



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2434

Introduced 2/7/2025, by Sen. Karina Villa

SYNOPSIS AS INTRODUCED:

New Act

210 ILCS 3/35

210 ILCS 55/2.11

210 ILCS 55/2.13 new

210 ILCS 85/17 new

225 ILCS 65/50-15

was 225 ILCS 65/5-15

305 ILCS 5/5-2.06b new

Amends the Nurse Practice Act. Provides that the Act does not prohibit the practice of relevant nursing care by a legally responsible caregiver or a person designated by a legally responsible caregiver who has been certified as a certified family health aide for the specified services. Amends the Illinois Public Aid Code. Establishes requirements for the Department of Healthcare and Family Services to apply for a Home and Community-Based Services State Plan amendment and federal waiver amendment necessary to reimburse a legally responsible caregiver or a person designated by a legally responsible caregiver who has achieved certification as a certified family health aide to perform the specified services. Creates the Certified Family Health Aide Program for Children and Adults Act. Establishes certification requirements for a certified family health aide through the Department of Financial and Professional Regulation. Provides that a certified family health aides must be legally responsible caregiver and 18 years or older, have a relationship with a specified family member, and be certified to perform or assist in performing the specified nursing services. Amends the Home Health, Home Services, Home Nursing Act to include a certified family health aide under a home nursing agency and provides training and recordkeeping requirements for home nursing agencies. Amends the Alternative Health Care Delivery Act and the Hospital Licensing Act to require similar training and recordkeeping requirements in children's community-based health care center and in hospitals managing the care of an individual being discharged under the care of a home nursing agency.

LRB104 11251 BAB 21334 b

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the
5 Certified Family Health Aide Program for Children and Adults
6 Act.

7 Section 5. Purpose. The purpose of this Act is to create
8 the Certified Family Health Aide designation, recognizing the
9 vital role family members play in caring for children with
10 complex medical needs. This designation is intended to provide
11 a mechanism for financial compensation, thereby mitigating the
12 financial hardship often experienced by families when a
13 caregiver must reduce or cease employment to provide such
14 care. This Act further aims to support families in identifying
15 and securing long-term, consistent in-home care for their
16 children with complex medical needs, which is crucial for the
17 well-being and development of those children.

18 Section 10. Certified family health aide program for
19 children and adults.

20 (a) "Certified family health aide" means a person who:

21 (1) is 18 years of age or older;

22 (2) has the following relationship with the family

1 member receiving or who is eligible to receive the
2 services enumerated in this Section:

3 (i) spouse;

4 (ii) sibling or step-sibling;

5 (iii) parent, step-parent, or adoptive parent;

6 (iv) grandparent;

7 (v) mother-in-law or father-in-law;

8 (vi) brother-in-law or sister-in-law;

9 (vii) legal guardian; or

10 (viii) caregiver designated by the legally
11 responsible caregiver;

12 (3) is a legally responsible caregiver, or has been
13 designated by a legally responsible caregiver, for a
14 person who receives or is eligible to receive:

15 (i) in-home shift nursing services under the Early
16 and Periodic Screening, Diagnostic and Treatment
17 benefit authorized under 42 CFR 441.50; or

18 (ii) in-home shift nursing through the home and
19 community-based services waiver program authorized
20 under Section 1915(c) of the Social Security Act for
21 persons who are medically fragile and technology
22 dependent; and

23 (4) is certified pursuant to this Section to perform
24 or to assist in performance of (1) in-home shift nursing
25 services under the Early and Periodic Screening,
26 Diagnostic and Treatment benefit authorized under 42 CFR

1 441.50; or (2) in-home shift nursing services through the
2 home and community-based services waiver program
3 authorized under Section 1915(c) of the Social Security
4 Act for a designated person or designated persons who are
5 medically fragile and technology dependent and eligible to
6 receive the services laid out in this Section, including:

7 (i) the same tasks as a certified nursing
8 assistant;

9 (ii) medication administration;

10 (iii) tracheostomy care;

11 (iv) enteral care and therapy; and

12 (v) other needed services to support the
13 individual as set forth in Rule.

