: P.A. 89-474, eff. 6-18-96; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-25 new) (was 225 ILCS 65/5-21)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-25 5-24~~. No registered nurse or licensed practical nurse may perform refractions and other determinations of visual function or eye health diagnosis. A registered nurse or licensed practical nurse may participate in these activities with the direct on-site supervision of an optometrist licensed under the Illinois Optometric Practice Act of 1987 or a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987.

(Source: P.A. 92-367, eff. 8-15-01.)

(225 ILCS 65/50-30 new) (was 225 ILCS 65/5-22)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-30 5-22~~. Social Security Number on license application. In addition to any other information required to be contained in an the application for licensure under this Act, every application for an original, renewal, or restored license under this Act shall include the applicant's Social Security Number.

(Source: P.A. 90-144, eff. 7-23-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-35 new) (was 225 ILCS 65/5-23)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-35 5-23. Criminal history records background check. Each applicant for licensure by examination or restoration shall have his or her fingerprints submitted to the Department of State Police in an electronic format that complies with the form and manner for requesting and furnishing criminal history record information as prescribed by the Department of State Police. These fingerprints shall be checked against the Department of State Police and Federal Bureau of Investigation criminal history record databases now and hereafter filed. The Department of State Police shall charge applicants a fee for conducting the criminal history records check, which shall be deposited into the State Police Services Fund and shall not exceed the actual cost of the records check. The Department of State Police shall furnish, pursuant to positive identification, records of Illinois convictions to the Department. The Department may require applicants to pay a separate fingerprinting fee, either to the Department or to a vendor. The Department, in its discretion, may allow an applicant who does not have reasonable access to a designated vendor to provide his or her fingerprints in an alternative manner. The Department may adopt any rules necessary to implement this Section. After the effective date of this amendatory Act of the 91st General Assembly, the Department shall require an applicant for initial licensure under this Act to submit to a criminal background check by the Illinois State Police and the Federal Bureau of Investigation as part of the qualification for licensure. If an applicant's criminal background check indicates criminal conviction, the applicant must further submit to a fingerprint-based criminal background check. The applicant's name, sex, race, date of birth, and social security number shall be forwarded to the Illinois State Police to be searched against the Illinois criminal history records database in the form and manner prescribed by the Illinois State Police. The Illinois State Police shall charge a fee for conducting the search, which shall be deposited in the State Police Services Fund and shall not exceed the cost of the inquiry. If a search of the Illinois criminal history records database indicates that the applicant has a conviction record, a fingerprint-based criminal history records check shall be required. Each applicant requiring a fingerprint-based search shall submit his or her fingerprints to the Illinois State Police in the form and manner prescribed by the Illinois State Police. These fingerprints shall be checked against the fingerprint records now and hereafter filed in the Illinois State Police and Federal Bureau of Investigation criminal history records databases. The Illinois State Police shall charge a fee for conducting the criminal history records check, which shall be deposited in the State Police Services Fund and shall not exceed the actual cost of the records check. The Illinois State Police shall furnish, pursuant to positive identification, records of Illinois convictions to the Department. The Department shall adopt rules to implement this Section.

(Source: P.A. 92-744, eff. 7-25-02; 93-418, eff. 1-1-04.)

(225 ILCS 65/50-40 new) (was 225 ILCS 65/5-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-40 5-25. Emergency care; civil liability. Exemption from civil liability for emergency care is as provided in the Good Samaritan Act.

(Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-45 new) (was 225 ILCS 65/5-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-45 5-30. Services rendered without compensation; civil liability. Exemption from civil liability for services rendered without compensation is as provided in the Good Samaritan Act.

(Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/50-50 new) (was 225 ILCS 65/10-5)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-50 40-5. Prohibited acts.

(a) No person shall:

(1) Practice as an advanced practice nurse without a valid license as an advanced practice nurse, except as provided in Section 50-15 of this Act;

(2) (a) Practice professional nursing without a valid license as a registered professional nurse except as provided in paragraphs (i) and (j) of Section 50-15 5-15 of this Act;

(3) (b) Practice practical nursing without a valid license as a licensed practical nurse; or practice practical nursing, other than under the direction of a licensed physician, licensed dentist, or registered professional nurse; except as provided in paragraphs (g), (h), and (j) of Section 50-15 5-15 of this Act;

(4) (c) Practice nursing under cover of any diploma, license, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(5) (d) Practice nursing during the time her or his license is suspended, revoked, expired or on inactive status;

(6) (e) Use any words, abbreviations, figures, letters, title, sign, card, or device tending

to imply that she or he is a registered professional nurse, including the titles or initials, "Nurse," "Registered Nurse," "Professional Nurse," "Registered Professional Nurse," "Certified Nurse," "Trained Nurse," "Graduate Nurse," "P.N.," or "R.N.," or "R.P.N." or similar titles or initials with intention of indicating practice without a valid license as a registered professional nurse;

(7) Use any words, abbreviations, figures, letters, titles, signs, cards, or devices tending to imply that she or he is an advanced practice nurse, including the titles or initials "Advanced Practice Nurse," "A.P.N.," or similar titles or initials, with the intention of indicating practice as an advanced practice nurse without a valid license as an advanced practice nurse under this Act.

~~(8) (f)~~ Use any words, abbreviations figures, letters, title, sign, card, or device tending to imply that she or he is a licensed practical nurse including the titles or initials "Practical Nurse," "Licensed Practical Nurse," "P.N.," or "L.P.N.," or similar titles or initials with intention of indicated practice as a licensed practical nurse without a valid license as a licensed practical nurse under this Act;

~~(9) (f-5)~~ Advertise services regulated under this Act without including in every advertisement his or her title as it appears on the license or the initials authorized under this Act;

~~(10) (g)~~ Obtain or furnish a license by or for money or any other thing of value other than the fees required under this Act by Section 20-35, or by any fraudulent representation or act;

~~(11) (h)~~ Make any wilfully false oath or affirmation required by this Act;

~~(12) (i)~~ Conduct a nursing education program preparing persons for licensure that has not been approved by the Department;

~~(13) (j)~~ Represent that any school or course is approved or accredited as a school or course for the education of registered professional nurses or licensed practical nurses unless such school or course is approved by the Department under the provisions of this Act;

~~(14) (k)~~ Attempt or offer to do any of the acts enumerated in this Section, or knowingly aid, abet, assist in the doing of any such acts or in the attempt or offer to do any of such acts;

~~(l) Seek employment as a registered professional nurse under the terms of paragraphs (i) and (j) of Section 5-15 of this Act without possessing a written authorization which has been issued by the Department or designated testing service and which evidences the filing of the written application referred to in paragraphs (i) and (j) of Section 5-15 of this Act;~~

~~(m) Seek employment as a licensed practical nurse under the terms of paragraphs (g) and (h) of Section 5-15 of this Act without possessing a written authorization which has been issued by the Department or designated testing service and which evidences the filing of the written application referred to in paragraphs (g) and (h) of Section 5-15 of this Act;~~

~~(15) (n)~~ Employ or utilize persons not licensed under this Act to practice professional nursing or practical nursing; and

~~(16) (o)~~ Otherwise intentionally violate any provision of this Act.

(17) Retaliate against any nurse who reports unsafe, unethical, or illegal health care practices or conditions.

(18) Be deemed a supervisor when delegating nursing activities or tasks as authorized under this Act.

~~(b) Any person, including a firm, association or corporation who violates any provision of this Section shall be guilty of a Class A misdemeanor.~~

(Source: P.A. 90-742, eff. 8-13-98; 91-310, eff. 1-1-00.)

(225 ILCS 65/50-55 new) (was 225 ILCS 65/10-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~50-55~~ ~~40-40~~. Department powers and duties.

(a) The Department shall exercise the powers and duties prescribed by the Civil Administrative Code of Illinois for administration of licensing acts and shall exercise other powers and duties necessary for effectuating the purpose of this Act. None of the functions, powers, or duties of the Department with respect to licensure and examination shall be exercised by the Department except upon review by the Board. The Department shall adopt rules to implement, interpret, or make specific the provisions and purposes of this Act; however no such rules shall be adopted by the Department except upon review by the Board.

~~(b) The Department shall:-(1) prepare and maintain a list of approved programs of professional nursing education and programs of practical nursing education in this State, whose graduates, if they have the other necessary qualifications provided in this Act, shall be eligible to apply for a license to practice nursing in this State ;;~~

~~(2) promulgate rules defining what constitutes an approved program of professional nursing education and what constitutes an approved program of practical nursing education; and~~

(3) adopt rules for examination of candidates for licenses and for issuance of licenses authorizing candidates upon passing an examination to practice under this Act.

(c) The Department may act upon the recommendations of the Center for Nursing Advisory Board.
(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/50-60 new) (was 225 ILCS 65/10-15)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-60 40-45. Nursing Act Coordinator ; Assistant Nursing Coordinator. The Secretary Department shall appoint obtain, pursuant to the Personnel Code, a Nursing Act Coordinator and an Assistant Nursing Coordinator assistants. The Nursing Coordinator and Assistant Nursing Coordinator assistants shall be registered professional nurses licensed in this State who have and graduated from an approved school schools of nursing and each shall have been actively engaged in nursing education not less than one year prior to appointment. The Nursing Act Coordinator shall hold at least a master's degree in nursing from an accredited approved college or university and shall have at least 5 years experience since graduation in progressively responsible positions in nursing education. Each assistant shall hold at least a master's degree in nursing from an approved college or university and shall have at least 3 years experience since graduation in progressively responsible positions in nursing education. The Nursing Act Coordinator and assistants shall perform such administrative functions as may be delegated to them by the Director.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/50-65 new) (was 225 ILCS 65/10-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-65 40-25. Board.

(a) The term of each member of the Board of Nursing and the Advanced Practice Nursing Board serving before the effective date of this amendatory Act of the 95th General Assembly shall terminate on the effective date of this amendatory Act of the 95th General Assembly. Beginning on the effective date of this amendatory Act of the 95th General Assembly, the Secretary The Director shall solicit recommendations from nursing organizations and appoint the Board of Nursing, which beginning January 1, 2000, shall consist of 13 members, one of whom shall be a practical nurse; one of whom shall be a practical nurse educator; one of whom shall be a registered professional nurse in practice; one of whom shall be an associate degree nurse educator; one of whom shall be a baccalaureate degree nurse educator; one of whom shall be a nurse who is actively engaged in direct care; one of whom shall be a registered professional nurse actively engaged in direct care; one of whom shall be a nursing administrator; 4 of whom shall be advanced practice nurses representing CNS, CNP, CNM, and CRNA practice; and one of whom shall be a public member who is not employed in and has no material interest in any health care field. The Board shall receive actual and necessary expenses incurred in the performance of their duties.

Members of the Board of Nursing and the Advanced Practice Nursing Board whose terms were terminated by this amendatory Act of the 95th General Assembly shall be considered for membership positions on the Board.

All nursing members of the Board must be (i) residents of this State, (ii) licensed in good standing to practice nursing in this State, (iii) graduates of an approved nursing program, with a minimum of 5 years experience in the field of nursing, and (iv) at the time of appointment to the Board, actively engaged in nursing or work related to nursing.

Membership terms shall be for 3 years, except that in making initial appointments, the Secretary shall appoint all members for initial terms of 2, 3, and 4 years and these terms shall be staggered as follows: 3 shall be appointed for terms of 2 years; 4 shall be appointed for terms of 3 years; and 6 shall be appointed for terms of 4 years. No member shall be appointed to more than 2 consecutive terms. In the case of a vacated position, an individual may be appointed to serve the unexpired portion of that term; if the term is less than half of a full term, the individual is eligible to serve 2 full terms. ~~be composed of 7 registered professional nurses, 2 licensed practical nurses and one public member who shall also be a voting member and who is not a licensed health care provider. Two registered nurses shall hold at least a master's degree in nursing and be educators in professional nursing programs, one representing baccalaureate nursing education, one representing associate degree nursing education; one registered nurse shall hold at least a bachelor's degree with a major in nursing and be an educator in a licensed practical nursing program; one registered nurse shall hold a master's degree in nursing and shall represent nursing service administration; 2 registered nurses shall represent clinical nursing practice, one of whom shall have at least a master's degree in nursing; and, until January 1, 2000, 2 registered nurses shall represent advanced specialty practice. Each of the nurses shall have had a minimum of 5 years experience in nursing, 3 of which shall be in the area they represent on the Board and be actively~~

engaged in the area of nursing they represent at the time of appointment and during their tenure on the Board. Members shall be appointed for a term of 3 years. No member shall be eligible for appointment to more than 2 consecutive terms and any appointment to fill a vacancy shall be for the unexpired portion of the term. In making Board appointments, the Director shall give consideration to recommendations submitted by nursing organizations. Consideration shall be given to equal geographic representation. The Board shall receive actual and necessary expenses incurred in the performance of their duties.

In making the initial appointments, the Director shall appoint all new members for terms of 2, 3, and 4 years and such terms shall be staggered as follows: 3 shall be appointed for terms of 2 years; 3 shall be appointed for terms of 3 years; and 3 shall be appointed for terms of 4 years.

The Secretary Director may remove any member of the Board for misconduct, incapacity, or neglect of duty. The Secretary Director shall reduce to writing any causes for removal.

The Board shall meet annually to elect a chairperson and vice chairperson. The Board shall ~~may~~ hold regularly scheduled such other meetings during the year as ~~may be necessary to conduct its business.~~ A simple majority ~~Six~~ voting members of the Board shall constitute a quorum at any meeting. Any action taken by the Board must be on the affirmative vote of a simple majority of 6 members. Voting by proxy shall not be permitted. In the case of an emergency where all Board members cannot meet in person, the Board may convene a meeting via an electronic format in accordance with the Open Meetings Act.

The Board shall submit an annual report to the Director.

The members of the Board shall be immune from suit in any action based upon any disciplinary proceedings or other acts performed in good faith as members of the Board.

(b) The Board may perform each of the following activities is authorized to:

(1) Recommend to the Department ~~recommend~~ the adoption and, from time to time, the revision of such rules that may be necessary for the administration to carry out the provisions of this Act;

(2) ~~conduct hearings and disciplinary conferences upon charges calling for discipline of a licensee as provided in Section 10-45;~~

(3) ~~report to the Department, upon completion of a hearing, the disciplinary actions recommended to be taken against persons violating this Act;~~

(2) ~~Recommend~~ (4) ~~recommend~~ the approval, denial of approval, withdrawal of approval, or discipline of nursing education programs;

(5) participate in a national organization of state boards of nursing; and

(6) ~~recommend a list of the registered nurses to serve as Nursing Act Coordinator and Assistant Nursing Act Coordinator, respectively.~~

(c) The Board shall participate in disciplinary conferences and hearings and make recommendations to the Department regarding disciplinary action taken against a licensee as provided under this Act. Disciplinary conference hearings and proceedings regarding scope of practice issues shall be conducted by a Board member at the same or higher licensure level as the respondent. Participation in an informal conference shall not bar members of the Board from future participation or decisions relating to that matter.

(d) With the exception of emergency rules, any proposed rules, amendments, second notice materials, and adopted rule or amendment materials or policy statements concerning advanced practice nurses shall be presented to the Medical Licensing Board for review and comment. The recommendations of both the Board of Nursing and the Medical Licensing Board shall be presented to the Secretary for consideration in making final decisions. Whenever the Board of Nursing and Medical Licensing Board disagree on a proposed rule or policy, the Secretary shall convene a joint meeting of the officers of each Board to discuss resolution of any disagreements.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

(225 ILCS 65/50-70 new) (was 225 ILCS 65/10-35)

(Section scheduled to be repealed on January 1, 2008)

Sec. 50-70 ~~40-35~~. Concurrent theory and clinical practice education requirements of this Act. The educational requirements of Sections 55-10 and 60-10 of this Act ~~Section 40-30~~ relating to registered professional nursing and licensed practical nursing shall not be deemed to have been satisfied by the completion of any correspondence course or any program of nursing that does not require coordinated or concurrent theory and clinical practice. The Department may, upon recommendation of the Board, grant an Illinois license to those applicants who have received advanced graduate degrees in nursing from an approved program with concurrent theory and clinical practice or to those applicants who are currently licensed in another state and have been actively practicing clinical nursing for a minimum of 2 years.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-43, eff. 1-1-00.)

[June 28, 2007]

(225 ILCS 65/50-75 new)

Sec. 50-75. Nursing delegation.

(a) For the purposes of this Section:

"Delegation" means transferring to an individual the authority to perform a selected nursing activity or task, in a selected situation.

"Nursing activity" means any work requiring the use of knowledge acquired by completion of an approved program for licensure, including advanced education, continuing education, and experience as a licensed practical nurse or professional nurse, as defined by the Department by rule.

"Task" means work not requiring nursing knowledge, judgment, or decision-making, as defined by the Department by rule.

(b) Nursing shall be practiced by licensed practical nurses, registered professional nurses, and advanced practice nurses. In the delivery of nursing care, nurses work with many other licensed professionals and other persons. An advanced practice nurse may delegate to registered professional nurses, licensed practical nurses, and other persons.

(c) A registered professional nurse shall not delegate any nursing activity requiring the specialized knowledge, judgment, and skill of a licensed nurse to an unlicensed person, including medication administration. A registered professional nurse may delegate nursing activities to other registered professional nurses or licensed practical nurses.

A registered nurse may delegate tasks to other licensed and unlicensed persons. A licensed practical nurse who has been delegated a nursing activity shall not re-delegate the nursing activity. A registered professional nurse or advanced practice nurse retains the right to refuse to delegate or to stop or rescind a previously authorized delegation.

(225 ILCS 65/Art. 55 heading new) (was 225 ILCS 65/Tit. 10 heading)

ARTICLE 55 TITLE 10. NURSING LICENSURE-LICENSED PRACTICAL NURSES REGISTERED
NURSES
AND LICENSED PRACTICAL NURSES

(225 ILCS 65/55-5 new)

Sec. 55-5. LPN education program requirements.

(a) All Illinois practical nurse education programs must be reviewed by the Board and approved by the Department before the successful completion of such a program may be applied toward meeting the requirements for practical nurse licensure under this Act. Any program changing the level of educational preparation or the relationship with or to the parent institution or establishing an extension of an existing program must request a review by the Board and approval by the Department. The Board shall review and make a recommendation for the approval or disapproval of a program by the Department based on the following criteria:

(1) a feasibility study that describes the need for the program and the facilities used, the potential of the program to recruit faculty and students, financial support for the program, and other criteria, as established by rule;

(2) program curriculum that meets all State requirements;

(3) the administration of the program by a Nurse Administrator and the involvement of a Nurse Administrator in the development of the program; and

(4) the occurrence of a site visit prior to approval.

(b) In order to obtain initial Department approval and to maintain Department approval, a practical nursing program must meet all of the following requirements:

(1) The program must continually be administered by a Nurse Administrator.

(2) The institution responsible for conducting the program and the Nurse Administrator must ensure that individual faculty members are academically and professionally competent.

(3) The program curriculum must contain all applicable requirements established by rule, including both theory and clinical components.

(4) The passage rates of the program's graduating classes on the State-approved licensure exam must be deemed satisfactory by the Department.

(c) Program site visits to an institution conducting or hosting a practical nursing program may be made at the discretion of the Nursing Coordinator or upon recommendation of the Board.

(d) Any institution conducting a practical nursing program that wishes to discontinue the program must do each of the following:

(1) Notify the Department, in writing, of its intent to discontinue the program.

(2) Continue to meet the requirements of this Act and the rules adopted thereunder until the official date of termination of the program.

(3) Notify the Department of the date on which the last student shall graduate from the program and the program shall terminate.

(4) Assist remaining students in the continuation of their education in the event of program termination prior to the graduation of the program's final student.

(5) Upon the closure of the program, notify the Department, in writing, of the location of student and graduate records storage.

(225 ILCS 65/55-10 new) (was 225 ILCS 65/10-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 55-10 40-30. Qualifications for LPN licensure.

(a) Each applicant who successfully meets the requirements of this Section shall be entitled to licensure as a Registered Nurse or Licensed Practical Nurse, whichever is applicable.

(b) An applicant for licensure by examination to practice as a registered nurse or licensed practical nurse must do each of the following shall:

(1) ~~Submit~~ submit a completed written application, on forms provided by the Department and fees as

established by the Department. ;

(2) Have graduated from a practical nursing education program approved by the Department or have been granted a certificate of completion of pre-licensure requirements from another United States jurisdiction.

~~(3) Successfully complete a licensure examination approved by the Department, for registered nurse licensure, have graduated from a professional nursing education program approved by the Department;~~

~~(2.5) for licensed practical nurse licensure, have graduated from a practical nursing education program approved by the Department;~~

~~(4) Have (3) have not violated the provisions of Section 10-45 of this Act concerning the grounds for disciplinary action.~~ The Department may take into

consideration any felony conviction of the applicant, but such a conviction shall not operate as an absolute bar to licensure. ;

~~(5) Submit to the criminal history records check required under Section 50-35 of this Act.~~

~~(4) meet all other requirements as established by rule;~~

~~(6) Submit (5) pay;~~ either to the Department or its designated testing service, a fee covering the cost of providing the examination. Failure to appear for the examination on the scheduled date at the time and place specified after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service shall result in the forfeiture of the examination fee.

~~(7) Meet all other requirements established by rule.~~

An applicant for licensure by examination may take the Department-approved examination in another jurisdiction.

(b) If an applicant for licensure by examination neglects, fails, or refuses to take an examination or fails to pass an examination for a license under this Act within 3 years after filing the application, regardless of the jurisdiction in which the examination was taken, the application shall be denied. However, the applicant may make a new application accompanied by the required fee and provide evidence of meeting the requirements in force at the time of the new application.

An applicant may take and successfully complete a Department-approved examination in another jurisdiction. However, an applicant who has never been licensed previously in any jurisdiction that utilizes a Department-approved examination and who has taken and failed to pass the examination within 3 years after filing the application must submit proof of successful completion of a Department-authorized nursing education program or recompletion of an approved registered nursing program or licensed practical nursing program, as appropriate, prior to re-application.

(c) An applicant for licensure by examination shall have one year from the date of notification of successful completion of the examination to apply to the Department for a license. If an applicant fails to apply within one year, the applicant shall be required to retake again take and pass the examination unless licensed in another jurisdiction of the United States within one year of passing the examination.

(d) A licensed practical nurse applicant who passes the Department-approved licensure examination and has applied to the Department for licensure may obtain employment as a license-pending practical nurse and practice as delegated by a registered professional nurse or an advanced practice nurse or physician. An individual may be employed as a license-pending practical nurse if all of the following criteria are met:

(1) He or she has completed and passed the Department-approved licensure exam and presents to the employer the official written notification indicating successful passage of the licensure examination.

(2) He or she has competed and submitted to the Department an application for licensure under this Section as a practical nurse.

(3) He or she has submitted the required licensure fee.

(4) He or she has met all other requirements established by rule, including having submitted to a criminal history records check.

(e) The privilege to practice as a license-pending practical nurse shall terminate with the occurrence of any of the following:

(1) Three months have passed since the official date of passing the licensure exam as inscribed on the formal written notification indicating passage of the exam. This 3-month period may be extended as determined by rule.

(2) Receipt of the practical nurse license from the Department.

(3) Notification from the Department that the application for licensure has been denied.

(4) A request by the Department that the individual terminate practicing as a license-pending practical nurse until an official decision is made by the Department to grant or deny a practical nurse license.

(f) ~~(e)~~ An applicant for licensure by endorsement who is a ~~registered professional nurse~~ or a licensed practical nurse licensed by examination under the laws of another state or territory of the United States or a foreign country, jurisdiction, territory, or province must do each of the following shall:

(1) ~~Submit~~ submit a completed written application, on forms supplied by the Department, and fees as

established by the Department.;

(2) ~~Have graduated from a practice nursing education program approved by the Department for registered nurse licensure, have graduated from a professional nursing education program approved by the Department;~~

~~(2.5) for licensed practical nurse licensure, have graduated from a practical nursing education program approved by the Department;~~

(3) ~~Submit~~ submit verification of licensure status directly from the United States jurisdiction of licensure, if applicable, as defined by rule.;

(4) ~~Submit to the criminal history records check required under Section 50-35 of this Act. have passed the examination authorized by the Department;~~

(5) ~~Meet~~ meet all other requirements as established by the Department by rule.

(g) ~~(d)~~ All applicants for practical registered nurse licensure by examination or endorsement pursuant to item (2) of subsection (b) and item (2) of subsection (e) of this Section who are graduates of nursing educational programs in a country other than the United States or its territories shall have their nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English. The requirements of this subsection (d) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(h) ~~(d-5)~~ An applicant licensed in another state or territory who is applying for licensure and has received her or his education in a country other than the United States or its territories shall have her or his nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English or the successful passage of an approved licensing examination given in English. The requirements of this subsection (d-5) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(e) (Blank):

(i) ~~A~~ (f) Pending the issuance of a license under subsection (c) of this Section, the Department may grant an applicant a temporary license to practice nursing as a registered nurse or as a licensed practical nurse who if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another United States jurisdiction and who has applied for practical nurse licensure under this Act by endorsement may be issued a temporary license, if satisfactory proof of such licensure in another jurisdiction is presented to the Department. ~~The~~ If the applicant holds more than one current active license, or one or more active temporary licenses from other jurisdictions, the Department shall not issue an applicant a temporary practical nurse license until it is satisfied that the applicant holds an each current active license held by the applicant is unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current active license or one or more active temporary licenses from another jurisdiction, the Department may not issue a temporary license until the Department is satisfied that each current active license held by the applicant is unencumbered. The temporary license, which shall be issued no later than 14 working days following receipt by the Department of an application for the temporary license, shall be granted upon the submission of all of the following to the Department:

(1) ~~A~~ a signed and completed application for licensure under subsection (a) of this Section as a registered nurse or a licensed practical nurse ~~;~~ ;

(2) ~~Proof~~ proof of a current, active license in at least one other jurisdiction of the United States and proof that

each current active license or temporary license held by the applicant within the last 5 years is unencumbered, ;

(3) ~~A~~ a signed and completed application for a temporary license ~~;~~ ; ~~and~~

(4) ~~The~~ the required temporary license fee.

(j) ~~(g)~~ The Department may refuse to issue an applicant a temporary license authorized pursuant to this Section if, within 14 working days following its receipt of an application for a temporary license, the Department determines that:

(1) the applicant has been convicted of a crime under the laws of a jurisdiction of the United States that is: (i) ~~which is a felony;~~ or (ii) ~~which is a misdemeanor directly related to the practice of the profession, within the last 5 years;~~

(2) ~~within the last 5 years~~ the applicant has had a license or permit related to the practice of practical nursing

revoked, suspended, or placed on probation by another jurisdiction within the last 5 years and ; ~~if~~ at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds in Illinois; or

(3) ~~the Department~~ it intends to deny licensure by endorsement.

~~For purposes of this Section, an "unencumbered license" means a license against which no disciplinary action has been taken or is pending and for which all fees and charges are paid and current.~~

(k) ~~(h)~~ The Department may revoke a temporary license issued pursuant to this Section if it determines any of the following:

(1) ~~That it determines that~~ the applicant has been convicted of a crime under the law of any jurisdiction of

the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession, within the last 5 years, ;

(2) ~~That it determines that~~ within the last 5 years the applicant has had a license or permit related to the

practice of nursing revoked, suspended, or placed on probation by another jurisdiction, and ; ~~if~~ at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act, in Illinois; or

(3) ~~That the Department~~ it determines that it intends to deny licensure by endorsement.

(l) A temporary license shall expire 6 months from the date of issuance. Further renewal may be granted by the Department in hardship cases, as defined by rule and upon approval of the Secretary Director. However, a temporary license shall automatically expire upon issuance of a valid the Illinois license under this Act or upon notification that the Department intends to deny licensure, whichever occurs first.

(m) All applicants for practical nurse licensure ~~(i) Applicants~~ have 3 years from the date of application to complete the application process. If the process has not been completed within 3 years from the date of application, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

[June 28, 2007]

(Source: P.A. 94-352, eff. 7-28-05; 94-932, eff. 1-1-07.)

(225 ILCS 65/55-15 new)

Sec. 55-15. LPN license expiration; renewal. The expiration date and renewal period for each license to practice practical nursing issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address.

(225 ILCS 65/55-20 new)

Sec. 55-20. Restoration of LPN license; temporary permit.

(a) Any license to practice practical nursing issued under this Act that has expired or that is on inactive status may be restored by making application to the Department and filing proof of fitness acceptable to the Department, as specified by rule, to have the license restored, and by paying the required restoration fee. Such proof of fitness may include evidence certifying active lawful practice in another jurisdiction.

(b) A practical nurse licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, and submit the restoration or renewal fees set forth by the Department. The licensee must also submit proof of fitness to practice, including one of the following:

(1) certification of active practice in another jurisdiction, which may include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice;

(2) proof of the successful completion of a Department-approved licensure examination; or

(3) an affidavit attesting to military service as provided in subsection (c) of this Section; however, if application is made within 2 years after discharge and if all other provisions of subsection (c) of this Section are satisfied, the applicant shall be required to pay the current renewal fee.

(c) Notwithstanding any other provision of this Act, any license to practice practical nursing issued under this Act that expired while the licensee was (i) in federal service on active duty with the Armed Forces of the United States or in the State Militia and called into service or training or (ii) in training or education under the supervision of the United States preliminary to induction into the military service may have the license restored without paying any lapsed renewal fees if, within 2 years after honorable termination of such service, training, or education, the applicant furnishes the Department with satisfactory evidence to the effect that the applicant has been so engaged and that the individual's service, training, or education has been so terminated.

(d) Any practical nurse licensee who shall engage in the practice of practical nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of a license under this Section, the Department may grant an applicant a temporary permit to practice as a practical nurse if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current active license or one or more active temporary licenses from another jurisdiction, the Department shall not issue a temporary permit until it is satisfied that each current active license held by the applicant is unencumbered. The temporary permit, which shall be issued no later than 14 working days after receipt by the Department of an application for the permit, shall be granted upon the submission of all of the following to the Department:

(1) A signed and completed application for restoration of licensure under this Section as a licensed practical nurse.

(2) Proof of (i) a current, active license in at least one other jurisdiction and proof that each current, active license or temporary permit held by the applicant is unencumbered or (ii) fitness to practice nursing in this State, as specified by rule.

(3) A signed and completed application for a temporary permit.

(4) The required permit fee.

(f) The Department may refuse to issue to an applicant a temporary permit authorized under this Section if, within 14 working days after its receipt of an application for a temporary permit, the Department determines that:

(1) the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for

disciplinary action under this Act; or

(3) the Department intends to deny restoration of the license.

(g) The Department may revoke a temporary permit issued under this Section if:

(1) the Department determines that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction and at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act; or

(3) the Department intends to deny restoration of the license.

(h) A temporary permit or renewed temporary permit shall expire (i) upon issuance of a valid license under this Act or (ii) upon notification that the Department intends to deny restoration of licensure. Except as otherwise provided in this Section, the temporary permit shall expire 6 months after the date of issuance. Further renewal may be granted by the Department in hardship cases that shall automatically expire upon issuance of a valid license under this Act or upon notification that the Department intends to deny licensure, whichever occurs first. No extensions shall be granted beyond the 6-month period, unless approved by the Secretary. Notification by the Department under this Section must be by certified or registered mail.

(225 ILCS 65/55-25 new)

Sec. 55-25. Inactive status of a LPN license. Any licensed practical nurse who notifies the Department in writing on forms prescribed by the Department may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until notice is given to the Department, in writing, of his or her intent to restore the license.

Any practical nurse requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license, as provided by rule of the Department.

Any practical nurse whose license is on an inactive status shall not practice nursing as defined by this Act in the State of Illinois.

(225 ILCS 65/55-30 new)

Sec. 55-30. LPN scope of practice.

(a) Practice as a licensed practical nurse means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice nurse or as directed by a physician assistant, physician, dentist, or podiatrist, and includes, but is not limited to, all of the following:

(1) Collaborating in the collection of data that contributes to the assessment of the health status of a patient.

(2) Collaborating in the development and modification of the registered professional nurse's or advanced practice nurse's comprehensive nursing plan of care for all types of patients.

(3) Implementing aspects of the plan of care as delegated.

(4) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of patients, as delegated.

(5) Serving as an advocate for the patient by communicating and collaborating with other health service personnel, as delegated.

(6) Participating in the evaluation of patient responses to interventions.

(7) Communicating and collaborating with other health care professionals as delegated.

(8) Providing input into the development of policies and procedures to support patient safety.

(225 ILCS 65/55-35 new)

Sec. 55-35. Continuing education for LPN licensees. The Department may adopt rules of continuing education for licensed practical nurses that require 20 hours of continuing education per 2-year license renewal cycle. The rules shall address variances in part or in whole for good cause, including without limitation illness or hardship. The continuing education rules must ensure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(225 ILCS 65/Art. 60 heading new)

ARTICLE 60. NURSING LICENSURE-RN

(225 ILCS 65/60-5 new)

[June 28, 2007]

Sec. 60-5. RN education program requirements; out-of-State programs.

(a) All registered professional nurse education programs must be reviewed by the Board and approved by the Department before the successful completion of such a program may be applied toward meeting the requirements for registered professional nurse licensure under this Act. Any program changing the level of educational preparation or the relationship with or to the parent institution or establishing an extension of an existing program must request a review by the Board and approval by the Department. The Board shall review and make a recommendation for the approval or disapproval of a program by the Department based on the following criteria:

(1) a feasibility study that describes the need for the program and the facilities used, the potential of the program to recruit faculty and students, financial support for the program, and other criteria, as established by rule;

(2) program curriculum that meets all State requirements;

(3) the administration of the program by a Nurse Administrator and the involvement of a Nurse Administrator in the development of the program; and

(4) the occurrence of a site visit prior to approval.

(b) In order to obtain initial Department approval and to maintain Department approval, a registered professional nursing program must meet all of the following requirements:

(1) The institution responsible for conducting the program and the Nurse Administrator must ensure that individual faculty members are academically and professionally competent.

(2) The program curriculum must contain all applicable requirements established by rule, including both theory and clinical components.

(3) The passage rates of the program's graduating classes on the State-approved licensure exam must be deemed satisfactory by the Department.

(c) Program site visits to an institution conducting or hosting a professional nursing program may be made at the discretion of the Nursing Coordinator or upon recommendation of the Board. Full routine site visits shall be conducted by the Department for periodic evaluation. The visits shall be used to determine compliance with this Act. Full routine site visits must be announced and may be waived at the discretion of the Department if the program maintains accreditation with the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE).

(d) Any institution conducting a registered professional nursing program that wishes to discontinue the program must do each of the following:

(1) Notify the Department, in writing, of its intent to discontinue the program.

(2) Continue to meet the requirements of this Act and the rules adopted thereunder until the official date of termination of the program.

(3) Notify the Department of the date on which the last student shall graduate from the program and the program shall terminate.

(4) Assist remaining students in the continuation of their education in the event of program termination prior to the graduation of the program's final student.

(5) Upon the closure of the program, notify the Department, in writing, of the location of student and graduate records' storage.

(e) Out-of-State registered professional nursing education programs planning to offer clinical practice experiences in this State must meet the requirements set forth in this Section and must meet the clinical and faculty requirements for institutions outside of this State, as established by rule. The institution responsible for conducting an out-of-State registered professional nursing education program and the administrator of the program shall be responsible for ensuring that the individual faculty and preceptors overseeing the clinical experience are academically and professionally competent.

(225 ILCS 65/60-10 new)

Sec. 60-10. Qualifications for RN licensure.

(a) Each applicant who successfully meets the requirements of this Section shall be entitled to licensure as a registered professional nurse.

(b) An applicant for licensure by examination to practice as a registered professional nurse must do each of the following:

(1) Submit a completed written application and fees, as established by the Department.

(2) Have graduated from a professional nursing education program approved by the Department or have been granted a certificate of completion of pre-licensure requirements from another United States jurisdiction.

(3) Successfully complete a licensure examination approved by the Department.

(4) Have not violated the provisions of this Act concerning the grounds for disciplinary action. The

Department may take into consideration any felony conviction of the applicant, but such a conviction may not operate as an absolute bar to licensure.

