



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3850

Introduced 10/17/2019, by Rep. Allen Skillicorn - Brad Halbrook - Amy Grant - Chris Miller, Margo McDermed, et al.

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2019 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions defining "viability" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat, and defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac. Creates the Partial-birth Abortion Ban Act of 2019 and the Abortion Performance Refusal Act of 2019 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

LRB101 12868 LNS 61703 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

1 AN ACT concerning abortion.

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

4 Article 1.

5 Section 1. It is the intention of the General Assembly of
6 the State of Illinois to reasonably regulate abortion in
7 conformance with the legal standards set forth in the decisions
8 of the United States Supreme Court of January 22, 1973.

9 Section 2. Unless the language or context clearly indicates
10 a different meaning is intended, the following words or phrases
11 for the purpose of this Law shall be given the meaning ascribed
12 to them:

13 (1) "Viability" means either:

14 (A) that stage of fetal development when, in the
15 medical judgment of the attending physician based on the
16 particular facts of the case before the attending
17 physician, there is a reasonable likelihood of sustained
18 survival of the fetus outside the womb, with or without
19 artificial support; or

20 (B) when, in the medical judgment of the attending
21 physician based on the particular facts of the case before
22 the attending physician, the unborn child has a fetal

1 heartbeat.

2 (2) "Physician" means any person licensed to practice
3 medicine in all its branches under the Illinois Medical
4 Practice Act of 1987, as amended.

5 (3) "Department" means the Department of Public Health,
6 State of Illinois.

7 (4) "Abortion" means the use of any instrument, medicine,
8 drug or any other substance or device to terminate the
9 pregnancy of a woman known to be pregnant with an intention
10 other than to increase the probability of a live birth, to
11 preserve the life or health of the child after live birth, or
12 to remove a dead fetus.

13 (5) "Fertilization" and "conception" each mean the
14 fertilization of a human ovum by a human sperm, which shall be
15 deemed to have occurred at the time when it is known a
16 spermatozoon has penetrated the cell membrane of the ovum.

17 (6) "Fetus" and "unborn child" each mean an individual
18 organism of the species homo sapiens from fertilization until
19 live birth.

20 (6.5) "Fetal heartbeat" means cardiac activity or the
21 steady and repetitive rhythmic contraction of the fetal heart
22 within the gestational sac.

23 (7) "Abortifacient" means any instrument, medicine, drug,
24 or any other substance or device which is known to cause fetal
25 death when employed in the usual and customary use for which it
26 is manufactured, whether or not the fetus is known to exist

1 when such substance or device is employed.

2 (8) "Born alive", "live born", and "live birth", when
3 applied to an individual organism of the species homo sapiens,
4 each mean he or she was completely expelled or extracted from
5 his or her mother and after such separation breathed or showed
6 evidence of any of the following: beating of the heart,
7 pulsation of the umbilical cord, or definite movement of
8 voluntary muscles, irrespective of the duration of pregnancy
9 and whether or not the umbilical cord has been cut or the
10 placenta is attached.

11 Section 3.1. Medical Judgment. No abortion shall be
12 performed except by a physician after either (a) he determines
13 that, in his best clinical judgment, the abortion is necessary,
14 or (b) he receives a written statement or oral communication by
15 another physician, hereinafter called the "referring
16 physician", certifying that in the referring physician's best
17 clinical judgment the abortion is necessary. Any person who
18 intentionally or knowingly performs an abortion contrary to the
19 requirements of Section 3.1 commits a Class 2 felony.

20 Section 5. (1) When the fetus is viable no abortion shall
21 be performed unless in the medical judgment of the attending or
22 referring physician, based on the particular facts of the case
23 before him, it is necessary to preserve the life or health of
24 the mother. Intentional, knowing, or reckless failure to

1 conform to the requirements of subsection (1) of Section 5 is a
2 Class 2 felony.

3 (2) When the fetus is viable the physician shall certify in
4 writing, on a form prescribed by the Department under Section
5 10 of this Law, the medical indications which, in his medical
6 judgment based on the particular facts of the case before him,
7 warrant performance of the abortion to preserve the life or
8 health of the mother.

9 Section 6. (1) (a) Any physician who intentionally performs
10 an abortion when, in his medical judgment based on the
11 particular facts of the case before him, there is a reasonable
12 likelihood of sustained survival of the fetus outside the womb,
13 with or without artificial support, shall utilize that method
14 of abortion which, of those he knows to be available, is in his
15 medical judgment most likely to preserve the life and health of
16 the fetus.

17 (b) The physician shall certify in writing, on a form
18 prescribed by the Department under Section 10 of this Act, the
19 available methods considered and the reasons for choosing the
20 method employed.

21 (c) Any physician who intentionally, knowingly, or
22 recklessly violates the provisions of Section 6(1)(a) commits a
23 Class 3 felony.

24 (2) (a) No abortion shall be performed or induced when the
25 fetus is viable unless there is in attendance a physician other

1 than the physician performing or inducing the abortion who
2 shall take control of and provide immediate medical care for
3 any child born alive as a result of the abortion. This
4 requirement shall not apply when, in the medical judgment of
5 the physician performing or inducing the abortion based on the
6 particular facts of the case before him, there exists a medical
7 emergency; in such a case, the physician shall describe the
8 basis of this judgment on the form prescribed by Section 10 of
9 this Act. Any physician who intentionally performs or induces
10 such an abortion and who intentionally, knowingly, or
11 recklessly fails to arrange for the attendance of such a second
12 physician in violation of Section 6(2)(a) commits a Class 3
13 felony.

14 (b) Subsequent to the abortion, if a child is born alive,
15 the physician required by Section 6(2)(a) to be in attendance
16 shall exercise the same degree of professional skill, care and
17 diligence to preserve the life and health of the child as would
18 be required of a physician providing immediate medical care to
19 a child born alive in the course of a pregnancy termination
20 which was not an abortion. Any such physician who
21 intentionally, knowingly, or recklessly violates Section
22 6(2)(b) commits a Class 3 felony.

23 (3) The law of this State shall not be construed to imply
24 that any living individual organism of the species homo sapiens
25 who has been born alive is not an individual under the Criminal
26 Code of 1961 or Criminal Code of 2012.

1 (4) (a) Any physician who intentionally performs an
2 abortion when, in his medical judgment based on the particular
3 facts of the case before him, there is a reasonable possibility
4 of sustained survival of the fetus outside the womb, with or
5 without artificial support, shall utilize that method of
6 abortion which, of those he knows to be available, is in his
7 medical judgment most likely to preserve the life and health of
8 the fetus.

9 (b) The physician shall certify in writing, on a form
10 prescribed by the Department under Section 10 of this Act, the
11 available methods considered and the reasons for choosing the
12 method employed.

13 (c) Any physician who intentionally, knowingly, or
14 recklessly violates the provisions of Section 6(4)(a) commits a
15 Class 3 felony.

