

Rep. Carol Ammons

Filed: 4/26/2018

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1	AMENDMENT TO HOUSE BILL 5104
2	AMENDMENT NO Amend House Bill 5104, AS AMENDED, by
3	replacing everything after the enacting clause with the
4	following:
5	"Section 5. The Unified Code of Corrections is amended by
6	changing Section 3-6-2 as follows:
7	(730 ILCS 5/3-6-2) (from Ch. 38, par. 1003-6-2)
8	Sec. 3-6-2. Institutions and Facility Administration.
9	(a) Each institution and facility of the Department shall
10	be administered by a chief administrative officer appointed by
11	the Director. A chief administrative officer shall be
12	responsible for all persons assigned to the institution or
13	facility. The chief administrative officer shall administer
14	the programs of the Department for the custody and treatment of
15	such persons.
16	(b) The chief administrative officer shall have such

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1 assistants as the Department may assign.

(c) The Director or Assistant Director shall have the 2 3 emergency powers to temporarily transfer individuals without 4 formal procedures to any State, county, municipal or regional 5 correctional or detention institution or facility in the State, subject to the acceptance of such receiving institution or 6 7 facility, or to designate any reasonably secure place in the State as such an institution or facility and to make transfers 8 9 thereto. However, transfers made under emergency powers shall 10 be reviewed as soon as practicable under Article 8, and shall 11 be subject to Section 5-905 of the Juvenile Court Act of 1987. This Section shall not apply to transfers to the Department of 12 13 Human Services which are provided for under Section 3-8-5 or Section 3-10-5. 14

15 (d) The Department shall provide educational programs for 16 all committed persons so that all persons have an opportunity to attain the achievement level equivalent to the completion of 17 18 the twelfth grade in the public school system in this State. Other higher levels of attainment shall be encouraged and 19 20 professional instruction shall be maintained wherever 21 possible. The Department may establish programs of mandatory 22 education and may establish rules and regulations for the 23 administration of such programs. A person committed to the 24 Department who, during the period of his or her incarceration, 25 participates in an educational program provided by or through 26 the Department and through that program is awarded or earns the

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1 number of hours of credit required for the award of an associate, baccalaureate, or higher degree from a community 2 3 college, college, or university located in Illinois shall 4 reimburse the State, through the Department, for the costs 5 incurred by the State in providing that person during his or her incarceration with the education that qualifies him or her 6 for the award of that degree. The costs for which reimbursement 7 8 is required under this subsection shall be determined and 9 computed by the Department under rules and regulations that it 10 shall establish for that purpose. However, interest at the rate 11 of 6% per annum shall be charged on the balance of those costs from time to time remaining unpaid, from the date of the 12 13 person's parole, mandatory supervised release, or release constituting a final termination of his or her commitment to 14 15 the Department until paid.

16 (d-5) A person committed to the Department is entitled to confidential testing for infection with human immunodeficiency 17 18 virus (HIV) and to counseling in connection with such testing, with no copay to the committed person. A person committed to 19 20 the Department who has tested positive for infection with HIV 21 is entitled to medical care while incarcerated, counseling, and 22 referrals to support services, in connection with that positive 23 test result. Implementation of this subsection (d-5) is subject 24 to appropriation.

(e) A person committed to the Department who becomes inneed of medical or surgical treatment but is incapable of

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giving consent thereto shall receive such medical or surgical treatment by the chief administrative officer consenting on the person's behalf. Before the chief administrative officer consents, he or she shall obtain the advice of one or more physicians licensed to practice medicine in all its branches in this State. If such physician or physicians advise:

7 (1) that immediate medical or surgical treatment is 8 required relative to a condition threatening to cause 9 death, damage or impairment to bodily functions, or 10 disfigurement; and

(2) that the person is not capable of giving consent to such treatment; the chief administrative officer may give consent for such medical or surgical treatment, and such consent shall be deemed to be the consent of the person for all purposes, including, but not limited to, the authority of a physician to give such treatment.

17 (e-5) If a physician providing medical care to a committed 18 person on behalf of the Department advises the chief 19 administrative officer that the committed person's mental or 20 physical health has deteriorated as a result of the cessation 21 of ingestion of food or liquid to the point where medical or 22 surgical treatment is required to prevent death, damage, or impairment to bodily functions, the chief administrative 23 24 officer may authorize such medical or surgical treatment.

25 (f) In the event that the person requires medical care and 26 treatment at a place other than the institution or facility,

1	the person may be removed therefrom under conditions prescribed
2	by the Department. <u>Neither the Department of Corrections nor</u>
3	the Department of Juvenile Justice may require a committed
4	person or person committed to any facility operated by the
5	Department of Juvenile Justice, as set forth in Section
6	3-2.5-15 of this Code, to pay any co-payment for receiving
7	medical or dental services. The Department shall require the
8	committed person receiving medical or dental services on a
9	non-emergency basis to pay a \$5 co-payment to the Department
10	for each visit for medical or dental services. The amount of
11	each co-payment shall be deducted from the committed person's
12	individual account. A committed person who has a chronic
13	illness, as defined by Department rules and regulations, shall
14	be exempt from the \$5 co payment for treatment of the chronic
15	illness. A committed person shall not be subject to a \$5
16	co payment for follow up visits ordered by a physician, who is
17	employed by, or contracts with, the Department. A committed
18	person who is indigent is exempt from the \$5 co payment and is
19	entitled to receive medical or dental services on the same
20	basis as a committed person who is financially able to afford
21	the co-payment. For purposes of this Section only, "indigent"
22	means a committed person who has \$20 or less in his or her
23	Inmate Trust Fund at the time of such services and for the 30
24	days prior to such services. Notwithstanding any other
25	provision in this subsection (f) to the contrary, any person
26	committed to any facility operated by the Department of

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Juvenile Justice, as set forth in Section 3-2.5-15 of this
 Code, is exempt from the co-payment requirement for the
 duration of confinement in those facilities.