14 (b) The Department of Financial and Professional
15 Regulation, in partnership with the Department of Health and
16 the Department of Healthcare and Family Services, shall create
17 a certification pathway for a legally responsible caregiver,
18 or a person who has been designated by a legally responsible
19 caregiver, who is seeking certification as a certified family
20 health aide, including the promulgation of any necessary rules
21 for the certification process. This certification pathway
22 shall include documentation, in a manner designated by the
23 Department of Financial and Professional Regulation, of
24 initial training provided by hospitals licensed in the
25 Hospital Licensing Act, children's community-based health care
26 centers as defined in the Alternative Health Care Delivery

1 Act, or home nursing agencies as defined in the Home Health,
2 Home Services, and Home Nursing Agency Licensing Act.

3 (c) A certified family health aide may only perform
4 services to and for a person receiving or eligible to receive:
5 (1) in-home shift nursing services under the Early and
6 Periodic Screening, Diagnostic and Treatment benefit
7 authorized under 42 CFR 441.50; or (2) in-home shift nursing
8 services through the home and community-based services waiver
9 program authorized under Section 1915(c) of the Social
10 Security Act for persons who are medically fragile and
11 technology dependent. To be eligible for reimbursement as a
12 certified family health aide, a legally responsible caregiver
13 or a person designated by a legally responsible caregiver must
14 meet all certification requirements as set forth in this
15 Section, in Section 5-206b of the Public Aide Code, and in any
16 applicable administrative rule.

17 (d) The Department of Financial and Professional
18 Regulation may adopt rules necessary to implement the
19 provisions of this Act, including, but not limited to,
20 required background checks for the certified family health
21 aide.

22 Section 15. The Alternative Health Care Delivery Act is
23 amended by changing Section 35 as follows:

24 (210 ILCS 3/35)

1 Sec. 35. Alternative health care models authorized.
2 Notwithstanding any other law to the contrary, alternative
3 health care models described in this Section may be
4 established on a demonstration basis.

5 (1) (Blank).

6 (2) Alternative health care delivery model;
7 postsurgical recovery care center. A postsurgical recovery
8 care center is a designated site which provides
9 postsurgical recovery care for generally healthy patients
10 undergoing surgical procedures that potentially require
11 overnight nursing care, pain control, or observation that
12 would otherwise be provided in an inpatient setting.
13 Patients may be discharged from the postsurgical recovery
14 care center in less than 24 hours if the attending
15 physician or the facility's medical director believes the
16 patient has recovered enough to be discharged. A
17 postsurgical recovery care center is either freestanding
18 or a defined unit of an ambulatory surgical treatment
19 center or hospital. No facility, or portion of a facility,
20 may participate in a demonstration program as a
21 postsurgical recovery care center unless the facility has
22 been licensed as an ambulatory surgical treatment center
23 or hospital for at least 2 years before August 20, 1993
24 (the effective date of Public Act 88-441). The maximum
25 length of stay for patients in a postsurgical recovery
26 care center is not to exceed 48 hours unless the treating

1 physician requests an extension of time from the recovery
2 center's medical director on the basis of medical or
3 clinical documentation that an additional care period is
4 required for the recovery of a patient and the medical
5 director approves the extension of time. In no case,
6 however, shall a patient's length of stay in a
7 postsurgical recovery care center be longer than 72 hours.
8 If a patient requires an additional care period after the
9 expiration of the 72-hour limit, the patient shall be
10 transferred to an appropriate facility. Reports on
11 variances from the 24-hour or 48-hour limit shall be sent
12 to the Department for its evaluation. The reports shall,
13 before submission to the Department, have removed from
14 them all patient and physician identifiers. Blood products
15 may be administered in the postsurgical recovery care
16 center model. In order to handle cases of complications,
17 emergencies, or exigent circumstances, every postsurgical
18 recovery care center as defined in this paragraph shall
19 maintain a contractual relationship, including a transfer
20 agreement, with a general acute care hospital. A
21 postsurgical recovery care center shall be no larger than
22 20 beds. A postsurgical recovery care center shall be
23 located within 15 minutes travel time from the general
24 acute care hospital with which the center maintains a
25 contractual relationship, including a transfer agreement,
26 as required under this paragraph.