16 (5) Nothing in Section 6 requires a physician to employ a
17 method of abortion which, in the medical judgment of the
18 physician performing the abortion based on the particular facts
19 of the case before him, would increase medical risk to the
20 mother.

21 (6) When the fetus is viable and when there exists
22 reasonable medical certainty (a) that the particular method of
23 abortion to be employed will cause organic pain to the fetus,
24 and (b) that use of an anesthetic or analgesic would abolish or
25 alleviate organic pain to the fetus caused by the particular
26 method of abortion to be employed, then the physician who is to

1 perform the abortion or his agent or the referring physician or
2 his agent shall inform the woman upon whom the abortion is to
3 be performed that such an anesthetic or analgesic is available,
4 if he knows it to be available, for use to abolish or alleviate
5 organic pain caused to the fetus by the particular method of
6 abortion to be employed. Any person who performs an abortion
7 with knowledge that any such reasonable medical certainty
8 exists and that such an anesthetic or analgesic is available,
9 and intentionally fails to so inform the woman or to ascertain
10 that the woman has been so informed commits a Class B
11 misdemeanor. The foregoing requirements of subsection (6) of
12 Section 6 shall not apply (a) when in the medical judgment of
13 the physician who is to perform the abortion or the referring
14 physician based upon the particular facts of the case before
15 him: (i) there exists a medical emergency, or (ii) the
16 administration of such an anesthetic or analgesic would
17 decrease a possibility of sustained survival of the fetus apart
18 from the body of the mother, with or without artificial
19 support, or (b) when the physician who is to perform the
20 abortion administers an anesthetic or an analgesic to the woman
21 or the fetus and he knows there exists reasonable medical
22 certainty that such use will abolish organic pain caused to the
23 fetus during the course of the abortion.

24 (7) No person shall sell or experiment upon a fetus
25 produced by the fertilization of a human ovum by a human sperm
26 unless such experimentation is therapeutic to the fetus thereby

1 produced. Intentional violation of this section is a Class A
2 misdemeanor. Nothing in this subsection (7) is intended to
3 prohibit the performance of in vitro fertilization.

4 (8) No person shall intentionally perform an abortion with
5 knowledge that the pregnant woman is seeking the abortion
6 solely on account of the sex of the fetus. Nothing in Section
7 6(8) shall be construed to proscribe the performance of an
8 abortion on account of the sex of the fetus because of a
9 genetic disorder linked to that sex. If the application of
10 Section 6(8) to the period of pregnancy prior to viability is
11 held invalid, then such invalidity shall not affect its
12 application to the period of pregnancy subsequent to viability.

13 Section 10. A report of each abortion performed shall be
14 made to the Department on forms prescribed by it. Such report
15 forms shall not identify the patient by name, but by an
16 individual number to be noted in the patient's permanent record
17 in the possession of the physician, and shall include
18 information concerning:

19 (1) Identification of the physician who performed the
20 abortion and the facility where the abortion was performed
21 and a patient identification number;

22 (2) State in which the patient resides;

23 (3) Patient's date of birth, race and marital status;

24 (4) Number of prior pregnancies;

25 (5) Date of last menstrual period;

- 1 (6) Type of abortion procedure performed;
- 2 (7) Complications and whether the abortion resulted in
3 a live birth;
- 4 (8) The date the abortion was performed;
- 5 (9) Medical indications for any abortion performed
6 when the fetus was viable;
- 7 (10) The information required by Sections 6(1)(b) and
8 6(4)(b) of this Act, if applicable;
- 9 (11) Basis for any medical judgment that a medical
10 emergency existed when required under Sections 6(2)(a) and
11 6(6) and when required to be reported in accordance with
12 this Section by any provision of this Law; and
- 13 (12) The pathologist's test results pursuant to
14 Section 12 of this Act.

15 Such form shall be completed by the hospital or other
16 licensed facility, signed by the physician who performed the
17 abortion or pregnancy termination, and transmitted to the
18 Department not later than 10 days following the end of the
19 month in which the abortion was performed.

20 In the event that a complication of an abortion occurs or
21 becomes known after submission of such form, a correction using
22 the same patient identification number shall be submitted to
23 the Department within 10 days of its becoming known.

24 The Department may prescribe rules and regulations
25 regarding the administration of this Law and shall prescribe
26 regulations to secure the confidentiality of the woman's

1 identity in the information to be provided under the "Vital
2 Records Act". All reports received by the Department shall be
3 treated as confidential and the Department shall secure the
4 woman's anonymity. Such reports shall be used only for
5 statistical purposes.

6 Upon 30 days public notice, the Department is empowered to
7 require reporting of any additional information which, in the
8 sound discretion of the Department, is necessary to develop
9 statistical data relating to the protection of maternal or
10 fetal life or health, or is necessary to enforce the provisions
11 of this Law, or is necessary to develop useful criteria for
12 medical decisions. The Department shall annually report to the
13 General Assembly all statistical data gathered under this Law
14 and its recommendations to further the purpose of this Law.

15 The requirement for reporting to the General Assembly shall
16 be satisfied by filing copies of the report as required by
17 Section 3.1 of the General Assembly Organization Act, and
18 filing such additional copies with the State Government Report
19 Distribution Center for the General Assembly as is required
20 under paragraph (t) of Section 7 of the State Library Act.

21 Section 10.1. Any physician who diagnoses a woman as having
22 complications resulting from an abortion shall report, within a
23 reasonable period of time, the diagnosis and a summary of her
24 physical symptoms to the Illinois Department of Public Health
25 in accordance with procedures and upon forms required by such

1 Department. The Department of Public Health shall define the
2 complications required to be reported by rule. The
3 complications defined by rule shall be those which, according
4 to contemporary medical standards, are manifested by symptoms
5 with severity equal to or greater than hemorrhaging requiring
6 transfusion, infection, incomplete abortion, or punctured
7 organs. If the physician making the diagnosis of a complication
8 knows the name or location of the facility where the abortion
9 was performed, he shall report such information to the
10 Department of Public Health.

11 Any physician who intentionally violates this Section
12 shall be subject to revocation of his license pursuant to
13 paragraph (22) of Section 22 of the Medical Practice Act of
14 1987.

15 Section 11. (1) Any person who intentionally violates any
16 provision of this Law commits a Class A misdemeanor unless a
17 specific penalty is otherwise provided. Any person who
18 intentionally falsifies any writing required by this Law
19 commits a Class A misdemeanor.

20 Intentional, knowing, reckless, or negligent violations of
21 this Law shall constitute unprofessional conduct which causes
22 public harm under Section 22 of the Medical Practice Act of
23 1987, as amended; Section 70-5 of the Nurse Practice Act, and
24 Section 21 of the Physician Assistant Practice Act of 1987, as
25 amended.

