



Sen. Karina Villa

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1 AMENDMENT TO SENATE BILL 2434

2 AMENDMENT NO. _____. Amend Senate Bill 2434 by replacing
3 everything after the enacting clause with the following:

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.

9 Section 10. Definition. As used in this Act, "certified
10 family health aide" means a person who:

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

12 (2) has the following relationship with the family
13 member receiving or who is eligible to receive the
14 services enumerated in this Section:

15 (i) spouse;

- 1 (ii) sibling or stepsibling;
2 (iii) parent, stepparent, or adoptive parent;
3 (iv) grandparent;
4 (v) mother-in-law or father-in-law;
5 (vi) brother-in-law or sister-in-law;
6 (vii) legal guardian; or
7 (viii) caregiver designated by the legally
8 responsible caregiver;

9 (3) is a legally responsible caregiver, or has been
10 designated by a legally responsible caregiver, for a
11 person who receives or is eligible to receive:

12 (i) in-home shift nursing services under the Early
13 and Periodic Screening, Diagnostic and Treatment
14 requirement of Medicaid under 42 U.S.C. 1396d(r); or

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

20 (4) is certified pursuant to this Section to perform
21 or to assist in performance of (1) in-home shift nursing
22 services under the Early and Periodic Screening,
23 Diagnostic and Treatment requirement of Medicaid under 42
24 U.S.C. 1396d(r); or (2) in-home shift nursing services
25 through the home and community-based services waiver
26 program authorized under Section 1915(c) of the Social

1 Security Act for a designated person or designated persons
2 who are medically fragile and technology dependent and
3 eligible to receive the services laid out in this Section,
4 including:

5 (i) the same tasks as a certified nursing
6 assistant;

7 (ii) medication administration;

8 (iii) enteral care and therapy; and

9 (iv) other needed services to support the
10 individual as provided by rule.

11 Section 15. Certified family health aide program for
12 children and adults.

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

1 Agency Licensing Act.

2 (b) A certified family health aide may only perform
3 services to and for a person receiving or eligible to receive:

4 (1) in-home shift nursing services under the Early and
5 Periodic Screening, Diagnostic and Treatment benefit
6 requirement of Medicaid under 42 U.S.C. 1396d(r); or

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

12 To be eligible for reimbursement as a certified family
13 health aide, a legally responsible caregiver or a person
14 designated by a legally responsible caregiver must meet all
15 certification requirements as set forth in this Section, in
16 Section 5-2.06b of the Illinois Public Aid Code, and in any
17 applicable administrative rule.

18 (d) The Department of Public Health, in consultation with
19 the Department of Healthcare and Family Services, may adopt
20 rules necessary to implement the provisions of this Act,
21 including, but not limited to, rules requiring background
22 checks for the certified family health aide, establishing the
23 scope of services a certified family health aide can perform,
24 and establishing any utilization controls of services
25 performed by a certified family health aide.

1 Section 100. The Alternative Health Care Delivery Act is
2 amended by changing Section 35 as follows:

3 (210 ILCS 3/35)

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

8 (1) (Blank).

9 (2) Alternative health care delivery model;
10 postsurgical recovery care center. A postsurgical recovery
11 care center is a designated site which provides
12 postsurgical recovery care for generally healthy patients
13 undergoing surgical procedures that potentially require
14 overnight nursing care, pain control, or observation that
15 would otherwise be provided in an inpatient setting.
16 Patients may be discharged from the postsurgical recovery
17 care center in less than 24 hours if the attending
18 physician or the facility's medical director believes the
19 patient has recovered enough to be discharged. A
20 postsurgical recovery care center is either freestanding
21 or a defined unit of an ambulatory surgical treatment
22 center or hospital. No facility, or portion of a facility,
23 may participate in a demonstration program as a
24 postsurgical recovery care center unless the facility has
25 been licensed as an ambulatory surgical treatment center

1 or hospital for at least 2 years before August 20, 1993
2 (the effective date of Public Act 88-441). The maximum
3 length of stay for patients in a postsurgical recovery
4 care center is not to exceed 48 hours unless the treating
5 physician requests an extension of time from the recovery
6 center's medical director on the basis of medical or
7 clinical documentation that an additional care period is
8 required for the recovery of a patient and the medical
9 director approves the extension of time. In no case,
10 however, shall a patient's length of stay in a
11 postsurgical recovery care center be longer than 72 hours.
12 If a patient requires an additional care period after the
13 expiration of the 72-hour limit, the patient shall be
14 transferred to an appropriate facility. Reports on
15 variances from the 24-hour or 48-hour limit shall be sent
16 to the Department for its evaluation. The reports shall,
17 before submission to the Department, have removed from
18 them all patient and physician identifiers. Blood products
19 may be administered in the postsurgical recovery care
20 center model. In order to handle cases of complications,
21 emergencies, or exigent circumstances, every postsurgical
22 recovery care center as defined in this paragraph shall
23 maintain a contractual relationship, including a transfer
24 agreement, with a general acute care hospital. A
25 postsurgical recovery care center shall be no larger than
26 20 beds. A postsurgical recovery care center shall be

1 located within 15 minutes travel time from the general
2 acute care hospital with which the center maintains a
3 contractual relationship, including a transfer agreement,
4 as required under this paragraph.