(5) Submit to the criminal history records check required under Section 50-35 of this Act.

(6) Submit, either to the Department or its designated testing service, a fee covering the cost of providing the examination. Failure to appear for the examination on the scheduled date at the time and place specified after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service shall result in the forfeiture of the examination fee.

(7) Meet all other requirements established by the Department by rule. An applicant for licensure by examination may take the Department-approved examination in another jurisdiction.

(b) If an applicant for licensure by examination neglects, fails, or refuses to take an examination or fails to pass an examination for a license upon graduation from a professional nursing education program, regardless of the jurisdiction in which the examination was written, the applicant shall not be permitted to take the examination until the applicant provides proof to the Department of the successful completion of at least 2 additional years of professional nursing education.

(c) An applicant for licensure by examination shall have one year after the date of notification of the successful completion of the examination to apply to the Department for a license. If an applicant fails to apply within one year, the applicant shall be required to retake and pass the examination unless licensed in another jurisdiction of the United States.

(d) An applicant for licensure by examination who passes the Department-approved licensure examination for professional nursing may obtain employment as a license-pending registered nurse and practice under the direction of a registered professional nurse or an advanced practice nurse until such time as he or she receives his or her license to practice or until the license is denied. In no instance shall any such applicant practice or be employed in any management capacity. An individual may be employed as a license-pending registered nurse if all of the following criteria are met:

(1) He or she has completed and passed the Department-approved licensure exam and presents to the employer the official written notification indicating successful passage of the licensure examination.

(2) He or she has completed and submitted to the Department an application for licensure under this Section as a registered professional nurse.

(3) He or she has submitted the required licensure fee.

(4) He or she has met all other requirements established by rule, including having submitted to a criminal history records check.

(e) The privilege to practice as a license-pending registered nurse shall terminate with the occurrence of any of the following:

(1) Three months have passed since the official date of passing the licensure exam as inscribed on the formal written notification indicating passage of the exam. The 3-month license pending period may be extended if more time is needed by the Department to process the licensure application.

(2) Receipt of the registered professional nurse license from the Department.

(3) Notification from the Department that the application for licensure has been refused.

(4) A request by the Department that the individual terminate practicing as a license-pending registered nurse until an official decision is made by the Department to grant or deny a registered professional nurse license.

(f) An applicant for registered professional nurse licensure by endorsement who is a registered professional nurse licensed by examination under the laws of another state or territory of the United States must do each of the following:

(1) Submit a completed written application, on forms supplied by the Department, and fees as established by the Department.

(2) Have graduated from a registered professional nursing education program approved by the Department.

(3) Submit verification of licensure status directly from the United States jurisdiction of licensure, if applicable, as defined by rule.

(4) Submit to the criminal history records check required under Section 50-35 of this Act.

(5) Meet all other requirements as established by the Department by rule.

(g) Pending the issuance of a license under this Section, the Department may grant an applicant a temporary license to practice nursing as a registered professional nurse if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another U.S. jurisdiction. If the applicant holds more than one current active license or one or more active temporary licenses from another jurisdiction, the Department may not issue a temporary license until the Department is satisfied that each current active license held by the applicant is unencumbered. The temporary license, which shall be issued no later than 14 working days after receipt by the Department of an application for the

temporary license, shall be granted upon the submission of all of the following to the Department:

(1) A completed application for licensure as a registered professional nurse.

(2) Proof of a current, active license in at least one other jurisdiction of the United States and proof that each current active license or temporary license held by the applicant within the last 5 years is unencumbered.

(3) A completed application for a temporary license.

(4) The required temporary license fee.

(h) The Department may refuse to issue an applicant a temporary license authorized pursuant to this Section if, within 14 working days after its receipt of an application for a temporary license, the Department determines that:

(1) the applicant has been convicted of a crime under the laws of a jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession, within the last 5 years;

(2) the applicant has had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction within the last 5 years, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act; or

(3) the Department intends to deny licensure by endorsement.

(i) The Department may revoke a temporary license issued pursuant to this Section if it determines any of the following:

(1) That the applicant has been convicted of a crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession, within the last 5 years.

(2) That within the last 5 years, the applicant has had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act.

(3) That it intends to deny licensure by endorsement.

(j) A temporary license issued under this Section shall expire 6 months after the date of issuance. Further renewal may be granted by the Department in hardship cases, as defined by rule and upon approval of the Secretary. However, a temporary license shall automatically expire upon issuance of the Illinois license or upon notification that the Department intends to deny licensure, whichever occurs first.

(k) All applicants for registered professional nurse licensure have 2 years after the date of application to complete the application process. If the process has not been completed within 2 years after the date of application, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

(l) All applicants for registered nurse licensure by examination or endorsement who are graduates of practical nursing educational programs in a country other than the United States and its territories shall have their nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the successful completion of a nursing education program conducted in English. The requirements of this subsection (l) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(m) An applicant licensed in another state or territory who is applying for licensure and has received her or his education in a country other than the United States or its territories shall have her or his nursing education credentials evaluated by a Department-approved nursing credentialing evaluation service. No such applicant may be issued a license under this Act unless the applicant's program is deemed by the nursing credentialing evaluation service to be equivalent to a professional nursing education program approved by the Department. An applicant who has graduated from a nursing educational program outside of the United States or its territories and whose first language is not English shall submit certification of passage of the Test of English as a Foreign Language (TOEFL), as defined by rule. The Department may, upon recommendation from the nursing evaluation service, waive the requirement that the applicant pass the TOEFL examination if the applicant submits verification of the

successful completion of a nursing education program conducted in English or the successful passage of an approved licensing examination given in English. The requirements of this subsection (m) may be satisfied by the showing of proof of a certificate from the Certificate Program or the VisaScreen Program of the Commission on Graduates of Foreign Nursing Schools.

(225 ILCS 65/60-15 new) (was 225 ILCS 65/10-37)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~60-15 40-37~~. Registered nurse Nurse externship permit.

(a) The Department shall establish a ~~2-year~~ program under which the Department may issue a nurse externship permit to a registered nurse who is licensed under the laws of another state or territory of the United States and who has not taken the National Council Licensure Examination (NCLEX). A nurse who is issued a permit shall be allowed to practice as a nurse extern under the direct, on-site supervision of a registered professional nurse licensed under this Act. There shall be one supervising registered professional nurse for every one nurse extern.

(b) An applicant shall be qualified to receive a nurse externship permit if that applicant:

(1) Has submitted a completed written application to the Department, on forms provided by the Department, and submitted ~~paid~~ any fees established by the Department.

(2) Has graduated from a professional nursing education program approved by the Department.

(3) Is licensed as a professional nurse in another state or territory of the United States and has submitted a verification of active and unencumbered licensure in all of the states and territories in which the applicant is licensed.

(4) Has submitted verification of an offer of employment in Illinois as a nurse extern. The Department may prescribe the information necessary to determine if this employment meets the requirements of the permit program. This information shall include a copy of the written employment offer.

(5) Has submitted a written statement from the applicant's prospective employer stating that the prospective employer agrees to pay the full tuition for the Bilingual Nurse Consortium course or other course approved by rule.

(6) Has submitted proof of taking the Test of English as a Foreign Language (TOEFL) with a minimum score as set by rule. Applicants with the highest TOEFL scores shall be given first consideration to entrance into an extern program.

(7) Has submitted written verification that the applicant has been enrolled in the Bilingual Nurse Consortium course or other course approved by rule. This verification must state that the applicant shall be able to complete the course within the year for which the permit is issued.

(8) Has agreed to submit to the Department a mid-year exam as determined by rule that demonstrates proficiency towards passing the NCLEX.

(9) Has not violated the provisions of Section ~~70-5 40-45~~ of this Act. The Department may take into consideration any felony conviction of the applicant, but such a conviction shall not operate as an absolute bar to licensure.

(10) Has met all other requirements established by rule.

(c) A nurse extern shall be issued no more than one permit in a lifetime. The permit shall expire one calendar year after it is issued. Before being issued a license under this Act, the nurse extern must submit proof of the successful completion of the Bilingual Nurse Consortium course or other course approved by rule and successful passage of the NCLEX. The nurse extern shall not practice autonomous, professional nursing until he or she is licensed under this Act. The nurse extern shall carry out progressive nursing skills under the direct supervision of a registered nurse licensed under this Act and shall not be employed in a supervisory capacity. The nurse extern shall work only in the sponsoring facility. A nurse extern may work for a period not to exceed one calendar year from the date of issuance of the permit or until he or she fails the NCLEX. While working as a nurse extern, the nurse extern is subject to the provisions of this Act and all rules adopted by the Department for the administration of this Act.

(d) The Secretary shall convene a task force ~~within 2 months after the effective date of this amendatory Act of the 94th General Assembly~~ to establish clinical guidelines that allow

for the gradual progression of nursing skills in culturally diverse practice settings. The Nursing Act Coordinator or his or her designee shall serve as chairperson of the task force. The task force shall include, but not be limited to, 2 representatives of the Illinois Nurses Association, 2 representatives of the Illinois Hispanic Nurses Association, a nurse engaged in nursing education who possesses a master's degree or higher, one representative from the Humboldt Park Vocational Educational Center, 2 registered nurses from United States territories who each hold a current State nursing license, one

representative from the Chicago Bilingual Nurse Consortium, and one member of the Illinois Hospital Association. The task force shall complete this work no longer than 4 months after convening. After the nurse externship permit program has been in effect for 2 years, the task force shall evaluate the effectiveness of the program and make appropriate recommendations to the Secretary.

(Source: P.A. 94-351, eff. 7-28-05.)

(225 ILCS 65/60-20 new)

Sec. 60-20. Expiration of RN license; renewal. The expiration date and renewal period for each registered professional nurse license issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address.

(225 ILCS 65/60-25 new)

Sec. 60-25. Restoration of RN license; temporary permit.

(a) Any license to practice professional nursing issued under this Act that has expired or that is on inactive status may be restored by making application to the Department and filing proof of fitness acceptable to the Department as specified by rule to have the license restored and by paying the required restoration fee. Such proof of fitness may include evidence certifying active lawful practice in another jurisdiction.

(b) A licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, and submit the restoration or renewal fees set forth by the Department. The licensee shall also submit proof of fitness to practice, including one of the following:

(1) Certification of active practice in another jurisdiction, which may include a statement from the appropriate board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice.

(2) Proof of the successful completion of a Department-approved licensure examination.

(3) An affidavit attesting to military service as provided in subsection (c) of this Section; however, if application is made within 2 years after discharge and if all other provisions of subsection (c) of this Section are satisfied, the applicant shall be required to pay the current renewal fee.

(c) Any registered professional nurse license issued under this Act that expired while the licensee was (1) in federal service on active duty with the Armed Forces of the United States or in the State Militia called into service or training or (2) in training or education under the supervision of the United States preliminary to induction into the military service may have the license restored without paying any lapsed renewal fees if, within 2 years after honorable termination of such service, training, or education, the applicant furnishes the Department with satisfactory evidence to the effect that the applicant has been so engaged and that the individual's service, training, or education has been so terminated.

(d) Any licensee who engages in the practice of professional nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of a registered professional nurse license under this Section, the Department may grant an applicant a temporary permit to practice as a registered professional nurse if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current active license or one or more active temporary licenses from another jurisdiction, the Department shall not issue a temporary permit until it is satisfied that each current active license held by the applicant is unencumbered. The temporary permit, which shall be issued no later than 14 working days after receipt by the Department of an application for the permit, shall be granted upon the submission of all of the following to the Department:

(1) A signed and completed application for restoration of licensure under this Section as a registered professional nurse.

(2) Proof of (i) a current, active license in at least one other jurisdiction and proof that each current, active license or temporary permit held by the applicant is unencumbered or (ii) fitness to practice nursing in Illinois, as specified by rule.

(3) A signed and completed application for a temporary permit.

(4) The required permit fee.

(f) The Department may refuse to issue to an applicant a temporary permit authorized under this Section if, within 14 working days after its receipt of an application for a temporary permit, the Department determines that:

(1) the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice

of the profession:

(2) within the last 5 years the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act; or

(3) the Department intends to deny restoration of the license.

(g) The Department may revoke a temporary permit issued under this Section if:

(1) the Department determines that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds in Illinois; or

(3) the Department intends to deny restoration of the license.

(h) A temporary permit or renewed temporary permit shall expire (i) upon issuance of an Illinois license or (ii) upon notification that the Department intends to deny restoration of licensure. A temporary permit shall expire 6 months from the date of issuance. Further renewal may be granted by the Department, in hardship cases, that shall automatically expire upon issuance of the Illinois license or upon notification that the Department intends to deny licensure, whichever occurs first. No extensions shall be granted beyond the 6-month period unless approved by the Secretary. Notification by the Department under this Section must be by certified or registered mail.

(225 ILCS 65/60-30 new)

Sec. 60-30. Inactive status of a RN license. Any registered professional nurse, who notifies the Department in writing on forms prescribed by the Department, may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until notice is given to the Department, in writing, of his or her intent to restore the license.

Any registered professional nurse requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license, as provided by rule of the Department.

Any registered professional nurse whose license is on inactive status shall not practice professional nursing as defined by this Act in the State of Illinois.

(225 ILCS 65/60-35 new)

Sec. 60-35. RN Scope of practice.

(a) Practice as a registered professional nurse means the full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards recognized by the Department, and includes, but is not limited to, all of the following:

(1) The comprehensive nursing assessment of the health status of patients that addresses changes to patient conditions.

(2) The development of a plan of nursing care to be integrated within the patient-centered health care plan that establishes nursing diagnoses, and setting goals to meet identified health care needs, determining nursing interventions, and implementation of nursing care through the execution of nursing strategies and regimens ordered or prescribed by authorized healthcare professionals.

(3) The administration of medication or delegation of medication administration to licensed practical nurses.

(4) Delegation of nursing interventions to implement the plan of care.

(5) The provision for the maintenance of safe and effective nursing care rendered directly or through delegation.

(6) Advocating for patients.

(7) The evaluation of responses to interventions and the effectiveness of the plan of care.

(8) Communicating and collaborating with other health care professionals.

(9) The procurement and application of new knowledge and technologies.

(10) The provision of health education and counseling.

(11) Participating in development of policies, procedures, and systems to support patient safety.

(225 ILCS 65/Art. 65 heading new) (was 225 ILCS 65/Tit. 15 heading)

Article 65 TITLE 15. ADVANCED PRACTICE NURSES

(225 ILCS 65/65-5 new) (was 225 ILCS 65/15-10)

(Section scheduled to be repealed on January 1, 2008)

[June 28, 2007]

Sec. 65-5 15-10. Qualifications for APN licensure ~~Advanced practice nurse; qualifications; roster.~~

(a) Each applicant who successfully meets the requirements of this Section shall be entitled to licensure as an advanced practice nurse.

(b) An applicant for licensure to practice as an advanced practice nurse must do each of the following: A person shall be qualified for licensure as an advanced practice nurse if that person:

(1) Submit a completed application and any fees as established by the Department, has applied in writing in form and substance satisfactory to the Department and has not violated a provision of this Act or the rules adopted under this Act. The Department may take into consideration any felony conviction of the applicant but a conviction shall not operate as an absolute bar to licensure;

(2) Hold holds a current license to practice as a registered professional nurse under this Act, in Illinois;

(3) Have has successfully completed requirements to practice as, and holds a current, national certification as, a nurse midwife, clinical nurse specialist, nurse practitioner, or certified registered nurse anesthetist from the appropriate national certifying body as determined by rule of the Department, ;

(4) has paid the required fees as set by rule; and

(4) Have (5) has obtained a graduate degree appropriate for national certification in a clinical advanced practice nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice nursing specialty.

(5) Have not violated the provisions of this Act concerning the grounds for disciplinary action. The Department may take into consideration any felony conviction of the applicant, but such a conviction may not operate as an absolute bar to licensure.

(6) Submit to the criminal history records check required under Section 50-35 of this Act.

(c) ~~(b)~~ Those applicants seeking licensure in more than one advanced practice nursing specialty category need not possess multiple graduate degrees. Applicants may be eligible for licenses for multiple advanced practice nurse licensure specialties categories, provided that the applicant (i) has met the requirements for at least one advanced practice nursing specialty under paragraphs (3) and (5) of subsection (a) of this Section, (ii) possesses an additional graduate education that results in a certificate for another clinical advanced practice nurse specialty category and that meets the requirements for the national certification from the appropriate nursing specialty, and (iii) holds a current national certification from the appropriate national certifying body for that additional advanced practice nursing specialty category.

~~(b-5) A registered professional nurse seeking licensure as an advanced practice nurse in the category of certified registered nurse anesthetist who applies on or before December 31, 2006 and does not have a graduate degree as described in subsection (b) shall be qualified for licensure if that person:~~

~~(1) submits evidence of having successfully completed a nurse anesthesia program described in item (5) of subsection (a) of this Section prior to January 1, 1999;~~

~~(2) submits evidence of certification as a registered nurse anesthetist by an appropriate national certifying body, as determined by rule of the Department; and~~

~~(3) has continually maintained active, up-to-date recertification status as a certified registered nurse anesthetist by an appropriate national recertifying body, as determined by rule of the Department.~~

~~(c) The Department shall provide by rule for APN licensure of registered professional nurses who (1) apply for licensure before July 1, 2001 and (2) submit evidence of completion of a program described in item (5) of subsection (a) or in subsection (b) and evidence of practice for at least 10 years as a nurse practitioner.~~

(d) Any person who holds a valid license as an advanced practice nurse issued under this Act as this Act existed before the effective date of this amendatory Act of the 95th General Assembly shall be subject only to the advanced practice nurse license renewal requirements of this Act as this Act exists on and after the effective date of this amendatory Act of the 95th General Assembly upon the expiration of that license. The Department shall maintain a separate roster of advanced practice nurses licensed under this Title and their licenses shall indicate "Registered Nurse/Advanced Practice Nurse".

(Source: P.A. 93-296, eff. 7-22-03; 94-348, eff. 7-28-05.)

(225 ILCS 65/65-10 new) (was 225 ILCS 65/15-13)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-10 15-13. APN license License pending status.

(a) A graduate of an advanced practice nursing program may practice in the State of Illinois in the role of certified clinical nurse specialist, certified nurse midwife, certified nurse practitioner, or certified registered nurse anesthetist for not longer than 6 months provided he or she submits all of the following:

(1) An application for licensure as an advanced practice nurse in Illinois and all fees established by

rule.

(2) Proof of an application to take the national certification examination in the specialty.

(3) Proof of completion of a graduate advanced practice education program that allows the applicant to be eligible for national certification in a clinical advanced practice nursing specialty and that allows the applicant to be eligible for licensure in Illinois in the area of his or her specialty.

(4) Proof that he or she is licensed in Illinois as a registered professional nurse.

~~(5) Proof that he or she has a completed proposed collaborative agreement or practice agreement as required under Section 15-15 or 15-25 of this Act.~~

~~(6) The license application fee as set by rule.~~

(b) License pending status shall preclude delegation of prescriptive authority.

(c) A graduate practicing in accordance with this Section must use the title "license pending certified clinical nurse specialist", "license pending certified nurse midwife", "license pending certified nurse practitioner", or "license pending certified registered nurse anesthetist", whichever is applicable.

(Source: P.A. 92-744, eff. 7-25-02.)

(225 ILCS 65/65-15 new)

Sec. 65-15. Expiration of APN license; renewal. The expiration date and renewal period for each advanced practice nurse license issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address. Each advanced practice nurse is required to show proof of continued, current national certification in the specialty.

(225 ILCS 65/65-20 new)

Sec. 65-20. Restoration of APN license; temporary permit.

(a) Any license issued under this Act that has expired or that is on inactive status may be restored by making application to the Department and filing proof of fitness acceptable to the Department as specified by rule to have the license restored and by paying the required restoration fee. Such proof of fitness may include evidence certifying active lawful practice in another jurisdiction.

(b) A licensee seeking restoration of a license after it has expired or been placed on inactive status for more than 5 years shall file an application, on forms supplied by the Department, and submit the restoration or renewal fees set forth by the Department. The licensee shall also submit proof of fitness to practice, including one of the following:

(1) Certification of active practice in another jurisdiction, which may include a statement from the appropriate board or licensing authority in the other jurisdiction in which the licensee was authorized to practice during the term of said active practice.

(2) Proof of the successful completion of a Department-approved licensure examination.

(3) An affidavit attesting to military service as provided in subsection (c) of this Section; however, if application is made within 2 years after discharge and if all other provisions of subsection (c) of this Section are satisfied, the applicant shall be required to pay the current renewal fee.

(4) Other proof as established by rule.

(c) Any advanced practice nurse license issued under this Act that expired while the licensee was (1) in federal service on active duty with the Armed Forces of the United States or in the State Militia called into service or training or (2) in training or education under the supervision of the United States preliminary to induction into the military service may have the license restored without paying any lapsed renewal fees if, within 2 years after honorable termination of such service, training, or education, the applicant furnishes the Department with satisfactory evidence to the effect that the applicant has been so engaged and that the individual's service, training, or education has been so terminated.

(d) Any licensee who engages in the practice of advanced practice nursing with a lapsed license or while on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 70-5 of this Act.

(e) Pending restoration of an advanced practice nurse license under this Section, the Department may grant an applicant a temporary permit to practice as an advanced practice nurse if the Department is satisfied that the applicant holds an active, unencumbered license in good standing in another jurisdiction. If the applicant holds more than one current active license or one or more active temporary licenses from another jurisdiction, the Department shall not issue a temporary permit until it is satisfied that each current active license held by the applicant is unencumbered. The temporary permit, which shall be issued no later than 14 working days after receipt by the Department of an application for the permit, shall be granted upon the submission of all of the following to the Department:

(1) A signed and completed application for restoration of licensure under this Section as an

advanced practice nurse.

(2) Proof of (i) a current, active license in at least one other jurisdiction and proof that each current, active license or temporary permit held by the applicant is unencumbered or (ii) fitness to practice nursing in Illinois, as specified by rule.

(3) A signed and completed application for a temporary permit.

(4) The required permit fee.

(5) Other proof as established by rule.

(f) The Department may refuse to issue to an applicant a temporary permit authorized under this Section if, within 14 working days after its receipt of an application for a temporary permit, the Department determines that:

(1) the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds for disciplinary action under this Act; or

(3) the Department intends to deny restoration of the license.

(g) The Department may revoke a temporary permit issued under this Section if:

(1) the Department determines that the applicant has been convicted within the last 5 years of any crime under the laws of any jurisdiction of the United States that is (i) a felony or (ii) a misdemeanor directly related to the practice of the profession;

(2) within the last 5 years, the applicant had a license or permit related to the practice of nursing revoked, suspended, or placed on probation by another jurisdiction, if at least one of the grounds for revoking, suspending, or placing on probation is the same or substantially equivalent to grounds in Illinois; or

(3) the Department intends to deny restoration of the license.

(h) A temporary permit or renewed temporary permit shall expire (i) upon issuance of an Illinois license or (ii) upon notification that the Department intends to deny restoration of licensure. Except as otherwise provided in this Section, a temporary permit shall expire 6 months from the date of issuance. Further renewal may be granted by the Department in hardship cases that shall automatically expire upon issuance of the Illinois license or upon notification that the Department intends to deny licensure, whichever occurs first. No extensions shall be granted beyond the 6-month period unless approved by the Secretary. Notification by the Department under this Section must be by certified or registered mail.

(225 ILCS 65/65-25 new)

Sec. 65-25. Inactive status of a APN license.

Any advanced practice nurse who notifies the Department in writing on forms prescribed by the Department may elect to place his or her license on inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until notice is given to the Department in writing of his or her intent to restore the license.

Any advanced practice nurse requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license, as provided by rule of the Department.

Any advanced practice nurse whose license is on inactive status shall not practice advanced practice nursing, as defined by this Act in the State of Illinois.

(225 ILCS 65/65-30 new)

Sec. 65-30. APN Scope of practice.

(a) Advanced practice nursing by certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, or clinical nurse specialists is based on knowledge and skills acquired throughout an advanced practice nurse's nursing education, training, and experience.

(b) Practice as an advanced practice nurse means a scope of nursing practice, with or without compensation, and includes the registered nurse scope of practice.

(c) The scope of practice of an advanced practice nurse includes, but is not limited to, each of the following:

(1) Advanced nursing patient assessment and diagnosis.

(2) Ordering diagnostic and therapeutic tests and procedures, performing those tests and procedures when using health care equipment, and interpreting and using the results of diagnostic and therapeutic tests and procedures ordered by the advanced practice nurse or another health care professional.

(3) Ordering treatments, ordering or applying appropriate medical devices, and using nursing

medical, therapeutic, and corrective measures to treat illness and improve health status.

(4) Providing palliative and end-of-life care.

(5) Providing advanced counseling, patient education, health education, and patient advocacy.

(6) Prescriptive authority as defined in Section 65-40 of this Act.

(7) Delegating selected nursing activities or tasks to a licensed practical nurse, a registered professional nurse, or other personnel.

(225 ILCS 65/65-35 new) (was 225 ILCS 65/15-15)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-35 15-15. Written collaborative agreements.

(a) A written collaborative agreement is required for all advanced practice nurses engaged in clinical practice, except for advanced practice nurses who are authorized to practice in a hospital or ambulatory surgical treatment center.

(a-5) If an advanced practice nurse engages in clinical practice outside of a hospital or ambulatory surgical treatment center in which he or she is authorized to practice, the advanced practice nurse must have a written collaborative agreement. Except as provided in Section 15-25, no person shall engage in the practice of advanced practice nursing except when licensed under this Title and pursuant to a written collaborative agreement with a collaborating physician.

(b) A written collaborative agreement shall describe the working relationship of the advanced practice nurse with the collaborating physician or podiatrist and shall authorize the categories of care, treatment, or procedures to be performed by the advanced practice nurse. A collaborative agreement with a dentist must be in accordance with subsection (c-10) of this Section. Collaboration does not require an employment relationship between the collaborating physician and advanced practice nurse. Collaboration means the relationship under which an advanced practice nurse works with a collaborating physician or podiatrist in an active clinical practice to deliver health care services in accordance with (i) the advanced practice nurse's training, education, and experience and (ii) collaboration and consultation medical direction as documented in a jointly developed written collaborative agreement.

The agreement shall be defined to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The services to be provided by the advanced practice nurse shall be services that the collaborating physician or podiatrist is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice, except as set forth in subsection (c-5) of this Section. The agreement need not describe the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the a-physician's presence of the collaborating physician or podiatrist as the procedures are being performed. The collaborative relationship under an agreement shall not be construed to require the personal presence of a physician or podiatrist at all times at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating physician or podiatrist in person or by telecommunications in accordance with established written guidelines as set forth in the written agreement.

(c) Collaboration and consultation Physician medical direction under all collaboration agreements an agreement shall be adequate if a collaborating physician or podiatrist does each of the following:

(1) Participates participates in the joint formulation and joint approval of orders or guidelines with the advanced practice nurse APN

and he or she periodically reviews such orders and the services provided patients under such orders in accordance with accepted standards of medical practice and advanced practice nursing practice, ;

(2) Meets in person with the advanced practice nurse is on-site at least once a month to provide collaboration medical direction and consultation. In the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. ; and

(3) Is is available through telecommunications for consultation on medical problems,

complications, or emergencies or patient referral. In the case of anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist must participate through discussion of and agreement with the anesthesia plan and remain physically present and available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

The agreement must contain provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause.

(c-5) A certified registered nurse anesthetist, who provides anesthesia services outside of a hospital or ambulatory surgical treatment center shall enter into a written collaborative agreement with an anesthesiologist or the operating physician licensed to practice medicine in all its branches or the operating podiatrist performing the procedure. Outside of a hospital or ambulatory surgical treatment center, the certified registered nurse anesthetist may provide only those services that the collaborating podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules adopted thereunder. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the operating physician or operating podiatrist.

(c-10) A certified registered nurse anesthetist who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and dentist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. In a collaborating dentist's office, the certified registered nurse anesthetist may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted thereunder. For anesthesia services, an anesthesiologist, physician, or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the operating dentist.

(d) A copy of the signed, written collaborative agreement must be available to the Department upon request from both the advanced practice nurse and the collaborating physician or podiatrist and shall be annually updated.

(e) An advanced practice nurse shall not be liable for the acts or omissions of a collaborating physician, dentist, or podiatrist solely on the basis of having signed a written collaborative agreement.

(f) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons.

(g) An advanced practice nurse shall inform each collaborating physician, dentist, or podiatrist of all collaborative agreements he or she has signed and provide a copy of these to any collaborating physician, dentist, or podiatrist upon request.

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

(225 ILCS 65/65-40 new) (was 225 ILCS 65/15-20)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-40 15-20. Prescriptive authority.

(a) A collaborating physician or podiatrist may, but is not required to, delegate limited prescriptive authority to an advanced practice nurse as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, medical gases, and dispensing of legend drugs and legend controlled substances categorized as Schedule III, III-N, IV, or V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician or podiatrist must have a valid current Illinois controlled substance license and federal registration to delegate authority to prescribe delegated controlled substances.

(b) To prescribe Schedule III, IV, or V controlled substances under this Section, an advanced practice nurse must obtain a mid-level practitioner controlled substance license. Medication orders shall be reviewed periodically by the collaborating physician or podiatrist.

(c) The collaborating physician or podiatrist shall file with the Department notice of delegation of prescriptive authority and termination of such delegation, in accordance with rules of the Department. Upon receipt of this notice delegating authority to prescribe Schedule III, III-N, IV, or V controlled substances, the licensed advanced practice nurse shall be eligible to register for a mid-level practitioner controlled substance license under Section 303.05 of the Illinois Controlled Substances Act.

(d) In addition to the requirements of subsections (a), (b), and (c) of this Section, a collaborating physician may, but is not required to, delegate authority to an advanced practice nurse to prescribe Schedule II or II-N controlled substances, if all of the following conditions apply:

(1) No more than 5 Schedule II or II-N controlled substances by oral dosage may be delegated.

(2) Any delegation must be controlled substances that the collaborating physician prescribes.

(3) Any prescription must be limited to no more than a 30-day oral dosage, with any continuation authorized only after prior approval of the collaborating physician.

(4) The advanced practice nurse must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the delegating physician.

(e) (d) Nothing in this Act shall be construed to limit the delegation of tasks or duties by a physician to a licensed practical nurse, a registered professional nurse, or other persons personnel.

(Source: P.A. 90-742, eff. 8-13-98; 90-818, eff. 3-23-99.)

(225 ILCS 65/65-45 new) (was 225 ILCS 65/15-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-45 15-25. Advanced practice nursing in hospitals or ambulatory surgical treatment centers
Certified registered nurse anesthetists.

(a) An advanced practice nurse A licensed certified registered nurse anesthetist may provide anesthesia services pursuant to the order of a licensed physician, licensed dentist, or licensed podiatrist in a licensed hospital or ; a licensed ambulatory surgical treatment center without prescriptive authority or a written collaborative agreement pursuant to Section 65-35 of this Act ; or the office of a licensed physician, the office of a licensed dentist, or the office of a licensed podiatrist. An advanced practice nurse must possess clinical privileges recommended by the hospital medical staff and granted by the hospital or the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. The medical staff or consulting medical staff committee shall periodically review the services of advanced practice nurses granted clinical privileges. Authority may also be granted to individual advanced practice nurses to select, order, and administer medications, including controlled substances, to provide delineated care. The attending physician shall determine an advanced practice nurse's role in providing care for his or her patients, except as otherwise provided in the medical staff bylaws or consulting committee policies.

(a-5) For anesthesia services provided by a certified registered nurse anesthetist, an anesthesiologist, physician, dentist, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions, unless hospital policy adopted pursuant to clause (B) of subdivision (3) of Section 10.7 of the Hospital Licensing Act or ambulatory surgical treatment center policy adopted pursuant to clause (B) of subdivision (3) of Section 6.5 of the Ambulatory Surgical Treatment Center Act provides otherwise. A certified registered nurse anesthetist may select, order, and administer medication for anesthesia services under the anesthesia plan agreed to by the anesthesiologist or the physician, in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

(b) An advanced practice A certified registered nurse anesthetist who provides anesthesia services in a hospital shall do so in accordance with Section 10.7 of the Hospital Licensing Act and, in an ambulatory surgical treatment center, in accordance with Section 6.5 of the Ambulatory Surgical Treatment Center Act.

(c) A certified registered nurse anesthetist who provides anesthesia services in a physician office, dental office, or podiatric office shall enter into a written practice agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches, the dentist, or the podiatrist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and anesthesiologist, physician, dentist, or podiatrist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. In a dentist's office, the certified registered nurse anesthetist may only provide those services the dentist is authorized to provide pursuant to the Illinois Dental Practice Act and rules. In a podiatrist's office, the certified registered nurse anesthetist may only provide those services the podiatrist is authorized to provide pursuant to the Podiatric Medical Practice Act of 1987 and rules. For anesthesia services, an anesthesiologist, physician, dentist, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions.

(d) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section 15-15 to provide anesthesia services ordered by a licensed physician, dentist, or podiatrist. Certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or the

physician in accordance with hospital alternative policy or the medical staff consulting committee policies of a licensed ambulatory surgical treatment center. In a physician's office, dentist's office, or podiatrist's office, the anesthesiologist, operating physician, operating dentist, or operating podiatrist shall agree with the anesthesia plan, in accordance with the written practice agreement.

(e) ~~A certified registered nurse anesthetist may be delegated limited prescriptive authority under Section 15-20 in a written collaborative agreement meeting the requirements of Section 15-15.~~

(Source: P.A. 91-414, eff. 8-6-99.)

(225 ILCS 65/65-50 new) (was 225 ILCS 65/15-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-50 15-30. APN title Title.

(a) No person shall use any words, abbreviations, figures, letters, title, sign, card, or device tending to imply that he or she is an advanced practice nurse, including but not limited to using the titles or initials "Advanced Practice Nurse", "Certified Nurse Midwife", "Certified Nurse Practitioner", "Registered Nurse Anesthetist", "Clinical Nurse Specialist", "A.P.N.", "C.N.M.", "C.N.P.", "C.R.N.A.", "C.N.S.", or similar titles or initials, with the intention of indicating practice as an advanced practice nurse without meeting the requirements of this Act.

(b) No advanced practice nurse shall indicate to other persons that he or she is qualified to engage in the practice of medicine. ~~No advanced practice nurse shall use the title of doctor or associate with his or her name or any other term to indicate to other persons that he or she is qualified to engage in the general practice of medicine.~~

(c) (b) An advanced practice nurse shall verbally identify himself or herself as an advanced practice nurse, including specialty certification, to each patient.

(d) (e) Nothing in this Act shall be construed to relieve a ~~physician of professional or legal responsibility for the care and treatment of persons attended by him or her or to relieve an advanced practice nurse of the professional or legal responsibility for the care and treatment of persons attended by him or her.~~

(Source: P.A. 90-742, eff. 8-13-98; 91-414, eff. 8-6-99.)

(225 ILCS 65/65-55 new) (was 225 ILCS 65/15-40)

(Section scheduled to be repealed on January 1, 2008)

Sec. 65-55 15-40. Advertising as an APN.

(a) A person licensed under this Act as an advanced practice nurse Title may advertise the availability of professional services in the public media or on the premises where the professional services are rendered. The advertising shall be limited to the following information:

- (1) publication of the person's name, title, office hours, address, and telephone number;
- (2) information pertaining to the person's areas of specialization, including but not limited to appropriate board certification or limitation of professional practice;
- (3) publication of the person's collaborating physician's, ~~dentist's, or podiatrist's~~ name, title, and areas of specialization;

(4) information on usual and customary fees for routine professional services offered, which shall include notification that fees may be adjusted due to complications or unforeseen circumstances;

(5) announcements of the opening of, change of, absence from, or return to business;

(6) announcement of additions to or deletions from professional licensed staff; and

(7) the issuance of business or appointment cards.

(b) It is unlawful for a person licensed under this Act as an advanced practice nurse Title to use testimonials or claims of superior quality of care to entice the public. It shall be unlawful to advertise fee comparisons of available services with those of other licensed persons.