1 Intentional, knowing, reckless or negligent violations of
2 this Law will constitute grounds for refusal, denial,
3 revocation, suspension, or withdrawal of license, certificate,
4 or permit under Section 30 of the Pharmacy Practice Act, as
5 amended; Section 7 of the Ambulatory Surgical Treatment Center
6 Act, effective July 19, 1973, as amended; and Section 7 of the
7 Hospital Licensing Act.

8 (2) Any hospital or licensed facility which, or any
9 physician who intentionally, knowingly, or recklessly fails to
10 submit a complete report to the Department in accordance with
11 the provisions of Section 10 of this Law and any person who
12 intentionally, knowingly, recklessly or negligently fails to
13 maintain the confidentiality of any reports required under this
14 Law or reports required by Sections 10.1 or 12 of this Law
15 commits a Class B misdemeanor.

16 (3) Any person who sells any drug, medicine, instrument or
17 other substance which he knows to be an abortifacient and which
18 is in fact an abortifacient, unless upon prescription of a
19 physician, is guilty of a Class B misdemeanor. Any person who
20 prescribes or administers any instrument, medicine, drug or
21 other substance or device, which he knows to be an
22 abortifacient, and which is in fact an abortifacient, and
23 intentionally, knowingly or recklessly fails to inform the
24 person for whom it is prescribed or upon whom it is
25 administered that it is an abortifacient commits a Class C
26 misdemeanor.

1 (4) Any person who intentionally, knowingly or recklessly
2 performs upon a woman what he represents to that woman to be an
3 abortion when he knows or should know that she is not pregnant
4 commits a Class 2 felony and shall be answerable in civil
5 damages equal to 3 times the amount of proved damages.

6 Section 11.1. (a) The payment or receipt of a referral fee
7 in connection with the performance of an abortion is a Class 4
8 felony.

9 (b) For purposes of this Section, "referral fee" means the
10 transfer of anything of value between a doctor who performs an
11 abortion or an operator or employee of a clinic at which an
12 abortion is performed and the person who advised the woman
13 receiving the abortion to use the services of that doctor or
14 clinic.

15 Section 12. The dead fetus and all tissue removed at the
16 time of abortion shall be submitted for a gross and microscopic
17 analysis and tissue report to a board eligible or certified
18 pathologist as a matter of record in all cases. The results of
19 the analysis and report shall be given to the physician who
20 performed the abortion within 7 days of the abortion and such
21 physician shall report any complications relevant to the
22 woman's medical condition to his patient within 48 hours of
23 receiving a report if possible. Any evidence of live birth or
24 of viability shall be reported within 7 days, if possible, to

1 the Department by the pathologist. Intentional failure of the
2 pathologist to report any evidence of live birth or of
3 viability to the Department is a Class B misdemeanor.

4 Section 12.1. Nothing in this Act shall prohibit the use of
5 any tissues or cells obtained from a dead fetus or dead
6 premature infant whose death did not result from an induced
7 abortion, for therapeutic purposes or scientific, research, or
8 laboratory experimentation, provided that the written consent
9 to such use is obtained from one of the parents of such fetus
10 or infant.

11 Section 13. No physician, hospital, ambulatory surgical
12 center, nor employee thereof, shall be required against his or
13 its conscience declared in writing to perform, permit or
14 participate in any abortion, and the failure or refusal to do
15 so shall not be the basis for any civil, criminal,
16 administrative or disciplinary action, proceeding, penalty or
17 punishment. If any request for an abortion is denied, the
18 patient shall be promptly notified.

19 Section 14. (1) If any provision, word, phrase or clause of
20 this Act or the application thereof to any person or
21 circumstance shall be held invalid, such invalidity shall not
22 affect the provisions, words, phrases, clauses or application
23 of this Act which can be given effect without the invalid

1 provision, word, phrase, clause, or application, and to this
2 end the provisions, words, phrases, and clauses of this Act are
3 declared to be severable.

4 (2) Within 60 days from the time this Section becomes law,
5 the Department shall issue regulations pursuant to Section 10.
6 Insofar as Section 10 requires registration under the "Vital
7 Records Act", it shall not take effect until such regulations
8 are issued. The Department shall make available the forms
9 required under Section 10 within 30 days of the time this
10 Section becomes law. No requirement that any person report
11 information to the Department shall become effective until the
12 Department has made available the forms required under Section
13 10. All other provisions of this amended Law shall take effect
14 immediately upon enactment.

15 Section 15. This Article shall be known and may be cited as
16 the "Illinois Abortion Law of 2019".

17 Article 2.

18 Section 201. Short title. This Article may be cited as the
19 Partial-birth Abortion Ban Act of 2019.

20 Section 205. Definitions. In this Act:

21 "Partial-birth abortion" means an abortion in which the
22 person performing the abortion partially vaginally delivers a

1 living human fetus or infant before killing the fetus or infant
2 and completing the delivery. The terms "fetus" and "infant" are
3 used interchangeably to refer to the biological offspring of
4 human parents.

5 Section 210. Partial-birth abortions prohibited. Any
6 person who knowingly performs a partial-birth abortion and
7 thereby kills a human fetus or infant is guilty of a Class 4
8 felony. This Section does not apply to a partial-birth abortion
9 that is necessary to save the life of a mother because her life
10 is endangered by a physical disorder, physical illness, or
11 physical injury, including a life-endangering condition caused
12 by or arising from the pregnancy itself, provided that no other
13 medical procedure would suffice for that purpose.

14 Section 215. Civil action. The maternal grandparents of the
15 fetus or infant, if the mother has not attained the age of 18
16 years at the time of the abortion, may in a civil action obtain
17 appropriate relief unless the pregnancy resulted from the
18 plaintiff's criminal conduct or the plaintiff consented to the
19 abortion. The relief shall include money damages for all
20 injuries, psychological and physical, occasioned by the
21 violation of this Act and statutory damages equal to 3 times
22 the cost of the partial-birth abortion.

23 Section 220. Prosecution of woman prohibited. A woman on

1 whom a partial-birth abortion is performed may not be
2 prosecuted under this Act, for a conspiracy to violate this
3 Act, or for an offense under Article 31 of the Criminal Code of
4 1961 or Criminal Code of 2012 based on a violation of this Act,
5 nor may she be held accountable under Article 5 of the Criminal
6 Code of 1961 or Criminal Code of 2012 for an offense based on a
7 violation of this Act.

8 Article 3.

9 Section 301. Short title. This Article may be cited as the
10 Abortion Performance Refusal Act of 2019.

11 Section 305.

12 (a) No physician, nurse or other person who refuses to
13 recommend, perform or assist in the performance of an abortion,
14 whether such abortion be a crime or not, shall be liable to any
15 person for damages allegedly arising from such refusal.

16 (b) No hospital that refuses to permit the performance of
17 an abortion upon its premises, whether such abortion be a crime
18 or not, shall be liable to any person for damages allegedly
19 arising from such refusal.