1 No postsurgical recovery care center shall
2 discriminate against any patient requiring treatment
3 because of the source of payment for services, including
4 Medicare and Medicaid recipients.

5 The Department shall adopt rules to implement the
6 provisions of Public Act 88-441 concerning postsurgical
7 recovery care centers within 9 months after August 20,
8 1993. Notwithstanding any other law to the contrary, a
9 postsurgical recovery care center model may provide sleep
10 laboratory or similar sleep studies in accordance with
11 applicable State and federal laws and regulations.

12 (3) Alternative health care delivery model; children's
13 community-based health care center. A children's
14 community-based health care center model is a designated
15 site that provides nursing care, clinical support
16 services, and therapies for a period of one to 14 days for
17 short-term stays and 120 days to facilitate transitions to
18 home or other appropriate settings for medically fragile
19 children, technology dependent children, and children with
20 special health care needs who are deemed clinically stable
21 by a physician and are younger than 22 years of age. This
22 care is to be provided in a home-like environment that
23 serves no more than 12 children at a time, except that a
24 children's community-based health care center in existence
25 on the effective date of this amendatory Act of the 100th
26 General Assembly that is located in Chicago on grade level

1 for Life Safety Code purposes may provide care to no more
2 than 16 children at a time. Children's community-based
3 health care center services must be available through the
4 model to all families, including those whose care is paid
5 for through the Department of Healthcare and Family
6 Services, the Department of Children and Family Services,
7 the Department of Human Services, and insurance companies
8 who cover home health care services or private duty
9 nursing care in the home.

10 Each children's community-based health care center
11 model location shall be physically separate and apart from
12 any other facility licensed by the Department of Public
13 Health under this or any other Act and shall provide the
14 following services: respite care, registered nursing or
15 licensed practical nursing care, transitional care to
16 facilitate home placement or other appropriate settings
17 and reunite families, medical day care, weekend camps, and
18 diagnostic studies typically done in the home setting.

19 A children's community-based health care center shall
20 provide initial training, prior to home placement for, and
21 shall keep records in a manner designated by the
22 Department regarding, the certified family health aide, as
23 defined in the Certified Family Health Aide Program for
24 Children and Adults Act, identified as the legally
25 responsible caregiver or designated by a legally
26 responsible caregiver for the medical care of an

1 individual who receives or is eligible to receive:

2 (i) in-home shift nursing services under the Early
3 and Periodic Screening, Diagnostic and Treatment
4 benefit authorized under 42 CFR 441.50; or

5 (ii) in-home shift nursing through the home and
6 community-based services waiver program authorized
7 under Section 1915(c) of the Social Security Act for
8 persons who are medically fragile and technology
9 dependent.

10 Coverage for the services provided by the Department
11 of Healthcare and Family Services under this paragraph (3)
12 is contingent upon federal waiver approval and is provided
13 only to Medicaid eligible clients participating in the
14 home and community based services waiver designated in
15 Section 1915(c) of the Social Security Act for medically
16 frail and technologically dependent children or children
17 in Department of Children and Family Services foster care
18 who receive home health benefits.

19 (4) Alternative health care delivery model; community
20 based residential rehabilitation center. A community-based
21 residential rehabilitation center model is a designated
22 site that provides rehabilitation or support, or both, for
23 persons who have experienced severe brain injury, who are
24 medically stable, and who no longer require acute
25 rehabilitative care or intense medical or nursing
26 services. The average length of stay in a community-based

1 residential rehabilitation center shall not exceed 4
2 months. As an integral part of the services provided,
3 individuals are housed in a supervised living setting
4 while having immediate access to the community. The
5 residential rehabilitation center authorized by the
6 Department may have more than one residence included under
7 the license. A residence may be no larger than 12 beds and
8 shall be located as an integral part of the community. Day
9 treatment or individualized outpatient services shall be
10 provided for persons who reside in their own home.
11 Functional outcome goals shall be established for each
12 individual. Services shall include, but are not limited
13 to, case management, training and assistance with
14 activities of daily living, nursing consultation,
15 traditional therapies (physical, occupational, speech),
16 functional interventions in the residence and community
17 (job placement, shopping, banking, recreation),
18 counseling, self-management strategies, productive
19 activities, and multiple opportunities for skill
20 acquisition and practice throughout the day. The design of
21 individualized program plans shall be consistent with the
22 outcome goals that are established for each resident. The
23 programs provided in this setting shall be accredited by
24 the Commission on Accreditation of Rehabilitation
25 Facilities (CARF). The program shall have been accredited
26 by CARF as a Brain Injury Community-Integrative Program

1 for at least 3 years.