(c) This Article Title does not authorize the advertising of professional services that the offeror of the services is not licensed or authorized to render. Nor shall the advertiser use statements that contain false, fraudulent, deceptive, or misleading material or guarantees of success, statements that play upon the vanity or fears of the public, or statements that promote or produce unfair competition.

(d) It is unlawful and punishable under the penalty provisions of this Act for a person licensed under this Article Title to knowingly advertise that the licensee will accept as payment for services rendered by assignment from any third party payor the amount the third party payor covers as payment in full, if the effect is to give the impression of eliminating the need of payment by the patient of any required deductible or copayment applicable in the patient's health benefit plan.

(e) (d-5) A licensee shall include in every advertisement for services regulated under this Act his or

her title as it appears on the license or the initials authorized under this Act.

(f) (e) As used in this Section, "advertise" means solicitation by the licensee or through another person or entity by means of handbills, posters, circulars, motion pictures, radio, newspapers, or television or any other manner.

(Source: P.A. 90-742, eff. 8-13-98; 91-310, eff. 1-1-00.)

(225 ILCS 65/65-60 new) (was 225 ILCS 65/15-45)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~65-60~~ ~~45-45~~. Continuing education. The Department shall adopt rules of continuing education for persons licensed under this ~~Article Title~~ that require 50 hours of continuing education per 2-year license renewal cycle. Completion of the 50 hours of continuing education shall be deemed to satisfy the continuing education requirements for renewal of a registered professional nurse license as required by this Act. The rules shall not be inconsistent with requirements of relevant national certifying bodies or State or national professional associations. The rules shall also address variances in part or in whole for good cause, including but not limited to illness or hardship. The continuing education rules shall assure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(Source: P.A. 92-750, eff. 1-1-03.)

(225 ILCS 65/65-65 new) (was 225 ILCS 65/15-55)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~65-65~~ ~~45-55~~. Reports relating to APN professional conduct and capacity.

(a) Entities Required to Report.

(1) Health Care Institutions. The chief administrator or executive officer of a health care institution licensed by the Department of Public Health, which provides the minimum due process set forth in Section 10.4 of the Hospital Licensing Act, shall report to the APN Board when an advanced practice nurse's a licensee's organized professional staff clinical privileges are terminated or are restricted based on a final determination, in accordance with that institution's bylaws or rules and regulations, that (i) a person has either committed an act or acts that may directly threaten patient care and that are not of an administrative nature or (ii) that a person may be mentally or physically disabled in a manner that may endanger patients under that person's care. The chief administrator or officer shall also report if an advanced practice nurse a licensee accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care and not of an administrative nature, or in lieu of formal action seeking to determine whether a person may be mentally or physically disabled in a manner that may endanger patients under that person's care. The APN Board shall provide by rule for the reporting to it of all instances in which a person licensed under this ~~Article Title~~, who is impaired by reason of age, drug, or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Reports submitted under this subsection shall be strictly confidential and may be reviewed and considered only by the members of the APN Board or authorized staff as provided by rule of the APN Board. Provisions shall be made for the periodic report of the status of any such reported person not less than twice annually in order that the APN Board shall have current information upon which to determine the status of that person. Initial and periodic reports of impaired advanced practice nurses shall not be considered records within the meaning of the State Records Act and shall be disposed of, following a determination by the APN Board that such reports are no longer required, in a manner and at an appropriate time as the APN Board shall determine by rule. The filing of reports submitted under this subsection shall be construed as the filing of a report for purposes of subsection (c) of this Section.

(2) Professional Associations. The President or chief executive officer of an association or society of persons licensed under this ~~Article Title~~, operating within this State, shall report to the APN Board when the association or society renders a final determination that a person licensed under this ~~Article Title~~ has committed unprofessional conduct related directly to patient care or that a person may be mentally or physically disabled in a manner that may endanger patients under the person's care.

(3) Professional Liability Insurers. Every insurance company that offers policies of professional liability insurance to persons licensed under this ~~Article Title~~, or any other entity that seeks to indemnify the professional liability of a person licensed under this ~~Article Title~~, shall report to the APN Board the settlement of any claim or cause of action, or final judgment rendered in any cause of action, that alleged negligence in the furnishing of patient care by the licensee when the settlement or final judgment is in favor of the plaintiff.

(4) State's Attorneys. The State's Attorney of each county shall report to the APN Board all instances in which a person licensed under this Article Title is convicted or otherwise found guilty of the commission of a felony.

(5) State Agencies, boards, commissions, departments, or other instrumentalities of the government of this State shall report to the APN Board any instance arising in connection with the operations of the agency, including the administration of any law by the agency, in which a person licensed under this Article Title has either committed an act or acts that may constitute a violation of this Article Title, that may constitute unprofessional conduct related directly to patient care, or that indicates that a person licensed under this Article Title may be mentally or physically disabled in a manner that may endanger patients under that person's care.

(b) Mandatory Reporting. All reports required under items ~~(16) and (17) (8) and (9)~~ of subsection (a) of Section ~~70-5 15-50~~ and under this Section shall be submitted to the APN Board in a timely fashion. The reports shall be filed in writing within 60 days after a determination that a report is required under this Article Title. All reports shall contain the following information:

(1) The name, address, and telephone number of the person making the report.

(2) The name, address, and telephone number of the person who is the subject of the report.

(3) The name or other means of identification of any patient or patients whose treatment is a subject of the report, except that no medical records may be revealed without the written consent of the patient or patients.

(4) A brief description of the facts that gave rise to the issuance of the report, including but not limited to the dates of any occurrences deemed to necessitate the filing of the report.

(5) If court action is involved, the identity of the court in which the action is filed, the docket number, and date of filing of the action.

(6) Any further pertinent information that the reporting party deems to be an aid in the evaluation of the report.

Nothing contained in this Section shall be construed to in any way waive or modify the confidentiality of medical reports and committee reports to the extent provided by law. Any information reported or disclosed shall be kept for the confidential use of the APN Board, the APN Board's attorneys, the investigative staff, and authorized clerical staff and shall be afforded the same status as is provided information concerning medical studies in Part 21 of Article VIII of the Code of Civil Procedure.

(c) Immunity from Prosecution. An individual or organization acting in good faith, and not in a wilful and wanton manner, in complying with this Section Title by providing a report or other information to the APN Board, by assisting in the investigation or preparation of a report or information, by participating in proceedings of the APN Board, or by serving as a member of the Board shall not, as a result of such actions, be subject to criminal prosecution or civil damages.

(d) Indemnification. Members of the APN Board, the APN Board's attorneys, the investigative staff, advanced practice nurses or physicians retained under contract to assist and advise in the investigation, and authorized clerical staff shall be indemnified by the State for any actions (i) occurring within the scope of services on the APN Board, (ii) performed in good faith, and (iii) not wilful and wanton in nature. The Attorney General shall defend all actions taken against those persons unless he or she determines either that there would be a conflict of interest in the representation or that the actions complained of were not performed in good faith or were wilful and wanton in nature. If the Attorney General declines representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not performed in good faith or were wilful and wanton in nature. The member shall notify the Attorney General within 7 days of receipt of notice of the initiation of an action involving services of the APN Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification. The Attorney General shall determine within 7 days after receiving the notice whether he or she will undertake to represent the member.

(e) Deliberations of APN Board. Upon the receipt of a report called for by this Section Title, other than those reports of impaired persons licensed under this Article Title required pursuant to the rules of the APN Board, the APN Board shall notify in writing by certified mail the person who is the subject of the report. The notification shall be made within 30 days of receipt by the APN Board of the report. The notification shall include a written notice setting forth the person's right to examine the report. Included in the notification shall be the address at which the file is maintained, the name of the custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding to, clarifying, adding to, or proposing to amend

the report previously filed. The statement shall become a permanent part of the file and shall be received by the APN Board no more than 30 days after the date on which the person was notified of the existence of the original report. The APN Board shall review all reports received by it and any supporting information and responding statements submitted by persons who are the subject of reports. The review by the APN Board shall be in a timely manner but in no event shall the APN Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the APN Board. When the APN Board makes its initial review of the materials contained within its disciplinary files, the APN Board shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Failure to make that determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action. Should the APN Board find that there are not sufficient facts to warrant further investigation or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported. The individual or entity filing the original report or complaint and the person who is the subject of the report or complaint shall be notified in writing by the APN Board of any final action on their report or complaint.

(f) Summary Reports. The APN Board shall prepare, on a timely basis, but in no event less than one every other month, a summary report of final actions taken upon disciplinary files maintained by the APN Board. The summary reports shall be made available to the public upon request and payment of the fees set by the Department. This publication may be made available to the public on the Department's Internet website sent by the APN Board to every health care facility licensed by the Department of Public Health, every professional association and society of persons licensed under this Title functioning on a statewide basis in this State, all insurers providing professional liability insurance to persons licensed under this Title in this State, and the Illinois Pharmacists Association.

(g) Any violation of this Section shall constitute a Class A misdemeanor.

(h) If a person violates the provisions of this Section, an action may be brought in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, for an order enjoining the violation or for an order enforcing compliance with this Section. Upon filing of a verified petition in court, the court may issue a temporary restraining order without notice or bond and may preliminarily or permanently enjoin the violation, and if it is established that the person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this subsection shall be in addition to, and not in lieu of, all other remedies and penalties provided for by this Section.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/Art. 70 heading new) (was 225 ILCS 65/Tit. 20 heading)

Article 70 TITLE 20. ADMINISTRATION AND ENFORCEMENT

(225 ILCS 65/70-5 new) (was 225 ILCS 65/10-45)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-5 ~~10-45~~. Grounds for disciplinary action.

(a) The Department may, ~~upon recommendation of the Board,~~ refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action as the Department may deem appropriate, including fines not to exceed \$10,000 per violation, with regard to a license for any one or combination of the causes set forth in subsection (b) below. ~~Fines up to \$2,500 may be imposed in conjunction with other forms of disciplinary action for those violations that result in monetary gain for the licensee. Fines shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Fines shall not be assessed in disciplinary actions involving mental or physical illness or impairment. All fines collected under this Section shall be deposited in the Nursing Dedicated and Professional Fund.~~

(b) Grounds for disciplinary action include the following:

(1) Material deception in furnishing information to the Department.

(2) Material violations of any provision of this Act or violation of the rules of or final administrative action of the ~~Secretary~~ Director, after consideration of the recommendation of the Board.

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or by sentencing of any crime, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, of any crime under the laws of any jurisdiction of the United States: (i) that which is a felony; or (ii) that which is a misdemeanor, an essential element of which is dishonesty, or ~~that (iii) of any crime which~~ is directly related to the practice of the profession.

[June 28, 2007]

- (4) A pattern of practice or other behavior which demonstrates incapacity or incompetency to practice under this Act.
- (5) Knowingly aiding or assisting another person in violating any provision of this Act or rules.
- (6) Failing, within 90 days, to provide a response to a request for information in response to a written request made by the Department by certified mail.
- (7) Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, as defined by rule.
- (8) Unlawful ~~taking, theft, selling, distributing, or manufacturing sale or distribution~~ of any drug, narcotic, or prescription device, ~~or unlawful conversion of any drug, narcotic or prescription device.~~
- (9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that could result which results in a licensee's inability to practice with reasonable judgment, skill or safety.
- (10) Discipline by another U.S. jurisdiction or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth in this Section.
- (11) A finding that the licensee, after having her or his license placed on probationary status or subject to conditions or restrictions, has violated the terms of probation or failed to comply with such terms or conditions.
- (12) Being named as a perpetrator in an indicated report by the Department of Children and Family Services and under the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.
- (13) Willful omission to file or record, or willfully impeding the filing or recording or inducing another person to omit to file or record medical reports as required by law or willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act.
- (14) Gross negligence in the practice of practical, professional, or advanced practice nursing.
- (15) Holding oneself out to be practicing nursing under any name other than one's own.
- (16) Failure of a licensee to report to the Department any adverse final action taken against him or her by another licensing jurisdiction of the United States or any foreign state or country, any peer review body, any health care institution, any professional or nursing society or association, any governmental agency, any law enforcement agency, or any court or a nursing liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section.
- (17) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice nursing or advanced practice nursing in another state or jurisdiction or current surrender by the licensee of membership on any nursing staff or in any nursing or advanced practice nursing or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined by this Section.
- (18) Failing, within 60 days, to provide information in response to a written request made by the Department.
- (19) Failure to establish and maintain records of patient care and treatment as required by law.
- (20) ~~(+6)~~ Fraud, deceit or misrepresentation in applying for or procuring a license under this Act or in connection with applying for renewal of a license under this Act.
- (21) ~~(+7)~~ Allowing another person or organization to use the licensees' license to deceive the public.
- (22) ~~(+8)~~ Willfully making or filing false records or reports in the licensee's practice, including but not limited to false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.
- (23) ~~(+9)~~ Attempting to subvert or cheat on a nurse licensing examination administered under this Act.
- (24) ~~(20)~~ Immoral conduct in the commission of an act, including, but not limited to, such as sexual abuse, sexual misconduct, or sexual exploitation, related to the licensee's practice.
- (25) ~~(21)~~ Willfully or negligently violating the confidentiality between nurse and patient except as required by law.
- (26) ~~(22)~~ Practicing under a false or assumed name, except as provided by law.
- (27) ~~(23)~~ The use of any false, fraudulent, or deceptive statement in any document connected

with the licensee's practice.

~~(28) (24) Directly or indirectly giving to or receiving from a person, firm, corporation, partnership, or association a fee, commission, rebate, or other form of compensation for professional services not actually or personally rendered.~~

~~(25) Failure of a licensee to report to the Department any adverse final action taken against such licensee by another licensing jurisdiction (any other jurisdiction of the United States or any foreign state or country), by any peer review body, by any health care institution, by any professional or nursing society or association, by any governmental agency, by any law enforcement agency, or by any court or a nursing liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section.~~

~~(26) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice nursing in another state or jurisdiction, or current surrender by the licensee of membership on any nursing staff or in any nursing or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined by this Section.~~

~~(29) (27) A violation of the Health Care Worker Self-Referral Act.~~

~~(30) (28) Physical illness, including but not limited to deterioration through the aging process or loss of motor skill, mental illness, or disability that results in the inability to practice the profession with reasonable judgment, skill, or safety.~~

~~(31) Exceeding the terms of a collaborative agreement or the prescriptive authority delegated to a licensee by his or her collaborating physician or podiatrist in guidelines established under a written collaborative agreement.~~

~~(32) Making a false or misleading statement regarding a licensee's skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.~~

~~(33) Prescribing, selling, administering, distributing, giving, or self-administering a drug classified as a controlled substance (designated product) or narcotic for other than medically accepted therapeutic purposes.~~

~~(34) Promotion of the sale of drugs, devices, appliances, or goods provided for a patient in a manner to exploit the patient for financial gain.~~

~~(35) Violating State or federal laws, rules, or regulations relating to controlled substances.~~

~~(36) Willfully or negligently violating the confidentiality between an advanced practice nurse, collaborating physician, dentist, or podiatrist and a patient, except as required by law.~~

~~(37) A violation of any provision of this Act or any rules promulgated under this Act.~~

(c) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, as amended, operates as an automatic suspension. The suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and issues an order so finding and discharging the patient; and upon the recommendation of the Board to the ~~Secretary~~ ~~Director~~ that the licensee be allowed to resume his or her practice.

(d) The Department may refuse to issue or may suspend or otherwise discipline the license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(e) In enforcing this ~~Act Section~~, the Department or Board ~~1~~ upon a showing of a possible violation, may compel an individual licensed to practice under this Act ~~7~~ or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The Department or Board may order the examining physician to present testimony concerning the mental or physical examination of the licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Board or Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall result in an automatic ~~be grounds for suspension without hearing of his or her license until the individual submits to the examination if the Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.~~

All substance-related violations shall mandate an automatic substance abuse assessment. Failure to submit to an assessment by a licensed physician who is certified as an addictionist or an advanced practice nurse with specialty certification in addictions may be grounds for an automatic suspension, as

defined by rule.

If the Department or Board finds an individual unable to practice or unfit for duty because of the reasons set forth in this Section, the Department or Board may require that individual to submit to a substance abuse evaluation care, counseling, or treatment by individuals or programs physicians approved or designated by the Department or Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of evaluation care, counseling, or treatment, the Department may file, or the Board may recommend to the Department to file, a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the ~~Secretary Director~~ for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the ~~Secretary Director~~ immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 15 days after the suspension and completed without appreciable delay. The Department and Board shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

An individual licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department or ~~Board~~ that he or she can resume practice in compliance with nursing acceptable and prevailing standards under the provisions of his or her license.

(Source: P.A. 90-742, eff. 8-13-98; revised 12-15-05.)

(225 ILCS 65/70-10 new) (was 225 ILCS 65/10-50)

(Section scheduled to be repealed on January 1, 2008)

Sec. 70-10 40-50. Intoxication and drug abuse.

(a) ~~A professional assistance program for nurses shall be established by January 1, 1999.~~

(b) ~~The Director shall appoint a task force to advise in the creation of the assistance program. The task force shall include members of the Department and professional nurses, and shall report its findings and recommendations to the Committee on Nursing.~~

(a) ~~(e) Any registered professional nurse who is an administrator or officer in any hospital, nursing home, other health care agency or facility, or nurse agency and has knowledge of any action or condition which reasonably indicates to her or him that a registered professional nurse or licensed practical nurse is impaired due to the use of alcohol or mood altering drugs to the extent that such impairment employed by or practicing nursing in such hospital, nursing home, other health care agency or facility, or nurse agency is habitually intoxicated or addicted to the use of habit-forming drugs to the extent that such intoxication or addiction adversely affects such nurse's professional performance, or unlawfully possesses, uses, distributes or converts mood altering habit-forming drugs belonging to the place of employment hospital, nursing home or other health care agency or facility for such nurse's own use, shall promptly file a written report the individual thereof to the Department or designee of the Department; provided however, an administrator or officer need not file the report if the nurse participates in a course of remedial professional counseling or medical treatment for substance abuse, as long as such nurse actively pursues such treatment under monitoring by the administrator or officer or by the hospital, nursing home, health care agency or facility, or nurse agency and the nurse continues to be employed by such hospital, nursing home, health care agency or facility, or nurse agency. The Department shall review all reports received by it in a timely manner. Its initial review shall be completed no later than 60 days after receipt of the report. Within this 60 day period, the Department shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Any nurse participating in mandatory reporting to the Department under this Section or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action.~~

Should the Department find insufficient facts to warrant further investigation, or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported.

Should the Department find sufficient facts to warrant further investigation, such investigation shall be completed within 60 days of the date of the determination of sufficient facts to warrant further investigation or action. Final action shall be determined no later than 30 days after the completion of the investigation. If there is a finding which verifies habitual intoxication or drug addiction which adversely affects professional performance or the unlawful possession, use, distribution or conversion of habit-forming drugs by the reported nurse, the Department may refuse to issue or renew or may suspend or revoke that nurse's license as a registered professional nurse or a licensed practical nurse.

Any of the aforementioned actions or a determination that there are insufficient facts to warrant further investigation or action shall be considered a final action. The nurse administrator or officer who filed the original report or complaint, and the nurse who is the subject of the report, shall be notified in writing by the Department within 15 days of any final action taken by the Department.

(b) Each year on March 1, ~~commencing with the effective date of this Act,~~ the Department shall submit a report to the General Assembly. The report shall include the number of reports made under this Section to the Department during the previous year, the number of reports reviewed and found insufficient to warrant further investigation, the number of reports not completed and the reasons for incompletion. This report shall be made available also to nurses requesting the report.

(c) Any person making a report under this Section or in good faith assisting another person in making such a report shall have immunity from any liability, either criminal or civil, that might result by reason of such action. For the purpose of any legal proceeding, criminal or civil, there shall be a rebuttable presumption that any person making a report under this Section or assisting another person in making such report was acting in good faith. All such reports and any information disclosed to or collected by the Department pursuant to this Section shall remain confidential records of the Department and shall not be disclosed nor be subject to any law or regulation of this State relating to freedom of information or public disclosure of records.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-15 new)

Sec. 70-15. Disciplinary and non-disciplinary options for the impaired nurse. The Department shall establish by rule a program of care, counseling, and treatment for the impaired nurse. This program shall allow an impaired nurse to self-refer to the program. Individual licensee health care records shall be privileged and confidential, unavailable for use in any proceeding, and not subject to disclosure. Nothing in this Section nor the rules adopted under this Section shall impair or prohibit the Department from taking disciplinary action based upon the grounds set forth in Section 70-5 of this Act.

(225 ILCS 65/70-20 new) (was 225 ILCS 65/20-13)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-20~~ 20-13. Suspension of license or registration for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 46-1 of the Criminal Code of 1961. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

(Source: P.A. 94-577, eff. 1-1-06.)

(225 ILCS 65/70-25 new) (was 225 ILCS 65/20-25)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-25~~ 20-25. Returned checks; fines. Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50. The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or deny the application, without hearing. If, after termination or denial, the person seeks a license, he or she shall apply to the Department for restoration or issuance of the license and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license to pay all expenses of processing this application. The ~~Secretary~~ Director may waive the fines due under this Section in individual cases where the ~~Secretary~~ Director finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 92-146, eff. 1-1-02.)

(225 ILCS 65/70-30 new) (was 225 ILCS 65/20-30)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-30~~ 20-30. Roster. The Department shall maintain a roster of the names and addresses of all licensees and of all persons whose licenses have been suspended or revoked. This roster shall be available upon written request and payment of the required fees.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-35 new) (was 225 ILCS 65/20-31)

(Section scheduled to be repealed on January 1, 2008)

[June 28, 2007]

Sec. ~~70-35 20-31~~. Licensure requirements; internet site. The Department shall make available to the public the requirements for licensure in English and Spanish on the internet through the Department's World Wide Web site. This information shall include the requirements for licensure of individuals currently residing in another state or territory of the United States or a foreign country, territory, or province. The Department shall establish an e-mail link to the Department for information on the requirements for licensure, with replies available in English and Spanish.

(Source: P.A. 93-519, eff. 1-1-04.)

(225 ILCS 65/70-40 new) (was 225 ILCS 65/20-32)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-40 20-32~~. Educational resources; internet link. The Department shall work with the Board of Nursing, the APN Board, the Board of Higher Education, the Illinois Student Assistance Commission, Statewide organizations, and community-based organizations to develop a list of Department-approved nursing programs and other educational resources related to the Test of English as a Foreign Language and the Commission on Graduates of Foreign Nursing Schools Examination. The Department shall provide a link to a list of these resources, in English and Spanish, on the Department's World Wide Web site.

(Source: P.A. 93-519, eff. 1-1-04.)

(225 ILCS 65/70-45 new) (was 225 ILCS 65/20-35)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-45 20-35~~. Fees.

(a) The Department shall provide by rule for a schedule of fees to be paid for licenses by all applicants.

(b) ~~(a-5)~~ Except as provided in subsection (c) of this Section ~~(b)~~, the fees for the administration and enforcement of this Act, including but not limited to original licensure, renewal, and restoration, shall be set by rule. The fees shall not be refundable.

(c) ~~(b)~~ In addition, applicants for any examination as a Registered Professional Nurse or a Licensed Practical Nurse shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the applicant's application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-50 new) (was 225 ILCS 65/20-40)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-50 20-40~~. Fund.

(a) There is hereby created within the State Treasury the Nursing Dedicated and Professional Fund. The monies in the Fund may be used by and at the direction of the Department for the administration and enforcement of this Act, including but not limited to:

(1) ~~(a)~~ Distribution and publication of this Act ~~the Nursing and Advanced Practice Nursing Act~~ and the rules at the time of renewal to all persons

licensed by the Department under this Act.

(2) ~~(b)~~ Employment of secretarial, nursing, administrative, enforcement, and other staff for the administration of this Act.

~~(c)~~ Conducting a survey, as prescribed by rule of the Department, once every 4 years during the license renewal period.

~~(d)~~ Conducting of training seminars for licensees under this Act relating to the obligations, responsibilities, enforcement and other provisions of the Act and its rules.

(b) (e) Disposition of fees Fees:

(1) \$5 of every licensure fee shall be placed in a fund for assistance to nurses enrolled in a diversionary program as approved by the Department.

(i) ~~(Blank).~~

(2) (ii) All of the fees and fines and penalties collected pursuant to this Act shall be deposited in the

Nursing Dedicated and Professional Fund.

(3) ~~Each~~ (iii) For the fiscal year ~~beginning July 1, 1988~~, the moneys deposited in the Nursing Dedicated and Professional Fund

shall be appropriated to the Department for expenses of the Department and the Board in the administration of this Act. All earnings received from investment of moneys in the Nursing Dedicated and Professional Fund shall be deposited in the Nursing Dedicated and Professional Fund and shall be

used for the same purposes as fees deposited in the Fund.

(4) ~~(iv)~~ For the fiscal year beginning July 1, 2004 and for each fiscal year thereafter, \$1,200,000 of the moneys deposited in the Nursing Dedicated and Professional Fund each year shall be set aside and appropriated to the Illinois Department of Public Health for nursing scholarships awarded pursuant to the Nursing Education Scholarship Law. Representatives of the Department and the Nursing Education Scholarship Program Advisory Council shall review this requirement and the scholarship awards every 2 years.

(5) ~~(v)~~ Moneys in the Fund may be transferred to the Professions Indirect Cost Fund as authorized under Section 2105-300 of the Department of Professional Regulation Law (20 ILCS 2105/2105-300).

(f) Moneys set aside for nursing scholarships awarded pursuant to the Nursing Education Scholarship Law as provided in item (iv) of subsection (e) of this Section may not be transferred under Section 8h of the State Finance Act.

(Source: P.A. 92-46, eff. 7-1-01; 93-806, eff. 7-24-04; 93-1054, eff. 11-18-04; revised 12-1-04.)

(225 ILCS 65/70-55 new) (was 225 ILCS 65/20-50)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-55~~ ~~20-50~~. ~~Statute of limitations~~ ~~Limitation on action~~. All proceedings to suspend, revoke, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the ~~foregoing~~ grounds under Section 70-5 of this Act may not be commenced later than 5 ~~3~~ years next after the commission of any act which is a ground for discipline or a final conviction order for any of the acts described ~~herein~~. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to the final judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being rounded on the allegation that a person licensed under this Act was negligent in providing care, the Department shall have an additional period of 2 years ~~one year~~ from the date of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under ~~Section 25~~ of this Act, except as otherwise provided by law. The time during which the holder of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Board.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-60 new) (was 225 ILCS 65/20-55)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-60~~ ~~20-55~~. ~~Summary suspension~~; ~~Suspension for imminent danger~~. The ~~Secretary~~ ~~Director~~ of the Department may, upon receipt of a written communication from the Secretary of Human Services, the Director of Healthcare and Family Services (formerly Director of Public Aid), or the Director of Public Health that continuation of practice of a person licensed under this Act constitutes an immediate danger to the public, immediately suspend the license of such person without a hearing. In instances in which the ~~Secretary~~ ~~Director~~ immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Department within 30 days after such suspension and completed without appreciable delay, such hearing held to determine whether to recommend to the ~~Secretary~~ ~~Director~~ that the person's license be revoked, suspended, placed on probationary status or reinstated, or such person be subject to other disciplinary action. In such hearing, the written communication and any other evidence submitted therewith may be introduced as evidence against such person; provided, however, the person, or his or her counsel, shall have the opportunity to discredit or impeach and submit evidence rebutting such evidence.

(Source: P.A. 89-507, eff. 7-1-97; 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; revised 12-15-05.)

(225 ILCS 65/70-65 new) (was 225 ILCS 65/20-65)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-65~~ ~~20-65~~. Liability of State. In the event that the Department's order of revocation, suspension, placing the licensee on probationary status, or other order of formal disciplinary action is without any reasonable basis, then the State of Illinois shall be liable to the injured party for those special damages suffered as a direct result of such order.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-70 new) (was 225 ILCS 65/20-70)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-70~~ ~~20-70~~. Right to legal counsel. No action of a disciplinary nature that is predicated on charges alleging unethical or unprofessional conduct of a person who is licensed under this Act a ~~registered professional nurse or a licensed practical nurse~~ and that can be reasonably expected to affect adversely that person's maintenance of her or his present, or her or his securing of future, employment as such a nurse may be taken by the Department, ~~by any association, or by any person~~ unless the person

against whom such charges are made is afforded the right to be represented by legal counsel of her or his choosing and to present any witness, whether an attorney or otherwise to testify on matters relevant to such charges.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-75 new) (was 225 ILCS 65/20-75)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-75~~ ~~20-75~~. Injunctive remedies.

(a) If any person violates the provision of this Act, the Secretary ~~Director~~ may, in the name of the People of the State of Illinois, through the Attorney General of the State of Illinois, or the State's Attorney of any county in which the action is brought, petition for an order enjoining such violation or for an order enforcing compliance with this Act. Upon the filing of a verified petition in court, the court may issue a temporary restraining order, without notice or bond, and may preliminarily and permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the court may punish the offender for contempt of court. Proceedings under this Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

(b) If any person shall practice as a nurse or hold herself or himself out as a nurse without being licensed under the provisions of this Act, then any licensed nurse, any interested party, or any person injured thereby may, in addition to the Secretary ~~Director~~, petition for relief as provided in subsection (a) of this Section.

~~(b-5)~~ Whoever knowingly practices or offers to practice nursing in this State without a license for that purpose shall be guilty of a Class A misdemeanor and for each subsequent conviction, shall be guilty of a Class 4 felony. All criminal fines, monies, or other property collected or received by the Department under this Section or any other State or federal statute, including, but not limited to, property forfeited to the Department under Section 505 of the Illinois Controlled Substances Act or Section 85 of the Methamphetamine Control and Community Protection Act, shall be deposited into the Professional Regulation Evidence Fund.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

(Source: P.A. 94-556, eff. 9-11-05.)

(225 ILCS 65/70-80 new) (was 225 ILCS 65/20-80)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-80~~ ~~20-80~~. Investigation; notice; hearing. Prior to bringing an action before the Board, the Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license. The Department shall, before suspending, revoking, placing on probationary status, or taking any other disciplinary action as the Department may deem proper with regard to any license, at least 30 days prior to the date set for the hearing, notify the accused in writing of any charges made and the time and place for a hearing of the charges before the Board, direct her or him to file a written answer thereto to the Board under oath within 20 days after the service of such notice and inform the licensee that if she or he fails to file such answer default will be taken against the licensee and such license may be suspended, revoked, placed on probationary status, or have other disciplinary action, including limiting the scope, nature or extent of her or his practice, as the Department may deem proper taken with regard thereto. Such written notice may be served by personal delivery or certified or registered mail to the respondent at the address of her or his last notification to the Department. At the time and place fixed in the notice, the Department shall proceed to hear the charges and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence and argument as may be pertinent to the charges or to the defense to the charges. The Department may continue a hearing from time to time. In case the accused person, after receiving notice, fails to file an answer, her or his license may in the discretion of the Secretary ~~Director~~, having received first the recommendation of the Board, be suspended, revoked, placed on probationary status, or the Secretary ~~Director~~ may take whatever disciplinary action as he or she may deem proper, including limiting the scope, nature, or extent of said person's practice, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-85 new) (was 225 ILCS 65/20-85)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-85~~ ~~20-85~~. Stenographer; transcript. The Department, at its expense, shall provide a stenographer to take down the testimony and preserve a record of all proceedings at the hearing of any case wherein any disciplinary action is taken regarding a license. The notice of hearing, complaint and all other documents in the nature of pleadings and written motions filed in the proceedings, the transcript of testimony, the report of the Board and the orders of the Department shall be the record of the proceedings. The Department shall furnish a transcript of the record to any person interested in the hearing upon payment of the fee required under Section 2105-115 of the Department of Professional Regulation Law (20 ILCS 2105/2105-115).

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-239, eff. 1-1-00.)

(225 ILCS 65/70-90 new) (was 225 ILCS 65/20-90)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-90~~ ~~20-90~~. Compelled testimony and production of documents. Any circuit court may, upon application of the Department or designee or of the applicant or licensee against whom proceedings upon Section ~~70-80~~ ~~20-80~~ of this Act are pending, enter an order requiring the attendance of witnesses and their testimony, and the production of documents, papers, files, books and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-95 new) (was 225 ILCS 65/20-95)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-95~~ ~~20-95~~. Subpoena power; oaths. The Department shall have power to subpoena and bring before it any person in this State and to take testimony, either orally or by deposition or both, with the same fees and mileage and in the same manner as prescribed by law in judicial proceedings in civil cases in circuit courts of this State.

The ~~Secretary Director~~ and any member of the Board designated by the ~~Secretary Director~~ shall each have power to administer oaths to witnesses at any hearing which the Department is authorized to conduct under this Act, and any other oaths required or authorized to be administered by the Department under this Act.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-100 new) (was 225 ILCS 65/20-100)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-100~~ ~~20-100~~. Board report. At the conclusion of the hearing the Board shall present to the ~~Secretary Director~~ a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding whether or not the accused person violated this Act or failed to comply with the conditions required in this Act. The report shall specify the nature of the violation or failure to comply, and the Board shall make its recommendations to the ~~Secretary Director~~.

The report of findings of fact, conclusions of law, and recommendation of the Board shall be the basis for the Department's order of refusal or for the granting of a license or permit unless the ~~Secretary Director~~ shall determine that the report is contrary to the manifest weight of the evidence, in which case the ~~Secretary Director~~ may issue an order in contravention of the report. The findings are not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and findings are not a bar to a criminal prosecution brought for the violation of this Act.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-105 new) (was 225 ILCS 65/20-105)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-105~~ ~~20-105~~. Hearing officer. The ~~Secretary Director~~ shall have the authority to appoint an attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any formal action before the Board of Nursing to revoke, suspend, place on probation, reprimand, fine, or take any other disciplinary action against with regard to a license. The hearing officer shall have full authority to conduct the formal hearing. The Board shall have the right to have at least one member present at any hearing conducted by such hearing officer. The Board members shall have equal or greater licensing qualifications than those of the licensee being prosecuted. There may be present at least one RN member of the Board at any such hearing or disciplinary conference. An LPN member or LPN educator may be present for hearings and disciplinary conferences of an LPN. The hearing officer shall report her or his findings and recommendations to the Board within 30 days of the receipt of the record. The Board shall have up to 90 days from receipt of the report to review the report of the hearing officer and present their findings of fact, conclusions of law and recommendations to the ~~Secretary Director~~. If the Board fails to present its report within the 90-day period, the ~~Secretary Director~~ may issue an order based on the report of the hearing officer. However, if the Board does present its report within the specified 90 days, the ~~Secretary's Director's~~ order shall be based upon the report of the Board.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-110 new) (was 225 ILCS 65/20-110)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-110~~ ~~20-110~~. Motion for rehearing. In any case involving refusal to issue, renew, or the discipline of a license, a copy of the Board's report shall be served upon the respondent by the Department, either personally or as provided in this Act, for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds for a rehearing. If no motion for rehearing is filed, then upon the expiration of the time then upon such denial the Secretary Director may enter an order in accordance with recommendations of the Board except as provided in Sections ~~70-100~~ ~~20-100~~ and ~~70-105~~ ~~20-105~~ of this Act. If the respondent shall order from the reporting service, and pay for a transcript of the record within the time for filing a motion for rehearing, the 20 day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-115 new) (was 225 ILCS 65/20-115)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-115~~ ~~20-115~~. Order for rehearing. Whenever the Secretary Director is satisfied that substantial justice has not been done in the revocation, suspension, or refusal to issue or renew a license, the Secretary Director may order a hearing by the same or another hearing officer or the Board.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-120 new) (was 225 ILCS 65/20-120)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-120~~ ~~20-120~~. Order of Secretary Director. An order regarding any disciplinary action or a certified copy thereof, over the seal of the Department and purporting to be signed by the Secretary Director, shall be prima facie evidence that:

(a) the signature is the genuine signature of the Secretary Director;

(b) the Secretary Director is duly appointed and qualified; and

(c) the Board and the Board members are qualified to act.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98; 91-357, eff. 7-29-99.)