20 (c) Any person, association, partnership or corporation
21 that discriminates against another person in any way,
22 including, but not limited to, hiring, promotion, advancement,
23 transfer, licensing, granting of hospital privileges, or staff

1 appointments, because of that person's refusal to recommend,
2 perform or assist in the performance of an abortion, whether
3 such abortion be a crime or not, shall be answerable in civil
4 damages equal to 3 times the amount of proved damages, but in
5 no case less than \$2,000.

6 (d) The license of any hospital, doctor, nurse or any other
7 medical personnel shall not be revoked or suspended because of
8 a refusal to permit, recommend, perform or assist in the
9 performance of an abortion.

10 Article 4.

11 (775 ILCS 55/Act rep.)

12 Section 405. The Reproductive Health Act is repealed.

13 Article 5.

14 Section 505. The Ambulatory Surgical Treatment Center Act
15 is amended by adding Section 6.2 as follows:

16 (210 ILCS 5/6.2 new)

17 Sec. 6.2. Notwithstanding any other provision of this Act,
18 any corporation operating an Ambulatory Surgical Treatment
19 Center devoted primarily to providing facilities for abortion
20 must have a physician, who is licensed to practice medicine in
21 all of its branches and is actively engaged in the practice of

1 medicine at the Center, on the board of directors as a
2 condition to licensure of the Center.

3 Section 510. The Sexual Assault Survivors Emergency
4 Treatment Act is amended by adding Section 9.1 as follows:

5 (410 ILCS 70/9.1 new)

6 Sec. 9.1. Nothing in this Act shall be construed to require
7 a hospital or an approved pediatric health care facility to
8 provide any services which relate to an abortion.

9 Section 515. The Code of Civil Procedure is amended by
10 adding Section 11-107.1a as follows:

11 (735 ILCS 5/11-107.1a new)

12 Sec. 11-107.1a. Injunctive relief for the father of an
13 unborn child in an abortion related decision by the mother. In
14 any case when a married woman wishes to have an abortion
15 performed upon her, and her spouse, who is the father of the
16 unborn child, is opposed to the performance of that abortion, a
17 court may hear testimony from both parties and balance the
18 rights and interests of those parties.

19 When the interests of the husband in preventing the
20 abortion outweigh those of the wife in having an abortion
21 performed after the unborn child is viable, the court may issue
22 an injunction against the performance of the abortion but only

1 where the court makes a finding that the mother's life or
2 physical health are not in danger.

3 Article 6.

4 Section 605. The State Employees Group Insurance Act of
5 1971 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall provide
9 the post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t of
11 the Illinois Insurance Code. The program of health benefits
12 shall provide the coverage required under Sections 356g,
13 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
14 ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
15 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,
16 356z.29, and 356z.32 of the Illinois Insurance Code. The
17 program of health benefits must comply with Sections 155.22a,
18 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois
19 Insurance Code. The Department of Insurance shall enforce the
20 requirements of this Section with respect to Sections 370c and
21 370c.1 of the Illinois Insurance Code; all other requirements
22 of this Section shall be enforced by the Department of Central
23 Management Services.

1 Rulemaking authority to implement Public Act 95-1045, if
2 any, is conditioned on the rules being adopted in accordance
3 with all provisions of the Illinois Administrative Procedure
4 Act and all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
8 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
9 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;
10 100-1170, eff. 6-1-19; 101-13, eff. 6-12-19.)

11 Section 610. The Children and Family Services Act is
12 amended by changing Section 5 as follows:

13 (20 ILCS 505/5) (from Ch. 23, par. 5005)

14 Sec. 5. Direct child welfare services; Department of
15 Children and Family Services. To provide direct child welfare
16 services when not available through other public or private
17 child care or program facilities.

18 (a) For purposes of this Section:

19 (1) "Children" means persons found within the State who
20 are under the age of 18 years. The term also includes
21 persons under age 21 who:

22 (A) were committed to the Department pursuant to
23 the Juvenile Court Act or the Juvenile Court Act of
24 1987, as amended, prior to the age of 18 and who

1 continue under the jurisdiction of the court; or

2 (B) were accepted for care, service and training by
3 the Department prior to the age of 18 and whose best
4 interest in the discretion of the Department would be
5 served by continuing that care, service and training
6 because of severe emotional disturbances, physical
7 disability, social adjustment or any combination
8 thereof, or because of the need to complete an
9 educational or vocational training program.

10 (2) "Homeless youth" means persons found within the
11 State who are under the age of 19, are not in a safe and
12 stable living situation and cannot be reunited with their
13 families.

14 (3) "Child welfare services" means public social
15 services which are directed toward the accomplishment of
16 the following purposes:

17 (A) protecting and promoting the health, safety
18 and welfare of children, including homeless, dependent
19 or neglected children;

20 (B) remedying, or assisting in the solution of
21 problems which may result in, the neglect, abuse,
22 exploitation or delinquency of children;

23 (C) preventing the unnecessary separation of
24 children from their families by identifying family
25 problems, assisting families in resolving their
26 problems, and preventing the breakup of the family

1 where the prevention of child removal is desirable and
2 possible when the child can be cared for at home
3 without endangering the child's health and safety;

4 (D) restoring to their families children who have
5 been removed, by the provision of services to the child
6 and the families when the child can be cared for at
7 home without endangering the child's health and
8 safety;

9 (E) placing children in suitable adoptive homes,
10 in cases where restoration to the biological family is
11 not safe, possible or appropriate;

12 (F) assuring safe and adequate care of children
13 away from their homes, in cases where the child cannot
14 be returned home or cannot be placed for adoption. At
15 the time of placement, the Department shall consider
16 concurrent planning, as described in subsection (1-1)
17 of this Section so that permanency may occur at the
18 earliest opportunity. Consideration should be given so
19 that if reunification fails or is delayed, the
20 placement made is the best available placement to
21 provide permanency for the child;

22 (G) (blank);

23 (H) (blank); and

24 (I) placing and maintaining children in facilities
25 that provide separate living quarters for children
26 under the age of 18 and for children 18 years of age

1 and older, unless a child 18 years of age is in the
2 last year of high school education or vocational
3 training, in an approved individual or group treatment
4 program, in a licensed shelter facility, or secure
5 child care facility. The Department is not required to
6 place or maintain children:

7 (i) who are in a foster home, or

8 (ii) who are persons with a developmental
9 disability, as defined in the Mental Health and
10 Developmental Disabilities Code, or

11 (iii) who are female children who are
12 pregnant, pregnant and parenting or parenting, or

13 (iv) who are siblings, in facilities that
14 provide separate living quarters for children 18
15 years of age and older and for children under 18
16 years of age.

17 (b) ~~(Blank)~~. Nothing in this Section shall be construed to
18 authorize the expenditure of public funds for the purpose of
19 performing abortions.

20 (c) The Department shall establish and maintain
21 tax-supported child welfare services and extend and seek to
22 improve voluntary services throughout the State, to the end
23 that services and care shall be available on an equal basis
24 throughout the State to children requiring such services.