2 (5) Alternative health care delivery model;
3 Alzheimer's disease management center. An Alzheimer's
4 disease management center model is a designated site that
5 provides a safe and secure setting for care of persons
6 diagnosed with Alzheimer's disease. An Alzheimer's disease
7 management center model shall be a facility separate from
8 any other facility licensed by the Department of Public
9 Health under this or any other Act. An Alzheimer's disease
10 management center shall conduct and document an assessment
11 of each resident every 6 months. The assessment shall
12 include an evaluation of daily functioning, cognitive
13 status, other medical conditions, and behavioral problems.
14 An Alzheimer's disease management center shall develop and
15 implement an ongoing treatment plan for each resident. The
16 treatment plan shall have defined goals. The Alzheimer's
17 disease management center shall treat behavioral problems
18 and mood disorders using nonpharmacologic approaches such
19 as environmental modification, task simplification, and
20 other appropriate activities. All staff must have
21 necessary training to care for all stages of Alzheimer's
22 Disease. An Alzheimer's disease management center shall
23 provide education and support for residents and
24 caregivers. The education and support shall include
25 referrals to support organizations for educational
26 materials on community resources, support groups, legal

1 and financial issues, respite care, and future care needs
2 and options. The education and support shall also include
3 a discussion of the resident's need to make advance
4 directives and to identify surrogates for medical and
5 legal decision-making. The provisions of this paragraph
6 establish the minimum level of services that must be
7 provided by an Alzheimer's disease management center. An
8 Alzheimer's disease management center model shall have no
9 more than 100 residents. Nothing in this paragraph (5)
10 shall be construed as prohibiting a person or facility
11 from providing services and care to persons with
12 Alzheimer's disease as otherwise authorized under State
13 law.

14 (6) Alternative health care delivery model; birth
15 center. A birth center shall be exclusively dedicated to
16 serving the childbirth-related needs of women and their
17 newborns and shall have no more than 10 beds. A birth
18 center is a designated site that is away from the mother's
19 usual place of residence and in which births are planned
20 to occur following a normal, uncomplicated, and low-risk
21 pregnancy. A birth center shall offer prenatal care and
22 community education services and shall coordinate these
23 services with other health care services available in the
24 community.

25 (A) A birth center shall not be separately
26 licensed if it is one of the following:

1 (1) A part of a hospital; or

2 (2) A freestanding facility that is physically
3 distinct from a hospital but is operated under a
4 license issued to a hospital under the Hospital
5 Licensing Act.

6 (B) A separate birth center license shall be
7 required if the birth center is operated as:

8 (1) A part of the operation of a federally
9 qualified health center as designated by the
10 United States Department of Health and Human
11 Services; or

12 (2) A facility other than one described in
13 subparagraph (A)(1), (A)(2), or (B)(1) of this
14 paragraph (6) whose costs are reimbursable under
15 Title XIX of the federal Social Security Act.

16 In adopting rules for birth centers, the Department
17 shall consider: the American Association of Birth Centers'
18 Standards for Freestanding Birth Centers; the American
19 Academy of Pediatrics/American College of Obstetricians
20 and Gynecologists Guidelines for Perinatal Care; and the
21 Regionalized Perinatal Health Care Code. The Department's
22 rules shall stipulate the eligibility criteria for birth
23 center admission. The Department's rules shall stipulate
24 the necessary equipment for emergency care according to
25 the American Association of Birth Centers' standards and
26 any additional equipment deemed necessary by the

1 Department. The Department's rules shall provide for a
2 time period within which each birth center not part of a
3 hospital must become accredited by either the Commission
4 for the Accreditation of Freestanding Birth Centers or The
5 Joint Commission.