(225 ILCS 65/70-125 new) (was 225 ILCS 65/20-125)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-125~~ ~~20-125~~. Restoration after suspension or revocation. At any time after the suspension or revocation of any license, the Department may restore it to the accused person unless, after an investigation and a hearing, the Department determines that restoration is not in the public interest.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-130 new) (was 225 ILCS 65/20-130)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-130~~ ~~20-130~~. Surrender of license. Upon revocation or suspension of any license, the licensee shall forthwith surrender the license to the Department and if the licensee fails to do so, the Department shall have the right to seize the license.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-135 new) (was 225 ILCS 65/20-135)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-135~~ ~~20-135~~. Temporary suspension. The Secretary Director may temporarily suspend the license of a licensee nurse without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section ~~70-80~~ ~~20-80~~ of this Act, if the Secretary Director finds that evidence in his or her possession indicates that continuation in practice would constitute an imminent danger to the public. In the event that the Secretary Director suspends, temporarily, this license without a hearing, a hearing by the Department must be held within 30 days after the suspension has occurred, and be concluded without appreciable delay.

Proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides; but if the party is not a resident of this State, the venue shall be in Sangamon County.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-140 new) (was 225 ILCS 65/20-140)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-140~~ ~~20-140~~. Administrative Review Law. All final administrative decisions of the Department hereunder shall be subject to judicial review pursuant to the revisions of the Administrative Review Law, and all amendments and modifications thereof, and the rule adopted pursuant thereto. The term

"administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-145 new) (was 225 ILCS 65/20-145)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-145~~ ~~20-145~~. Certification of record. The Department shall not be required to certify any record to the Court or file any answer in court or otherwise appear in any court in a judicial review proceeding, unless there is filed in the court, with the complaint, a receipt from the Department acknowledging payment of the costs of furnishing and certifying the record. Failure on the part of the plaintiff to file such receipt in Court shall be grounds for dismissal of the action.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-150 new) (was 225 ILCS 65/20-150)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-150~~ ~~20-150~~. Criminal penalties. Any person who is found to have violated any provision of this Act is guilty of a Class A misdemeanor. On conviction of a second or subsequent offense, the violator shall be guilty of a Class 4 felony.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-155 new) (was 225 ILCS 65/20-155)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-155~~ ~~20-155~~. Pending actions. All disciplinary actions taken or pending pursuant to the Illinois Nursing Act, approved June 14, 1951, as amended, shall, for the actions taken, remain in effect, and for the actions pending, shall be continued, on the effective date of this Act without having separate actions filed by the Department.

(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

(225 ILCS 65/70-160 new) (was 225 ILCS 65/20-160)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-160~~ ~~20-160~~. Illinois Administrative Procedure Act. The Illinois Administrative Procedure Act is hereby expressly adopted and incorporated herein as if all of the provisions of that Act were included in this Act, except that the provision of subsection (d) of Section 10-65 of the Illinois Administrative Procedure Act that provides that at hearings the licensee has the right to show compliance with all lawful requirements for retention, continuation or renewal of the license is specifically excluded. For the purposes of this Act, the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when mailed to the last known address of a party.

(Source: P.A. 90-742, eff. 8-13-98.)

(225 ILCS 65/70-165 new) (was 225 ILCS 65/20-165)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~70-165~~ ~~20-165~~. Home rule preemption. It is declared to be the public policy of this State, pursuant to paragraph (h) of Section 6 of Article VII of the Illinois Constitution of 1970, that any power or function set forth in this Act to be exercised by the State is an exclusive State power or function. Such power or function shall not be exercised concurrently, either directly or indirectly, by any unit of local government, including home rule units, except as otherwise provided in this Act.

(Source: P.A. 92-651, eff. 7-11-02.)

(225 ILCS 65/Art. 75 heading new) (was 225 ILCS 65/Tit. 17 heading)

ARTICLE 75 ~~TITLE 17~~. ILLINOIS CENTER FOR NURSING

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-5 new) (was 225 ILCS 65/17-5)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~75-5~~ ~~17-5~~. Definitions. In this Article ~~Title~~:

"Advisory Board" means the Center for Nursing Advisory Board.

"Center" means the Illinois Center for Nursing.

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-10 new) (was 225 ILCS 65/17-10)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~75-10~~ ~~17-10~~. Illinois Center for Nursing. There is created the Illinois Center for Nursing to address issues of supply and demand in the nursing profession, including issues of recruitment, retention, and utilization of nurse manpower resources. The General Assembly finds that the Center will enhance the delivery of quality health care services by providing an ongoing strategy for the allocation of the State's resources directed towards nursing. Each of the following objectives shall serve as the primary goals for the Center:

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- (1) To develop a strategic plan for nursing manpower in Illinois by selecting priorities that must be addressed.
- (2) To convene various groups of representatives of nurses, other health care providers, businesses and industries, consumers, legislators, and educators to:
 - (A) review and comment on data analysis prepared for the Center;
 - (B) recommend systemic changes, including strategies for implementation of recommended changes; and
 - (C) evaluate and report the results of the Advisory Board's efforts to the General Assembly and others.
- (3) To enhance and promote recognition, reward, and renewal activities for nurses in Illinois by:
 - (A) proposing and creating reward, recognition, and renewal activities for nursing; and
 - (B) promoting media and positive image-building efforts for nursing.

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-15 new) (was 225 ILCS 65/17-15)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~75-15~~ ~~47-15~~. Center for Nursing Advisory Board.

(a) There is created the Center for Nursing Advisory Board, which shall consist of 11 members appointed by the Governor, with 6 members of the Advisory Board being nurses representative of various nursing specialty areas. The other 5 members may include representatives of associations, health care providers, nursing educators, and consumers. The Advisory Board shall be chaired by the Nursing Act Coordinator, who shall be a voting member of the Advisory Board.

(b) The membership of the Advisory Board shall reasonably reflect representation from the geographic areas in this State.

(c) Members of the Advisory Board appointed by the Governor shall serve for terms of 4 years, with no member serving more than 10 successive years, except that, initially, 4 members shall be appointed to the Advisory Board for terms that expire on June 30, 2009, 4 members shall be appointed to the Advisory Board for terms that expire on June 30, 2008, and 3 members shall be appointed to the Advisory Board for terms that expire on June 30, 2007. A member shall serve until his or her successor is appointed and has qualified. Vacancies shall be filled in the same manner as original appointments, and any member so appointed shall serve during the remainder of the term for which the vacancy occurred.

(d) A quorum of the Advisory Board shall consist of a majority of Advisory Board members currently serving. A majority vote of the quorum is required for Advisory Board decisions. A vacancy in the membership of the Advisory Board shall not impair the right of a quorum to exercise all of the rights and perform all of the duties of the Advisory Board.

(e) The Governor may remove any appointed member of the Advisory Board for misconduct, incapacity, or neglect of duty and shall be the sole judge of the sufficiency of the cause for removal.

(f) Members of the Advisory Board are immune from suit in any action based upon any activities performed in good faith as members of the Advisory Board.

(e) Members of the Advisory Board shall not receive compensation, but shall be reimbursed for actual traveling, incidentals, and expenses necessarily incurred in carrying out their duties as members of the Advisory Board, as approved by the Department.

(Source: P.A. 94-1020, eff. 7-11-06.)

(225 ILCS 65/75-20 new) (was 225 ILCS 65/17-20)

(Section scheduled to be repealed on January 1, 2008)

Sec. ~~75-20~~ ~~47-20~~. Powers and duties of the Advisory Board.

(a) The Advisory Board shall be advisory to the Department and shall possess and perform each of the following powers and duties:

(1) determine operational policy;

(2) administer grants, scholarships, internships, and other programs, as defined by rule, including the administration of programs, as determined by law, that further those goals set forth in Section ~~75-10~~ ~~47-10~~ of this ~~Article Title~~, in consultation with other State agencies, as provided by law;

(3) establish committees of the Advisory Board as needed;

(4) recommend the adoption and, from time to time, the revision of those rules that may be adopted and necessary to carry out the provisions of this Act;

(5) implement the major functions of the Center, as established in the goals set forth

in Section ~~75-10~~ ~~17-10~~ of this ~~Article~~ ~~Title~~; and

(6) seek and accept non-State funds for carrying out the policy of the Center.

(b) The Center shall work in consultation with other State agencies as necessary.
(Source: P.A. 94-1020, eff. 7-11-06.)

Section 130. The Nursing Home Administrators Licensing and Disciplinary Act is amended by changing Section 4 as follows:

(225 ILCS 70/4) (from Ch. 111, par. 3654)

(Section scheduled to be repealed on January 1, 2008)

Sec. 4. Definitions. For purposes of this Act, the following definitions shall have the following meanings, except where the context requires otherwise:

(1) "Act" means the Nursing Home Administrators Licensing and Disciplinary Act.

(2) "Department" means the Department of Professional Regulation.

(3) "Director" means the Director of Professional Regulation.

(4) "Board" means the Nursing Home Administrators Licensing and Disciplinary Board appointed by the Governor.

(5) "Nursing home administrator" means the individual licensed under this Act and directly responsible for planning, organizing, directing and supervising the operation of a nursing home, or who in fact performs such functions, whether or not such functions are delegated to one or more other persons.

(6) "Nursing home" or "facility" means any entity that is required to be licensed by the Department of Public Health under the Nursing Home Care Act, as amended, other than a sheltered care home as defined thereunder, and includes private homes, institutions, buildings, residences, or other places, whether operated for profit or not, irrespective of the names attributed to them, county homes for the infirm and chronically ill operated pursuant to the County Nursing Home Act, as amended, and any similar institutions operated by a political subdivision of the State of Illinois that provide, though their ownership or management, maintenance, personal care, and nursing for 3 or more persons, not related to the owner by blood or marriage, or any similar facilities in which maintenance is provided to 3 or more persons who by reason of illness of physical infirmity require personal care and nursing.

(7) "Maintenance" means food, shelter and laundry.

(8) "Personal care" means assistance with meals, dressing, movement, bathing, or other personal needs, or general supervision of the physical and mental well-being of an individual who because of age, physical, or mental disability, emotion or behavior disorder, or mental retardation is incapable of managing his or her person, whether or not a guardian has been appointed for such individual. For the purposes of this Act, this definition does not include the professional services of a nurse.

(9) "Nursing" means professional nursing or practical nursing, as those terms are defined in the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~, for sick or infirm persons who are under the care and supervision of licensed physicians or dentists.

(10) "Disciplinary action" means revocation, suspension, probation, supervision, reprimand, required education, fines or any other action taken by the Department against a person holding a license.

(11) "Impaired" means the inability to practice with reasonable skill and safety due to physical or mental disabilities as evidenced by a written determination or written consent based on clinical evidence including deterioration through the aging process or loss of motor skill, or abuse of drugs or alcohol, of sufficient degree to diminish a person's ability to administer a nursing home.
(Source: P.A. 90-61, eff. 12-30-97; 90-742, eff. 8-13-98.)

Section 135. The Pharmacy Practice Act of 1987 is amended by changing Section 4 as follows:

(225 ILCS 85/4) (from Ch. 111, par. 4124)

(Section scheduled to be repealed on January 1, 2008)

Sec. 4. Exemptions. Nothing contained in any Section of this Act shall apply to, or in any manner interfere with:

(a) the lawful practice of any physician licensed to practice medicine in all of its branches, dentist, podiatrist, veterinarian, or therapeutically or diagnostically certified optometrist within the limits of his or her license, or prevent him or her from supplying to his or her bona fide patients such drugs, medicines, or poisons as may seem to him appropriate;

(b) the sale of compressed gases;

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(c) the sale of patent or proprietary medicines and household remedies when sold in original and unbroken packages only, if such patent or proprietary medicines and household remedies be properly and adequately labeled as to content and usage and generally considered and accepted as harmless and nonpoisonous when used according to the directions on the label, and also do not contain opium or coca leaves, or any compound, salt or derivative thereof, or any drug which, according to the latest editions of the following authoritative pharmaceutical treatises and standards, namely, The United States Pharmacopoeia/National Formulary (USP/NF), the United States Dispensatory, and the Accepted Dental Remedies of the Council of Dental Therapeutics of the American Dental Association or any or either of them, in use on the effective date of this Act, or according to the existing provisions of the Federal Food, Drug, and Cosmetic Act and Regulations of the Department of Health and Human Services, Food and Drug Administration, promulgated thereunder now in effect, is designated, described or considered as a narcotic, hypnotic, habit forming, dangerous, or poisonous drug;

(d) the sale of poultry and livestock remedies in original and unbroken packages only, labeled for poultry and livestock medication;

(e) the sale of poisonous substances or mixture of poisonous substances, in unbroken packages, for nonmedicinal use in the arts or industries or for insecticide purposes; provided, they are properly and adequately labeled as to content and such nonmedicinal usage, in conformity with the provisions of all applicable federal, state and local laws and regulations promulgated thereunder now in effect relating thereto and governing the same, and those which are required under such applicable laws and regulations to be labeled with the word "Poison", are also labeled with the word "Poison" printed thereon in prominent type and the name of a readily obtainable antidote with directions for its administration;

(f) the delegation of limited prescriptive authority by a physician licensed to practice medicine in all its branches to a physician assistant under Section 7.5 of the Physician Assistant Practice Act of 1987. This delegated authority ~~under Section 7.5 of the Physician Assistant Practice Act of 1987~~ may but is not required to include prescription of ~~Schedule III, IV, or V~~ controlled substances, as defined in Article II of the Illinois Controlled Substances Act, in accordance with written guidelines ~~under Section 7.5 of the Physician Assistant Practice Act of 1987~~; and

(g) The delegation of ~~limited~~ prescriptive authority by a physician licensed to practice medicine in all its branches to an advanced practice nurse in accordance with a written collaborative agreement under ~~Section 65-35 of the Nurse Practice Act Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act~~. This ~~delegated~~ authority, ~~which is delegated under Section 65-40 of the Nurse Practice Act~~, may but is not required to include the prescription of Schedule III, IV, or V controlled substances as defined in Article II of the Illinois Controlled Substances Act.

(Source: P.A. 90-116, eff. 7-14-97; 90-253, eff. 7-29-97; 90-655, eff. 7-30-98; 90-742, eff. 8-13-98.)

Section 140. The Illinois Physical Therapy Act is amended by changing Section 1 as follows:

(225 ILCS 90/1) (from Ch. 111, par. 4251)

(Section scheduled to be repealed on January 1, 2016)

Sec. 1. Definitions. As used in this Act:

(1) "Physical therapy" means all of the following:

(A) Examining, evaluating, and testing individuals who may have mechanical, physiological, or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions, classifying these disorders, determining a rehabilitation prognosis and plan of therapeutic intervention, and assessing the on-going effects of the interventions.

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

(C) Reducing the risk of injury, impairment, functional limitation, or disability, including the promotion and maintenance of fitness, health, and wellness.

(D) Engaging in administration, consultation, education, and research.

Physical therapy includes, but is not limited to: (a) performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists, advanced practice nurses, physician assistants, and podiatrists, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is

prescribed by the patient's physician, licensed to practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, the patient's advanced practice nurse, the patient's physician assistant, or the patient's dentist, and (f) supervision or teaching of physical therapy. Physical therapy does not include radiology, electrosurgery, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy techniques that he or she is educated and licensed to perform. A physical therapist shall refer to a licensed physician, advanced practice nurse, physician assistant, dentist, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist.

(2) "Physical therapist" means a person who practices physical therapy and who has met all requirements as provided in this Act.

(3) "Department" means the Department of Professional Regulation.

(4) "Director" means the Director of Professional Regulation.

(5) "Board" means the Physical Therapy Licensing and Disciplinary Board approved by the Director.

(6) "Referral" means a written or oral authorization for physical therapy services for a patient by a physician, dentist, advanced practice nurse, physician assistant, or podiatrist who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by a physical therapist.

(7) "Documented current and relevant diagnosis" for the purpose of this Act means a diagnosis, substantiated by signature or oral verification of a physician, dentist, advanced practice nurse, physician assistant, or podiatrist, that a patient's condition is such that it may be treated by physical therapy as defined in this Act, which diagnosis shall remain in effect until changed by the physician, dentist, advanced practice nurse, physician assistant, or podiatrist.

(8) "State" includes:

(a) the states of the United States of America;

(b) the District of Columbia; and

(c) the Commonwealth of Puerto Rico.

(9) "Physical therapist assistant" means a person licensed to assist a physical therapist and who has met all requirements as provided in this Act and who works under the supervision of a licensed physical therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

(10) "Physical therapy aide" means a person who has received on the job training, specific to the facility in which he is employed, but who has not completed an approved physical therapist assistant program.

(11) "Advanced practice nurse" means a person licensed under the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~ who has a collaborative agreement with a collaborating physician that authorizes referrals to physical therapists.

(12) "Physician assistant" means a person licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to make referrals to physical therapists.

(Source: P.A. 93-1010, eff. 8-24-04; 94-651, eff. 1-1-06.)

Section 143. The Podiatric Medical Practice Act of 1987 is amended by adding Section 20.5 as follows:

(225 ILCS 100/20.5 new)

Sec. 20.5. Delegation of authority to advanced practice nurses.

(a) A podiatrist in active clinical practice may collaborate with an advanced practice nurse in accordance with the requirements of the Nurse Practice Act. Collaboration shall be for the purpose of providing podiatric consultation and no employment relationship shall be required. A written collaborative agreement shall conform to the requirements of Section 65-35 of the Nurse Practice Act. The written collaborative agreement shall be for services the collaborating podiatrist generally provides to his or her patients in the normal course of clinical podiatric practice, except as set forth in item (3) of this subsection (a). A written collaborative agreement and podiatric collaboration and consultation shall be adequate with respect to advanced practice nurses if all of the following apply:

(1) The agreement is written to promote the exercise of professional judgment by the advanced practice nurse commensurate with his or her education and experience. The agreement need not describe

the exact steps that an advanced practice nurse must take with respect to each specific condition, disease, or symptom, but must specify which procedures require a podiatrist's presence as the procedures are being performed.

(2) Practice guidelines and orders are developed and approved jointly by the advanced practice nurse and collaborating podiatrist, as needed, based on the practice of the practitioners. Such guidelines and orders and the patient services provided thereunder are periodically reviewed by the collaborating podiatrist.

(3) The advanced practice nurse provides services that the collaborating podiatrist generally provides to his or her patients in the normal course of clinical practice. With respect to the provision of anesthesia services by a certified registered nurse anesthetist, the collaborating podiatrist must have training and experience in the delivery of anesthesia consistent with Department rules.

(4) The collaborating podiatrist and the advanced practice nurse meet in person at least once a month to provide collaboration and consultation.

(5) Methods of communication are available with the collaborating podiatrist in person or through telecommunications for consultation, collaboration, and referral as needed to address patient care needs.

(6) With respect to the provision of anesthesia services by a certified registered nurse anesthetist, an anesthesiologist, physician, or podiatrist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. The anesthesiologist or operating podiatrist must agree with the anesthesia plan prior to the delivery of services.

(7) The agreement contains provisions detailing notice for termination or change of status involving a written collaborative agreement, except when such notice is given for just cause.

(b) The collaborating podiatrist shall have access to the records of all patients attended to by an advanced practice nurse.

(c) Nothing in this Section shall be construed to limit the delegation of tasks or duties by a podiatrist to a licensed practical nurse, a registered professional nurse, or other persons.

(d) A podiatrist shall not be liable for the acts or omissions of an advanced practice nurse solely on the basis of having signed guidelines or a collaborative agreement, an order, a standing order, a standing delegation order, or other order or guideline authorizing an advanced practice nurse to perform acts, unless the podiatrist has reason to believe the advanced practice nurse lacked the competency to perform the act or acts or commits willful or wanton misconduct.

Section 145. The Respiratory Care Practice Act is amended by changing Section 10 as follows:
(225 ILCS 106/10)

(Section scheduled to be repealed on January 1, 2016)

Sec. 10. Definitions. In this Act:

"Advanced practice nurse" means an advanced practice nurse licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

"Board" means the Respiratory Care Board appointed by the Director.

"Basic respiratory care activities" means and includes all of the following activities:

(1) Cleaning, disinfecting, and sterilizing equipment used in the practice of respiratory care as delegated by a licensed health care professional or other authorized licensed personnel.

(2) Assembling equipment used in the practice of respiratory care as delegated by a licensed health care professional or other authorized licensed personnel.

(3) Collecting and reviewing patient data through non-invasive means, provided that the collection and review does not include the individual's interpretation of the clinical significance of the data. Collecting and reviewing patient data includes the performance of pulse oximetry and non-invasive monitoring procedures in order to obtain vital signs and notification to licensed health care professionals and other authorized licensed personnel in a timely manner.

(4) Maintaining a nasal cannula or face mask for oxygen therapy in the proper position on the patient's face.

(5) Assembling a nasal cannula or face mask for oxygen therapy at patient bedside in preparation for use.

(6) Maintaining a patient's natural airway by physically manipulating the jaw and neck, suctioning the oral cavity, or suctioning the mouth or nose with a bulb syringe.

(7) Performing assisted ventilation during emergency resuscitation using a manual resuscitator.

(8) Using a manual resuscitator at the direction of a licensed health care professional or other authorized licensed personnel who is present and performing routine airway suctioning. These activities do not include care of a patient's artificial airway or the adjustment of mechanical ventilator settings while a patient is connected to the ventilator.

"Basic respiratory care activities" does not mean activities that involve any of the following:

- (1) Specialized knowledge that results from a course of education or training in respiratory care.
- (2) An unreasonable risk of a negative outcome for the patient.
- (3) The assessment or making of a decision concerning patient care.
- (4) The administration of aerosol medication or oxygen.
- (5) The insertion and maintenance of an artificial airway.
- (6) Mechanical ventilatory support.
- (7) Patient assessment.
- (8) Patient education.

"Department" means the Department of Professional Regulation.

"Director" means the Director of Professional Regulation.

"Licensed" means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act.

"Licensed health care professional" means a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to transmit orders to a respiratory care practitioner, or a physician assistant who has been delegated the authority to transmit orders to a respiratory care practitioner by his or her supervising physician.

"Order" means a written, oral, or telecommunicated authorization for respiratory care services for a patient by (i) a licensed health care professional who maintains medical supervision of the patient and makes a diagnosis or verifies that the patient's condition is such that it may be treated by a respiratory care practitioner or (ii) a certified registered nurse anesthetist in a licensed hospital or ambulatory surgical treatment center.

"Other authorized licensed personnel" means a licensed respiratory care practitioner, a licensed registered nurse, or a licensed practical nurse whose scope of practice authorizes the professional to supervise an individual who is not licensed, certified, or registered as a health professional.

"Proximate supervision" means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual.

"Respiratory care" and "cardiorespiratory care" mean preventative services, evaluation and assessment services, therapeutic services, and rehabilitative services under the order of a licensed health care professional or a certified registered nurse anesthetist in a licensed hospital for an individual with a disorder, disease, or abnormality of the cardiopulmonary system. These terms include, but are not limited to, measuring, observing, assessing, and monitoring signs and symptoms, reactions, general behavior, and general physical response of individuals to respiratory care services, including the determination of whether those signs, symptoms, reactions, behaviors, or general physical responses exhibit abnormal characteristics; the administration of pharmacological and therapeutic agents related to respiratory care services; the collection of blood specimens and other bodily fluids and tissues for, and the performance of, cardiopulmonary diagnostic testing procedures, including, but not limited to, blood gas analysis; development, implementation, and modification of respiratory care treatment plans based on assessed abnormalities of the cardiopulmonary system, respiratory care guidelines, referrals, and orders of a licensed health care professional; application, operation, and management of mechanical ventilatory support and other means of life support; and the initiation of emergency procedures under the rules promulgated by the Department. A respiratory care practitioner shall refer to a physician licensed to practice medicine in all its branches any patient whose condition, at the time of evaluation or treatment, is determined to be beyond the scope of practice of the respiratory care practitioner.

"Respiratory care education program" means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and reliable.

"Respiratory care practitioner" means a person who is licensed by the Department of Professional Regulation and meets all of the following criteria:

- (1) The person is engaged in the practice of cardiorespiratory care and has the knowledge and skill necessary to administer respiratory care.

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(2) The person is capable of serving as a resource to the licensed health care professional in relation to the technical aspects of cardiorespiratory care and the safe and effective methods for administering cardiorespiratory care modalities.

(3) The person is able to function in situations of unsupervised patient contact requiring great individual judgment.

(Source: P.A. 94-523, eff. 1-1-06.)

Section 150. The Barber, Cosmetology, Esthetics, and Nail Technology Act of 1985 is amended by changing Section 1-11 as follows:

(225 ILCS 410/1-11) (from Ch. 111, par. 1701-11)

(Section scheduled to be repealed on January 1, 2016)

Sec. 1-11. Exceptions to Act.

(a) Nothing in this Act shall be construed to apply to the educational activities conducted in connection with any monthly, annual or other special educational program of any bona fide association of licensed cosmetologists, estheticians, nail technicians, or barbers, or licensed cosmetology, esthetics, nail technology, or barber schools from which the general public is excluded.

(b) Nothing in this Act shall be construed to apply to the activities and services of registered nurses or licensed practical nurses, as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, or to personal care or health care services provided by individuals in the performance of their duties as employed or authorized by facilities or programs licensed or certified by State agencies. As used in this subsection (b), "personal care" means assistance with meals, dressing, movement, bathing, or other personal needs or maintenance or general supervision and oversight of the physical and mental well-being of an individual who is incapable of maintaining a private, independent residence or who is incapable of managing his or her person whether or not a guardian has been appointed for that individual. The definition of "personal care" as used in this subsection (b) shall not otherwise be construed to negate the requirements of this Act or its rules.

(c) Nothing in this Act shall be deemed to require licensure of individuals employed by the motion picture, film, television, stage play or related industry for the purpose of providing cosmetology or esthetics services to actors of that industry while engaged in the practice of cosmetology or esthetics as a part of that person's employment.

(Source: P.A. 90-580, eff. 5-21-98; 90-742, eff. 8-13-98; 91-357, eff. 7-29-99.)

Section 155. The Nurse Agency Licensing Act is amended by changing Section 3 as follows:

(225 ILCS 510/3) (from Ch. 111, par. 953)

Sec. 3. Definitions. As used in this Act:

(a) "Certified nurse aide" means an individual certified as defined in Section 3-206 of the Nursing Home Care Act, as now or hereafter amended.

(b) "Department" means the Department of Labor.

(c) "Director" means the Director of Labor.

(d) "Health care facility" is defined as in Section 3 of the Illinois Health Facilities Planning Act, as now or hereafter amended.

(e) "Licensee" means any nursing agency which is properly licensed under this Act.

(f) "Nurse" means a registered nurse or a licensed practical nurse as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

(g) "Nurse agency" means any individual, firm, corporation, partnership or other legal entity that employs, assigns or refers nurses or certified nurse aides to a health care facility for a fee. The term "nurse agency" includes nurses registries. The term "nurse agency" does not include services provided by home health agencies licensed and operated under the Home Health, Home Services, and Home Nursing Agency Licensing Act or a licensed or certified individual who provides his or her own services as a regular employee of a health care facility, nor does it apply to a health care facility's organizing nonsalaried employees to provide services only in that facility.

(Source: P.A. 94-379, eff. 1-1-06.)

Section 160. The Illinois Public Aid Code is amended by changing Section 8A-7.1 as follows:

(305 ILCS 5/8A-7.1) (from Ch. 23, par. 8A-7.1)

Sec. 8A-7.1. The Director, upon making a determination based upon information in the possession of the Illinois Department, that continuation in practice of a licensed health care professional would constitute an immediate danger to the public, shall submit a written communication to the Director of Professional Regulation indicating such determination and additionally providing a complete summary

of the information upon which such determination is based, and recommending that the Director of Professional Regulation immediately suspend such person's license. All relevant evidence, or copies thereof, in the Illinois Department's possession may also be submitted in conjunction with the written communication. A copy of such written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submittal to the Director of Professional Regulation be simultaneously mailed to the last known business address of such licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, which is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

The Director, upon making a determination based upon information in the possession of the Illinois Department, that a licensed health care professional is willfully committing fraud upon the Illinois Department's medical assistance program, shall submit a written communication to the Director of Professional Regulation indicating such determination and additionally providing a complete summary of the information upon which such determination is based. All relevant evidence, or copies thereof, in the Illinois Department's possession may also be submitted in conjunction with the written communication.

Upon receipt of such written communication, the Director of Professional Regulation shall promptly investigate the allegations contained in such written communication. A copy of such written communication, which is exempt from the copying and inspection provisions of the Freedom of Information Act, shall at the time of submission to the Director of Professional Regulation, be simultaneously mailed to the last known address of such licensed health care professional by certified or registered postage, United States Mail, return receipt requested. Any evidence, or copies thereof, which is submitted in conjunction with the written communication is also exempt from the copying and inspection provisions of the Freedom of Information Act.

For the purposes of this Section, "licensed health care professional" means any person licensed under the Illinois Dental Practice Act, the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~, the Medical Practice Act of 1987, the Pharmacy Practice Act of 1987, the Podiatric Medical Practice Act of 1987, or the Illinois Optometric Practice Act of 1987.

(Source: P.A. 92-651, eff. 7-11-02.)

Section 165. The Elder Abuse and Neglect Act is amended by changing Section 2 as follows:
(320 ILCS 20/2) (from Ch. 23, par. 6602)

Sec. 2. Definitions. As used in this Act, unless the context requires otherwise:

(a) "Abuse" means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources.

Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse, neglect, or self-neglect for the sole reason that he or she is being furnished with or relies upon treatment by spiritual means through prayer alone, in accordance with the tenets and practices of a recognized church or religious denomination.

Nothing in this Act shall be construed to mean that an eligible adult is a victim of abuse because of health care services provided or not provided by licensed health care professionals.

(a-5) "Abuser" means a person who abuses, neglects, or financially exploits an eligible adult.

(a-7) "Caregiver" means a person who either as a result of a family relationship, voluntarily, or in exchange for compensation has assumed responsibility for all or a portion of the care of an eligible adult who needs assistance with activities of daily living.

(b) "Department" means the Department on Aging of the State of Illinois.

(c) "Director" means the Director of the Department.

(d) "Domestic living situation" means a residence where the eligible adult lives alone or with his or her family or a caregiver, or others, or a board and care home or other community-based unlicensed facility, but is not:

(1) A licensed facility as defined in Section 1-113 of the Nursing Home Care Act;

(2) A "life care facility" as defined in the Life Care Facilities Act;

(3) A home, institution, or other place operated by the federal government or agency thereof or by the State of Illinois;

(4) A hospital, sanitarium, or other institution, the principal activity or business of which is the diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities therefor, which is required to be licensed under the Hospital Licensing Act;

(5) A "community living facility" as defined in the Community Living Facilities Licensing Act;

- (6) A "community residential alternative" as defined in the Community Residential Alternatives Licensing Act;
- (7) A "community-integrated living arrangement" as defined in the Community-Integrated Living Arrangements Licensure and Certification Act;
- (8) An assisted living or shared housing establishment as defined in the Assisted Living and Shared Housing Act; or
- (9) A supportive living facility as described in Section 5-5.01a of the Illinois Public Aid Code.

(e) "Eligible adult" means a person 60 years of age or older who resides in a domestic living situation and is, or is alleged to be, abused, neglected, or financially exploited by another individual or who neglects himself or herself.

(f) "Emergency" means a situation in which an eligible adult is living in conditions presenting a risk of death or physical, mental or sexual injury and the provider agency has reason to believe the eligible adult is unable to consent to services which would alleviate that risk.

(f-5) "Mandated reporter" means any of the following persons while engaged in carrying out their professional duties:

- (1) a professional or professional's delegate while engaged in: (i) social services,
 - (ii) law enforcement, (iii) education, (iv) the care of an eligible adult or eligible adults, or (v) any of the occupations required to be licensed under the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Dental Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Licensing Act, the Medical Practice Act of 1987, the Naprapathic Practice Act, the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~, the Nursing Home Administrators Licensing and Disciplinary Act, the Illinois Occupational Therapy Practice Act, the Illinois Optometric Practice Act of 1987, the Pharmacy Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistant Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, the Veterinary Medicine and Surgery Practice Act of 2004, and the Illinois Public Accounting Act;
 - (2) an employee of a vocational rehabilitation facility prescribed or supervised by the Department of Human Services;
 - (3) an administrator, employee, or person providing services in or through an unlicensed community based facility;
 - (4) any religious practitioner who provides treatment by prayer or spiritual means alone in accordance with the tenets and practices of a recognized church or religious denomination, except as to information received in any confession or sacred communication enjoined by the discipline of the religious denomination to be held confidential;
 - (5) field personnel of the Department of Healthcare and Family Services, Department of Public Health, and Department of Human Services, and any county or municipal health department;
 - (6) personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the Department on Aging and its subsidiary Area Agencies on Aging and provider agencies, and the Office of State Long Term Care Ombudsman;
 - (7) any employee of the State of Illinois not otherwise specified herein who is involved in providing services to eligible adults, including professionals providing medical or rehabilitation services and all other persons having direct contact with eligible adults;
 - (8) a person who performs the duties of a coroner or medical examiner; or
 - (9) a person who performs the duties of a paramedic or an emergency medical technician.
- (g) "Neglect" means another individual's failure to provide an eligible adult with or willful withholding from an eligible adult the necessities of life including, but not limited to, food, clothing, shelter or health care. This subsection does not create any new affirmative duty to provide support to eligible adults. Nothing in this Act shall be construed to mean that an eligible adult is a victim of neglect because of health care services provided or not provided by licensed health care professionals.
- (h) "Provider agency" means any public or nonprofit agency in a planning and service area appointed by the regional administrative agency with prior approval by the Department on Aging to receive and assess reports of alleged or suspected abuse, neglect, or financial exploitation.
- (i) "Regional administrative agency" means any public or nonprofit agency in a planning and service area so designated by the Department, provided that the designated Area Agency on Aging shall be designated the regional administrative agency if it so requests. The Department shall assume the

functions of the regional administrative agency for any planning and service area where another agency is not so designated.

(i-5) "Self-neglect" means a condition that is the result of an eligible adult's inability, due to physical or mental impairments, or both, or a diminished capacity, to perform essential self-care tasks that substantially threaten his or her own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety.

(j) "Substantiated case" means a reported case of alleged or suspected abuse, neglect, financial exploitation, or self-neglect in which a provider agency, after assessment, determines that there is reason to believe abuse, neglect, or financial exploitation has occurred.

(Source: P.A. 93-281 eff. 12-31-03; 93-300, eff. 1-1-04; 94-1064, eff. 1-1-07.)

Section 170. The Prenatal and Newborn Care Act is amended by changing Section 2 as follows:
(410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

Sec. 2. Definitions. As used in this Act, unless the context otherwise requires:

"Advanced practice nurse" or "APN" means an advanced practice nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has a written collaborative agreement with a collaborating physician that authorizes the provision of prenatal and newborn care.

"Department" means the Illinois Department of Human Services.

"Early and Periodic Screening, Diagnosis and Treatment (EPSDT)" means the provision of preventative health care under 42 C.F.R. 441.50 et seq., including medical and dental services, needed to assess growth and development and detect and treat health problems.

"Hospital" means a hospital as defined under the Hospital Licensing Act.

"Local health authority" means the full-time official health department or board of health, as recognized by the Illinois Department of Public Health, having jurisdiction over a particular area.

"Nurse" means a nurse licensed under the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~.

"Physician" means a physician licensed to practice medicine in all of its branches.

"Physician assistant" means a physician assistant licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to provide prenatal and newborn care.

"Postnatal visit" means a visit occurring after birth, with reference to the newborn.

"Prenatal visit" means a visit occurring before birth.

"Program" means the Prenatal and Newborn Care Program established pursuant to this Act.

(Source: P.A. 93-962, eff. 8-20-04.)

Section 175. The Illinois Sexually Transmissible Disease Control Act is amended by changing Section 4 as follows:

(410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

Sec. 4. Reporting required.

(a) A physician licensed under the provisions of the Medical Practice Act of 1987, an advanced practice nurse licensed under the provisions of the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~ who has a written collaborative agreement with a collaborating physician that authorizes the provision of services for a sexually transmissible disease, or a physician assistant licensed under the provisions of the Physician Assistant Practice Act of 1987 who has been delegated authority to provide services for a sexually transmissible disease who makes a diagnosis of or treats a person with a sexually transmissible disease and each laboratory that performs a test for a sexually transmissible disease which concludes with a positive result shall report such facts as may be required by the Department by rule, within such time period as the Department may require by rule, but in no case to exceed 2 weeks.