5 No postsurgical recovery care center shall
6 discriminate against any patient requiring treatment
7 because of the source of payment for services, including
8 Medicare and Medicaid recipients.

9 The Department shall adopt rules to implement the
10 provisions of Public Act 88-441 concerning postsurgical
11 recovery care centers within 9 months after August 20,
12 1993. Notwithstanding any other law to the contrary, a
13 postsurgical recovery care center model may provide sleep
14 laboratory or similar sleep studies in accordance with
15 applicable State and federal laws and regulations.

16 (3) Alternative health care delivery model; children's
17 community-based health care center. A children's
18 community-based health care center model is a designated
19 site that provides nursing care, clinical support
20 services, and therapies for a period of one to 14 days for
21 short-term stays and 120 days to facilitate transitions to
22 home or other appropriate settings for medically fragile
23 children, technology dependent children, and children with
24 special health care needs who are deemed clinically stable
25 by a physician and are younger than 22 years of age. This
26 care is to be provided in a home-like environment that

1 serves no more than 12 children at a time, except that a
2 children's community-based health care center in existence
3 on the effective date of this amendatory Act of the 100th
4 General Assembly that is located in Chicago on grade level
5 for Life Safety Code purposes may provide care to no more
6 than 16 children at a time. Children's community-based
7 health care center services must be available through the
8 model to all families, including those whose care is paid
9 for through the Department of Healthcare and Family
10 Services, the Department of Children and Family Services,
11 the Department of Human Services, and insurance companies
12 who cover home health care services or private duty
13 nursing care in the home.

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

23 A children's community-based health care center shall
24 provide initial training, prior to home placement for, and
25 shall keep records in a manner designated by the
26 Department regarding, the certified family health aide, as

1 defined in the Certified Family Health Aide Program for
2 Children and Adults Act, identified as the legally
3 responsible caregiver or designated by a legally
4 responsible caregiver for the medical care of an
5 individual who receives or is eligible to receive:

6 (i) in-home shift nursing services under the Early
7 and Periodic Screening, Diagnostic and Treatment
8 requirement of Medicaid under 42 U.S.C. 1396d(r); or

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

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

23 (4) Alternative health care delivery model; community
24 based residential rehabilitation center. A community-based
25 residential rehabilitation center model is a designated
26 site that provides rehabilitation or support, or both, for

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

1 programs provided in this setting shall be accredited by
2 the Commission on Accreditation of Rehabilitation
3 Facilities (CARF). The program shall have been accredited
4 by CARF as a Brain Injury Community-Integrative Program
5 for at least 3 years.

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

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

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

1 services with other health care services available in the
2 community.

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

5 (1) A part of a hospital; or

6 (2) A freestanding facility that is physically
7 distinct from a hospital but is operated under a
8 license issued to a hospital under the Hospital
9 Licensing Act.

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

12 (1) A part of the operation of a federally
13 qualified health center as designated by the
14 United States Department of Health and Human
15 Services; or

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

20 In adopting rules for birth centers, the Department
21 shall consider: the American Association of Birth Centers'
22 Standards for Freestanding Birth Centers; the American
23 Academy of Pediatrics/American College of Obstetricians
24 and Gynecologists Guidelines for Perinatal Care; and the
25 Regionalized Perinatal Health Care Code. The Department's
26 rules shall stipulate the eligibility criteria for birth

1 center admission. The Department's rules shall stipulate
2 the necessary equipment for emergency care according to
3 the American Association of Birth Centers' standards and
4 any additional equipment deemed necessary by the
5 Department. The Department's rules shall provide for a
6 time period within which each birth center not part of a
7 hospital must become accredited by either the Commission
8 for the Accreditation of Freestanding Birth Centers or The
9 Joint Commission.

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

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

1 travel time distance from the licensed hospital that
2 allows for an emergency caesarian delivery to be started
3 within 30 minutes of the decision a caesarian delivery is
4 necessary.