25 (d) The Director may authorize advance disbursements for
26 any new program initiative to any agency contracting with the

1 Department. As a prerequisite for an advance disbursement, the
2 contractor must post a surety bond in the amount of the advance
3 disbursement and have a purchase of service contract approved
4 by the Department. The Department may pay up to 2 months
5 operational expenses in advance. The amount of the advance
6 disbursement shall be prorated over the life of the contract or
7 the remaining months of the fiscal year, whichever is less, and
8 the installment amount shall then be deducted from future
9 bills. Advance disbursement authorizations for new initiatives
10 shall not be made to any agency after that agency has operated
11 during 2 consecutive fiscal years. The requirements of this
12 Section concerning advance disbursements shall not apply with
13 respect to the following: payments to local public agencies for
14 child day care services as authorized by Section 5a of this
15 Act; and youth service programs receiving grant funds under
16 Section 17a-4.

17 (e) (Blank).

18 (f) (Blank).

19 (g) The Department shall establish rules and regulations
20 concerning its operation of programs designed to meet the goals
21 of child safety and protection, family preservation, family
22 reunification, and adoption, including but not limited to:

23 (1) adoption;

24 (2) foster care;

25 (3) family counseling;

26 (4) protective services;

- 1 (5) (blank);
- 2 (6) homemaker service;
- 3 (7) return of runaway children;
- 4 (8) (blank);
- 5 (9) placement under Section 5-7 of the Juvenile Court
- 6 Act or Section 2-27, 3-28, 4-25~~7~~ or 5-740 of the Juvenile
- 7 Court Act of 1987 in accordance with the federal Adoption
- 8 Assistance and Child Welfare Act of 1980; and
- 9 (10) interstate services.

10 Rules and regulations established by the Department shall
11 include provisions for training Department staff and the staff
12 of Department grantees, through contracts with other agencies
13 or resources, in screening techniques to identify substance use
14 disorders, as defined in the Substance Use Disorder Act,
15 approved by the Department of Human Services, as a successor to
16 the Department of Alcoholism and Substance Abuse, for the
17 purpose of identifying children and adults who should be
18 referred for an assessment at an organization appropriately
19 licensed by the Department of Human Services for substance use
20 disorder treatment.

21 (h) If the Department finds that there is no appropriate
22 program or facility within or available to the Department for a
23 youth in care and that no licensed private facility has an
24 adequate and appropriate program or none agrees to accept the
25 youth in care, the Department shall create an appropriate
26 individualized, program-oriented plan for such youth in care.

1 The plan may be developed within the Department or through
2 purchase of services by the Department to the extent that it is
3 within its statutory authority to do.

4 (i) Service programs shall be available throughout the
5 State and shall include but not be limited to the following
6 services:

- 7 (1) case management;
- 8 (2) homemakers;
- 9 (3) counseling;
- 10 (4) parent education;
- 11 (5) day care; and
- 12 (6) emergency assistance and advocacy.

13 In addition, the following services may be made available
14 to assess and meet the needs of children and families:

- 15 (1) comprehensive family-based services;
- 16 (2) assessments;
- 17 (3) respite care; and
- 18 (4) in-home health services.

19 The Department shall provide transportation for any of the
20 services it makes available to children or families or for
21 which it refers children or families.

22 (j) The Department may provide categories of financial
23 assistance and education assistance grants, and shall
24 establish rules and regulations concerning the assistance and
25 grants, to persons who adopt children with physical or mental
26 disabilities, children who are older, or other hard-to-place

1 children who (i) immediately prior to their adoption were youth
2 in care or (ii) were determined eligible for financial
3 assistance with respect to a prior adoption and who become
4 available for adoption because the prior adoption has been
5 dissolved and the parental rights of the adoptive parents have
6 been terminated or because the child's adoptive parents have
7 died. The Department may continue to provide financial
8 assistance and education assistance grants for a child who was
9 determined eligible for financial assistance under this
10 subsection (j) in the interim period beginning when the child's
11 adoptive parents died and ending with the finalization of the
12 new adoption of the child by another adoptive parent or
13 parents. The Department may also provide categories of
14 financial assistance and education assistance grants, and
15 shall establish rules and regulations for the assistance and
16 grants, to persons appointed guardian of the person under
17 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
18 4-25~~7~~ or 5-740 of the Juvenile Court Act of 1987 for children
19 who were youth in care for 12 months immediately prior to the
20 appointment of the guardian.

21 The amount of assistance may vary, depending upon the needs
22 of the child and the adoptive parents, as set forth in the
23 annual assistance agreement. Special purpose grants are
24 allowed where the child requires special service but such costs
25 may not exceed the amounts which similar services would cost
26 the Department if it were to provide or secure them as guardian

1 of the child.

2 Any financial assistance provided under this subsection is
3 inalienable by assignment, sale, execution, attachment,
4 garnishment, or any other remedy for recovery or collection of
5 a judgment or debt.

6 (j-5) The Department shall not deny or delay the placement
7 of a child for adoption if an approved family is available
8 either outside of the Department region handling the case, or
9 outside of the State of Illinois.

10 (k) The Department shall accept for care and training any
11 child who has been adjudicated neglected or abused, or
12 dependent committed to it pursuant to the Juvenile Court Act or
13 the Juvenile Court Act of 1987.

14 (l) The Department shall offer family preservation
15 services, as defined in Section 8.2 of the Abused and Neglected
16 Child Reporting Act, to help families, including adoptive and
17 extended families. Family preservation services shall be
18 offered (i) to prevent the placement of children in substitute
19 care when the children can be cared for at home or in the
20 custody of the person responsible for the children's welfare,
21 (ii) to reunite children with their families, or (iii) to
22 maintain an adoptive placement. Family preservation services
23 shall only be offered when doing so will not endanger the
24 children's health or safety. With respect to children who are
25 in substitute care pursuant to the Juvenile Court Act of 1987,
26 family preservation services shall not be offered if a goal

1 other than those of subdivisions (A), (B), or (B-1) of
2 subsection (2) of Section 2-28 of that Act has been set, except
3 that reunification services may be offered as provided in
4 paragraph (F) of subsection (2) of Section 2-28 of that Act.
5 Nothing in this paragraph shall be construed to create a
6 private right of action or claim on the part of any individual
7 or child welfare agency, except that when a child is the
8 subject of an action under Article II of the Juvenile Court Act
9 of 1987 and the child's service plan calls for services to
10 facilitate achievement of the permanency goal, the court
11 hearing the action under Article II of the Juvenile Court Act
12 of 1987 may order the Department to provide the services set
13 out in the plan, if those services are not provided with
14 reasonable promptness and if those services are available.