6 A birth center shall be certified to participate in
7 the Medicare and Medicaid programs under Titles XVIII and
8 XIX, respectively, of the federal Social Security Act. To
9 the extent necessary, the Illinois Department of
10 Healthcare and Family Services shall apply for a waiver
11 from the United States Health Care Financing
12 Administration to allow birth centers to be reimbursed
13 under Title XIX of the federal Social Security Act.

14 A birth center that is not operated under a hospital
15 license shall be located within a ground travel time
16 distance from the general acute care hospital with which
17 the birth center maintains a contractual relationship,
18 including a transfer agreement, as required under this
19 paragraph, that allows for an emergency caesarian delivery
20 to be started within 30 minutes of the decision a
21 caesarian delivery is necessary. A birth center operating
22 under a hospital license shall be located within a ground
23 travel time distance from the licensed hospital that
24 allows for an emergency caesarian delivery to be started
25 within 30 minutes of the decision a caesarian delivery is
26 necessary.

1 The services of a medical director physician, licensed
2 to practice medicine in all its branches, who is certified
3 or eligible for certification by the American College of
4 Obstetricians and Gynecologists or the American Board of
5 Osteopathic Obstetricians and Gynecologists or has
6 hospital obstetrical privileges are required in birth
7 centers. The medical director in consultation with the
8 Director of Nursing and Midwifery Services shall
9 coordinate the clinical staff and overall provision of
10 patient care. The medical director or his or her physician
11 designee shall be available on the premises or within a
12 close proximity as defined by rule. The medical director
13 and the Director of Nursing and Midwifery Services shall
14 jointly develop and approve policies defining the criteria
15 to determine which pregnancies are accepted as normal,
16 uncomplicated, and low-risk, and the anesthesia services
17 available at the center. No general anesthesia may be
18 administered at the center.

19 If a birth center employs certified nurse midwives, a
20 certified nurse midwife shall be the Director of Nursing
21 and Midwifery Services who is responsible for the
22 development of policies and procedures for services as
23 provided by Department rules.

24 An obstetrician, family practitioner, or certified
25 nurse midwife shall attend each woman in labor from the
26 time of admission through birth and throughout the

1 immediate postpartum period. Attendance may be delegated
2 only to another physician or certified nurse midwife.
3 Additionally, a second staff person shall also be present
4 at each birth who is licensed or certified in Illinois in a
5 health-related field and under the supervision of the
6 physician or certified nurse midwife in attendance, has
7 specialized training in labor and delivery techniques and
8 care of newborns, and receives planned and ongoing
9 training as needed to perform assigned duties effectively.

10 The maximum length of stay in a birth center shall be
11 consistent with existing State laws allowing a 48-hour
12 stay or appropriate post-delivery care, if discharged
13 earlier than 48 hours.

14 A birth center shall participate in the Illinois
15 Perinatal System under the Developmental Disability
16 Prevention Act. At a minimum, this participation shall
17 require a birth center to establish a letter of agreement
18 with a hospital designated under the Perinatal System. A
19 hospital that operates or has a letter of agreement with a
20 birth center shall include the birth center under its
21 maternity service plan under the Hospital Licensing Act
22 and shall include the birth center in the hospital's
23 letter of agreement with its regional perinatal center.

24 A birth center may not discriminate against any
25 patient requiring treatment because of the source of
26 payment for services, including Medicare and Medicaid

1 recipients.

2 No general anesthesia and no surgery may be performed
3 at a birth center. The Department may by rule add birth
4 center patient eligibility criteria or standards as it
5 deems necessary. The Department shall by rule require each
6 birth center to report the information which the
7 Department shall make publicly available, which shall
8 include, but is not limited to, the following:

9 (i) Birth center ownership.

10 (ii) Sources of payment for services.

11 (iii) Utilization data involving patient length of
12 stay.

13 (iv) Admissions and discharges.

14 (v) Complications.

15 (vi) Transfers.

16 (vii) Unusual incidents.

17 (viii) Deaths.

18 (ix) Any other publicly reported data required
19 under the Illinois Consumer Guide.

20 (x) Post-discharge patient status data where
21 patients are followed for 14 days after discharge from
22 the birth center to determine whether the mother or
23 baby developed a complication or infection.