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

23 If a birth center employs certified nurse midwives, a
24 certified nurse midwife shall be the Director of Nursing
25 and Midwifery Services who is responsible for the
26 development of policies and procedures for services as

1 provided by Department rules.

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

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

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

1 letter of agreement with its regional perinatal center.

2 A birth center may not discriminate against any
3 patient requiring treatment because of the source of
4 payment for services, including Medicare and Medicaid
5 recipients.

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

- 13 (i) Birth center ownership.
- 14 (ii) Sources of payment for services.
- 15 (iii) Utilization data involving patient length of
16 stay.
- 17 (iv) Admissions and discharges.
- 18 (v) Complications.
- 19 (vi) Transfers.
- 20 (vii) Unusual incidents.
- 21 (viii) Deaths.
- 22 (ix) Any other publicly reported data required
23 under the Illinois Consumer Guide.
- 24 (x) Post-discharge patient status data where
25 patients are followed for 14 days after discharge from
26 the birth center to determine whether the mother or

1 baby developed a complication or infection.

2 Within 9 months after the effective date of this
3 amendatory Act of the 95th General Assembly, the
4 Department shall adopt rules that are developed with
5 consideration of: the American Association of Birth
6 Centers' Standards for Freestanding Birth Centers; the
7 American Academy of Pediatrics/American College of
8 Obstetricians and Gynecologists Guidelines for Perinatal
9 Care; and the Regionalized Perinatal Health Care Code.

10 The Department shall adopt other rules as necessary to
11 implement the provisions of this amendatory Act of the
12 95th General Assembly within 9 months after the effective
13 date of this amendatory Act of the 95th General Assembly.

14 (Source: P.A. 100-518, eff. 12-8-17 (see Section 5 of P.A.
15 100-558 for the effective date of changes made by P.A.
16 100-518).)

17 Section 105. The Home Health, Home Services, and Home
18 Nursing Agency Licensing Act is amended by changing Section
19 2.11 and by adding Section 2.13 as follows:

20 (210 ILCS 55/2.11)

21 Sec. 2.11. "Home nursing agency" means an agency that
22 provides services directly, or acts as a placement agency, in
23 order to deliver skilled nursing and home health aide services
24 to persons in their personal residences or a certified family

1 health aide, as defined by the Certified Family Health Aide
2 Program for Children and Adults Act, for individuals receiving
3 or eligible to receive the following services: (1) in-home
4 shift nursing services under the Early and Periodic Screening,
5 Diagnostic and Treatment requirement of Medicaid under 42
6 U.S.C. 1396d(r); or (2) in-home shift nursing services through
7 the home and community-based services waiver program
8 authorized under Section 1915(c) of the Social Security Act
9 for persons who are medically fragile and technology
10 dependent. A home nursing agency provides services that would
11 require a licensed nurse to perform. Home health aide services
12 are provided under the direction of a registered professional
13 nurse or advanced practice registered nurse. A home nursing
14 agency does not require licensure as a home health agency
15 under this Act. "Home nursing agency" does not include an
16 individually licensed nurse acting as a private contractor or
17 a person that provides or procures temporary employment in
18 health care facilities, as defined in the Nurse Agency
19 Licensing Act.

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

21 (210 ILCS 55/2.13 new)

22 Sec. 2.13. Certified family health aide. A home nursing
23 agency shall provide initial and ongoing training for, and
24 shall keep records in a manner designated by the Department
25 regarding, the certified family health aide, as defined in the

1 Certified Family Health Aide Program for Children and Adults
2 Act, identified as the legally responsible caregiver or
3 designated by the legally responsible caregiver for an
4 individual who receives or is eligible to receive:

5 (1) in-home shift nursing services under the Early and
6 Periodic Screening, Diagnostic and Treatment requirement
7 of Medicaid under 42 U.S.C. 1396d(r); or

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

12 Section 110. The Hospital Licensing Act is amended by
13 adding Section 17 as follows:

14 (210 ILCS 85/17 new)

15 Sec. 17. Certified family health aide. Hospitals managing
16 the care of an individual to be discharged under the care of a
17 home nursing agency shall provide initial training, and shall
18 document in a manner designated by the Department, for the
19 certified family health aide, as defined in the Certified
20 Family Health Aide Program for Children and Adults Act,
21 identified as the legally responsible caregiver or designated
22 by a legally responsible caregiver for an individual who
23 receives or is eligible to receive in-home shift nursing
24 services under the Early and Periodic Screening, Diagnostic

1 and Treatment requirement of Medicaid under 42 U.S.C. 1396d(r)
2 or in-home shift nursing through the home and community-based
3 services waiver program authorized under Section 1915(c) of
4 the Social Security Act for persons who are medically fragile
5 and technology dependent.