(b) The Department shall adopt rules specifying the information required in reporting a sexually transmissible disease, the method of reporting and specifying a minimum time period for reporting. In adopting such rules, the Department shall consider the need for information, protections for the privacy and confidentiality of the patient, and the practical abilities of persons and laboratories to report in a reasonable fashion.

(c) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

(d) Any person who violates the provisions of this Section or the rules adopted hereunder may be fined by the Department up to \$500 for each violation. The Department shall report each violation of this Section to the regulatory agency responsible for licensing a health care professional or a laboratory to

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which these provisions apply.
(Source: P.A. 93-962, eff. 8-20-04.)

Section 180. The Home Health and Hospice Drug Dispensation and Administration Act is amended by changing Section 10 as follows:

(410 ILCS 642/10)

Sec. 10. Definitions. In this Act:

"Authorized nursing employee" means a registered nurse or advanced practice nurse, as defined in the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, who is employed by a home health agency or hospice licensed in this State.

"Health care professional" means a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes services under this Act, or a physician assistant who has been delegated the authority to perform services under this Act by his or her supervising physician.

"Home health agency" has the meaning ascribed to it in Section 2.04 of the Home Health, Home Services, and Home Nursing Agency Licensing Act.

"Hospice" means a full hospice, as defined in Section 3 of the Hospice Program Licensing Act.

"Physician" means a physician licensed under the Medical Practice Act of 1987 to practice medicine in all its branches.

(Source: P.A. 94-638, eff. 8-22-05; revised 10-19-06.)

Section 190. The Illinois Abortion Law of 1975 is amended by changing Section 11 as follows:

(720 ILCS 510/11) (from Ch. 38, par. 81-31)

Sec. 11. (1) Any person who intentionally violates any provision of this Law commits a Class A misdemeanor unless a specific penalty is otherwise provided. Any person who intentionally falsifies any writing required by this Law commits a Class A misdemeanor.

Intentional, knowing, reckless, or negligent violations of this Law shall constitute unprofessional conduct which causes public harm under Section 22 of the Medical Practice Act of 1987, as amended; ~~Sections 70-5 of the Nurse Practice Act Sections 10-45 and 15-50 of the Nursing and Advanced Practice Nursing Act~~, and Section 21 of the Physician Assistant Practice Act of 1987, as amended.

Intentional, knowing, reckless or negligent violations of this Law will constitute grounds for refusal, denial, revocation, suspension, or withdrawal of license, certificate, or permit under Section 30 of the Pharmacy Practice Act of 1987, as amended; Section 7 of the Ambulatory Surgical Treatment Center Act, effective July 19, 1973, as amended; and Section 7 of the Hospital Licensing Act.

(2) Any hospital or licensed facility which, or any physician who intentionally, knowingly, or recklessly fails to submit a complete report to the Department in accordance with the provisions of Section 10 of this Law and any person who intentionally, knowingly, recklessly or negligently fails to maintain the confidentiality of any reports required under this Law or reports required by Sections 10.1 or 12 of this Law commits a Class B misdemeanor.

(3) Any person who sells any drug, medicine, instrument or other substance which he knows to be an abortifacient and which is in fact an abortifacient, unless upon prescription of a physician, is guilty of a Class B misdemeanor. Any person who prescribes or administers any instrument, medicine, drug or other substance or device, which he knows to be an abortifacient, and which is in fact an abortifacient, and intentionally, knowingly or recklessly fails to inform the person for whom it is prescribed or upon whom it is administered that it is an abortifacient commits a Class C misdemeanor.

(4) Any person who intentionally, knowingly or recklessly performs upon a woman what he represents to that woman to be an abortion when he knows or should know that she is not pregnant commits a Class 2 felony and shall be answerable in civil damages equal to 3 times the amount of proved damages.

(Source: P.A. 90-742, eff. 8-13-98.)

Section 195. The Illinois Controlled Substances Act is amended by changing Sections 102, 103, and 303.05 as follows:

(720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

Sec. 102. Definitions. As used in this Act, unless the context otherwise requires:

(a) "Addict" means any person who habitually uses any drug, chemical, substance or dangerous drug other than alcohol so as to endanger the public morals, health, safety or welfare or who is so far addicted to the use of a dangerous drug or controlled substance other than alcohol as to have lost the power of self control with reference to his addiction.

(b) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient, research subject, or animal (as defined by the Humane Euthanasia in Animal Shelters Act) by:

- (1) a practitioner (or, in his presence, by his authorized agent),
- (2) the patient or research subject at the lawful direction of the practitioner, or
- (3) a euthanasia technician as defined by the Humane Euthanasia in Animal Shelters Act.

(c) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(c-1) "Anabolic Steroids" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes:

- (i) boldenone,
- (ii) chlorotestosterone,
- (iii) chostebol,
- (iv) dehydrochlormethyltestosterone,
- (v) dihydrotestosterone,
- (vi) drostanolone,
- (vii) ethylestrenol,
- (viii) fluoxymesterone,
- (ix) formebolone,
- (x) mesterolone,
- (xi) methandienone,
- (xii) methandranone,
- (xiii) methandriol,
- (xiv) methandrostenolone,
- (xv) methenolone,
- (xvi) methyltestosterone,
- (xvii) mibolerone,
- (xviii) nandrolone,
- (xix) norethandrolone,
- (xx) oxandrolone,
- (xxi) oxymesterone,
- (xxii) oxymetholone,
- (xxiii) stanolone,
- (xxiv) stanozolol,
- (xxv) testolactone,
- (xxvi) testosterone,
- (xxvii) trenbolone, and
- (xxviii) any salt, ester, or isomer of a drug or substance described or listed in this paragraph, if that salt, ester, or isomer promotes muscle growth.

Any person who is otherwise lawfully in possession of an anabolic steroid, or who otherwise lawfully manufactures, distributes, dispenses, delivers, or possesses with intent to deliver an anabolic steroid, which anabolic steroid is expressly intended for and lawfully allowed to be administered through implants to livestock or other nonhuman species, and which is approved by the Secretary of Health and Human Services for such administration, and which the person intends to administer or have administered through such implants, shall not be considered to be in unauthorized possession or to unlawfully manufacture, distribute, dispense, deliver, or possess with intent to deliver such anabolic steroid for purposes of this Act.

(d) "Administration" means the Drug Enforcement Administration, United States Department of Justice, or its successor agency.

(e) "Control" means to add a drug or other substance, or immediate precursor, to a Schedule under Article II of this Act whether by transfer from another Schedule or otherwise.

(f) "Controlled Substance" means a drug, substance, or immediate precursor in the Schedules of Article II of this Act.

(g) "Counterfeit substance" means a controlled substance, which, or the container or labeling of which, without authorization bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance.

(h) "Deliver" or "delivery" means the actual, constructive or attempted transfer of possession of a controlled substance, with or without consideration, whether or not there is an agency relationship.

(i) "Department" means the Illinois Department of Human Services (as successor to the Department of Alcoholism and Substance Abuse) or its successor agency.

(j) "Department of State Police" means the Department of State Police of the State of Illinois or its successor agency.

(k) "Department of Corrections" means the Department of Corrections of the State of Illinois or its successor agency.

(l) "Department of Professional Regulation" means the Department of Professional Regulation of the State of Illinois or its successor agency.

(m) "Depressant" or "stimulant substance" means:

(1) a drug which contains any quantity of (i) barbituric acid or any of the salts of barbituric acid which has been designated as habit forming under section 502 (d) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 352 (d)); or

(2) a drug which contains any quantity of (i) amphetamine or methamphetamine and any of their optical isomers; (ii) any salt of amphetamine or methamphetamine or any salt of an optical isomer of amphetamine; or (iii) any substance which the Department, after investigation, has found to be, and by rule designated as, habit forming because of its depressant or stimulant effect on the central nervous system; or

(3) lysergic acid diethylamide; or

(4) any drug which contains any quantity of a substance which the Department, after investigation, has found to have, and by rule designated as having, a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect.

(n) (Blank).

(o) "Director" means the Director of the Department of State Police or the Department of Professional Regulation or his designated agents.

(p) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a prescriber, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

(q) "Dispenser" means a practitioner who dispenses.

(r) "Distribute" means to deliver, other than by administering or dispensing, a controlled substance.

(s) "Distributor" means a person who distributes.

(t) "Drug" means (1) substances recognized as drugs in the official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them; (2) substances intended for use in diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure of any function of the body of man or animals and (4) substances intended for use as a component of any article specified in clause (1), (2), or (3) of this subsection. It does not include devices or their components, parts, or accessories.

(t-5) "Euthanasia agency" means an entity certified by the Department of Professional Regulation for the purpose of animal euthanasia that holds an animal control facility license or animal shelter license under the Animal Welfare Act. A euthanasia agency is authorized to purchase, store, possess, and utilize Schedule II nonnarcotic and Schedule III nonnarcotic drugs for the sole purpose of animal euthanasia.

(t-10) "Euthanasia drugs" means Schedule II or Schedule III substances (nonnarcotic controlled substances) that are used by a euthanasia agency for the purpose of animal euthanasia.

(u) "Good faith" means the prescribing or dispensing of a controlled substance by a practitioner in the regular course of professional treatment to or for any person who is under his treatment for a pathology or condition other than that individual's physical or psychological dependence upon or addiction to a controlled substance, except as provided herein: and application of the term to a pharmacist shall mean the dispensing of a controlled substance pursuant to the prescriber's order which in the professional judgment of the pharmacist is lawful. The pharmacist shall be guided by accepted professional standards including, but not limited to the following, in making the judgment:

(1) lack of consistency of doctor-patient relationship,

(2) frequency of prescriptions for same drug by one prescriber for large numbers of patients,

(3) quantities beyond those normally prescribed,

(4) unusual dosages,

(5) unusual geographic distances between patient, pharmacist and prescriber,

(6) consistent prescribing of habit-forming drugs.

(u-1) "Home infusion services" means services provided by a pharmacy in compounding solutions for direct administration to a patient in a private residence, long-term care facility, or hospice setting by means of parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion.

(v) "Immediate precursor" means a substance:

- (1) which the Department has found to be and by rule designated as being a principal compound used, or produced primarily for use, in the manufacture of a controlled substance;
- (2) which is an immediate chemical intermediary used or likely to be used in the manufacture of such controlled substance; and
- (3) the control of which is necessary to prevent, curtail or limit the manufacture of such controlled substance.

(w) "Instructional activities" means the acts of teaching, educating or instructing by practitioners using controlled substances within educational facilities approved by the State Board of Education or its successor agency.

(x) "Local authorities" means a duly organized State, County or Municipal peace unit or police force.

(y) "Look-alike substance" means a substance, other than a controlled substance which (1) by overall dosage unit appearance, including shape, color, size, markings or lack thereof, taste, consistency, or any other identifying physical characteristic of the substance, would lead a reasonable person to believe that the substance is a controlled substance, or (2) is expressly or impliedly represented to be a controlled substance or is distributed under circumstances which would lead a reasonable person to believe that the substance is a controlled substance. For the purpose of determining whether the representations made or the circumstances of the distribution would lead a reasonable person to believe the substance to be a controlled substance under this clause (2) of subsection (y), the court or other authority may consider the following factors in addition to any other factor that may be relevant:

- (a) statements made by the owner or person in control of the substance concerning its nature, use or effect;
- (b) statements made to the buyer or recipient that the substance may be resold for profit;
- (c) whether the substance is packaged in a manner normally used for the illegal distribution of controlled substances;
- (d) whether the distribution or attempted distribution included an exchange of or demand for money or other property as consideration, and whether the amount of the consideration was substantially greater than the reasonable retail market value of the substance.

Clause (1) of this subsection (y) shall not apply to a noncontrolled substance in its finished dosage form that was initially introduced into commerce prior to the initial introduction into commerce of a controlled substance in its finished dosage form which it may substantially resemble.

Nothing in this subsection (y) prohibits the dispensing or distributing of noncontrolled substances by persons authorized to dispense and distribute controlled substances under this Act, provided that such action would be deemed to be carried out in good faith under subsection (u) if the substances involved were controlled substances.

Nothing in this subsection (y) or in this Act prohibits the manufacture, preparation, propagation, compounding, processing, packaging, advertising or distribution of a drug or drugs by any person registered pursuant to Section 510 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

(y-1) "Mail-order pharmacy" means a pharmacy that is located in a state of the United States, other than Illinois, that delivers, dispenses or distributes, through the United States Postal Service or other common carrier, to Illinois residents, any substance which requires a prescription.

(z) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance other than methamphetamine, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling of its container, except that this term does not include:

- (1) by an ultimate user, the preparation or compounding of a controlled substance for his own use; or
- (2) by a practitioner, or his authorized agent under his supervision, the preparation, compounding, packaging, or labeling of a controlled substance:
 - (a) as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or
 - (b) as an incident to lawful research, teaching or chemical analysis and not for sale.

(z-1) (Blank).

(aa) "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate;

(2) any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1), but not including the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salts, compound, isomer, salt of an isomer, derivative, or preparation of coca leaves including cocaine or ecgonine, and any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine (for the purpose of this paragraph, the term "isomer" includes optical, positional and geometric isomers).

(bb) "Nurse" means a registered nurse licensed under the Nurse Practice Act Nursing and Advanced Practice Nursing Act.

(cc) (Blank).

(dd) "Opiate" means any substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having addiction forming or addiction sustaining liability.

(ee) "Opium poppy" means the plant of the species *Papaver somniferum* L., except its seeds.

(ff) "Parole and Pardon Board" means the Parole and Pardon Board of the State of Illinois or its successor agency.

(gg) "Person" means any individual, corporation, mail-order pharmacy, government or governmental subdivision or agency, business trust, estate, trust, partnership or association, or any other entity.

(hh) "Pharmacist" means any person who holds a certificate of registration as a registered pharmacist, a local registered pharmacist or a registered assistant pharmacist under the Pharmacy Practice Act of 1987.

(ii) "Pharmacy" means any store, ship or other place in which pharmacy is authorized to be practiced under the Pharmacy Practice Act of 1987.

(jj) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(kk) "Practitioner" means a physician licensed to practice medicine in all its branches, dentist, podiatrist, veterinarian, scientific investigator, pharmacist, physician assistant, advanced practice nurse, licensed practical nurse, registered nurse, hospital, laboratory, or pharmacy, or other person licensed, registered, or otherwise lawfully permitted by the United States or this State to distribute, dispense, conduct research with respect to, administer or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

(ll) "Pre-printed prescription" means a written prescription upon which the designated drug has been indicated prior to the time of issuance.

(mm) "Prescriber" means a physician licensed to practice medicine in all its branches, dentist, podiatrist or veterinarian who issues a prescription, a physician assistant who issues a prescription for a Schedule III, IV, or V controlled substance in accordance with Section 303.05 and the written guidelines required under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act and in accordance with Section 303.05 and a written collaborative agreement under Section 65-35 of the Nurse Practice Act Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act.

(nn) "Prescription" means a lawful written, facsimile, or verbal order of a physician licensed to practice medicine in all its branches, dentist, podiatrist or veterinarian for any controlled substance, of a physician assistant for a Schedule III, IV, or V controlled substance in accordance with Section 303.05 and the written guidelines required under Section 7.5 of the Physician Assistant Practice Act of 1987, or of an advanced practice nurse with prescriptive authority delegated under Section 65-40 of the Nurse Practice Act who issues a prescription for a Schedule III, IV, or V controlled substance in accordance with Section 303.05 and a written collaborative agreement under Section 65-35 of the Nurse Practice Act Sections 15-15 and 15-20 of the Nursing and Advanced Practice Nursing Act.

(oo) "Production" or "produce" means manufacture, planting, cultivating, growing, or harvesting of a controlled substance other than methamphetamine.

(pp) "Registrant" means every person who is required to register under Section 302 of this Act.

(qq) "Registry number" means the number assigned to each person authorized to handle controlled

substances under the laws of the United States and of this State.

(rr) "State" includes the State of Illinois and any state, district, commonwealth, territory, insular possession thereof, and any area subject to the legal authority of the United States of America.

(ss) "Ultimate user" means a person who lawfully possesses a controlled substance for his own use or for the use of a member of his household or for administering to an animal owned by him or by a member of his household.

(Source: P.A. 93-596, eff. 8-26-03; 93-626, eff. 12-23-03; 94-556, eff. 9-11-05.)

(720 ILCS 570/103) (from Ch. 56 1/2, par. 1103)

Sec. 103. Scope of Act. Nothing in this Act limits the lawful authority granted by the Medical Practice Act of 1987, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, or the Pharmacy Practice Act of 1987.

(Source: P.A. 90-742, eff. 8-13-98.)

(720 ILCS 570/303.05)

Sec. 303.05. Mid-level practitioner registration.

(a) The Department of Professional Regulation shall register licensed physician assistants and licensed advanced practice nurses to prescribe and dispense Schedule III, IV, or V controlled substances under Section 303 and euthanasia agencies to purchase, store, or administer euthanasia drugs under the following circumstances:

(1) with respect to physician assistants or advanced practice nurses,

(A) the physician assistant or advanced practice nurse has been delegated prescriptive authority by a physician licensed to practice medicine in all its branches in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987 or Section 65-40 of the Nurse Practice Act ~~Section 15-20 of the Nursing and Advanced Practice Nursing Act~~; and

(B) the physician assistant or advanced practice nurse has completed the appropriate application forms and has paid the required fees as set by rule; or

(2) with respect to euthanasia agencies, the euthanasia agency has obtained a license from the Department of Professional Regulation and obtained a registration number from the Department.

(b) The mid-level practitioner shall only be licensed to prescribe those schedules of controlled substances for which a licensed physician has delegated prescriptive authority, except that a euthanasia agency does not have any prescriptive authority.

(c) Upon completion of all registration requirements, physician assistants, advanced practice nurses, and euthanasia agencies shall be issued a mid-level practitioner controlled substances license for Illinois.

(Source: P.A. 93-626, eff. 12-23-03.)

Section 200. The Methamphetamine Control and Community Protection Act is amended by changing Section 110 as follows:

(720 ILCS 646/110)

Sec. 110. Scope of Act. Nothing in this Act limits any authority or activity authorized by the Illinois Controlled Substances Act, the Medical Practice Act of 1987, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, the Pharmacy Practice Act of 1987, the Illinois Dental Practice Act, the Podiatric Medical Practice Act of 1987, or the Veterinary Medicine and Surgery Practice Act of 2004. Nothing in this Act limits the authority or activity of any law enforcement officer acting within the scope of his or her employment.

(Source: P.A. 94-556, eff. 9-11-05.)

Section 205. The Methamphetamine Precursor Control Act is amended by changing Section 50 as follows:

(720 ILCS 648/50)

Sec. 50. Scope of Act.

(a) Nothing in this Act limits the scope, terms, or effect of the Methamphetamine Control and Community Protection Act.

(b) Nothing in this Act limits the lawful authority granted by the Medical Practice Act of 1987, the Nurse Practice Act ~~Nursing and Advanced Practice Nursing Act~~, or the Pharmacy Practice Act of 1987.

(c) Nothing in this Act limits the authority or activity of any law enforcement officer acting within the scope of his or her employment.

(Source: P.A. 94-694, eff. 1-15-06.)

Section 210. The Good Samaritan Act is amended by changing Sections 34 and 40 as follows:

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(745 ILCS 49/34)

Sec. 34. Advanced practice nurse; exemption from civil liability for emergency care. A person licensed as an advanced practice nurse under the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~ who in good faith provides emergency care without fee to a person shall not be liable for civil damages as a result of his or her acts or omissions, except for willful or wanton misconduct on the part of the person in providing the care.

(Source: P.A. 90-742, eff. 8-13-98.)

(745 ILCS 49/40)

Sec. 40. Nurses; exemption from civil liability for services performed without compensation.

(a) No person licensed as a professional nurse or as a practical nurse under the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~ who, without compensation, renders nursing services shall be liable, and no cause of action may be brought, for damages resulting from an act or omission in rendering such services unless the act or omission involved willful or wanton misconduct.

(b) (Blank).

(c) As used in this Section "entity" means a proprietorship, partnership, association or corporation, whether or not operated for profit.

(d) Nothing in this Section is intended to bar any cause of action against an entity or change the liability of an entity which arises out of an act or omission of any person exempt from liability for negligence under this Section.

(Source: P.A. 89-607, eff. 1-1-97; 90-742, eff. 8-13-98.)

Section 220. The Unemployment Insurance Act is amended by changing Section 230 as follows:

(820 ILCS 405/230) (from Ch. 48, par. 340)

Sec. 230. The term "employment" shall not include service performed after 1971:

(A) In the employ of a hospital, if such service is performed by a patient of the hospital.

(B) As a student nurse in the employ of a hospital or a nurses' training school by an individual who is enrolled and is regularly attending classes in a nurses' training school approved pursuant to the ~~Nurse Practice Act~~ ~~Nursing and Advanced Practice Nursing Act~~.

(C) As an intern in the employ of a hospital by an individual who has completed a 4 years' course in a medical school chartered or approved pursuant to State law.

(Source: P.A. 90-742, eff. 8-13-98.)

(110 ILCS 915/Act rep.)

Section 225. The Baccalaureate Assistance Law for Registered Nurses is repealed.

(225 ILCS 65/5-17 rep.) (225 ILCS 65/15-5 rep.) (225 ILCS 65/15-35 rep.) (225 ILCS 65/15-50 rep.) (225 ILCS 65/20-2 rep.) (225 ILCS 65/20-5 rep.) (225 ILCS 65/20-10 rep.) (225 ILCS 65/20-15 rep.)

Section 230. The Nursing and Advanced Practice Nursing Act is amended by repealing Sections 5-17, 15-5, 15-35, 15-50, 20-2, 20-5, 20-10, and 20-15.

Section 999. Effective date. This Act takes effect upon becoming law."

AMENDMENT NO. 4 TO SENATE BILL 360

AMENDMENT NO. 4. Amend Senate Bill 360, AS AMENDED, with reference to page and line numbers of House Amendment No. 1, as follows:

on page 52, immediately below line 6, by inserting the following:

"Section 106. If and only if Senate Bill 214 of the 95th General Assembly becomes law, the Illinois Dental Practice Act is amended by changing Section 8.1 as follows:

(225 ILCS 25/8.1) (from Ch. 111, par. 2308.1)

(Section scheduled to be repealed on January 1, 2016)

Sec. 8.1. Permit for the administration of anesthesia and sedation.

(a) No licensed dentist shall administer general anesthesia, deep sedation, or conscious sedation without first applying for and obtaining a permit for such purpose from the Department. The Department shall issue such permit only after ascertaining that the applicant possesses the minimum qualifications necessary to protect public safety. A person with a dental degree who administers anesthesia, deep sedation, or conscious sedation in an approved hospital training program under the supervision of either a licensed dentist holding such permit or a physician licensed to practice medicine in all its branches

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shall not be required to obtain such permit.

(b) In determining the minimum permit qualifications that are necessary to protect public safety, the Department, by rule, shall:

- (1) establish the minimum educational and training requirements necessary for a dentist to be issued an appropriate permit;
- (2) establish the standards for properly equipped dental facilities (other than licensed hospitals and ambulatory surgical treatment centers) in which general anesthesia, deep sedation, or conscious sedation is administered, as necessary to protect public safety;
- (3) establish minimum requirements for all persons who assist the dentist in the administration of general anesthesia, deep sedation, or conscious sedation, including minimum training requirements for each member of the dental team, monitoring requirements, recordkeeping requirements, and emergency procedures; and
- (4) ensure that the dentist and all persons assisting the dentist or monitoring the administration of general anesthesia, deep sedation, or conscious sedation maintain current certification in Basic Life Support (BLS).
- (5) establish continuing education requirements in sedation techniques for dentists who possess a permit under this Section.

When establishing requirements under this Section, the Department shall consider the current American Dental Association guidelines on sedation and general anesthesia, the current "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" established by the American Academy of Pediatrics and the American Academy of Pediatric Dentistry, and the current parameters of care and Office Anesthesia Evaluation (OAE) Manual established by the American Association of Oral and Maxillofacial Surgeons.

(c) A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers conscious sedation, and a valid written collaborative practice agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nursing and Advanced Practice Nursing Act.

A licensed dentist must hold an appropriate permit issued under this Section in order to perform dentistry while a nurse anesthetist administers deep sedation or general anesthesia, and a valid written collaborative practice agreement must exist between the dentist and the nurse anesthetist, in accordance with the Nursing and Advanced Practice Nursing Act.

For the purposes of this subsection (c), "nurse anesthetist" means a licensed certified registered nurse anesthetist who holds a license as an advanced practice nurse.

(Source: 95SB0214enr.); and

on page 108, line 21, by replacing "(b)" with "(b-5)"; and

by replacing line 24 on page 108 through line 2 on page 109 with the following:

"filing the application, the application shall be denied. ~~The~~ However, the applicant must enroll in and complete an approved practical nursing education program prior to submitting an additional ~~may make a new application for the licensure exam accompanied by the required fee and provide evidence of meeting the requirements in force at the time of the new application.~~"; and

on page 109, line 11, by replacing "registered nursing program or" with "~~registered nursing program or~~"; and

on page 109, line 12, by replacing ", as appropriate," with "~~as appropriate~~"; and

on page 123, by replacing lines 6 and 7 with the following:

"(1) Collecting data and collaborating in the assessment of the health status of a"; and

on page 128, line 2, after "application", by inserting ", on forms provided by the Department,"; and

on page 129, line 3, by replacing "(b)" with "(b-5)"; and

on page 129, by replacing lines 5 through 9 with the following:

"examination for a license within 3 years after filing the application, the application shall be denied. The applicant may make a new application accompanied by the required fee, evidence of meeting the requirements in force at the time of the new application, and proof of the successful completion of at";

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and

on page 134, lines 2 and 4, by replacing "2" with "3" each time it appears; and

on page 146, immediately below line 16, by inserting the following:

"(225 ILCS 65/60-40 new)

Sec. 60-40. Continuing education for RN licensees. The Department may adopt rules of continuing education for registered professional nurses licensed under this Act that require 20 hours of continuing education per 2-year license renewal cycle. The rules shall address variances in part or in whole for good cause, including without limitation illness or hardship. The continuing education rules must ensure that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department."; and

on page 161, lines 23 and 24, by deleting "operating" each time it appears; and

on page 163, by deleting lines 11 through 14; and

on page 163, line 15, by replacing "(f)" with "(e)"; and

on page 163, line 19, by replacing "(g)" with "(f)"; and

on page 201, by replacing lines 1 through 3 with the following:

~~"Nursing and Advanced Practice Nursing Act and the rules at the time of renewal to all persons licensed by the Department under this Act."~~; and

on page 278, line 11, after "law", by inserting ", except that the provisions changing Section 8.1 of the Illinois Dental Practice Act take effect January 1, 2008".

Under the rules, the foregoing **Senate Bill No. 360**, with House Amendments numbered 1 and 4, was referred to the Secretary's Desk.

A message from the House by

Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 1397

A bill for AN ACT concerning criminal law.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 3 to SENATE BILL NO. 1397

Passed the House, as amended, June 28, 2007.

MARK MAHONEY, Clerk of the House

AMENDMENT NO. 3 TO SENATE BILL 1397

AMENDMENT NO. 3. Amend Senate Bill 1397 by replacing everything after the enacting clause with the following:

"Section 5. The Criminal Code of 1961 is amended, if and only if Senate Bill 697 of the 95th General Assembly becomes law in the form in which it passed both houses on June 6, 2007, by changing Sections 11-9.3 and 11-9.4 as follows:

(720 ILCS 5/11-9.3)

Sec. 11-9.3. Presence within school zone by child sex offenders prohibited.

(a) It is unlawful for a child sex offender to knowingly be present in any school building, on real property comprising any school, or in any conveyance owned, leased, or contracted by a school to transport students to or from school or a school related activity when persons under the age of 18 are

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present in the building, on the grounds or in the conveyance, unless the offender is a parent or guardian of a student attending the school and the parent or guardian is: (i) attending a conference at the school with school personnel to discuss the progress of his or her child academically or socially, (ii) participating in child review conferences in which evaluation and placement decisions may be made with respect to his or her child regarding special education services, or (iii) attending conferences to discuss other student issues concerning his or her child such as retention and promotion and notifies the principal of the school of his or her presence at the school or unless the offender has permission to be present from the superintendent or the school board or in the case of a private school from the principal. In the case of a public school, if permission is granted, the superintendent or school board president must inform the principal of the school where the sex offender will be present. Notification includes the nature of the sex offender's visit and the hours in which the sex offender will be present in the school. The sex offender is responsible for notifying the principal's office when he or she arrives on school property and when he or she departs from school property. If the sex offender is to be present in the vicinity of children, the sex offender has the duty to remain under the direct supervision of a school official. A child sex offender who violates this provision is guilty of a Class 4 felony.

Nothing in this Section shall be construed to infringe upon the constitutional right of a child sex offender to be present in a school building that is used as a polling place for the purpose of voting.

~~(1) (Blank; or)~~

~~(2) (Blank.)~~

(b) It is unlawful for a child sex offender to knowingly loiter within 500 feet of a school building or real property comprising any school while persons under the age of 18 are present in the building or on the grounds, unless the offender is a parent or guardian of a student attending the school and the parent or guardian is: (i) attending a conference at the school with school personnel to discuss the progress of his or her child academically or socially, (ii) participating in child review conferences in which evaluation and placement decisions may be made with respect to his or her child regarding special education services, or (iii) attending conferences to discuss other student issues concerning his or her child such as retention and promotion and notifies the principal of the school of his or her presence at the school or has permission to be present from the superintendent or the school board or in the case of a private school from the principal. In the case of a public school, if permission is granted, the superintendent or school board president must inform the principal of the school where the sex offender will be present. Notification includes the nature of the sex offender's visit and the hours in which the sex offender will be present in the school. The sex offender is responsible for notifying the principal's office when he or she arrives on school property and when he or she departs from school property. If the sex offender is to be present in the vicinity of children, the sex offender has the duty to remain under the direct supervision of a school official. A child sex offender who violates this provision is guilty of a Class 4 felony.

~~(1) (Blank; or)~~

~~(2) (Blank.)~~

(b-5) It is unlawful for a child sex offender to knowingly reside within 500 feet of a school building or the real property comprising any school that persons under the age of 18 attend. Nothing in this subsection (b-5) prohibits a child sex offender from residing within 500 feet of a school building or the real property comprising any school that persons under 18 attend if the property is owned by the child sex offender and was purchased before the effective date of this amendatory Act of the 91st General Assembly.

(c) Definitions. In this Section:

(1) "Child sex offender" means any person who:

(i) has been charged under Illinois law, or any substantially similar federal law or law of another state, with a sex offense set forth in paragraph (2) of this subsection (c) or the attempt to commit an included sex offense, and:

(A) is convicted of such offense or an attempt to commit such offense; or

(B) is found not guilty by reason of insanity of such offense or an attempt to commit such offense; or

(C) is found not guilty by reason of insanity pursuant to subsection (c) of

Section 104-25 of the Code of Criminal Procedure of 1963 of such offense or an attempt to commit such offense; or

(D) is the subject of a finding not resulting in an acquittal at a hearing

conducted pursuant to subsection (a) of Section 104-25 of the Code of Criminal Procedure of 1963 for the alleged commission or attempted commission of such offense; or

(E) is found not guilty by reason of insanity following a hearing conducted

pursuant to a federal law or the law of another state substantially similar to subsection (c) of Section 104-25 of the Code of Criminal Procedure of 1963 of such offense or of the attempted commission of such offense; or

(F) is the subject of a finding not resulting in an acquittal at a hearing

conducted pursuant to a federal law or the law of another state substantially similar to subsection (a) of Section 104-25 of the Code of Criminal Procedure of 1963 for the alleged violation or attempted commission of such offense; or

(ii) is certified as a sexually dangerous person pursuant to the Illinois Sexually

Dangerous Persons Act, or any substantially similar federal law or the law of another state, when any conduct giving rise to such certification is committed or attempted against a person less than 18 years of age; or

(iii) is subject to the provisions of Section 2 of the Interstate Agreements on Sexually Dangerous Persons Act.

Convictions that result from or are connected with the same act, or result from offenses committed at the same time, shall be counted for the purpose of this Section as one conviction. Any conviction set aside pursuant to law is not a conviction for purposes of this Section.

(2) Except as otherwise provided in paragraph (2.5), "sex offense" means:

(i) A violation of any of the following Sections of the Criminal Code of 1961: 10-7

(aiding and abetting child abduction under Section 10-5(b)(10)), 10-5(b)(10) (child luring), 11-6 (indecent solicitation of a child), 11-6.5 (indecent solicitation of an adult), 11-9 (public indecency when committed in a school, on the real property comprising a school, or on a conveyance, owned, leased, or contracted by a school to transport students to or from school or a school related activity), 11-9.1 (sexual exploitation of a child), 11-15.1 (soliciting for a juvenile prostitute), 11-17.1 (keeping a place of juvenile prostitution), 11-18.1 (patronizing a juvenile prostitute), 11-19.1 (juvenile pimping), 11-19.2 (exploitation of a child), 11-20.1 (child pornography), 11-20.3 (aggravated child pornography), 11-21 (harmful material), 12-14.1 (predatory criminal sexual assault of a child), 12-33 (ritualized abuse of a child), 11-20 (obscenity) (when that offense was committed in any school, on real property comprising any school, in any conveyance owned, leased, or contracted by a school to transport students to or from school or a school related activity). An attempt to commit any of these offenses.

(ii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age: 12-13 (criminal sexual assault), 12-14 (aggravated criminal sexual assault), 12-15 (criminal sexual abuse), 12-16 (aggravated criminal sexual abuse). An attempt to commit any of these offenses.

(iii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age and the defendant is not a parent of the victim:

- 10-1 (kidnapping),
- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

An attempt to commit any of these offenses.

(iv) A violation of any former law of this State substantially equivalent to any offense listed in clause (2)(i) of subsection (c) of this Section.

(2.5) For the purposes of subsection (b-5) only, a sex offense means:

(i) A violation of any of the following Sections of the Criminal Code of 1961:

10-5(b)(10) (child luring), 10-7 (aiding and abetting child abduction under Section 10-5(b)(10)), 11-6 (indecent solicitation of a child), 11-6.5 (indecent solicitation of an adult), 11-15.1 (soliciting for a juvenile prostitute), 11-17.1 (keeping a place of juvenile prostitution), 11-18.1 (patronizing a juvenile prostitute), 11-19.1 (juvenile pimping), 11-19.2 (exploitation of a child), 11-20.1 (child pornography), 11-20.3 (aggravated child pornography), 12-14.1 (predatory criminal sexual assault of a child), or 12-33 (ritualized abuse of a child). An attempt to commit any of these offenses.

(ii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age: 12-13 (criminal sexual assault), 12-14 (aggravated criminal sexual assault), 12-16 (aggravated criminal sexual abuse), and subsection (a) of Section 12-15 (criminal sexual abuse). An attempt to commit any of these offenses.

(iii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age and the defendant is not a parent of the victim:

- 10-1 (kidnapping),

- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

An attempt to commit any of these offenses.

- (iv) A violation of any former law of this State substantially equivalent to any offense listed in this paragraph (2.5) of this subsection.

(3) A conviction for an offense of federal law or the law of another state that is substantially equivalent to any offense listed in paragraph (2) of subsection (c) of this Section shall constitute a conviction for the purpose of this Article. A finding or adjudication as a sexually dangerous person under any federal law or law of another state that is substantially equivalent to the Sexually Dangerous Persons Act shall constitute an adjudication for the purposes of this Section.

- (4) "School" means a public or private pre-school, elementary, or secondary school.

(5) "Loiter" means:

- (i) Standing, sitting idly, whether or not the person is in a vehicle or remaining in or around school property.
- (ii) Standing, sitting idly, whether or not the person is in a vehicle or remaining in or around school property, for the purpose of committing or attempting to commit a sex offense.
- (iii) Entering or remaining in a building in or around school property, other than the offender's residence.