24 Within 9 months after the effective date of this
25 amendatory Act of the 95th General Assembly, the
26 Department shall adopt rules that are developed with

1 consideration of: the American Association of Birth
2 Centers' Standards for Freestanding Birth Centers; the
3 American Academy of Pediatrics/American College of
4 Obstetricians and Gynecologists Guidelines for Perinatal
5 Care; and the Regionalized Perinatal Health Care Code.

6 The Department shall adopt other rules as necessary to
7 implement the provisions of this amendatory Act of the
8 95th General Assembly within 9 months after the effective
9 date of this amendatory Act of the 95th General Assembly.

10 (Source: P.A. 100-518, eff. 12-8-17 (see Section 5 of P.A.
11 100-558 for the effective date of changes made by P.A.
12 100-518).)

13 Section 20. The Home Health, Home Services, and Home
14 Nursing Agency Licensing Act is amended by changing Section
15 2.11 and by adding Section 2.13 as follows:

16 (210 ILCS 55/2.11)

17 Sec. 2.11. "Home nursing agency" means an agency that
18 provides services directly, or acts as a placement agency, in
19 order to deliver skilled nursing and home health aide services
20 to persons in their personal residences or a certified family
21 health aide as defined by the Certified Family Health Aide
22 Program for Children and Adults Act, for individuals receiving
23 or eligible to receive the following services: (1) in-home
24 shift nursing services under the Early and Periodic Screening,

1 Diagnostic and Treatment benefit authorized under 42 CFR
2 441.50; or (2) in-home shift nursing services through the home
3 and community-based services waiver program authorized under
4 Section 1915(c) of the Social Security Act for persons who are
5 medically fragile and technology dependent. A home nursing
6 agency provides services that would require a licensed nurse
7 to perform. Home health aide services are provided under the
8 direction of a registered professional nurse or advanced
9 practice registered nurse. A home nursing agency does not
10 require licensure as a home health agency under this Act.
11 "Home nursing agency" does not include an individually
12 licensed nurse acting as a private contractor or a person that
13 provides or procures temporary employment in health care
14 facilities, as defined in the Nurse Agency Licensing Act.

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

16 (210 ILCS 55/2.13 new)

17 Sec. 2.13. Certified family health aide. A home nursing
18 agency shall provide initial and ongoing training for, and
19 shall keep records in a manner designated by the Department
20 regarding, the certified family health aide, as defined in the
21 Certified Family Health Aide Program for Children and Adults
22 Act, identified as the legally responsible caregiver or
23 designated by the legally responsible caregiver for an
24 individual who receives or is eligible to receive:

25 (1) in-home shift nursing services under the Early and

1 Periodic Screening, Diagnostic and Treatment benefit
2 authorized under 42 CFR 441.50; or

3 (2) in-home shift nursing through the home and
4 community-based services waiver program authorized under
5 Section 1915(c) of the Social Security Act for persons who
6 are medically fragile and technology dependent.

7 Section 25. The Hospital Licensing Act is amended by
8 adding Section 17 as follows:

9 (210 ILCS 85/17 new)

10 Sec. 17. Certified family health aide. Hospitals managing
11 the care of an individual to be discharged under the care of a
12 home nursing agency shall provide initial training, and shall
13 document in a manner designated by the Department, for the
14 certified family health aide, as defined in the Certified
15 Family Health Aide Program for Children and Adults Act,
16 identified as the legally responsible caregiver or designated
17 by a legally responsible caregiver for an individual who
18 receives or is eligible to receive in-home shift nursing
19 services under the Early and Periodic Screening, Diagnostic
20 and Treatment benefit authorized under 42 CFR 441.50 or in
21 home shift nursing through the home and community-based
22 services waiver program authorized under Section 1915(c) of
23 the Social Security Act for persons who are medically fragile
24 and technology dependent.

1 Section 30. The Nurse Practice Act is amended by changing
2 Section 50-15 as follows:

3 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

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

5 Sec. 50-15. Policy; application of Act.

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

17 (b) This Act does not prohibit the following:

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

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

4 (3) The furnishing of nursing assistance in an
5 emergency.

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

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

13 (6) Persons from being employed as unlicensed
14 assistive personnel in private homes, long term care
15 facilities, nurseries, hospitals or other institutions.