15 The Department shall notify the child and his family of the
16 Department's responsibility to offer and provide family
17 preservation services as identified in the service plan. The
18 child and his family shall be eligible for services as soon as
19 the report is determined to be "indicated". The Department may
20 offer services to any child or family with respect to whom a
21 report of suspected child abuse or neglect has been filed,
22 prior to concluding its investigation under Section 7.12 of the
23 Abused and Neglected Child Reporting Act. However, the child's
24 or family's willingness to accept services shall not be
25 considered in the investigation. The Department may also
26 provide services to any child or family who is the subject of

1 any report of suspected child abuse or neglect or may refer
2 such child or family to services available from other agencies
3 in the community, even if the report is determined to be
4 unfounded, if the conditions in the child's or family's home
5 are reasonably likely to subject the child or family to future
6 reports of suspected child abuse or neglect. Acceptance of such
7 services shall be voluntary. The Department may also provide
8 services to any child or family after completion of a family
9 assessment, as an alternative to an investigation, as provided
10 under the "differential response program" provided for in
11 subsection (a-5) of Section 7.4 of the Abused and Neglected
12 Child Reporting Act.

13 The Department may, at its discretion except for those
14 children also adjudicated neglected or dependent, accept for
15 care and training any child who has been adjudicated addicted,
16 as a truant minor in need of supervision or as a minor
17 requiring authoritative intervention, under the Juvenile Court
18 Act or the Juvenile Court Act of 1987, but no such child shall
19 be committed to the Department by any court without the
20 approval of the Department. On and after January 1, 2015 (the
21 effective date of Public Act 98-803) and before January 1,
22 2017, a minor charged with a criminal offense under the
23 Criminal Code of 1961 or the Criminal Code of 2012 or
24 adjudicated delinquent shall not be placed in the custody of or
25 committed to the Department by any court, except (i) a minor
26 less than 16 years of age committed to the Department under

1 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
2 for whom an independent basis of abuse, neglect, or dependency
3 exists, which must be defined by departmental rule, or (iii) a
4 minor for whom the court has granted a supplemental petition to
5 reinstate wardship pursuant to subsection (2) of Section 2-33
6 of the Juvenile Court Act of 1987. On and after January 1,
7 2017, a minor charged with a criminal offense under the
8 Criminal Code of 1961 or the Criminal Code of 2012 or
9 adjudicated delinquent shall not be placed in the custody of or
10 committed to the Department by any court, except (i) a minor
11 less than 15 years of age committed to the Department under
12 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor
13 for whom an independent basis of abuse, neglect, or dependency
14 exists, which must be defined by departmental rule, or (iii) a
15 minor for whom the court has granted a supplemental petition to
16 reinstate wardship pursuant to subsection (2) of Section 2-33
17 of the Juvenile Court Act of 1987. An independent basis exists
18 when the allegations or adjudication of abuse, neglect, or
19 dependency do not arise from the same facts, incident, or
20 circumstances which give rise to a charge or adjudication of
21 delinquency. The Department shall assign a caseworker to attend
22 any hearing involving a youth in the care and custody of the
23 Department who is placed on aftercare release, including
24 hearings involving sanctions for violation of aftercare
25 release conditions and aftercare release revocation hearings.

26 As soon as is possible after August 7, 2009 (the effective

1 date of Public Act 96-134), the Department shall develop and
2 implement a special program of family preservation services to
3 support intact, foster, and adoptive families who are
4 experiencing extreme hardships due to the difficulty and stress
5 of caring for a child who has been diagnosed with a pervasive
6 developmental disorder if the Department determines that those
7 services are necessary to ensure the health and safety of the
8 child. The Department may offer services to any family whether
9 or not a report has been filed under the Abused and Neglected
10 Child Reporting Act. The Department may refer the child or
11 family to services available from other agencies in the
12 community if the conditions in the child's or family's home are
13 reasonably likely to subject the child or family to future
14 reports of suspected child abuse or neglect. Acceptance of
15 these services shall be voluntary. The Department shall develop
16 and implement a public information campaign to alert health and
17 social service providers and the general public about these
18 special family preservation services. The nature and scope of
19 the services offered and the number of families served under
20 the special program implemented under this paragraph shall be
21 determined by the level of funding that the Department annually
22 allocates for this purpose. The term "pervasive developmental
23 disorder" under this paragraph means a neurological condition,
24 including but not limited to, Asperger's Syndrome and autism,
25 as defined in the most recent edition of the Diagnostic and
26 Statistical Manual of Mental Disorders of the American

1 Psychiatric Association.

2 (1-1) The legislature recognizes that the best interests of
3 the child require that the child be placed in the most
4 permanent living arrangement as soon as is practically
5 possible. To achieve this goal, the legislature directs the
6 Department of Children and Family Services to conduct
7 concurrent planning so that permanency may occur at the
8 earliest opportunity. Permanent living arrangements may
9 include prevention of placement of a child outside the home of
10 the family when the child can be cared for at home without
11 endangering the child's health or safety; reunification with
12 the family, when safe and appropriate, if temporary placement
13 is necessary; or movement of the child toward the most
14 permanent living arrangement and permanent legal status.

15 When determining reasonable efforts to be made with respect
16 to a child, as described in this subsection, and in making such
17 reasonable efforts, the child's health and safety shall be the
18 paramount concern.

19 When a child is placed in foster care, the Department shall
20 ensure and document that reasonable efforts were made to
21 prevent or eliminate the need to remove the child from the
22 child's home. The Department must make reasonable efforts to
23 reunify the family when temporary placement of the child occurs
24 unless otherwise required, pursuant to the Juvenile Court Act
25 of 1987. At any time after the dispositional hearing where the
26 Department believes that further reunification services would

1 be ineffective, it may request a finding from the court that
2 reasonable efforts are no longer appropriate. The Department is
3 not required to provide further reunification services after
4 such a finding.

5 A decision to place a child in substitute care shall be
6 made with considerations of the child's health, safety, and
7 best interests. At the time of placement, consideration should
8 also be given so that if reunification fails or is delayed, the
9 placement made is the best available placement to provide
10 permanency for the child.

11 The Department shall adopt rules addressing concurrent
12 planning for reunification and permanency. The Department
13 shall consider the following factors when determining
14 appropriateness of concurrent planning:

- 15 (1) the likelihood of prompt reunification;
- 16 (2) the past history of the family;
- 17 (3) the barriers to reunification being addressed by
18 the family;
- 19 (4) the level of cooperation of the family;
- 20 (5) the foster parents' willingness to work with the
21 family to reunite;
- 22 (6) the willingness and ability of the foster family to
23 provide an adoptive home or long-term placement;
- 24 (7) the age of the child;
- 25 (8) placement of siblings.
- 26 (m) The Department may assume temporary custody of any

1 child if:

2 (1) it has received a written consent to such temporary
3 custody signed by the parents of the child or by the parent
4 having custody of the child if the parents are not living
5 together or by the guardian or custodian of the child if
6 the child is not in the custody of either parent, or

7 (2) the child is found in the State and neither a
8 parent, guardian nor custodian of the child can be located.