(6) "School official" means the principal, a teacher, or any other certified employee of the school, the superintendent of schools or a member of the school board.

(d) Sentence. A person who violates this Section is guilty of a Class 4 felony.

(Source: P.A. 94-158, eff. 7-11-05; 94-164, eff. 1-1-06; 94-170, eff. 7-11-05; revised 9-15-06.)

(720 ILCS 5/11-9.4)

Sec. 11-9.4. Approaching, contacting, residing, or communicating with a child within certain places by child sex offenders prohibited.

(a) It is unlawful for a child sex offender to knowingly be present in any public park building or on real property comprising any public park when persons under the age of 18 are present in the building or on the grounds and to approach, contact, or communicate with a child under 18 years of age, unless the offender is a parent or guardian of a person under 18 years of age present in the building or on the grounds.

(b) It is unlawful for a child sex offender to knowingly loiter on a public way within 500 feet of a public park building or real property comprising any public park while persons under the age of 18 are present in the building or on the grounds and to approach, contact, or communicate with a child under 18 years of age, unless the offender is a parent or guardian of a person under 18 years of age present in the building or on the grounds.

(b-5) It is unlawful for a child sex offender to knowingly reside within 500 feet of a playground, child care institution, day care center, part day child care facility, or a facility providing programs or services exclusively directed toward persons under 18 years of age. Nothing in this subsection (b-5) prohibits a child sex offender from residing within 500 feet of a playground or a facility providing programs or services exclusively directed toward persons under 18 years of age if the property is owned by the child sex offender and was purchased before the effective date of this amendatory Act of the 91st General Assembly. Nothing in this subsection (b-5) prohibits a child sex offender from residing within 500 feet of a child care institution, day care center, or part day child care facility if the property is owned by the child sex offender and was purchased before the effective date of this amendatory Act of the 94th General Assembly.

(b-6) It is unlawful for a child sex offender to knowingly reside within 500 feet of the victim of the sex offense. Nothing in this subsection (b-6) prohibits a child sex offender from residing within 500 feet of the victim if the property in which the child sex offender resides is owned by the child sex offender and was purchased before the effective date of this amendatory Act of the 92nd General Assembly.

This subsection (b-6) does not apply if the victim of the sex offense is 21 years of age or older.

(c) It is unlawful for a child sex offender to knowingly operate, manage, be employed by, volunteer at, be associated with, or knowingly be present at any: (i) facility providing programs or services exclusively directed towards persons under the age of 18; (ii) day care center; (iii) part day child care facility; (iv) child care institution, or (v) school providing before and after school programs for children under 18 years of age. This does not prohibit a child sex offender from owning the real property upon which the programs or services are offered or upon which the day care center, part day child care facility, child care institution, or school providing before and after school programs for children under 18 years of age is located, provided the child sex offender refrains from being present on the premises for

the hours during which: (1) the programs or services are being offered or (2) the day care center, part day child care facility, child care institution, or school providing before and after school programs for children under 18 years of age is operated.

(d) Definitions. In this Section:

(1) "Child sex offender" means any person who:

(i) has been charged under Illinois law, or any substantially similar federal law or law of another state, with a sex offense set forth in paragraph (2) of this subsection (d) or the attempt to commit an included sex offense, and:

(A) is convicted of such offense or an attempt to commit such offense; or

(B) is found not guilty by reason of insanity of such offense or an attempt to commit such offense; or

(C) is found not guilty by reason of insanity pursuant to subsection (c) of Section 104-25 of the Code of Criminal Procedure of 1963 of such offense or an attempt to commit such offense; or

(D) is the subject of a finding not resulting in an acquittal at a hearing conducted pursuant to subsection (a) of Section 104-25 of the Code of Criminal Procedure of 1963 for the alleged commission or attempted commission of such offense; or

(E) is found not guilty by reason of insanity following a hearing conducted pursuant to a federal law or the law of another state substantially similar to subsection (c) of Section 104-25 of the Code of Criminal Procedure of 1963 of such offense or of the attempted commission of such offense; or

(F) is the subject of a finding not resulting in an acquittal at a hearing conducted pursuant to a federal law or the law of another state substantially similar to subsection (a) of Section 104-25 of the Code of Criminal Procedure of 1963 for the alleged violation or attempted commission of such offense; or

(ii) is certified as a sexually dangerous person pursuant to the Illinois Sexually Dangerous Persons Act, or any substantially similar federal law or the law of another state, when any conduct giving rise to such certification is committed or attempted against a person less than 18 years of age; or

(iii) is subject to the provisions of Section 2 of the Interstate Agreements on Sexually Dangerous Persons Act.

Convictions that result from or are connected with the same act, or result from offenses committed at the same time, shall be counted for the purpose of this Section as one conviction. Any conviction set aside pursuant to law is not a conviction for purposes of this Section.

(2) Except as otherwise provided in paragraph (2.5), "sex offense" means:

(i) A violation of any of the following Sections of the Criminal Code of 1961: 10-7 (aiding and abetting child abduction under Section 10-5(b)(10)), 10-5(b)(10) (child luring), 11-6 (indecent solicitation of a child), 11-6.5 (indecent solicitation of an adult), 11-9 (public indecency when committed in a school, on the real property comprising a school, on a conveyance owned, leased, or contracted by a school to transport students to or from school or a school related activity, or in a public park), 11-9.1 (sexual exploitation of a child), 11-15.1 (soliciting for a juvenile prostitute), 11-17.1 (keeping a place of juvenile prostitution), 11-18.1 (patronizing a juvenile prostitute), 11-19.1 (juvenile pimping), 11-19.2 (exploitation of a child), 11-20.1 (child pornography), 11-20.3 (aggravated child pornography), 11-21 (harmful material), 12-14.1 (predatory criminal sexual assault of a child), 12-33 (ritualized abuse of a child), 11-20 (obscenity) (when that offense was committed in any school, on real property comprising any school, on any conveyance owned, leased, or contracted by a school to transport students to or from school or a school related activity, or in a public park). An attempt to commit any of these offenses.

(ii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age: 12-13 (criminal sexual assault), 12-14 (aggravated criminal sexual assault), 12-15 (criminal sexual abuse), 12-16 (aggravated criminal sexual abuse). An attempt to commit any of these offenses.

(iii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age and the defendant is not a parent of the victim:

10-1 (kidnapping),

10-2 (aggravated kidnapping),

10-3 (unlawful restraint),

10-3.1 (aggravated unlawful restraint).

An attempt to commit any of these offenses.

- (iv) A violation of any former law of this State substantially equivalent to any offense listed in clause (2)(i) of this subsection (d).
- (2.5) For the purposes of subsection (b-5) only, a sex offense means:
- (i) A violation of any of the following Sections of the Criminal Code of 1961: 10-5(b)(10) (child luring), 10-7 (aiding and abetting child abduction under Section 10-5(b)(10)), 11-6 (indecent solicitation of a child), 11-6.5 (indecent solicitation of an adult), 11-15.1 (soliciting for a juvenile prostitute), 11-17.1 (keeping a place of juvenile prostitution), 11-18.1 (patronizing a juvenile prostitute), 11-19.1 (juvenile pimping), 11-19.2 (exploitation of a child), 11-20.1 (child pornography), 11-20.3 (aggravated child pornography), 12-14.1 (predatory criminal sexual assault of a child), or 12-33 (ritualized abuse of a child). An attempt to commit any of these offenses.
- (ii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age: 12-13 (criminal sexual assault), 12-14 (aggravated criminal sexual assault), 12-16 (aggravated criminal sexual abuse), and subsection (a) of Section 12-15 (criminal sexual abuse). An attempt to commit any of these offenses.
- (iii) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age and the defendant is not a parent of the victim: 10-1 (kidnapping), 10-2 (aggravated kidnapping), 10-3 (unlawful restraint), 10-3.1 (aggravated unlawful restraint). An attempt to commit any of these offenses.
- (iv) A violation of any former law of this State substantially equivalent to any offense listed in this paragraph (2.5) of this subsection.
- (3) A conviction for an offense of federal law or the law of another state that is substantially equivalent to any offense listed in paragraph (2) of this subsection (d) shall constitute a conviction for the purpose of this Section. A finding or adjudication as a sexually dangerous person under any federal law or law of another state that is substantially equivalent to the Sexually Dangerous Persons Act shall constitute an adjudication for the purposes of this Section.
- (4) "Public park" includes a park, forest preserve, or conservation area under the jurisdiction of the State or a unit of local government.
- (5) "Facility providing programs or services directed towards persons under the age of 18" means any facility providing programs or services exclusively directed towards persons under the age of 18.
- (6) "Loiter" means:
- (i) Standing, sitting idly, whether or not the person is in a vehicle or remaining in or around public park property.
- (ii) Standing, sitting idly, whether or not the person is in a vehicle or remaining in or around public park property, for the purpose of committing or attempting to commit a sex offense.
- (7) "Playground" means a piece of land owned or controlled by a unit of local government that is designated by the unit of local government for use solely or primarily for children's recreation.
- (8) "Child care institution" has the meaning ascribed to it in Section 2.06 of the Child Care Act of 1969.
- (9) "Day care center" has the meaning ascribed to it in Section 2.09 of the Child Care Act of 1969.
- (10) "Part day child care facility" has the meaning ascribed to it in Section 2.10 of the Child Care Act of 1969.
- (e) Sentence. A person who violates this Section is guilty of a Class 4 felony.
(Source: P.A. 94-925, eff. 6-26-06.)

Section 10. The Criminal Code of 1961 is amended by changing Sections 11-19.2, 12-13, and 12-14.1 as follows:

(720 ILCS 5/11-19.2) (from Ch. 38, par. 11-19.2)

Sec. 11-19.2. Exploitation of a child.

(A) A person commits exploitation of a child when he or she confines a child under the age of 16 or a severely or profoundly mentally retarded person against his or her will by the infliction or threat of imminent infliction of great bodily harm, permanent disability or disfigurement or by administering to

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the child or severely or profoundly mentally retarded person without his or her consent or by threat or deception and for other than medical purposes, any alcoholic intoxicant or a drug as defined in the Illinois Controlled Substances Act or the Cannabis Control Act or methamphetamine as defined in the Methamphetamine Control and Community Protection Act and:

(1) compels the child or severely or profoundly mentally retarded person to become a prostitute; or

(2) arranges a situation in which the child or severely or profoundly mentally retarded person may practice prostitution; or

(3) receives any money, property, token, object, or article or anything of value from the child or severely or profoundly mentally retarded person knowing it was obtained in whole or in part from the practice of prostitution.

(B) For purposes of this Section, administering drugs, as defined in subsection (A), or an alcoholic intoxicant to a child under the age of 13 or a severely or profoundly mentally retarded person shall be deemed to be without consent if such administering is done without the consent of the parents or legal guardian.

(C) Exploitation of a child is a Class X felony, for which the person shall be sentenced to a term of imprisonment of not less than 6 years and not more than 60 years.

(D) Any person convicted under this Section is subject to the forfeiture provisions of Section 11-20.1A of this Act.

(Source: P.A. 94-556, eff. 9-11-05.)

(720 ILCS 5/12-13) (from Ch. 38, par. 12-13)

Sec. 12-13. Criminal Sexual Assault.

(a) The accused commits criminal sexual assault if he or she:

(1) commits an act of sexual penetration by the use of force or threat of force; or

(2) commits an act of sexual penetration and the accused knew that the victim was unable to understand the nature of the act or was unable to give knowing consent; or

(3) commits an act of sexual penetration with a victim who was under 18 years of age when the act was committed and the accused was a family member; or

(4) commits an act of sexual penetration with a victim who was at least 13 years of age but under 18 years of age when the act was committed and the accused was 17 years of age or over and held a position of trust, authority or supervision in relation to the victim.

(b) Sentence.

(1) Criminal sexual assault is a Class 1 felony.

(2) A person who is convicted of the offense of criminal sexual assault as defined in paragraph (a)(1) or (a)(2) after having previously been convicted of the offense of criminal sexual assault or the offense of exploitation of a child, or who is convicted of the offense of criminal sexual assault as defined in paragraph (a)(1) or (a)(2) after having previously been convicted under the laws of this State or any other state of an offense that is substantially equivalent to the offense of criminal sexual assault or to the offense of exploitation of a child, commits a Class X felony for which the person shall be sentenced to a term of imprisonment of not less than 30 years and not more than 60 years. The commission of the second or subsequent offense is required to have been after the initial conviction for this paragraph (2) to apply.

(3) A person who is convicted of the offense of criminal sexual assault as defined in paragraph (a)(1) or (a)(2) after having previously been convicted of the offense of aggravated criminal sexual assault or the offense of predatory criminal sexual assault of a child, or who is convicted of the offense of criminal sexual assault as defined in paragraph (a)(1) or (a)(2) after having previously been convicted under the laws of this State or any other state of an offense that is substantially equivalent to the offense of aggravated criminal sexual assault or the offense of criminal predatory sexual assault shall be sentenced to a term of natural life imprisonment. The commission of the second or subsequent offense is required to have been after the initial conviction for this paragraph (3) to apply.

(4) A second or subsequent conviction for a violation of paragraph (a)(3) or (a)(4) or under any similar statute of this State or any other state for any offense involving criminal sexual assault that is substantially equivalent to or more serious than the sexual assault prohibited under paragraph (a)(3) or (a)(4) is a Class X felony.

(5) When a person has any such prior conviction, the information or indictment charging that person shall state such prior conviction so as to give notice of the State's intention to treat the charge as a Class X felony. The fact of such prior conviction is not an element of the offense and may not be disclosed to the jury during trial unless otherwise permitted by issues properly raised during such trial.

(Source: P.A. 90-396, eff. 1-1-98.)

(720 ILCS 5/12-14.1)

Sec. 12-14.1. Predatory criminal sexual assault of a child.

(a) The accused commits predatory criminal sexual assault of a child if:

(1) the accused was 17 years of age or over and commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed; or

(1.1) the accused was 17 years of age or over and, while armed with a firearm, commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed; or

(1.2) the accused was 17 years of age or over and commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed and, during the commission of the offense, the accused personally discharged a firearm; or

(2) the accused was 17 years of age or over and commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed and the accused caused great bodily harm to the victim that:

(A) resulted in permanent disability; or

(B) was life threatening; or

(3) the accused was 17 years of age or over and commits an act of sexual penetration with a victim who was under 13 years of age when the act was committed and the accused delivered (by injection, inhalation, ingestion, transfer of possession, or any other means) to the victim without his or her consent, or by threat or deception, and for other than medical purposes, any controlled substance.

(b) Sentence.

(1) A person convicted of a violation of subsection (a)(1) commits a Class X felony, for which the person shall be sentenced to a term of imprisonment of not less than 6 years and not more than 60 years.

A

person convicted of a violation of subsection (a)(1.1) commits a Class X felony for which 15 years shall be added to the term of imprisonment imposed by the court. A person convicted of a violation of subsection (a)(1.2) commits a Class X felony for which 20 years shall be added to the term of imprisonment imposed by the court. A person convicted of a violation of subsection (a)(2) commits a Class X felony for which the person shall be sentenced to a term of imprisonment of not less than 50 years or up to a term of natural life imprisonment.

(1.1) A person convicted of a violation of subsection (a)(3) commits a Class X felony for which the person shall be sentenced to a term of imprisonment of not less than 50 years and not more than 60 years.

(1.2) A person convicted of predatory criminal sexual assault of a child committed against 2 or more persons regardless of whether the offenses occurred as the result of the same act or of several related or unrelated acts shall be sentenced to a term of natural life imprisonment.

(2) A person who is convicted of a second or subsequent offense of predatory criminal sexual assault of a child, or who is convicted of the offense of predatory criminal sexual assault of a child after having previously been convicted of the offense of criminal sexual assault or the offense of aggravated criminal sexual assault, or who is convicted of the offense of predatory criminal sexual assault of a child after having previously been convicted under the laws of this State or any other state of an offense that is substantially equivalent to the offense of predatory criminal sexual assault of a child, the offense of aggravated criminal sexual assault or the offense of criminal sexual assault, shall be sentenced to a term of natural life imprisonment. The commission of the second or subsequent offense is required to have been after the initial conviction for this paragraph (2) to apply.

(Source: P.A. 91-238, eff. 1-1-00; 91-404, eff. 1-1-00; 92-16, eff. 6-28-01.)

Section 15. The Methamphetamine Precursor Control Act is amended by changing Sections 10, 25, 40, 45, and 55 and by adding Sections 36, 37, 38, 39, and 39.5 as follows:

(720 ILCS 648/10)

Sec. 10. Definitions. In this Act:

"Administer" or "administration" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Agent" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Authorized representative" means an employee or agent of a qualified outside entity who has been authorized in writing by his or her agency or office to receive confidential information from the database associated with the Williamson County Pilot Program.

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"Central Repository" means the entity chosen by the Williamson County Pilot Program Authority to handle electronic transaction records as described in Sections 36, 37, 38, 39, and 39.5 of this Act.

"Convenience package" means any package that contains 360 milligrams or less of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers in liquid or liquid-filled capsule form.

"Covered pharmacy" means any pharmacy that distributes any amount of targeted methamphetamine precursor and that is physically located in any of the following Illinois counties: Franklin, Jackson, Johnson, Saline, Union, or Williamson.

"Deliver" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Dispense" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Distribute" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Electronic transaction record" means, with respect to the distribution of a targeted methamphetamine precursor by a pharmacy to a recipient under Section 25 of this Act, an electronic record that includes: the name and address of the recipient; date and time of the transaction; brand and product name and total quantity distributed of ephedrine or pseudoephedrine, their salts, or optical isomers, or salts of optical isomers; identification type and identification number of the identification presented by the recipient; and the name and address of the pharmacy.

"Identification information" means identification type and identification number.

"Identification number" means the number that appears on the identification furnished by the recipient of a targeted methamphetamine precursor.

"Identification type" means the type of identification furnished by the recipient of a targeted methamphetamine precursor such as, by way of example only, an Illinois driver's license or United States passport.

"List I chemical" has the meaning provided in 21 U.S.C. Section 802.

"Methamphetamine precursor" has the meaning provided in Section 10 of the Methamphetamine Control and Community Protection Act.

"Methamphetamine Precursor Violation Alert" means a notice sent by the Pilot Program Authority to pharmacies, retail distributors, or law enforcement authorities as described in subsection (h) of Section 39.5 of this Act.

"Non-covered pharmacy" means any pharmacy that is not a covered pharmacy.

"Package" means an item packaged and marked for retail sale that is not designed to be further broken down or subdivided for the purpose of retail sale.

"Pharmacist" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Pharmacy" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Practitioner" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Prescriber" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Prescription" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Qualified outside entity" means a law enforcement agency or prosecutor's office with authority to identify, investigate, or prosecute violations of this Act or any other State or federal law or rule involving a methamphetamine precursor, methamphetamine, or any other controlled substance, or a public entity that operates a methamphetamine precursor tracking program similar in purpose to the Williamson County Pilot Program.

"Readily retrievable" has the meaning provided in 21 C.F.R. part 1300.

"Recipient" means a person purchasing, receiving, or otherwise acquiring a targeted methamphetamine precursor from a pharmacy in Illinois, as described in Section 25 of this Act.

"Reporting start date" means the date on which covered pharmacies begin transmitting electronic transaction records and exempt pharmacies begin sending handwritten logs, as described in subsection (b) of Section 39 of this Act.

"Retail distributor" means a grocery store, general merchandise store, drug store, other merchandise store, or other entity or person whose activities as a distributor relating to drug products containing targeted methamphetamine precursor are limited exclusively or almost exclusively to sales for personal use by an ultimate user, both in number of sales and volume of sales, either directly to walk-in customers or in face-to-face transactions by direct sales.

"Sales employee" means any employee or agent, other than a pharmacist or pharmacy technician who works exclusively or almost exclusively behind a pharmacy counter, who at any time (a) operates a cash register at which convenience targeted packages may be sold, (b) stocks shelves containing convenience targeted packages, or (c) trains or supervises any other employee or agent who engages in any of the preceding activities.

"Single retail transaction" means a sale by a retail distributor to a specific customer at a specific time.

"Targeted methamphetamine precursor" means any compound, mixture, or preparation that contains any detectable quantity of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers.

"Targeted package" means a package, including a convenience package, containing any amount of targeted methamphetamine precursor.

"Ultimate user" has the meaning provided in Section 102 of the Illinois Controlled Substances Act.

"Williamson County Pilot Program" or "Pilot Program" means the program described in Sections 36, 37, 38, 39, and 39.5 of this Act.

"Williamson County Pilot Program Authority" or "Pilot Program Authority" means the Williamson County Sheriff's Office or its employees or agents.

"Voluntary participant" means any pharmacy that, although not required by law to do so, participates in the Williamson County Pilot Program.

(Source: P.A. 94-694, eff. 1-15-06; 94-830, eff. 6-5-06.)

(720 ILCS 648/25)

Sec. 25. Pharmacies.

(a) No targeted methamphetamine precursor may be knowingly distributed through a pharmacy, including a pharmacy located within, owned by, operated by, or associated with a retail distributor unless all terms of this Section are satisfied.

(b) Any targeted methamphetamine precursor other than a convenience package or a liquid, including but not limited to any targeted methamphetamine precursor in liquid-filled capsules, shall: be packaged in blister packs, with each blister containing not more than 2 dosage units, or when the use of blister packs is technically infeasible, in unit dose packets. Each targeted package shall contain no more than 3,000 milligrams of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers.

(c) The targeted methamphetamine precursor shall be stored behind the pharmacy counter and distributed by a pharmacist or pharmacy technician licensed under the Pharmacy Practice Act of 1987.

(d) Any retail distributor operating a pharmacy, and any pharmacist or pharmacy technician involved in the transaction or transactions, shall ensure that any person purchasing, receiving, or otherwise acquiring the targeted methamphetamine precursor complies with subsection (a) of Section 20 of this Act.

(e) Any retail distributor operating a pharmacy, and any pharmacist or pharmacy technician involved in the transaction or transactions, shall verify that:

(1) The person purchasing, receiving, or otherwise acquiring the targeted

methamphetamine precursor is 18 years of age or older and resembles the photograph of the person on the government-issued identification presented by the person; and

(2) The name entered into the log referred to in subsection (a) of Section 20 of this

Act corresponds to the name on the government-issued identification presented by the person.

(f) The logs referred to in subsection (a) of Section 20 of this Act shall be kept confidential, maintained for not less than 2 years, and made available for inspection and copying by any law enforcement officer upon request of that officer. These logs may be kept in an electronic format if they include all the information specified in subsection (a) of Section 20 of this Act in a manner that is readily retrievable and reproducible in hard-copy format. Pharmacies covered by the Williamson County Pilot Program described in Sections 36, 37, 38, 39, and 39.5 of this Act are required to transmit electronic transaction records or handwritten logs to the Pilot Program Authority in the manner described in those Sections.

(g) No retail distributor operating a pharmacy, and no pharmacist or pharmacy technician, shall knowingly distribute any targeted methamphetamine precursor to any person under 18 years of age.

(h) No retail distributor operating a pharmacy, and no pharmacist or pharmacy technician, shall knowingly distribute to a single person more than 2 targeted packages in a single retail transaction.

(i) No retail distributor operating a pharmacy, and no pharmacist or pharmacy technician, shall knowingly distribute to a single person in any 30-day period products containing more than a total of 7,500 milligrams of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers.

(j) A pharmacist or pharmacy technician may distribute a targeted methamphetamine precursor to a person who is without a form of identification specified in paragraph (1) of subsection (a) of Section 20 of this Act only if all other provisions of this Act are followed and either:

(1) the person presents a driver's license issued without a photograph

by the State of Illinois pursuant to the Illinois Administrative Code, Title 92, Section 1030.90(b)(1) or 1030.90(b)(2); or

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(2) the person is known to the pharmacist or pharmacy technician, the person presents some form of identification, and the pharmacist or pharmacy technician reasonably believes that the targeted methamphetamine precursor will be used for a legitimate medical purpose and not to manufacture methamphetamine.

(k) When a pharmacist or pharmacy technician distributes a targeted methamphetamine precursor to a person according to the procedures set forth in this Act, and the pharmacist or pharmacy technician does not have access to a working cash register at the pharmacy counter, the pharmacist or pharmacy technician may instruct the person to pay for the targeted methamphetamine precursor at a cash register located elsewhere in the retail establishment, whether that register is operated by a pharmacist, pharmacy technician, or other employee or agent of the retail establishment.

(Source: P.A. 94-694, eff. 1-15-06; 94-830, eff. 6-5-06.)

(720 ILCS 648/36 new)

Sec. 36. Williamson County Pilot Program; general provisions.

(a) Purposes. The purposes of this Section are: to establish a pilot program based in Williamson County to track purchases of targeted methamphetamine precursors at multiple locations; to identify persons obtaining or distributing targeted methamphetamine precursors for the likely purpose of manufacturing methamphetamine; to starve methamphetamine manufacturers of the methamphetamine precursors they need to make methamphetamine; to locate and shut down methamphetamine laboratories; and ultimately to reduce the harm that methamphetamine manufacturing and manufacturers are inflicting on individuals, families, communities, first responders, the economy, and the environment in Illinois and beyond. In authorizing this pilot program, the General Assembly recognizes that, although this Act has significantly reduced the number of methamphetamine laboratories in Illinois, some persons continue to violate the Act, evade detection, and support the manufacture of methamphetamine by obtaining targeted methamphetamine precursor at multiple locations. The General Assembly further recognizes that putting an end to this practice and others like it will require an effort to track purchases of targeted methamphetamine precursor across multiple locations, and that a pilot program based in Williamson County will advance this important goal.

(b) Structure.

(1) There is established a pilot program based in Williamson County, known as the Williamson County Pilot Program or Pilot Program, to track purchases of targeted methamphetamine precursor across multiple locations for the purposes stated in subsection (a) of this Section.

(2) The Pilot Program shall be operated by the Williamson County Sheriff's Office, also known as the Williamson County Pilot Program Authority or the Pilot Program Authority, in accordance with the provisions of Sections 36, 37, 38, 39, and 39.5 of this Act.

(3) The Pilot Program Authority shall designate a Central Repository for the collection of required information, and the Central Repository shall operate according to the provisions of Sections 36, 37, 38, 39, and 39.5 of this Act.

(4) Every covered pharmacy shall participate in the Pilot Program, and any non-covered pharmacy may participate on a voluntary basis and be known as a voluntary participant.

(c) Transmission of electronic transaction records. Except as provided in Section 39:

(1) Each time a covered pharmacy distributes a targeted methamphetamine precursor to a recipient under Section 25 of this Act, the covered pharmacy shall transmit an electronic transaction record to the Central Repository.

(2) Each covered pharmacy shall elect to transmit electronic transaction records either through the secure website described in Section 37 of this Act or through weekly electronic transfers as described in Section 38 of this Act.

(d) Operation and Timeline for implementation.

(1) Except as stated in this subsection, this amendatory Act of the 95th General Assembly shall be operational upon becoming law.

(2) Covered pharmacies are not required to transmit any electronic transaction records and exempt pharmacies are not required to send any handwritten logs to the Central Repository until the reporting start date set by the Pilot Program Authority.

(3) The Pilot Program Authority shall announce the "reporting start date" within 90 days of the date this legislation is signed into law.

(4) The reporting start date shall be no sooner than 90 days after the date on which the Pilot Program Authority announces the reporting start date.

(5) Starting on the reporting start date, and continuing for a period of one year thereafter, covered pharmacies shall transmit electronic transaction records as described in Sections 37 and 38 of this Act, and exempt pharmacies shall send handwritten logs as described in Section 39 of this Act.

(6) Nothing in this Act shall preclude covered pharmacies and exempt pharmacies from voluntarily participating in the Pilot Program before the start date or continuing to participate in the Pilot Program after one year after the reporting start date.

(e) Funding. Funding for the Pilot Program shall be provided by the Williamson County Pilot Program Authority, drawing upon federal grant money and other available sources. If funding is delayed, curtailed, or otherwise unavailable, the Pilot Program Authority may delay implementation of the Pilot Program, reduce the number of counties covered by the Pilot Program, or end the Pilot Program early. If any such change becomes necessary, the Pilot Program Authority shall inform every covered pharmacy in writing.

(f) Training. The Pilot Program Authority shall provide, free of charge, training and assistance to any pharmacy playing any role in the Pilot Program.

(g) Relationship between the Williamson County Pilot Program and other laws and rules. Nothing in Sections 36, 37, 38, 39, and 39.5 of this Act shall supersede, nullify, or diminish the force of any requirement stated in any other Section of this Act or in any other State or federal law or rule.

(720 ILCS 648/37 new)

Sec. 37. Williamson County Pilot Program; secure website.

(a) Transmission of electronic transaction records through a secure website; in general.

(1) The Pilot Program Authority shall establish a secure website for the transmission of electronic transaction records and electronic signatures and make it available free of charge to any covered pharmacy that elects to use it.

(2) The secure website shall enable any covered pharmacy to transmit to the Central Repository an electronic transaction record and an electronic signature each time the pharmacy distributes a targeted methamphetamine precursor to a recipient under Section 25 of this Act.

(3) If the secure website becomes unavailable to a covered pharmacy, the covered pharmacy may, during the period in which the secure website is not available, continue to distribute targeted methamphetamine precursor without using the secure website if, during this period, the covered pharmacy maintains and transmits handwritten logs as described in subsection (b) of Section 39 of this Act.

(b) Assistance to covered pharmacies using the secure website.

(1) The purpose of this subsection is to ensure that participation in the Pilot Program does not impose substantial costs on covered pharmacies that elect to transmit electronic transaction records to the Central Repository by means of the secure website.

(2) If a covered pharmacy that elects to transmit electronic transaction records by means of the secure website does not have computer hardware or software or related equipment sufficient to make use of the secure website, then the covered pharmacy may obtain and install such hardware or software or related equipment at its own cost, or it may request assistance from the Pilot Program Authority, or some combination of the 2.

(3) If a covered pharmacy requests such assistance, then the Pilot Program Authority shall, free of charge, provide and install any computer hardware or software or related equipment needed.

(4) Nothing in this subsection shall preclude the Pilot Program Authority from providing additional or other assistance to any pharmacy or retail distributor.

(c) Any covered pharmacy that elects to transmit electronic transaction records by means of the secure website described in this Section may use the secure website as its exclusive means of complying with subsections (d) and (f) of Section 25 of this Act, provided that, along with each electronic transaction record, the pharmacy also transmits an electronically-captured signature of the recipient of the targeted methamphetamine precursor. To facilitate this option, the Pilot Program shall do the following:

(1) The Pilot Program Authority shall provide to any covered pharmacy that requests it an electronic signature pad or other means of electronic signature capture.

(2) The Pilot Program Authority shall provide the covered pharmacy with an official letter indicating that:

(A) The covered pharmacy in question is participating in the Williamson County Pilot Program for a specified period of time.

(B) During the specified period of time, the Pilot Program Authority has assumed responsibility for maintaining the logs described in subsection (f) of Section 25 of this Act.

(C) Any law enforcement officer seeking to inspect or copy the covered pharmacy's logs should direct the request to the Pilot Program Authority through means described in the letter.

(720 ILCS 648/38 new)

Sec. 38. Williamson County Pilot Program; weekly electronic transfer.

(a) Weekly electronic transfer; in general.

(1) Any covered pharmacy may elect not to use the secure website but instead to transmit electronic transaction records by means of weekly electronic transfers as described in this Section.

(2) Any covered pharmacy electing to transmit electronic transaction records by means of weekly electronic transfers shall transmit the records by means of a computer diskette, a magnetic tape, or an electronic device compatible with the receiving device of the Central Repository.

(b) Weekly electronic transfer; timing.

(1) Any covered pharmacy electing to transmit electronic transaction records by means of weekly electronic transfers shall select a standard weeklong reporting period such as, by way of example only, the 7-day period that begins immediately after midnight Monday morning and lasts until immediately before midnight the next Sunday night.

(2) Electronic transaction records for transactions occurring during the standard weeklong reporting period selected by the pharmacy shall be transmitted to the Central Repository no later than 24 hours after each standard weeklong reporting period ends.

(3) Electronic transaction records may be delivered to the Central Repository in person, by messenger, through the United States Postal Service, over the Internet, or by other reasonably reliable and prompt means.

(4) Although electronic transaction records shall be transmitted to the Central Repository no later than one day after the end of a weeklong reporting period, it is not required that the electronic transaction records be received by that deadline.

(c) Weekly electronic transfer; form of data. Each electronic transaction record transmitted shall contain the following information in the form described:

(1) The recipient's (A) first name, (B) last name, (C) street address, and (D) zip code, in the 4 separate data fields listed (A) through (D).

(2) The (A) date and (B) time of the transaction, in the 2 separate data fields listed (A) and (B).

(3) One of the following:

(A) The (1) brand and product name and (2) total quantity in milligrams distributed of ephedrine or pseudoephedrine, their salts, or optical isomers, or salts of optical isomers, in the 2 separate data fields listed (1) and (2);

(B) The National Drug Code (NDC) number corresponding to the product distributed, from which may be determined the brand and product name and total quantity distributed of ephedrine or pseudoephedrine, their salts, or optical isomers, or salts of optical isomers; or

(C) A company-specific code, akin to the National Drug Code, from which may be determined the brand and product name and total quantity distributed of ephedrine or pseudoephedrine, their salts, or optical isomers, or salts of optical isomers, along with information sufficient to translate any company-specific codes into the brand and product name and total quantity distributed of ephedrine or pseudoephedrine, their salts, or optical isomers, or salts of optical isomers.

(4) One of the following:

(A) The identification type presented by the recipient; or

(B) A code for the identification type presented by the recipient, along with information sufficient to translate any such code into the actual identification type presented by the recipient.

(5) The identification number presented by the recipient.

(6) One of the following:

(A) The (1) name, (2) street address, and (3) zip code of the covered pharmacy, in 3 separate data fields (1) through (3);

(B) The Drug Enforcement Administration (DEA) number of the individual covered pharmacy, from which may be determined the name, street address, and zip code of the covered pharmacy; or

(C) A company-specific code, akin to the Drug Enforcement Administration number, from which may be determined the name, street address, and zip code of the covered pharmacy, along with information sufficient to translate any company-specific codes into the name, street address, and zip code of the covered pharmacy.

(720 ILCS 648/39 new)

Sec. 39. Williamson County Pilot Program; exempt pharmacies.

(a) When a covered pharmacy is exempt. A covered pharmacy is exempt from the requirement that it transmit electronic transaction records to the Central Repository through the secure website described in Section 37 or weekly electronic transfers described in Section 38 of this Act if all of the following conditions are satisfied:

(1) The covered pharmacy:

(A) Submits to the Pilot Program Authority a written request for such an exemption;

(B) Has complied with Section 25 of this Act by maintaining handwritten rather than electronic

logs during the 60-day period preceding the date the written request is transmitted;

(C) Has not sold more than 20 targeted packages in any 7-day period during the 60-day period preceding the date the written request is transmitted; and

(D) Provides, along with the written request, copies of handwritten logs covering the 60-day period preceding the written request; and

(2) The Pilot Program Authority:

(A) Reviews the written request;

(B) Verifies that the covered pharmacy has complied with Section 25 of this Act by maintaining handwritten rather than electronic logs during the 60-day period preceding the date the written request is transmitted;

(C) Verifies that the covered pharmacy has not sold more than 20 targeted packages in any 7-day period during the 60-day period preceding the date the written request is transmitted; and

(D) Sends the covered pharmacy a letter stating that the covered pharmacy is exempt from the requirement that it transmit electronic transaction records to the Central Repository.

(b) Obligations of an exempt pharmacy.

(1) A pharmacy that is exempt from the requirement that it transmit electronic transaction records to the Central Repository shall instead transmit copies, and retain the originals, of handwritten logs.

(2) An exempt covered pharmacy shall transmit copies of handwritten logs to the Central Repository in person, by facsimile, through the United States Postal Service, or by other reasonably reliable and prompt means.

(3) An exempt covered pharmacy shall transmit copies of handwritten logs on a weekly basis as described in subsection (b) of Section 38 of this Act.