6 Section 115. The Nurse Practice Act is amended by changing
7 Section 50-15 as follows:

8 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

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

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

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

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

23 (1) The practice of nursing in Federal employment in
24 the discharge of the employee's duties by a person who is

1 employed by the United States government or any bureau,
2 division or agency thereof and is a legally qualified and
3 licensed nurse of another state or territory and not in
4 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
5 this Act.

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

9 (3) The furnishing of nursing assistance in an
10 emergency.

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

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

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

21 (7) The practice of practical nursing by one who is a
22 licensed practical nurse under the laws of another U.S.
23 jurisdiction and has applied in writing to the Department,
24 in form and substance satisfactory to the Department, for
25 a license as a licensed practical nurse and who is
26 qualified to receive such license under this Act, until

1 (i) the expiration of 6 months after the filing of such
2 written application, (ii) the withdrawal of such
3 application, or (iii) the denial of such application by
4 the Department.

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

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

26 (10) The practice of professional nursing that is

1 included in a program of study by one who is a registered
2 professional nurse under the laws of another United States
3 jurisdiction or a foreign jurisdiction and who is enrolled
4 in a graduate nursing education program or a program for
5 the completion of a baccalaureate nursing degree in this
6 State, which includes clinical supervision by faculty as
7 determined by the educational institution offering the
8 program and the health care organization where the
9 practice of nursing occurs.

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

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

17 (13) (Blank).

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

21 (15) The practice of relevant care by a legally
22 responsible caregiver or a person designated by a legally
23 responsible caregiver who has been certified as a
24 certified family health aide, as defined in the Certified
25 Family Health Aide Program for Children and Adults Act, to
26 perform for a person who receives or is eligible to

1 receive the following services: (i) in-home shift nursing
2 services under the Early and Periodic Screening,
3 Diagnostic and Treatment requirement of Medicaid under 42
4 U.S.C. 1396d(r); or (ii) in-home shift nursing services
5 through the home and community-based services waiver
6 program authorized under Section 1915(c) of the Social
7 Security Act for persons who are medically fragile and
8 technology dependent.

9 Nothing in this Act shall be construed to limit the
10 delegation of tasks or duties by a physician, dentist, or
11 podiatric physician to a licensed practical nurse, a
12 registered professional nurse, or other persons.

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

14 Section 120. The Illinois Public Aid Code is amended by
15 adding Section 5-2.06b as follows:

16 (305 ILCS 5/5-2.06b new)

17 Sec. 5-2.06b. Certified family health aide program for
18 children and adults.

19 (a) The Department of Healthcare and Family Services may
20 apply for a Home and Community-Based Services State Plan
21 amendment and federal waiver amendment necessary to reimburse
22 a legally responsible caregiver or a person designated by a
23 legally responsible caregiver, as defined in the Certified
24 Family Health Aide Program for Children and Adults Act, who

1 has achieved certification as a certified family health aide
2 to perform or assist in performance of: (1) in-home shift
3 nursing services under the Early and Periodic Screening,
4 Diagnostic and Treatment requirement of Medicaid under 42
5 U.S.C. 1396d(r); or the home and community-based services
6 waiver program authorized under Section 1915(c) of the Social
7 Security Act for a designated person or designated persons who
8 are medically fragile and technology dependent and in need and
9 eligible for these services. Upon federal approval of any
10 State Plan amendment or waiver amendment, the Department may
11 adopt rules in partnership with the Department of Public
12 Health to specify the federally approved services eligible for
13 reimbursement under the certified family health aide
14 certification and to adopt any other policies or procedures
15 necessary to implement this Section.

16 (b) The Department of Healthcare and Family Services, in
17 partnership with the Department of Public Health, shall
18 convene an advisory working group of stakeholders to provide
19 guidance and expertise regarding implementation of the
20 certified family health aide program. The Department of
21 Healthcare and Family Services shall convene this advisory
22 working group within 60 days after the effective date of this
23 amendatory Act of the 104th General Assembly. This working
24 group may include, but is not limited to, at least one
25 representative from the University of Illinois at Chicago,
26 Division of Specialized Care for Children, at least 4

1 representatives of home nurse agencies, at least one physician
2 with medical experience with the population being served by
3 the program, at least one representative from a children's
4 hospital, at least one legally responsible caregiver as
5 described in item (3) of Section 10 of the Certified Family
6 Health Aide Program for Children and Adults Act, and at least
7 one representative of a Children's Community-Based Health Care
8 Clinic."