9 If the child is found in his or her residence without a parent,
10 guardian, custodian or responsible caretaker, the Department
11 may, instead of removing the child and assuming temporary
12 custody, place an authorized representative of the Department
13 in that residence until such time as a parent, guardian or
14 custodian enters the home and expresses a willingness and
15 apparent ability to ensure the child's health and safety and
16 resume permanent charge of the child, or until a relative
17 enters the home and is willing and able to ensure the child's
18 health and safety and assume charge of the child until a
19 parent, guardian or custodian enters the home and expresses
20 such willingness and ability to ensure the child's safety and
21 resume permanent charge. After a caretaker has remained in the
22 home for a period not to exceed 12 hours, the Department must
23 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
24 5-415 of the Juvenile Court Act of 1987.

25 The Department shall have the authority, responsibilities
26 and duties that a legal custodian of the child would have

1 pursuant to subsection (9) of Section 1-3 of the Juvenile Court
2 Act of 1987. Whenever a child is taken into temporary custody
3 pursuant to an investigation under the Abused and Neglected
4 Child Reporting Act, or pursuant to a referral and acceptance
5 under the Juvenile Court Act of 1987 of a minor in limited
6 custody, the Department, during the period of temporary custody
7 and before the child is brought before a judicial officer as
8 required by Section 2-9, 3-11, 4-8, or 5-415 of the Juvenile
9 Court Act of 1987, shall have the authority, responsibilities
10 and duties that a legal custodian of the child would have under
11 subsection (9) of Section 1-3 of the Juvenile Court Act of
12 1987.

13 The Department shall ensure that any child taken into
14 custody is scheduled for an appointment for a medical
15 examination.

16 A parent, guardian or custodian of a child in the temporary
17 custody of the Department who would have custody of the child
18 if he were not in the temporary custody of the Department may
19 deliver to the Department a signed request that the Department
20 surrender the temporary custody of the child. The Department
21 may retain temporary custody of the child for 10 days after the
22 receipt of the request, during which period the Department may
23 cause to be filed a petition pursuant to the Juvenile Court Act
24 of 1987. If a petition is so filed, the Department shall retain
25 temporary custody of the child until the court orders
26 otherwise. If a petition is not filed within the 10-day period,

1 the child shall be surrendered to the custody of the requesting
2 parent, guardian or custodian not later than the expiration of
3 the 10-day period, at which time the authority and duties of
4 the Department with respect to the temporary custody of the
5 child shall terminate.

6 (m-1) The Department may place children under 18 years of
7 age in a secure child care facility licensed by the Department
8 that cares for children who are in need of secure living
9 arrangements for their health, safety, and well-being after a
10 determination is made by the facility director and the Director
11 or the Director's designate prior to admission to the facility
12 subject to Section 2-27.1 of the Juvenile Court Act of 1987.
13 This subsection (m-1) does not apply to a child who is subject
14 to placement in a correctional facility operated pursuant to
15 Section 3-15-2 of the Unified Code of Corrections, unless the
16 child is a youth in care who was placed in the care of the
17 Department before being subject to placement in a correctional
18 facility and a court of competent jurisdiction has ordered
19 placement of the child in a secure care facility.

20 (n) The Department may place children under 18 years of age
21 in licensed child care facilities when in the opinion of the
22 Department, appropriate services aimed at family preservation
23 have been unsuccessful and cannot ensure the child's health and
24 safety or are unavailable and such placement would be for their
25 best interest. Payment for board, clothing, care, training and
26 supervision of any child placed in a licensed child care

1 facility may be made by the Department, by the parents or
2 guardians of the estates of those children, or by both the
3 Department and the parents or guardians, except that no
4 payments shall be made by the Department for any child placed
5 in a licensed child care facility for board, clothing, care,
6 training and supervision of such a child that exceed the
7 average per capita cost of maintaining and of caring for a
8 child in institutions for dependent or neglected children
9 operated by the Department. However, such restriction on
10 payments does not apply in cases where children require
11 specialized care and treatment for problems of severe emotional
12 disturbance, physical disability, social adjustment, or any
13 combination thereof and suitable facilities for the placement
14 of such children are not available at payment rates within the
15 limitations set forth in this Section. All reimbursements for
16 services delivered shall be absolutely inalienable by
17 assignment, sale, attachment, garnishment or otherwise.

18 (n-1) The Department shall provide or authorize child
19 welfare services, aimed at assisting minors to achieve
20 sustainable self-sufficiency as independent adults, for any
21 minor eligible for the reinstatement of wardship pursuant to
22 subsection (2) of Section 2-33 of the Juvenile Court Act of
23 1987, whether or not such reinstatement is sought or allowed,
24 provided that the minor consents to such services and has not
25 yet attained the age of 21. The Department shall have
26 responsibility for the development and delivery of services

1 under this Section. An eligible youth may access services under
2 this Section through the Department of Children and Family
3 Services or by referral from the Department of Human Services.
4 Youth participating in services under this Section shall
5 cooperate with the assigned case manager in developing an
6 agreement identifying the services to be provided and how the
7 youth will increase skills to achieve self-sufficiency. A
8 homeless shelter is not considered appropriate housing for any
9 youth receiving child welfare services under this Section. The
10 Department shall continue child welfare services under this
11 Section to any eligible minor until the minor becomes 21 years
12 of age, no longer consents to participate, or achieves
13 self-sufficiency as identified in the minor's service plan. The
14 Department of Children and Family Services shall create clear,
15 readable notice of the rights of former foster youth to child
16 welfare services under this Section and how such services may
17 be obtained. The Department of Children and Family Services and
18 the Department of Human Services shall disseminate this
19 information statewide. The Department shall adopt regulations
20 describing services intended to assist minors in achieving
21 sustainable self-sufficiency as independent adults.

22 (o) The Department shall establish an administrative
23 review and appeal process for children and families who request
24 or receive child welfare services from the Department. Youth in
25 care who are placed by private child welfare agencies, and
26 foster families with whom those youth are placed, shall be

1 afforded the same procedural and appeal rights as children and
2 families in the case of placement by the Department, including
3 the right to an initial review of a private agency decision by
4 that agency. The Department shall ensure that any private child
5 welfare agency, which accepts youth in care for placement,
6 affords those rights to children and foster families. The
7 Department shall accept for administrative review and an appeal
8 hearing a complaint made by (i) a child or foster family
9 concerning a decision following an initial review by a private
10 child welfare agency or (ii) a prospective adoptive parent who
11 alleges a violation of subsection (j-5) of this Section. An
12 appeal of a decision concerning a change in the placement of a
13 child shall be conducted in an expedited manner. A court
14 determination that a current foster home placement is necessary
15 and appropriate under Section 2-28 of the Juvenile Court Act of
16 1987 does not constitute a judicial determination on the merits
17 of an administrative appeal, filed by a former foster parent,
18 involving a change of placement decision.