(720 ILCS 648/39.5 new)

Sec. 39.5. Williamson County Pilot Program; confidentiality of records.

(a) The Pilot Program Authority shall delete each electronic transaction record and handwritten log entry 24 months after the date of the transaction it describes.

(b) The Pilot Program Authority and Central Repository shall carry out a program to protect the confidentiality of electronic transaction records and handwritten log entries transmitted pursuant to Sections 36, 37, 38, and 39 of this Act. The Pilot Program Authority and Central Repository shall ensure that this information remains completely confidential except as specifically provided in subsections (c) through (i) of this Section. Except as provided in subsections (c) through (i) of this Section, this information is strictly prohibited from disclosure.

(c) Any employee or agent of the Central Repository may have access to electronic transaction records and handwritten log entries solely for the purpose of receiving, processing, storing or analyzing this information.

(d) Any employee or agent of the Pilot Program Authority may have access to electronic transaction records or handwritten log entries solely for the purpose of identifying, investigating, or prosecuting violations of this Act or any other State or federal law or rule involving a methamphetamine precursor, methamphetamine, or any other controlled substance.

(e) The Pilot Program Authority may release electronic transaction records or handwritten log entries to the authorized representative of a qualified outside entity only if all of the following conditions are satisfied:

(1) The Pilot Program Authority verifies that the entity receiving electronic transaction records or handwritten log entries is a qualified outside entity as defined in this Act.

(2) The Pilot Program Authority verifies that the person receiving electronic transaction records or handwritten log entries is an authorized representative, as defined in this Act, of the qualified outside entity.

(3) The qualified outside entity agrees in writing, or has previously agreed in writing, that it will use electronic transaction records and handwritten log entries solely for the purpose of identifying, investigating, or prosecuting violations of this Act or any other State or federal law or rule involving a methamphetamine precursor, methamphetamine, or any other controlled substance.

(4) The qualified outside entity does not have a history known to the Pilot Program Authority of violating this agreement or similar agreements or of breaching the confidentiality of sensitive information.

(f) The Pilot Program Authority may release to a particular covered pharmacy or voluntary participant any electronic transaction records or handwritten log entries previously submitted by that particular covered pharmacy or voluntary participant.

(g) The Pilot Program Authority may release to a particular recipient any electronic transaction records clearly relating to that recipient, upon sufficient proof of identity.

[June 28, 2007]

(h) The Pilot Program Authority may distribute Methamphetamine Precursor Violation Alerts only if all of the following conditions are satisfied:

(1) The Pilot Program Authority has reason to believe that one or more recipients have violated or are violating this Act or any other State or federal law or rule involving a methamphetamine precursor, methamphetamine, or any other controlled substance.

(2) Based on this information, the Pilot Program Authority distributes a Methamphetamine Precursor Violation Alert that may contain any of the following confidential information:

(A) With respect to any recipient whom it is believed has violated, has attempted to violate, or is violating this Act or any other State or federal law or rule involving a methamphetamine precursor, methamphetamine, or any other controlled substance:

(i) Any name he or she has used to purchase or attempt to purchase methamphetamine precursor;

(ii) Any address he or she has listed when purchasing or attempting to purchase any targeted methamphetamine precursor; and

(iii) Any identification information he or she has used to purchase or attempt to purchase methamphetamine precursor.

(B) With respect to any transaction in which the recipient is believed to have purchased methamphetamine precursor:

(i) The date and time of the transaction or attempt;

(ii) The city or town and state in which the transaction or attempt occurred; and

(iii) The total quantity received of ephedrine or pseudoephedrine, their salts, or optical isomers, or salts of optical isomers.

(3) Methamphetamine Precursor Violation Alerts shall not include, with respect of any transaction in which the recipient is believed to have purchased or attempted to purchase methamphetamine precursor:

(A) The name or street address of the pharmacy where the transaction or attempt took place, other than the city or town and state where the pharmacy is located; or

(B) The brand and product name of the item received.

(4) Methamphetamine Precursor Violation Alerts may be distributed to pharmacies, retail distributors, and law enforcement agencies. When such alerts are distributed to law enforcement agencies, it shall not be necessary to follow the procedures described in subsection (d) of this Section.

(5) When distributing Methamphetamine Precursor Violation Alerts, the Pilot Program Authority shall instruct those receiving the alerts that they are intended only for pharmacies, retail distributors, and law enforcement authorities, and that such alerts should otherwise be kept confidential.

(i) The Pilot Program Authority may release general statistical information to any person or entity provided that the statistics do not include any information that identifies any individual recipient or pharmacy by name, address, identification number, Drug Enforcement Administration number, or other means.

(720 ILCS 648/40)
Sec. 40. Penalties.

(a) Violations of subsection (b) of Section 20 of this Act.

(1) Any person who knowingly purchases, receives, or otherwise acquires, within any 30-day period, products containing more than a total of 7,500 milligrams of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers in violation of subsection (b) of Section 20 of this Act is subject to the following penalties:

(A) More than 7,500 milligrams but less than 15,000 milligrams, Class B misdemeanor;

(B) 15,000 or more but less than 22,500 milligrams, Class A misdemeanor;

(C) 22,500 or more but less than 30,000 milligrams, Class 4 felony;

(D) 30,000 or more but less than 37,500 milligrams, Class 3 felony;

(E) 37,500 or more but less than 45,000 milligrams, Class 2 felony;

(F) 45,000 or more milligrams, Class 1 felony.

(2) Any person who knowingly purchases, receives, or otherwise acquires, within any 30-day period, products containing more than a total of 7,500 milligrams of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers in violation of subsection (b) of Section 20 of this Act, and who has previously been convicted of any methamphetamine-related offense under any State or federal law, is subject to the following penalties:

(A) More than 7,500 milligrams but less than 15,000 milligrams, Class A misdemeanor;

(B) 15,000 or more but less than 22,500 milligrams, Class 4 felony;

(C) 22,500 or more but less than 30,000 milligrams, Class 3 felony;

(D) 30,000 or more but less than 37,500 milligrams, Class 2 felony;

(E) 37,500 or more milligrams, Class 1 felony.

(3) Any person who knowingly purchases, receives, or otherwise acquires, within any 30-day period, products containing more than a total of 7,500 milligrams of ephedrine or pseudoephedrine, their salts or optical isomers, or salts of optical isomers in violation of subsection (b) of Section 20 of this Act, and who has previously been convicted 2 or more times of any methamphetamine-related offense under State or federal law, is subject to the following penalties:

(A) More than 7,500 milligrams but less than 15,000 milligrams, Class 4 felony;

(B) 15,000 or more but less than 22,500 milligrams, Class 3 felony;

(C) 22,500 or more but less than 30,000 milligrams, Class 2 felony;

(D) 30,000 or more milligrams, Class 1 felony.

(b) Violations of Section 15, 20, 25, 30, or 35 of this Act, other than violations of subsection (b) of Section 20 of this Act.

(1) (a) Any pharmacy or retail distributor that violates Section 15, 20, 25, 30, or 35 of this Act, other than subsection (b) of Section 20 of this Act, this Act is guilty of a petty offense and subject to a fine of \$500 for a first offense; and \$1,000 for a second offense occurring at the same retail location as and within 3 years of the prior offense. A pharmacy or retail distributor that violates this Act is guilty of a business offense and subject to a fine of \$5,000 for a third or subsequent offense occurring at the same retail location as and within 3 years of the prior offenses.

(2) (b) An employee or agent of a pharmacy or retail distributor who violates Section 15, 20, 25, 30, or 35 of this Act, other than subsection (b) of Section 20 of this Act, this Act is guilty of a Class A misdemeanor for a first offense, a Class 4 felony for a second offense, and a Class 1 felony for a third or subsequent offense.

(3) (e) Any other person who violates Section 15, 20, 25, 30, or 35 of this Act, other than subsection (b) of Section 20 of this Act, this Act is guilty of a Class B misdemeanor for a first offense, a Class A misdemeanor for a second offense, and a Class 4 felony for a third or subsequent offense.

(c) Any pharmacy or retail distributor that violates Section 36, 37, 38, 39, or 39.5 of this Act is guilty of a petty offense and subject to a fine of \$100 for a first offense, \$250 for a second offense, or \$500 for a third or subsequent offense.

(d) Any person that violates Section 39.5 of this Act is guilty of a Class B misdemeanor for a first offense, a Class A misdemeanor for a second offense, and a Class 4 felony for a third offense.

(Source: P.A. 94-694, eff. 1-15-06.)

(720 ILCS 648/45)

Sec. 45. Immunity from civil liability. In the event that any agent or employee of a pharmacy or retail distributor reports to any law enforcement officer or agency any suspicious activity concerning a targeted methamphetamine precursor or other methamphetamine ingredient or ingredients, or participates in the Williamson County Pilot Program as provided in Sections 36, 37, 38, 39, and 39.5 of this Act, the agent or employee and the pharmacy or retail distributor itself are immune from civil liability based on allegations of defamation, libel, slander, false arrest, or malicious prosecution, or similar allegations, except in cases of willful or wanton misconduct.

(Source: P.A. 94-694, eff. 1-15-06.)

(720 ILCS 648/55)

Sec. 55. Preemption and home rule powers.

(a) Except as provided in subsection (b) of this Section and in Sections 36, 37, 38, 39, and 39.5 of this Act, a county or municipality, including a home rule unit, may regulate the sale of targeted methamphetamine precursor and targeted packages in a manner that is not more or less restrictive than the regulation by the State under this Act. This Section is a limitation under subsection (i) of Section 6 of Article VII of the Illinois Constitution on the concurrent exercise by home rule units of the powers and functions exercised by the State.

(b) Any regulation of the sale of targeted methamphetamine precursor and targeted packages by a home rule unit that took effect on or before May 1, 2004, is exempt from the provisions of subsection (a) of this Section.

(Source: P.A. 94-694, eff. 1-15-06.)

Section 20. The Unified Code of Corrections is amended by changing Sections 3-3-7, 3-6-3, and 5-8A-6 and by adding Section 3-19-15 as follows:

(730 ILCS 5/3-3-7) (from Ch. 38, par. 1003-3-7)

Sec. 3-3-7. Conditions of Parole or Mandatory Supervised Release.

[June 28, 2007]

(a) The conditions of parole or mandatory supervised release shall be such as the Prisoner Review Board deems necessary to assist the subject in leading a law-abiding life. The conditions of every parole and mandatory supervised release are that the subject:

(1) not violate any criminal statute of any jurisdiction during the parole or release term;

(2) refrain from possessing a firearm or other dangerous weapon;

(3) report to an agent of the Department of Corrections;

(4) permit the agent to visit him or her at his or her home, employment, or elsewhere to the extent necessary for the agent to discharge his or her duties;

(5) attend or reside in a facility established for the instruction or residence of persons on parole or mandatory supervised release;

(6) secure permission before visiting or writing a committed person in an Illinois Department of Corrections facility;

(7) report all arrests to an agent of the Department of Corrections as soon as permitted by the arresting authority but in no event later than 24 hours after release from custody;

(7.5) if convicted of a sex offense as defined in the Sex Offender Management Board Act, the individual shall undergo and successfully complete sex offender treatment conducted in conformance with the standards developed by the Sex Offender Management Board Act by a treatment provider approved by the Board;

(7.6) if convicted of a sex offense as defined in the Sex Offender Management Board Act, refrain from residing at the same address or in the same condominium unit or apartment unit or in the same condominium complex or apartment complex with another person he or she knows or reasonably should know is a convicted sex offender or has been placed on supervision for a sex offense; the provisions of this paragraph do not apply to a person convicted of a sex offense who is placed in a Department of Corrections licensed transitional housing facility for sex offenders, or is in any facility operated or licensed by the Department of Children and Family Services or by the Department of Human Services, or is in any licensed medical facility;

(7.7) if convicted for an offense that would qualify the accused as a sexual predator under the Sex Offender Registration Act on or after the effective date of this amendatory Act of the 94th General Assembly, wear an approved electronic monitoring device as defined in Section 5-8A-2 for the duration of the person's parole, mandatory supervised release term, or extended mandatory supervised release term, ~~provided funding is appropriated by the General Assembly;~~

(7.8) if convicted for an offense that would qualify the accused as a sex offender or sexual predator under the Sex Offender Registration Act on or after the effective date of this amendatory Act of the 95th General Assembly, not possess prescription drugs for erectile dysfunction;

(8) obtain permission of an agent of the Department of Corrections before leaving the State of Illinois;

(9) obtain permission of an agent of the Department of Corrections before changing his or her residence or employment;

(10) consent to a search of his or her person, property, or residence under his or her control;

(11) refrain from the use or possession of narcotics or other controlled substances in any form, or both, or any paraphernalia related to those substances and submit to a urinalysis test as instructed by a parole agent of the Department of Corrections;

(12) not frequent places where controlled substances are illegally sold, used, distributed, or administered;

(13) not knowingly associate with other persons on parole or mandatory supervised release without prior written permission of his or her parole agent and not associate with persons who are members of an organized gang as that term is defined in the Illinois Streetgang Terrorism Omnibus Prevention Act;

(14) provide true and accurate information, as it relates to his or her adjustment in the community while on parole or mandatory supervised release or to his or her conduct while incarcerated, in response to inquiries by his or her parole agent or of the Department of Corrections;

(15) follow any specific instructions provided by the parole agent that are consistent with furthering conditions set and approved by the Prisoner Review Board or by law, exclusive of placement on electronic detention, to achieve the goals and objectives of his or her parole or mandatory supervised release or to protect the public. These instructions by the parole agent may be modified at any time, as the agent deems appropriate; and

(16) if convicted of a sex offense as defined in subsection (a-5) of Section 3-1-2 of

this Code, unless the offender is a parent or guardian of the person under 18 years of age present in the home and no non-familial minors are present, not participate in a holiday event involving children under 18 years of age, such as distributing candy or other items to children on Halloween, wearing a Santa Claus costume on or preceding Christmas, being employed as a department store Santa Claus, or wearing an Easter Bunny costume on or preceding Easter.

(b) The Board may in addition to other conditions require that the subject:

- (1) work or pursue a course of study or vocational training;
- (2) undergo medical or psychiatric treatment, or treatment for drug addiction or alcoholism;
- (3) attend or reside in a facility established for the instruction or residence of persons on probation or parole;
- (4) support his dependents;
- (5) (blank);
- (6) (blank);
- (7) comply with the terms and conditions of an order of protection issued pursuant to the Illinois Domestic Violence Act of 1986, enacted by the 84th General Assembly, or an order of protection issued by the court of another state, tribe, or United States territory; and
- (8) in addition, if a minor:
 - (i) reside with his parents or in a foster home;
 - (ii) attend school;
 - (iii) attend a non-residential program for youth; or
 - (iv) contribute to his own support at home or in a foster home.

(b-1) In addition to the conditions set forth in subsections (a) and (b), persons required to register as sex offenders pursuant to the Sex Offender Registration Act, upon release from the custody of the Illinois Department of Corrections, may be required by the Board to comply with the following specific conditions of release:

- (1) reside only at a Department approved location;
- (2) comply with all requirements of the Sex Offender Registration Act;
- (3) notify third parties of the risks that may be occasioned by his or her criminal record;
- (4) obtain the approval of an agent of the Department of Corrections prior to accepting employment or pursuing a course of study or vocational training and notify the Department prior to any change in employment, study, or training;
- (5) not be employed or participate in any volunteer activity that involves contact with children, except under circumstances approved in advance and in writing by an agent of the Department of Corrections;
- (6) be electronically monitored for a minimum of 12 months from the date of release as determined by the Board;
- (7) refrain from entering into a designated geographic area except upon terms approved in advance by an agent of the Department of Corrections. The terms may include consideration of the purpose of the entry, the time of day, and others accompanying the person;
- (8) refrain from having any contact, including written or oral communications, directly or indirectly, personally or by telephone, letter, or through a third party with certain specified persons including, but not limited to, the victim or the victim's family without the prior written approval of an agent of the Department of Corrections;
- (9) refrain from all contact, directly or indirectly, personally, by telephone, letter, or through a third party, with minor children without prior identification and approval of an agent of the Department of Corrections;
- (10) neither possess or have under his or her control any material that is sexually oriented, sexually stimulating, or that shows male or female sex organs or any pictures depicting children under 18 years of age nude or any written or audio material describing sexual intercourse or that depicts or alludes to sexual activity, including but not limited to visual, auditory, telephonic, or electronic media, or any matter obtained through access to any computer or material linked to computer access use;
- (11) not patronize any business providing sexually stimulating or sexually oriented entertainment nor utilize "900" or adult telephone numbers;
- (12) not reside near, visit, or be in or about parks, schools, day care centers, swimming pools, beaches, theaters, or any other places where minor children congregate without advance approval of an agent of the Department of Corrections and immediately report any

incidental contact with minor children to the Department;

(13) not possess or have under his or her control certain specified items of contraband related to the incidence of sexually offending as determined by an agent of the Department of Corrections;

(14) may be required to provide a written daily log of activities if directed by an agent of the Department of Corrections;

(15) comply with all other special conditions that the Department may impose that restrict the person from high-risk situations and limit access to potential victims; -

(16) take an annual polygraph exam;

(17) maintain a log of his or her travel; or

(18) obtain prior approval of his or her parole officer before driving alone in a motor vehicle.

(c) The conditions under which the parole or mandatory supervised release is to be served shall be communicated to the person in writing prior to his release, and he shall sign the same before release. A signed copy of these conditions, including a copy of an order of protection where one had been issued by the criminal court, shall be retained by the person and another copy forwarded to the officer in charge of his supervision.

(d) After a hearing under Section 3-3-9, the Prisoner Review Board may modify or enlarge the conditions of parole or mandatory supervised release.

(e) The Department shall inform all offenders committed to the Department of the optional services available to them upon release and shall assist inmates in availing themselves of such optional services upon their release on a voluntary basis.

(Source: P.A. 93-616, eff. 1-1-04; 93-865, eff. 1-1-05; 94-159, eff. 7-11-05; 94-161, eff. 7-11-05; 94-988, eff. 1-1-07.)

(730 ILCS 5/3-6-3) (from Ch. 38, par. 1003-6-3)

Sec. 3-6-3. Rules and Regulations for Early Release.

(a) (1) The Department of Corrections shall prescribe rules and regulations for the early release on account of good conduct of persons committed to the Department which shall be subject to review by the Prisoner Review Board.

(2) The rules and regulations on early release shall provide, with respect to offenses listed in clause (i), (ii), or (iii) of this paragraph (2) committed on or after June 19, 1998 or with respect to the offense listed in clause (iv) of this paragraph (2) committed on or after June 23, 2005 (the effective date of Public Act 94-71) or with respect to the offense of being an armed habitual criminal committed on or after August 2, 2005 (the effective date of Public Act 94-398), the following:

(i) that a prisoner who is serving a term of imprisonment for first degree murder or for the offense of terrorism shall receive no good conduct credit and shall serve the entire sentence imposed by the court;

(ii) that a prisoner serving a sentence for attempt to commit first degree murder, solicitation of murder, solicitation of murder for hire, intentional homicide of an unborn child, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated kidnapping, aggravated battery with a firearm, heinous battery, being an armed habitual criminal, aggravated battery of a senior citizen, or aggravated battery of a child shall receive no more than 4.5 days of good conduct credit for each month of his or her sentence of imprisonment;

(iii) that a prisoner serving a sentence for home invasion, armed robbery, aggravated vehicular hijacking, aggravated discharge of a firearm, or armed violence with a category I weapon or category II weapon, when the court has made and entered a finding, pursuant to subsection (c-1) of Section 5-4-1 of this Code, that the conduct leading to conviction for the enumerated offense resulted in great bodily harm to a victim, shall receive no more than 4.5 days of good conduct credit for each month of his or her sentence of imprisonment; and

(iv) that a prisoner serving a sentence for aggravated discharge of a firearm, whether or not the conduct leading to conviction for the offense resulted in great bodily harm to the victim, shall receive no more than 4.5 days of good conduct credit for each month of his or her sentence of imprisonment.

(2.1) For all offenses, other than those enumerated in subdivision (a)(2)(i), (ii), or

(iii) committed on or after June 19, 1998 or subdivision (a)(2)(iv) committed on or after June 23, 2005 (the effective date of Public Act 94-71), and other than the offense of reckless homicide as defined in subsection (e) of Section 9-3 of the Criminal Code of 1961 committed on or after January 1, 1999, or aggravated driving under the influence of alcohol, other drug or drugs, or intoxicating compound or

compounds, or any combination thereof as defined in subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code, the rules and regulations shall provide that a prisoner who is serving a term of imprisonment shall receive one day of good conduct credit for each day of his or her sentence of imprisonment or recommitment under Section 3-3-9. Each day of good conduct credit shall reduce by one day the prisoner's period of imprisonment or recommitment under Section 3-3-9.

(2.2) A prisoner serving a term of natural life imprisonment or a prisoner who has been sentenced to death shall receive no good conduct credit.

(2.3) The rules and regulations on early release shall provide that a prisoner who is serving a sentence for reckless homicide as defined in subsection (e) of Section 9-3 of the Criminal Code of 1961 committed on or after January 1, 1999, or aggravated driving under the influence of alcohol, other drug or drugs, or intoxicating compound or compounds, or any combination thereof as defined in subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code, shall receive no more than 4.5 days of good conduct credit for each month of his or her sentence of imprisonment.

(2.4) The rules and regulations on early release shall provide with respect to the offenses of aggravated battery with a machine gun or a firearm equipped with any device or attachment designed or used for silencing the report of a firearm or aggravated discharge of a machine gun or a firearm equipped with any device or attachment designed or used for silencing the report of a firearm, committed on or after July 15, 1999 (the effective date of Public Act 91-121), that a prisoner serving a sentence for any of these offenses shall receive no more than 4.5 days of good conduct credit for each month of his or her sentence of imprisonment.

(2.5) The rules and regulations on early release shall provide that a prisoner who is serving a sentence for aggravated arson committed on or after July 27, 2001 (the effective date of Public Act 92-176) shall receive no more than 4.5 days of good conduct credit for each month of his or her sentence of imprisonment.

(3) The rules and regulations shall also provide that the Director may award up to 180 days additional good conduct credit for meritorious service in specific instances as the Director deems proper; except that no more than 90 days of good conduct credit for meritorious service shall be awarded to any prisoner who is serving a sentence for conviction of first degree murder, reckless homicide while under the influence of alcohol or any other drug, or aggravated driving under the influence of alcohol, other drug or drugs, or intoxicating compound or compounds, or any combination thereof as defined in subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code, aggravated kidnapping, kidnapping, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, deviate sexual assault, aggravated criminal sexual abuse, aggravated indecent liberties with a child, indecent liberties with a child, child pornography, heinous battery, aggravated battery of a spouse, aggravated battery of a spouse with a firearm, stalking, aggravated stalking, aggravated battery of a child, endangering the life or health of a child, cruelty to a child, or narcotic racketeering. Notwithstanding the foregoing, good conduct credit for meritorious service shall not be awarded on a sentence of imprisonment imposed for conviction of: (i) one of the offenses enumerated in subdivision (a)(2)(i), (ii), or (iii) when the offense is committed on or after June 19, 1998 or subdivision (a)(2)(iv) when the offense is committed on or after June 23, 2005 (the effective date of Public Act 94-71), (ii) reckless homicide as defined in subsection (e) of Section 9-3 of the Criminal Code of 1961 when the offense is committed on or after January 1, 1999, or aggravated driving under the influence of alcohol, other drug or drugs, or intoxicating compound or compounds, or any combination thereof as defined in subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code, (iii) one of the offenses enumerated in subdivision (a)(2.4) when the offense is committed on or after July 15, 1999 (the effective date of Public Act 91-121), or (iv) aggravated arson when the offense is committed on or after July 27, 2001 (the effective date of Public Act 92-176).

(4) The rules and regulations shall also provide that the good conduct credit accumulated and retained under paragraph (2.1) of subsection (a) of this Section by any inmate during specific periods of time in which such inmate is engaged full-time in substance abuse programs, correctional industry assignments, or educational programs provided by the Department under this paragraph (4) and satisfactorily completes the assigned program as determined by the standards of the Department, shall be multiplied by a factor of 1.25 for program participation before August 11, 1993 and 1.50 for program participation on or after that date. However, no inmate shall be eligible for the additional good conduct credit under this paragraph (4) or (4.1) of this subsection (a) while assigned to a boot camp or electronic detention, or if convicted of an offense enumerated in subdivision

(a)(2)(i), (ii), or (iii) of this Section that is committed on or after June 19, 1998 or subdivision (a)(2)(iv) of this Section that is committed on or after June 23, 2005 (the effective date of Public Act 94-71), or if convicted of reckless homicide as defined in subsection (e) of Section 9-3 of the Criminal Code of 1961 if the offense is committed on or after January 1, 1999, or aggravated driving under the influence of alcohol, other drug or drugs, or intoxicating compound or compounds, or any combination thereof as defined in subparagraph (F) of paragraph (1) of subsection (d) of Section 11-501 of the Illinois Vehicle Code, or if convicted of an offense enumerated in paragraph (a)(2.4) of this Section that is committed on or after July 15, 1999 (the effective date of Public Act 91-121), or first degree murder, a Class X felony, criminal sexual assault, felony criminal sexual abuse, aggravated criminal sexual abuse, aggravated battery with a firearm, or any predecessor or successor offenses with the same or substantially the same elements, or any inchoate offenses relating to the foregoing offenses. No inmate shall be eligible for the additional good conduct credit under this paragraph (4) who (i) has previously received increased good conduct credit under this paragraph (4) and has subsequently been convicted of a felony, or (ii) has previously served more than one prior sentence of imprisonment for a felony in an adult correctional facility.

Educational, vocational, substance abuse and correctional industry programs under which good conduct credit may be increased under this paragraph (4) and paragraph (4.1) of this subsection (a) shall be evaluated by the Department on the basis of documented standards. The Department shall report the results of these evaluations to the Governor and the General Assembly by September 30th of each year. The reports shall include data relating to the recidivism rate among program participants.

Availability of these programs shall be subject to the limits of fiscal resources appropriated by the General Assembly for these purposes. Eligible inmates who are denied immediate admission shall be placed on a waiting list under criteria established by the Department. The inability of any inmate to become engaged in any such programs by reason of insufficient program resources or for any other reason established under the rules and regulations of the Department shall not be deemed a cause of action under which the Department or any employee or agent of the Department shall be liable for damages to the inmate.

(4.1) The rules and regulations shall also provide that an additional 60 days of good conduct credit shall be awarded to any prisoner who passes the high school level Test of General Educational Development (GED) while the prisoner is incarcerated. The good conduct credit awarded under this paragraph (4.1) shall be in addition to, and shall not affect, the award of good conduct under any other paragraph of this Section, but shall also be pursuant to the guidelines and restrictions set forth in paragraph (4) of subsection (a) of this Section. The good conduct credit provided for in this paragraph shall be available only to those prisoners who have not previously earned a high school diploma or a GED. If, after an award of the GED good conduct credit has been made and the Department determines that the prisoner was not eligible, then the award shall be revoked.

(4.5) The rules and regulations on early release shall also provide that when the court's sentencing order recommends a prisoner for substance abuse treatment and the crime was committed on or after September 1, 2003 (the effective date of Public Act 93-354), the prisoner shall receive no good conduct credit awarded under clause (3) of this subsection (a) unless he or she participates in and completes a substance abuse treatment program. The Director may waive the requirement to participate in or complete a substance abuse treatment program and award the good conduct credit in specific instances if the prisoner is not a good candidate for a substance abuse treatment program for medical, programming, or operational reasons. Availability of substance abuse treatment shall be subject to the limits of fiscal resources appropriated by the General Assembly for these purposes. If treatment is not available and the requirement to participate and complete the treatment has not been waived by the Director, the prisoner shall be placed on a waiting list under criteria established by the Department. The Director may allow a prisoner placed on a waiting list to participate in and complete a substance abuse education class or attend substance abuse self-help meetings in lieu of a substance abuse treatment program. A prisoner on a waiting list who is not placed in a substance abuse program prior to release may be eligible for a waiver and receive good conduct credit under clause (3) of this subsection (a) at the discretion of the Director.

(4.6) The rules and regulations on early release shall also provide that a prisoner who has been convicted of a sex offense as defined in Section 2 of the Sex Offender Registration Act shall receive no good conduct credit unless he or she either has successfully completed or is participating in sex offender treatment as defined by the Sex Offender Management Board. However, prisoners who are waiting to receive such treatment, but who are unable to do so due solely to the lack of resources on the part of the Department, may, at the Director's sole discretion, be awarded good conduct credit at such rate as the Director shall determine.

(5) Whenever the Department is to release any inmate earlier than it otherwise would because of a grant of good conduct credit for meritorious service given at any time during the term, the Department shall give reasonable advance notice of the impending release to the State's Attorney of the county where the prosecution of the inmate took place.

(b) Whenever a person is or has been committed under several convictions, with separate sentences, the sentences shall be construed under Section 5-8-4 in granting and forfeiting of good time.

(c) The Department shall prescribe rules and regulations for revoking good conduct credit, or suspending or reducing the rate of accumulation of good conduct credit for specific rule violations, during imprisonment. These rules and regulations shall provide that no inmate may be penalized more than one year of good conduct credit for any one infraction.

When the Department seeks to revoke, suspend or reduce the rate of accumulation of any good conduct credits for an alleged infraction of its rules, it shall bring charges therefor against the prisoner sought to be so deprived of good conduct credits before the Prisoner Review Board as provided in subparagraph (a)(4) of Section 3-3-2 of this Code, if the amount of credit at issue exceeds 30 days or when during any 12 month period, the cumulative amount of credit revoked exceeds 30 days except where the infraction is committed or discovered within 60 days of scheduled release. In those cases, the Department of Corrections may revoke up to 30 days of good conduct credit. The Board may subsequently approve the revocation of additional good conduct credit, if the Department seeks to revoke good conduct credit in excess of 30 days. However, the Board shall not be empowered to review the Department's decision with respect to the loss of 30 days of good conduct credit within any calendar year for any prisoner or to increase any penalty beyond the length requested by the Department.

The Director of the Department of Corrections, in appropriate cases, may restore up to 30 days good conduct credits which have been revoked, suspended or reduced. Any restoration of good conduct credits in excess of 30 days shall be subject to review by the Prisoner Review Board. However, the Board may not restore good conduct credit in excess of the amount requested by the Director.

Nothing contained in this Section shall prohibit the Prisoner Review Board from ordering, pursuant to Section 3-3-9(a)(3)(i)(B), that a prisoner serve up to one year of the sentence imposed by the court that was not served due to the accumulation of good conduct credit.

(d) If a lawsuit is filed by a prisoner in an Illinois or federal court against the State, the Department of Corrections, or the Prisoner Review Board, or against any of their officers or employees, and the court makes a specific finding that a pleading, motion, or other paper filed by the prisoner is frivolous, the Department of Corrections shall conduct a hearing to revoke up to 180 days of good conduct credit by bringing charges against the prisoner sought to be deprived of the good conduct credits before the Prisoner Review Board as provided in subparagraph (a)(8) of Section 3-3-2 of this Code. If the prisoner has not accumulated 180 days of good conduct credit at the time of the finding, then the Prisoner Review Board may revoke all good conduct credit accumulated by the prisoner.

For purposes of this subsection (d):

(1) "Frivolous" means that a pleading, motion, or other filing which purports to be a legal document filed by a prisoner in his or her lawsuit meets any or all of the following criteria:

(A) it lacks an arguable basis either in law or in fact;

(B) it is being presented for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation;

(C) the claims, defenses, and other legal contentions therein are not warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law;

(D) the allegations and other factual contentions do not have evidentiary support or, if specifically so identified, are not likely to have evidentiary support after a reasonable opportunity for further investigation or discovery; or

(E) the denials of factual contentions are not warranted on the evidence, or if specifically so identified, are not reasonably based on a lack of information or belief.

(2) "Lawsuit" means a petition for post-conviction relief under Article 122 of the Code of Criminal Procedure of 1963, a motion pursuant to Section 116-3 of the Code of Criminal Procedure of 1963, a habeas corpus action under Article X of the Code of Civil Procedure or under federal law (28 U.S.C. 2254), a petition for claim under the Court of Claims Act or an action under the federal Civil Rights Act (42 U.S.C. 1983).

(e) Nothing in Public Act 90-592 or 90-593 affects the validity of Public Act 89-404.

(Source: P.A. 93-213, eff. 7-18-03; 93-354, eff. 9-1-03; 94-71, eff. 6-23-05; 94-128, eff. 7-7-05; 94-156, eff. 7-8-05; 94-398, eff. 8-2-05; 94-491, eff. 8-8-05; 94-744, eff. 5-8-06.)

(730 ILCS 5/3-19-15 new)

Sec. 3-19-15. Task Force on Transitional Housing for Sex Offenders.

(a) There is created the Task Force on Transitional Housing Facilities for Sex Offenders. The Task Force shall be composed of the following members:

(1) Two members from the Department of Corrections appointed by the Director of Corrections;

(2) Two members from the Prisoner Review Board appointed by that Board;

(3) Two members of the Senate appointed by the President of the Senate;

(4) Two members of the Senate appointed by the Minority Leader of the Senate;

(5) Two members of the House of Representatives appointed by the Speaker of the House of Representatives;

(6) Two members of the House of Representatives appointed by the Minority Leader of the House of Representatives; and

(7) Two members of the Governor's Office appointed by the Governor.

(b) The Task Force shall study the implementation, cost, placement, and effectiveness of transitional housing facilities for sex offenders released from facilities of the Department of Corrections.

(c) The members of the Task Force shall receive no compensation for their services as members of the Task Force but may be reimbursed for their actual expenses incurred in serving on the Task Force from appropriations made to them for such purpose.

(730 ILCS 5/5-8A-6)

Sec. 5-8A-6. Electronic monitoring of certain sex offenders. For a sexual predator subject to electronic home monitoring under paragraph (7.7) of subsection (a) of Section 3-3-7, the Department of Corrections must use a system that actively monitors and identifies the offender's current location and timely reports or records the offender's presence and that alerts the Department of the offender's presence within a prohibited area described in Sections 11-9.3 and 11-9.4 of the Criminal Code of 1961, in a court order, or as a condition of the offender's parole, mandatory supervised release, or extended mandatory supervised release and the offender's departure from specified geographic limitations. To the extent that he or she is able to do so, which the Department of Corrections by rule shall determine, the offender must pay for the cost of the electronic home monitoring, provided funding is appropriated by the General Assembly for this purpose.

(Source: P.A. 94-988, eff. 1-1-07.)

Section 25. The Sex Offender Registration Act is amended by changing Sections 3, 4, 5, 5-5, 6, 6-5, and 7 as follows:

(730 ILCS 150/3) (from Ch. 38, par. 223)

Sec. 3. Duty to register.

(a) A sex offender, as defined in Section 2 of this Act, or sexual predator shall, within the time period prescribed in subsections (b) and (c), register in person and provide accurate information as required by the Department of State Police. Such information shall include a current photograph, current address, current place of employment, the employer's telephone number, school attended, extensions of the time period for registering as provided in this Article and, if an extension was granted, the reason why the extension was granted and the date the sex offender was notified of the extension. The information shall also include the county of conviction, license plate numbers for every vehicle registered in the name of the sex offender, the age of the sex offender at the time of the commission of the offense, the age of the victim at the time of the commission of the offense, and any distinguishing marks located on the body of the sex offender. A person who has been adjudicated a juvenile delinquent for an act which, if committed by an adult, would be a sex offense shall register as an adult sex offender within 10 days after attaining 17 years of age. The sex offender or sexual predator shall register:

(1) with the chief of police in the municipality in which he or she resides or is

temporarily domiciled for a period of time of 5 or more days, unless the municipality is the City of Chicago, in which case he or she shall register at the Chicago Police Department Headquarters; or

(2) with the sheriff in the county in which he or she resides or is temporarily

domiciled for a period of time of 5 or more days in an unincorporated area or, if incorporated, no police chief exists.