4 (g) Any person having sole custody of a child at the time 5 of commitment or any woman giving birth to a child after her commitment, may arrange through the Department of Children and 6 Family Services for suitable placement of the child outside of 7 the Department of Corrections. The Director of the Department 8 9 of Corrections may determine that there are special reasons why 10 the child should continue in the custody of the mother until 11 the child is 6 years old.

12 (h) The Department may provide Family Responsibility 13 Services which may consist of, but not be limited to the 14 following:

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family advocacy counseling;

16 (2) parent self-help group;

17 (3) parenting skills training;

18 (4) parent and child overnight program;

19 (5) parent and child reunification counseling, either 20 separately or together, preceding the inmate's release; 21 and

(6) a prerelease reunification staffing involving the
family advocate, the inmate and the child's counselor, or
both and the inmate.

25 (i) (Blank).

26 (j) Any person convicted of a sex offense as defined in the

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Sex Offender Management Board Act shall be required to receive a sex offender evaluation prior to release into the community from the Department of Corrections. The sex offender evaluation shall be conducted in conformance with the standards and guidelines developed under the Sex Offender Management Board Act and by an evaluator approved by the Board.

7 (k) Any minor committed to the Department of Juvenile 8 Justice for a sex offense as defined by the Sex Offender 9 Management Board Act shall be required to undergo sex offender 10 treatment by a treatment provider approved by the Board and 11 conducted in conformance with the Sex Offender Management Board 12 Act.

13 (1) Prior to the release of any inmate committed to a 14 facility of the Department or the Department of Juvenile 15 Department must provide the Justice, the inmate with 16 appropriate information verbally, in writing, by video, or other electronic means, concerning HIV and AIDS. The Department 17 18 shall develop the informational materials in consultation with the Department of Public Health. At the same time, the 19 20 Department must also offer the committed person the option of testing for infection with human immunodeficiency virus (HIV), 21 22 with no copayment for the test. Pre-test information shall be 23 provided to the committed person and informed consent obtained 24 as required in subsection (d) of Section 3 and Section 5 of the 25 AIDS Confidentiality Act. The Department may conduct opt-out 26 HIV testing as defined in Section 4 of the AIDS Confidentiality 10000HB5104ham003 -8- LRB100 18106 RLC 39337 a

1 Act. If the Department conducts opt-out HIV testing, the Department shall place signs in English, Spanish and other 2 3 languages as needed in multiple, highly visible locations in 4 the area where HIV testing is conducted informing inmates that 5 they will be tested for HIV unless they refuse, and refusal or 6 acceptance of testing shall be documented in the inmate's Department shall follow procedures 7 medical record. The 8 established by the Department of Public Health to conduct HIV 9 testing and testing to confirm positive HIV test results. All 10 testing must be conducted by medical personnel, but pre-test 11 and other information may be provided by committed persons who received appropriate training. The 12 have Department, in 13 conjunction with the Department of Public Health, shall develop 14 a plan that complies with the AIDS Confidentiality Act to 15 deliver confidentially all positive or negative HIV test 16 results to inmates or former inmates. Nothing in this Section shall require the Department to offer HIV testing to an inmate 17 who is known to be infected with HIV, or who has been tested 18 for HIV within the previous 180 days and whose documented HIV 19 20 test result is available to the Department electronically. The testing provided under this subsection (1) shall consist of a 21 22 test approved by the Illinois Department of Public Health to 23 of HIV determine the presence infection, based upon 24 recommendations of the United States Centers for Disease 25 Control and Prevention. If the test result is positive, a 26 reliable supplemental test based upon recommendations of the

United States Centers for Disease Control and Prevention shall
 be administered.

3 Prior to the release of an inmate who the Department knows 4 has tested positive for infection with HIV, the Department in a 5 timely manner shall offer the inmate transitional case 6 management, including referrals to other support services.

7 (m) The chief administrative officer of each institution or 8 facility of the Department shall make a room in the institution 9 or facility available for addiction recovery services to be 10 provided to committed persons on a voluntary basis. The 11 services shall be provided for one hour once a week at a time 12 specified by the chief administrative officer of the 13 institution or facility if the following conditions are met:

14 (1) the addiction recovery service contacts the chief15 administrative officer to arrange the meeting;

16 (2) the committed person may attend the meeting for 17 addiction recovery services only if the committed person 18 uses pre-existing free time already available to the 19 committed person;

20 (3) all disciplinary and other rules of the institution
21 or facility remain in effect;

(4) the committed person is not given any additional
 privileges to attend addiction recovery services;

(5) if the addiction recovery service does not arrange
 for scheduling a meeting for that week, no addiction
 recovery services shall be provided to the committed person

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in the institution or facility for that week;

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(6) the number of committed persons who may attend an addiction recovery meeting shall not exceed 40 during any session held at the correctional institution or facility;

5 (7) a volunteer seeking to provide addiction recovery 6 services under this subsection (m) must submit an 7 application to the Department of Corrections under 8 existing Department rules and the Department must review 9 the application within 60 days after submission of the 10 application to the Department; and

(8) each institution and facility of the Department shall manage the addiction recovery services program according to its own processes and procedures.

For the purposes of this subsection (m), "addiction recovery services" means recovery services for alcoholics and addicts provided by volunteers of recovery support services recognized by the Department of Human Services.

18 (Source: P.A. 96-284, eff. 1-1-10; 97-244, eff. 8-4-11; 97-323, 19 eff. 8-12-11; 97-562, eff. 1-1-12; 97-802, eff. 7-13-12; 20 97-813, eff. 7-13-12.)".