16 (7) The practice of practical nursing by one who is a
17 licensed practical nurse under the laws of another U.S.
18 jurisdiction and has applied in writing to the Department,
19 in form and substance satisfactory to the Department, for
20 a license as a licensed practical nurse and who is
21 qualified to receive such license under this Act, until
22 (i) the expiration of 6 months after the filing of such
23 written application, (ii) the withdrawal of such
24 application, or (iii) the denial of such application by
25 the Department.

26 (8) The practice of advanced practice registered

1 nursing by one who is an advanced practice registered
2 nurse under the laws of another United States jurisdiction
3 or a foreign jurisdiction and has applied in writing to
4 the Department, in form and substance satisfactory to the
5 Department, for a license as an advanced practice
6 registered nurse and who is qualified to receive such
7 license under this Act, until (i) the expiration of 6
8 months after the filing of such written application, (ii)
9 the withdrawal of such application, or (iii) the denial of
10 such application by the Department.

11 (9) The practice of professional nursing by one who is
12 a registered professional nurse under the laws of another
13 United States jurisdiction or a foreign jurisdiction and
14 has applied in writing to the Department, in form and
15 substance satisfactory to the Department, for a license as
16 a registered professional nurse and who is qualified to
17 receive such license under Section 55-10, until (1) the
18 expiration of 6 months after the filing of such written
19 application, (2) the withdrawal of such application, or
20 (3) the denial of such application by the Department.

21 (10) The practice of professional nursing that is
22 included in a program of study by one who is a registered
23 professional nurse under the laws of another United States
24 jurisdiction or a foreign jurisdiction and who is enrolled
25 in a graduate nursing education program or a program for
26 the completion of a baccalaureate nursing degree in this

1 State, which includes clinical supervision by faculty as
2 determined by the educational institution offering the
3 program and the health care organization where the
4 practice of nursing occurs.

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

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

12 (13) (Blank).

13 (14) County correctional personnel from delivering
14 prepackaged medication for self-administration to an
15 individual detainee in a correctional facility.

16 (15) The practice of relevant nursing care by a
17 legally responsible caregiver or a person designated by a
18 legally responsible caregiver who has been certified as a
19 certified family health aide, as defined by 210 ILCS 57,
20 to perform for a person who receives or is eligible to
21 receive the following services: (i) in-home shift nursing
22 services under the Early and Periodic Screening,
23 Diagnostic and Treatment benefit authorized under 42 CFR
24 441.50; or (ii) in-home shift nursing services through the
25 home and community-based services waiver program
26 authorized under Section 1915(c) of the Social Security

1 Act for persons who are medically fragile and technology
2 dependent.

3 Nothing in this Act shall be construed to limit the
4 delegation of tasks or duties by a physician, dentist, or
5 podiatric physician to a licensed practical nurse, a
6 registered professional nurse, or other persons.

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

8 Section 35. The Illinois Public Aid Code is amended by
9 adding Section 5-2.06b as follows:

10 (305 ILCS 5/5-2.06b new)

11 Sec. 5-2.06b. Certified family health aide program for
12 children and adults. By January 1, 2026, The Department of
13 Healthcare and Family Services shall apply for a Home and
14 Community-Based Services State Plan amendment and federal
15 waiver amendment necessary to reimburse a legally responsible
16 caregiver or a person designated by a legally responsible
17 caregiver, as defined in the Certified Family Health Aide
18 Program for Children and Adults Act, who has achieved
19 certification as a certified family health aide to perform (1)
20 in-home shift nursing services under the Early and Periodic
21 Screening, Diagnostic and Treatment benefit authorized under
22 42 CFR 441.50; or (2) in-home shift nursing services through
23 the home and community-based services waiver program
24 authorized under Section 1915(c) of the Social Security Act

1 for a designated person or designated persons who are
2 medically fragile and technology dependent and in need and
3 eligible for the above services. Upon federal approval of any
4 State Plan amendment or waiver amendment, the Department may
5 adopt rules in partnership with the Department of Public
6 Health to specify the federally-approved services eligible for
7 reimbursement under the certified family health aide
8 certification and to adopt any other policies or procedures
9 necessary to implement this Section.