If the sex offender or sexual predator is employed at or attends an institution of higher education, he or she shall register:

(i) with the chief of police in the municipality in which he or she is employed at or

attends an institution of higher education, unless the municipality is the City of Chicago, in which case he or she shall register at the Chicago Police Department Headquarters; or

(ii) with the sheriff in the county in which he or she is employed or attends an

institution of higher education located in an unincorporated area, or if incorporated, no police chief

exists.

For purposes of this Article, the place of residence or temporary domicile is defined as any and all places where the sex offender resides for an aggregate period of time of 5 or more days during any calendar year. Any person required to register under this Article who lacks a fixed address or temporary domicile must notify, in person, the agency of jurisdiction of his or her last known address within 3 days ~~5 days~~ after ceasing to have a fixed residence.

Any person who lacks a fixed residence must report weekly, in person, with the sheriff's office of the county in which he or she is located in an unincorporated area, or with the chief of police in the municipality in which he or she is located. The agency of jurisdiction will document each weekly registration to include all the locations where the person has stayed during the past 7 days.

The sex offender or sexual predator shall provide accurate information as required by the Department of State Police. That information shall include the sex offender's or sexual predator's current place of employment.

(a-5) An out-of-state student or out-of-state employee shall, within 3 days ~~5 days~~ after beginning school or employment in this State, register in person and provide accurate information as required by the Department of State Police. Such information will include current place of employment, school attended, and address in state of residence. The out-of-state student or out-of-state employee shall register:

(1) with the chief of police in the municipality in which he or she attends school or is employed for a period of time of 5 or more days or for an aggregate period of time of more than 30 days during any calendar year, unless the municipality is the City of Chicago, in which case he or she shall register at the Chicago Police Department Headquarters; or

(2) with the sheriff in the county in which he or she attends school or is employed for a period of time of 5 or more days or for an aggregate period of time of more than 30 days during any calendar year in an unincorporated area or, if incorporated, no police chief exists.

The out-of-state student or out-of-state employee shall provide accurate information as required by the Department of State Police. That information shall include the out-of-state student's current place of school attendance or the out-of-state employee's current place of employment.

(b) Any sex offender, as defined in Section 2 of this Act, or sexual predator, regardless of any initial, prior, or other registration, shall, within 3 days ~~5 days~~ of beginning school, or establishing a residence, place of employment, or temporary domicile in any county, register in person as set forth in subsection (a) or (a-5).

(c) The registration for any person required to register under this Article shall be as follows:

(1) Any person registered under the Habitual Child Sex Offender Registration Act or the Child Sex Offender Registration Act prior to January 1, 1996, shall be deemed initially registered as of January 1, 1996; however, this shall not be construed to extend the duration of registration set forth in Section 7.

(2) Except as provided in subsection (c)(4), any person convicted or adjudicated prior to January 1, 1996, whose liability for registration under Section 7 has not expired, shall register in person prior to January 31, 1996.

(2.5) Except as provided in subsection (c)(4), any person who has not been notified of his or her responsibility to register shall be notified by a criminal justice entity of his or her responsibility to register. Upon notification the person must then register within 3 days ~~5 days~~ of notification of his or her requirement to register. If notification is not made within the offender's 10 year registration requirement, and the Department of State Police determines no evidence exists or indicates the offender attempted to avoid registration, the offender will no longer be required to register under this Act.

(3) Except as provided in subsection (c)(4), any person convicted on or after January 1, 1996, shall register in person within 3 days ~~5 days~~ after the entry of the sentencing order based upon his or her conviction.

(4) Any person unable to comply with the registration requirements of this Article because he or she is confined, institutionalized, or imprisoned in Illinois on or after January 1, 1996, shall register in person within 3 days ~~5 days~~ of discharge, parole or release.

(5) The person shall provide positive identification and documentation that substantiates proof of residence at the registering address.

(6) The person shall pay a \$20 initial registration fee and a \$10 annual renewal fee.

The fees shall be used by the registering agency for official purposes. The agency shall establish procedures to document receipt and use of the funds. The law enforcement agency having jurisdiction may waive the registration fee if it determines that the person is indigent and unable to pay the

registration fee. Ten dollars for the initial registration fee and \$5 of the annual renewal fee shall be used by the registering agency for official purposes. Ten dollars of the initial registration fee and \$5 of the annual fee shall be deposited into the Sex Offender Management Board Fund under Section 19 of the Sex Offender Management Board Act. Money deposited into the Sex Offender Management Board Fund shall be administered by the Sex Offender Management Board and shall be used to fund practices endorsed or required by the Sex Offender Management Board Act including but not limited to sex offenders evaluation, treatment, or monitoring programs that are or may be developed, as well as for administrative costs, including staff, incurred by the Board.

(d) Within 3 days ~~5 days~~ after obtaining or changing employment and, if employed on January 1, 2000, within 5 days after that date, a person required to register under this Section must report, in person to the law enforcement agency having jurisdiction, the business name and address where he or she is employed. If the person has multiple businesses or work locations, every business and work location must be reported to the law enforcement agency having jurisdiction.

(Source: P.A. 93-616, eff. 1-1-04; 93-979, eff. 8-20-04; 94-166, eff. 1-1-06; 94-168, eff. 1-1-06; 94-994, eff. 1-1-07.)

(730 ILCS 150/4) (from Ch. 38, par. 224)

Sec. 4. Discharge of sex offender, as defined in Section 2 of this Act, or sexual predator from Department of Corrections facility or other penal institution; duties of official in charge. Any sex offender, as defined in Section 2 of this Act, or sexual predator, as defined by this Article, who is discharged, paroled or released from a Department of Corrections facility, a facility where such person was placed by the Department of Corrections or another penal institution, and whose liability for registration has not terminated under Section 7 shall, prior to discharge, parole or release from the facility or institution, be informed of his or her duty to register in person within 3 days ~~5 days~~ of release by the facility or institution in which he or she was confined. The facility or institution shall also inform any person who must register that if he or she establishes a residence outside of the State of Illinois, is employed outside of the State of Illinois, or attends school outside of the State of Illinois, he or she must register in the new state within 3 days ~~5 days~~ after establishing the residence, beginning employment, or beginning school.

The facility shall require the person to read and sign such form as may be required by the Department of State Police stating that the duty to register and the procedure for registration has been explained to him or her and that he or she understands the duty to register and the procedure for registration. The facility shall further advise the person in writing that the failure to register or other violation of this Article shall result in revocation of parole, mandatory supervised release or conditional release. The facility shall obtain information about where the person expects to reside, work, and attend school upon his or her discharge, parole or release and shall report the information to the Department of State Police. The facility shall give one copy of the form to the person and shall send one copy to each of the law enforcement agencies having jurisdiction where the person expects to reside, work, and attend school upon his or her discharge, parole or release and retain one copy for the files. Electronic data files which includes all notification form information and photographs of sex offenders being released from an Illinois Department of Corrections facility will be shared on a regular basis as determined between the Department of State Police and the Department of Corrections.

(Source: P.A. 94-168, eff. 1-1-06.)

(730 ILCS 150/5) (from Ch. 38, par. 225)

Sec. 5. Release of sex offender, as defined in Section 2 of this Act, or sexual predator; duties of the Court. Any sex offender, as defined in Section 2 of this Act, or sexual predator, as defined by this Article, who is released on probation or discharged upon payment of a fine because of the commission of one of the offenses defined in subsection (B) of Section 2 of this Article, shall, prior to such release be informed of his or her duty to register under this Article by the Court in which he or she was convicted. The Court shall also inform any person who must register that if he or she establishes a residence outside of the State of Illinois, is employed outside of the State of Illinois, or attends school outside of the State of Illinois, he or she must register in the new state within 3 days ~~5 days~~ after establishing the residence, beginning employment, or beginning school. The Court shall require the person to read and sign such form as may be required by the Department of State Police stating that the duty to register and the procedure for registration has been explained to him or her and that he or she understands the duty to register and the procedure for registration. The Court shall further advise the person in writing that the failure to register or other violation of this Article shall result in probation revocation. The Court shall obtain information about where the person expects to reside, work, and attend school upon his or her release, and shall report the information to the Department of State Police. The Court shall give one copy of the form to the person and retain the original in the court records. The Department of State Police

shall notify the law enforcement agencies having jurisdiction where the person expects to reside, work and attend school upon his or her release.

(Source: P.A. 94-168, eff. 1-1-06.)

(730 ILCS 150/5-5)

Sec. 5-5. Discharge of sex offender or sexual predator from a hospital or other treatment facility; duties of the official in charge. Any sex offender, as defined in Section 2 of this Act, or sexual predator, as defined in this Article, who is discharged or released from a hospital or other treatment facility where he or she was confined shall be informed by the hospital or treatment facility in which he or she was confined, prior to discharge or release from the hospital or treatment facility, of his or her duty to register under this Article.

The facility shall require the person to read and sign such form as may be required by the Department of State Police stating that the duty to register and the procedure for registration has been explained to him or her and that he or she understands the duty to register and the procedure for registration. The facility shall give one copy of the form to the person, retain one copy for their records, and forward the original to the Department of State Police. The facility shall obtain information about where the person expects to reside, work, and attend school upon his or her discharge, parole, or release and shall report the information to the Department of State Police within 3 days. The facility or institution shall also inform any person who must register that if he or she establishes a residence outside of the State of Illinois, is employed outside of the State of Illinois, or attends school outside of the State of Illinois, he or she must register in the new state within ~~3 days~~ ~~5 days~~ after establishing the residence, beginning school, or beginning employment. The Department of State Police shall notify the law enforcement agencies having jurisdiction where the person expects to reside, work, and attend school upon his or her release.

(Source: P.A. 94-168, eff. 1-1-06.)

(730 ILCS 150/6) (from Ch. 38, par. 226)

Sec. 6. Duty to report; change of address, school, or employment; duty to inform. A person who has been adjudicated to be sexually dangerous or is a sexually violent person and is later released, or found to be no longer sexually dangerous or no longer a sexually violent person and discharged, or convicted of a violation of this Act after July 1, 2005, shall report in person to the law enforcement agency with whom he or she last registered no later than 90 days after the date of his or her last registration and every 90 days thereafter and at such other times at the request of the law enforcement agency not to exceed 4 times a year. Any person who lacks a fixed residence must report weekly, in person, to the appropriate law enforcement agency where the sex offender is located. Any other person who is required to register under this Article shall report in person to the appropriate law enforcement agency with whom he or she last registered within one year from the date of last registration and every year thereafter and at such other times at the request of the law enforcement agency not to exceed 4 times a year. If any person required to register under this Article lacks a fixed residence or temporary domicile, he or she must notify, in person, the agency of jurisdiction of his or her last known address within ~~3 days~~ ~~5 days~~ after ceasing to have a fixed residence and if the offender leaves the last jurisdiction of residence, he or she, must within ~~3 days~~ ~~48 hours~~ after leaving register in person with the new agency of jurisdiction. If any other person required to register under this Article changes his or her residence address, place of employment, or school, he or she shall report in person to ~~§~~ the law enforcement agency with whom he or she last registered of his or her new address, change in employment, or school and register, in person, with the appropriate law enforcement agency within the time period specified in Section 3. The law enforcement agency shall, within 3 days of the reporting in person by the person required to register under this Article, notify the Department of State Police of the new place of residence, change in employment, or school.

If any person required to register under this Article intends to establish a residence or employment outside of the State of Illinois, at least 10 days before establishing that residence or employment, he or she shall report in person to the law enforcement agency with which he or she last registered of his or her out-of-state intended residence or employment. The law enforcement agency with which such person last registered shall, within 3 days after the reporting in person of the person required to register under this Article of an address or employment change, notify the Department of State Police. The Department of State Police shall forward such information to the out-of-state law enforcement agency having jurisdiction in the form and manner prescribed by the Department of State Police.

(Source: P.A. 93-977, eff. 8-20-04; 94-166, eff. 1-1-06; 94-168, eff. 1-1-06; revised 8-19-05.)

(730 ILCS 150/6-5)

Sec. 6-5. Out-of-State employee or student; duty to report change. Every out-of-state student or out-of-state employee must notify the agency having jurisdiction of any change of employment or

change of educational status, in writing, within 3 days ~~5 days~~ of the change. The law enforcement agency shall, within 3 days after receiving the notice, enter the appropriate changes into LEADS.

(Source: P.A. 94-168, eff. 1-1-06.)

(730 ILCS 150/7) (from Ch. 38, par. 227)

Sec. 7. Duration of registration. A person who has been adjudicated to be sexually dangerous and is later released or found to be no longer sexually dangerous and discharged, shall register for the period of his or her natural life. A sexually violent person or sexual predator shall register for the period of his or her natural life after conviction or adjudication if not confined to a penal institution, hospital, or other institution or facility, and if confined, for the period of his or her natural life after parole, discharge, or release from any such facility. Any other person who is required to register under this Article shall be required to register for a period of 10 years after conviction or adjudication if not confined to a penal institution, hospital or any other institution or facility, and if confined, for a period of 10 years after parole, discharge or release from any such facility. A sex offender who is allowed to leave a county, State, or federal facility for the purposes of work release, education, or overnight visitations shall be required to register within 3 days ~~5 days~~ of beginning such a program. Liability for registration terminates at the expiration of 10 years from the date of conviction or adjudication if not confined to a penal institution, hospital or any other institution or facility and if confined, at the expiration of 10 years from the date of parole, discharge or release from any such facility, providing such person does not, during that period, again become liable to register under the provisions of this Article. Reconfinement due to a violation of parole or other circumstances that relates to the original conviction or adjudication shall extend the period of registration to 10 years after final parole, discharge, or release. The Director of State Police, consistent with administrative rules, shall extend for 10 years the registration period of any sex offender, as defined in Section 2 of this Act, who fails to comply with the provisions of this Article. The registration period for any sex offender who fails to comply with any provision of the Act shall extend the period of registration by 10 years beginning from the first date of registration after the violation. If the registration period is extended, the Department of State Police shall send a registered letter to the law enforcement agency where the sex offender resides within 3 days after the extension of the registration period. The sex offender shall report to that law enforcement agency and sign for that letter. One copy of that letter shall be kept on file with the law enforcement agency of the jurisdiction where the sex offender resides and one copy shall be returned to the Department of State Police. (Source: P.A. 93-979, eff. 8-20-04; 94-166, eff. 1-1-06; 94-168, eff. 1-1-06; revised 8-19-05.)

Section 30. The Sex Offender Community Notification Law is amended by changing Section 120 as follows:

(730 ILCS 152/120)

Sec. 120. Community notification of sex offenders.

(a) The sheriff of the county, except Cook County, shall disclose to the following the name, address, date of birth, place of employment, school attended, and offense or adjudication of all sex offenders required to register under Section 3 of the Sex Offender Registration Act:

(1) The boards of institutions of higher education or other appropriate administrative offices of each non-public institution of higher education located in the county where the sex offender is required to register, resides, is employed, or is attending an institution of higher education; ~~and~~

(2) School boards of public school districts and the principal or other appropriate administrative officer of each nonpublic school located in the county where the sex offender is required to register or is employed; ~~and~~

(3) Child care facilities located in the county where the sex offender is required to register or is employed; -

(4) Public libraries located in the county where the sex offender is required to register or is employed;

(5) Public housing agencies located in the county where the sex offender is required to register or is employed;

(6) The Illinois Department of Children and Family Services;

(7) Social service agencies providing services to minors located in the county where the sex offender is required to register or is employed; and

(8) Volunteer organizations providing services to minors located in the county where the sex offender is required to register or is employed.

(a-2) The sheriff of Cook County shall disclose to the following the name, address, date of birth, place of employment, school attended, and offense or adjudication of all sex offenders required to register under Section 3 of the Sex Offender Registration Act:

(1) School boards of public school districts and the principal or other appropriate administrative officer of each nonpublic school located within the region of Cook County, as those public school districts and nonpublic schools are identified in LEADS, other than the City of Chicago, where the sex offender is required to register or is employed; ~~and~~

(2) Child care facilities located within the region of Cook County, as those child care facilities are identified in LEADS, other than the City of Chicago, where the sex offender is required to register or is employed; ~~and~~

(3) The boards of institutions of higher education or other appropriate administrative offices of each non-public institution of higher education located in the county, other than the City of Chicago, where the sex offender is required to register, resides, is employed, or attending an institution of higher education; -

(4) Public libraries located in the county, other than the City of Chicago, where the sex offender is required to register, resides, is employed, or attending an institution of higher education;

(5) Public housing agencies located in the county, other than the City of Chicago, where the sex offender is required to register, resides, is employed, or attending an institution of higher education;

(6) The Illinois Department of Children and Family Services;

(7) Social service agencies providing services to minors located in the county, other than the City of Chicago, where the sex offender is required to register, resides, is employed, or attending an institution of higher education; and

(8) Volunteer organizations providing services to minors located in the county, other than the City of Chicago, where the sex offender is required to register, resides, is employed, or attending an institution of higher education.

(a-3) The Chicago Police Department shall disclose to the following the name, address, date of birth, place of employment, school attended, and offense or adjudication of all sex offenders required to register under Section 3 of the Sex Offender Registration Act:

(1) School boards of public school districts and the principal or other appropriate administrative officer of each nonpublic school located in the police district where the sex offender is required to register or is employed if the offender is required to register or is employed in the City of Chicago; ~~and~~

(2) Child care facilities located in the police district where the sex offender is required to register or is employed if the offender is required to register or is employed in the City of Chicago; ~~and~~

(3) The boards of institutions of higher education or other appropriate administrative offices of each non-public institution of higher education located in the police district where the sex offender is required to register, resides, is employed, or attending an institution of higher education in the City of Chicago; -

(4) Public libraries located in the police district where the sex offender is required to register, resides, is employed, or attending an institution of higher education in the City of Chicago;

(5) Public housing agencies located in the police district where the sex offender is required to register, resides, is employed, or attending an institution of higher education in the City of Chicago;

(6) The Illinois Department of Children and Family Services;

(7) Social service agencies providing services to minors located in the police district where the sex offender is required to register, resides, is employed, or attending an institution of higher education in the City of Chicago; and

(8) Volunteer organizations providing services to minors located in the police district where the sex offender is required to register, resides, is employed, or attending an institution of higher education in the City of Chicago.

(a-4) The Department of State Police shall provide a list of sex offenders required to register to the Illinois Department of Children and Family Services.

(b) The Department of State Police and any law enforcement agency may disclose, in the Department's or agency's discretion, the following information to any person likely to encounter a sex offender, or sexual predator:

(1) The offender's name, address, and date of birth.

(2) The offense for which the offender was convicted.

(3) Adjudication as a sexually dangerous person.

(4) The offender's photograph or other such information that will help identify the sex offender.

(5) Offender employment information, to protect public safety.

(c) The name, address, date of birth, offense or adjudication, the county of conviction, license plate

numbers for every vehicle registered in the name of the sex offender, the age of the sex offender at the time of the commission of the offense, the age of the victim at the time of the commission of the offense, and any distinguishing marks located on the body of the sex offender for sex offenders required to register under Section 3 of the Sex Offender Registration Act shall be open to inspection by the public as provided in this Section. Every municipal police department shall make available at its headquarters the information on all sex offenders who are required to register in the municipality under the Sex Offender Registration Act. The sheriff shall also make available at his or her headquarters the information on all sex offenders who are required to register under that Act and who live in unincorporated areas of the county. Sex offender information must be made available for public inspection to any person, no later than 72 hours or 3 business days from the date of the request. The request must be made in person, in writing, or by telephone. Availability must include giving the inquirer access to a facility where the information may be copied. A department or sheriff may charge a fee, but the fee may not exceed the actual costs of copying the information. An inquirer must be allowed to copy this information in his or her own handwriting. A department or sheriff must allow access to the information during normal public working hours. The sheriff or a municipal police department may publish the photographs of sex offenders where any victim was 13 years of age or younger and who are required to register in the municipality or county under the Sex Offender Registration Act in a newspaper or magazine of general circulation in the municipality or county or may disseminate the photographs of those sex offenders on the Internet or on television. The law enforcement agency may make available the information on all sex offenders residing within any county.

(d) The Department of State Police and any law enforcement agency having jurisdiction may, in the Department's or agency's discretion, place the information specified in subsection (b) on the Internet or in other media.

(e) (Blank).

(f) The administrator of a transitional housing facility for sex offenders shall comply with the notification procedures established in paragraph (4) of subsection (b) of Section 3-17-5 of the Unified Code of Corrections.

(g) A principal or teacher of a public or private elementary or secondary school shall notify the parents of children attending the school during school registration or during parent-teacher conferences that information about sex offenders is available to the public as provided in this Act. (Source: P.A. 94-161, eff. 7-11-05; 94-168, eff. 1-1-06; 94-994, eff. 1-1-07)."

Under the rules, the foregoing **Senate Bill No. 1397**, with House Amendment No. 3, was referred to the Secretary's Desk.

A message from the House by

Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 9

Together with the attached amendment thereto, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE JOINT RESOLUTION NO. 9

House Amendment No. 2 to SENATE JOINT RESOLUTION NO. 9

Passed by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

SENATE JOINT RESOLUTION NO. 9

HOUSE AMENDMENT NO. 1

AMENDMENT NO. 1 TO SENATE JOINT RESOLUTION 9

AMENDMENT NO. 1. Amend Senate Joint Resolution 9 on page 1, line 7, by inserting "felony" after "wrongful"; and

on page 1, line 14, by inserting "felony" after "wrongful"; and

[June 28, 2007]

on page 2, line 12, by replacing "17" with "15"; and
on page 2, line 13, by inserting after "Governor" the following:
", 2 of whom shall be experienced in criminal law"; and
on page 2, line 14, by replacing "Three" with "Two"; and
on page 2, line 18, by replacing "Three" with "Two"; and
on page 3, line 10, by inserting "felony" after "wrongful"; and
on page 3, line 18, by inserting "felony" after "wrongful"; and
on page 4, line 3, by inserting "felony" after "wrongful".

SENATE JOINT RESOLUTION NO. 9
HOUSE AMENDMENT NO. 2

AMENDMENT NO. 2 TO SENATE JOINT RESOLUTION 9

AMENDMENT NO. 2. Amend Senate Joint Resolution 9 on page 4, line 4, by replacing "shall" with "may".

Under the rules, the foregoing **Senate Joint Resolution No. 9**, with House Amendments numbered 1 and 2, was referred to the Secretary's Desk.

A message from the House by

Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 27

Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by

Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 35

Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by

Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 46

Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by

Mr. Mahoney, Clerk:

[June 28, 2007]

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 47

Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by
Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 52

Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

A message from the House by
Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 53

Concurred in by the House, June 28, 2007.

MARK MAHONEY, Clerk of the House

MESSAGE FROM THE SECRETARY OF STATE

**OFFICE OF THE SECRETARY OF STATE
JESSE WHITE • Secretary of State**

June 22, 2007

To the Honorable President of the Senate:

Sir:

In compliance with the provisions of the Constitution of the State of Illinois, I am forwarding herewith the enclosed Senate Bill from the 95th General Assembly as vetoed by the Governor together with his objections.

SENATE BILL

1395

Respectfully,
s/Jesse White
Secretary of State

June 22, 2007

To the Honorable Members of the
Illinois Senate
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto Senate Bill 1395, entitled "AN ACT concerning revenue." Senate Bill 1395 would increase sales taxes on

[June 28, 2007]

Rockford area consumers on July 1, rather than on January 1, 2008. Sales taxes are regressive and disproportionately impact consumers regardless of ability to pay. There are other methods of revenue enhancement that provide for the same worthwhile objective of infrastructure investment that are not regressive. Therefore, I do not support the proposed acceleration of this sales tax increase.

For this reason, I hereby veto and return Senate Bill 1395.

Sincerely,
ROD R. BLAGOJEVICH
Governor

Pursuant to Senate Rule 9-1, the foregoing Senate Bill, which was returned by the Governor, was placed on the Senate Calendar for Thursday, June 28, 2007.

MESSAGE FROM THE PRESIDENT

**OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS**

EMIL JONES, JR.
SENATE PRESIDENT

327 STATE CAPITOL
Springfield, Illinois 62706

June 28, 2007

Ms. Deborah Shipley
Secretary of the Senate
Room 403 State House
Springfield, IL 62706

Dear Madam Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Linda Holmes to temporarily replace Senator William Delgado as a member of the Senate Public Health Committee. This appointment is effective immediately.

Sincerely,
s/Emil Jones, Jr.
Senate President

cc: Senate Minority Leader Frank Watson

**OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS**

EMIL JONES, JR.
SENATE PRESIDENT

327 STATE CAPITOL
Springfield, Illinois 62706

June 28, 2007

Ms. Deborah Shipley
Secretary of the Senate
Room 403 State House
Springfield, IL 62706

Dear Madam Secretary:

[June 28, 2007]

Pursuant to Rule 3-2(c), I hereby appoint Senator Jacqueline Collins to temporarily replace Senator Mattie Hunter as a member of the Senate Public Health Committee. This appointment is effective immediately.

Sincerely,
s/Emil Jones, Jr.
Senate President

cc: Senate Minority Leader Frank Watson

**OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS**

EMIL JONES, JR.
SENATE PRESIDENT

327 STATE CAPITOL
Springfield, Illinois 62706

June 28, 2007

Ms. Deborah Shipley
Secretary of the Senate
Room 403 State House
Springfield, IL 62706

Dear Madam Secretary:

Pursuant to Rule 3-2(c), Senator James Meeks resumed his position on the Senate State Government & Veterans Affairs Committee on June 14, 2007.

Sincerely,
s/Emil Jones, Jr.
Senate President

cc: Senate Minority Leader Frank Watson

**OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS**

EMIL JONES, JR.
SENATE PRESIDENT

327 STATE CAPITOL
Springfield, Illinois 62706

June 28, 2007

Ms. Deborah Shipley
Secretary of the Senate
Room 403 State House
Springfield, IL 62706

Dear Madam Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Donne Trotter to temporarily replace Senator James Clayborne as a member of the Senate Executive Committee. This appointment is effective immediately.

Sincerely,
s/Emil Jones, Jr.
Senate President

cc: Senate Minority Leader Frank Watson

[June 28, 2007]

REPORT FROM RULES COMMITTEE

Senator Halvorson, Chairperson of the Committee on Rules, during its June 28, 2007 meeting, reported the following Legislative Measure has been assigned to the indicated Standing Committee of the Senate:

Appropriations II: **HOUSE BILL 3920.**

Senator Halvorson, Chairperson of the Committee on Rules, during its June 28, 2007 meeting, reported the following Joint Action Motions have been assigned to the indicated Standing Committees of the Senate:

Executive: **Motion to Concur in House Amendment 1 to Senate Bill 182**

Public Health: **Motion to Concur in House Amendment 1 to Senate Bill 1580**

Transportation: **Motion to Concur in House Amendment 2 to Senate Bill 577**

POSTING NOTICE WAIVED

Senator Trotter moved to waive the six-day posting requirement on **House Bill No. 3920** so that the bill may be heard in the Committee on Appropriations II that is scheduled to meet June 28, 2007.

The motion prevailed.

COMMITTEE MEETING ANNOUNCEMENTS

Senator Hunter, Member of the Committee on Public Health, announced that the Public Health Committee will meet today in Room 400, at 1:35 o'clock p.m.

Senator Demuzio, Chairperson of the Committee on State Government and Veterans Affairs, announced that the State Government and Veterans Affairs Committee will meet today in Room 409, at 2:00 o'clock p.m.

Senator Maloney, Chairperson of the Committee on Higher Education, announced that the Higher Education Committee will meet today in Room 400, at 2:15 o'clock p.m.

Senator Silverstein, Chairperson of the Committee on Executive, announced that the Executive Committee will meet today in Room 212, at 2:00 o'clock p.m.

Senator Haine, Chairperson of the Committee on Insurance, announced that the Insurance Committee will meet today in Room 400, at 2:15 o'clock p.m.

Senator Bond, Vice-Chairperson of the Committee on Transportation, announced that the Transportation Committee will meet today in Room 400, at 1:45 o'clock p.m.

Senator Link, Vice-Chairperson of the Committee on Appropriations II, announced that the Appropriations II Committee will meet today in Room 212, at 2:15 o'clock p.m.

MOTION IN WRITING

Senator Harmon submitted the following Motion in Writing:

MOTION

[June 28, 2007]

I move that **Senate Bill No. 1395** do pass notwithstanding the veto of the Governor.

DATE: June 26, 2007

s/Don Harmon
Senator

The foregoing Motion in Writing was filed with the Secretary and placed on the Senate Calendar.

CONSIDERATION OF GOVERNOR'S VETO MESSAGE

Pursuant to the Motion in Writing filed on Thursday, June 26, 2007 and journalized Thursday, June 28, 2007, Senator Harmon moved that **Senate Bill No. 1395** do pass, the veto of the Governor to the contrary notwithstanding.

And on that motion, a call of the roll was had resulting as follows:

Yeas 43; Nays 3.

The following voted in the affirmative:

Bomke	Garrett	Kotowski	Risinger
Bond	Haine	Lightford	Sandoval
Collins	Halvorson	Link	Sieben
Crotty	Harmon	Maloney	Silverstein
Cullerton	Hendon	Martinez	Sullivan
Dahl	Holmes	Millner	Syverson
DeLeo	Hultgren	Murphy	Trotter
Delgado	Hunter	Noland	Viverito
Demuzio	Jacobs	Pankau	Watson
Dillard	Jones, J.	Peterson	Mr. President
Forby	Koehler	Raoul	

The following voted in the negative:

Frerichs
Radogno
Righter

This bill, having received the vote of three-fifths of the members elected, was declared passed, the veto of the Governor to the contrary notwithstanding.

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence therein.

EXCUSED FROM ATTENDANCE

On motion of Senator Righter, Senators Althoff, Burzynski, Lauzen and Rutherford were excused from attendance.

At the hour of 12:47 o'clock p.m., the Chair announced that the Senate stand at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 3:38 o'clock p.m., the Senate resumed consideration of business.
Honorable Emil Jones, Jr., President of the Senate, presiding.

JOINT ACTION MOTIONS FILED

[June 28, 2007]

The following Joint Action Motion to the Senate Bill listed below has been filed with the Secretary and referred to the Committee on Rules:

Motion to Concur in House Amendments 1 and 4 to Senate Bill 360

The following Joint Action Motion to the House Bill listed below has been filed with the Secretary and referred to the Committee on Rules:

Motion to Recede from Senate Amendment 1 to House Bill 1717

REPORTS FROM STANDING COMMITTEES

Senator Garrett, Chairperson of the Committee on Public Health, to which was referred the Motions to Concur with House Amendments to the following Senate Bill, reported that the Committee recommends do adopt:

Motion to Concur in House Amendment 1 to Senate Bill 545; Motion to Concur in House Amendment 1 to Senate Bill 1580

Under the rules, the foregoing motions are eligible for consideration by the Senate.

Senator Munoz, Chairperson of the Committee on Transportation, to which was referred the Motion to Concur with House Amendment to the following Senate Bill, reported that the Committee recommends do adopt:

Motion to Concur in House Amendments 1 and 2 to Senate Bill 577

Under the rules, the foregoing motion is eligible for consideration by the Senate.

Senator Demuzio, Chairperson of the Committee on State Government and Veterans Affairs, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Floor Amendment No. 4 to Senate Bill 766

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Demuzio, Chairperson of the Committee on State Government and Veterans Affairs, to which was referred the Motion to Concur with House Amendments to the following Senate Bills, reported that the Committee recommends do adopt:

Motion to Concur in House Amendment 3 to Senate Bill 82

Under the rules, the foregoing motions are eligible for consideration by the Senate.

Senator Silverstein, Chairperson of the Committee on Executive, to which was referred the Motions to Concur with House Amendments to the following Senate Bills, reported that the Committee recommends do adopt:

Motion to Concur in House Amendment 1 to Senate Bill 182; Motion to Concur in House Amendment 1 to Senate Bill 778

Under the rules, the foregoing motions are eligible for consideration by the Senate.

[June 28, 2007]

Senator Maloney, Chairperson of the Committee on Higher Education, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Floor Amendment No. 1 to Senate Bill 858

Under the rules, the foregoing motion is eligible for consideration by the Senate.

Senator Haine, Chairperson of the Committee on Insurance, to which was referred the Motion to Concur with House Amendment to the following Senate Bill, reported that the Committee recommends do adopt:

Motion to Concur in House Amendments 1, 3 and 4 to Senate Bill 1523

Under the rules, the foregoing motion is eligible for consideration by the Senate.

Senator Schoenberg, Chairperson of the Committee on Appropriations II, to which was referred **House Bill No. 3920**, reported the same back with the recommendation that the bill do pass.

Under the rules, the bill was ordered to a second reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME

On motion of Senator Trotter, **House Bill No. 3920** was taken up, read by title a second time and ordered to a third reading.

CONSIDERATION OF HOUSE AMENDMENTS TO SENATE BILLS ON SECRETARY'S DESK

On motion of Senator Sandoval, **Senate Bill No. 82**, with House Amendment No. 3 on the Secretary's Desk, was taken up for immediate consideration.

Senator Sandoval moved that the Senate concur with the House in the adoption of their amendment to said bill.

And on that motion, a call of the roll was had resulting as follows:

Yeas 43; Nays None.

The following voted in the affirmative:

Bomke	Haine	Link	Ronen
Bond	Halvorson	Maloney	Sandoval
Collins	Harmon	Martinez	Schoenberg
Crotty	Hendon	Millner	Sieben
Cullerton	Holmes	Munoz	Silverstein
DeLeo	Hultgren	Murphy	Sullivan
Delgado	Hunter	Noland	Trotter
Demuzio	Jacobs	Pankau	Viverito
Forby	Koehler	Peterson	Watson
Frerichs	Kotowski	Radogno	Mr. President
Garrett	Lightford	Raoul	

The motion prevailed.

[June 28, 2007]

And the Senate concurred with the House in the adoption of their Amendment No. 3 to **Senate Bill No. 82**, by a three-fifths vote.

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Haine, **Senate Bill No. 1523**, with House Amendments numbered 1, 3 and 4 on the Secretary's Desk, was taken up for immediate consideration.

Senator Haine moved that the Senate concur with the House in the adoption of their amendments to said bill.

And on that motion, a call of the roll was had resulting as follows:

Yeas 47; Nays None.

The following voted in the affirmative:

Bomke	Haine	Luechtefeld	Ronen
Bond	Halvorson	Maloney	Sandoval
Collins	Harmon	Martinez	Schoenberg
Crotty	Hendon	Millner	Sieben
Cullerton	Holmes	Munoz	Silverstein
Dahl	Hultgren	Murphy	Sullivan
DeLeo	Hunter	Noland	Syverson
Delgado	Jacobs	Pankau	Trotter
Demuzio	Koehler	Peterson	Viverito
Forby	Kotowski	Radogno	Watson
Frerichs	Lightford	Raoul	Mr. President
Garrett	Link	Righter	

The motion prevailed.

And the Senate concurred with the House in the adoption of their Amendments numbered 1, 3 and 4 to **Senate Bill No. 1523**, by a three-fifths vote.

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Garrett, **Senate Bill No. 1580**, with House Amendment No. 1 on the Secretary's Desk, was taken up for immediate consideration.

Senator Garrett moved that the Senate concur with the House in the adoption of their amendment to said bill.

And on that motion, a call of the roll was had resulting as follows:

Yeas 47; Nays None.

The following voted in the affirmative:

Bomke	Haine	Luechtefeld	Ronen
Bond	Halvorson	Maloney	Sandoval
Collins	Harmon	Martinez	Schoenberg
Crotty	Hendon	Millner	Sieben
Cullerton	Holmes	Munoz	Silverstein
Dahl	Hultgren	Murphy	Sullivan
DeLeo	Hunter	Noland	Syverson
Delgado	Jacobs	Peterson	Trotter
Demuzio	Koehler	Radogno	Viverito
Forby	Kotowski	Raoul	Watson
Frerichs	Lightford	Righter	Mr. President
Garrett	Link	Risinger	

The motion prevailed.

And the Senate concurred with the House in the adoption of their Amendment No. 1 to **Senate Bill No. 1580**, by a three-fifths vote.

[June 28, 2007]

Ordered that the Secretary inform the House of Representatives thereof.

At the hour of 3:51 o'clock p.m., the Chair announced that the Senate stand adjourned until Friday, June 29, 2007, at 10:00 o'clock a.m.