19 (p) (Blank).

20 (q) The Department may receive and use, in their entirety,
21 for the benefit of children any gift, donation or bequest of
22 money or other property which is received on behalf of such
23 children, or any financial benefits to which such children are
24 or may become entitled while under the jurisdiction or care of
25 the Department.

26 The Department shall set up and administer no-cost,

1 interest-bearing accounts in appropriate financial
2 institutions for children for whom the Department is legally
3 responsible and who have been determined eligible for Veterans'
4 Benefits, Social Security benefits, assistance allotments from
5 the armed forces, court ordered payments, parental voluntary
6 payments, Supplemental Security Income, Railroad Retirement
7 payments, Black Lung benefits, or other miscellaneous
8 payments. Interest earned by each account shall be credited to
9 the account, unless disbursed in accordance with this
10 subsection.

11 In disbursing funds from children's accounts, the
12 Department shall:

13 (1) Establish standards in accordance with State and
14 federal laws for disbursing money from children's
15 accounts. In all circumstances, the Department's
16 "Guardianship Administrator" or his or her designee must
17 approve disbursements from children's accounts. The
18 Department shall be responsible for keeping complete
19 records of all disbursements for each account for any
20 purpose.

21 (2) Calculate on a monthly basis the amounts paid from
22 State funds for the child's board and care, medical care
23 not covered under Medicaid, and social services; and
24 utilize funds from the child's account, as covered by
25 regulation, to reimburse those costs. Monthly,
26 disbursements from all children's accounts, up to 1/12 of

1 \$13,000,000, shall be deposited by the Department into the
2 General Revenue Fund and the balance over 1/12 of
3 \$13,000,000 into the DCFS Children's Services Fund.

4 (3) Maintain any balance remaining after reimbursing
5 for the child's costs of care, as specified in item (2).
6 The balance shall accumulate in accordance with relevant
7 State and federal laws and shall be disbursed to the child
8 or his or her guardian, or to the issuing agency.

9 (r) The Department shall promulgate regulations
10 encouraging all adoption agencies to voluntarily forward to the
11 Department or its agent names and addresses of all persons who
12 have applied for and have been approved for adoption of a
13 hard-to-place child or child with a disability and the names of
14 such children who have not been placed for adoption. A list of
15 such names and addresses shall be maintained by the Department
16 or its agent, and coded lists which maintain the
17 confidentiality of the person seeking to adopt the child and of
18 the child shall be made available, without charge, to every
19 adoption agency in the State to assist the agencies in placing
20 such children for adoption. The Department may delegate to an
21 agent its duty to maintain and make available such lists. The
22 Department shall ensure that such agent maintains the
23 confidentiality of the person seeking to adopt the child and of
24 the child.

25 (s) The Department of Children and Family Services may
26 establish and implement a program to reimburse Department and

1 private child welfare agency foster parents licensed by the
2 Department of Children and Family Services for damages
3 sustained by the foster parents as a result of the malicious or
4 negligent acts of foster children, as well as providing third
5 party coverage for such foster parents with regard to actions
6 of foster children to other individuals. Such coverage will be
7 secondary to the foster parent liability insurance policy, if
8 applicable. The program shall be funded through appropriations
9 from the General Revenue Fund, specifically designated for such
10 purposes.

11 (t) The Department shall perform home studies and
12 investigations and shall exercise supervision over visitation
13 as ordered by a court pursuant to the Illinois Marriage and
14 Dissolution of Marriage Act or the Adoption Act only if:

15 (1) an order entered by an Illinois court specifically
16 directs the Department to perform such services; and

17 (2) the court has ordered one or both of the parties to
18 the proceeding to reimburse the Department for its
19 reasonable costs for providing such services in accordance
20 with Department rules, or has determined that neither party
21 is financially able to pay.

22 The Department shall provide written notification to the
23 court of the specific arrangements for supervised visitation
24 and projected monthly costs within 60 days of the court order.
25 The Department shall send to the court information related to
26 the costs incurred except in cases where the court has

1 determined the parties are financially unable to pay. The court
2 may order additional periodic reports as appropriate.

3 (u) In addition to other information that must be provided,
4 whenever the Department places a child with a prospective
5 adoptive parent or parents or in a licensed foster home, group
6 home, child care institution, or in a relative home, the
7 Department shall provide to the prospective adoptive parent or
8 parents or other caretaker:

9 (1) available detailed information concerning the
10 child's educational and health history, copies of
11 immunization records (including insurance and medical card
12 information), a history of the child's previous
13 placements, if any, and reasons for placement changes
14 excluding any information that identifies or reveals the
15 location of any previous caretaker;

16 (2) a copy of the child's portion of the client service
17 plan, including any visitation arrangement, and all
18 amendments or revisions to it as related to the child; and

19 (3) information containing details of the child's
20 individualized educational plan when the child is
21 receiving special education services.

22 The caretaker shall be informed of any known social or
23 behavioral information (including, but not limited to,
24 criminal background, fire setting, perpetuation of sexual
25 abuse, destructive behavior, and substance abuse) necessary to
26 care for and safeguard the children to be placed or currently

1 in the home. The Department may prepare a written summary of
2 the information required by this paragraph, which may be
3 provided to the foster or prospective adoptive parent in
4 advance of a placement. The foster or prospective adoptive
5 parent may review the supporting documents in the child's file
6 in the presence of casework staff. In the case of an emergency
7 placement, casework staff shall at least provide known
8 information verbally, if necessary, and must subsequently
9 provide the information in writing as required by this
10 subsection.

11 The information described in this subsection shall be
12 provided in writing. In the case of emergency placements when
13 time does not allow prior review, preparation, and collection
14 of written information, the Department shall provide such
15 information as it becomes available. Within 10 business days
16 after placement, the Department shall obtain from the
17 prospective adoptive parent or parents or other caretaker a
18 signed verification of receipt of the information provided.
19 Within 10 business days after placement, the Department shall
20 provide to the child's guardian ad litem a copy of the
21 information provided to the prospective adoptive parent or
22 parents or other caretaker. The information provided to the
23 prospective adoptive parent or parents or other caretaker shall
24 be reviewed and approved regarding accuracy at the supervisory
25 level.

26 (u-5) Effective July 1, 1995, only foster care placements

1 licensed as foster family homes pursuant to the Child Care Act
2 of 1969 shall be eligible to receive foster care payments from
3 the Department. Relative caregivers who, as of July 1, 1995,
4 were approved pursuant to approved relative placement rules
5 previously promulgated by the Department at 89 Ill. Adm. Code
6 335 and had submitted an application for licensure as a foster
7 family home may continue to receive foster care payments only
8 until the Department determines that they may be licensed as a
9 foster family home or that their application for licensure is
10 denied or until September 30, 1995, whichever occurs first.

11 (v) The Department shall access criminal history record
12 information as defined in the Illinois Uniform Conviction
13 Information Act and information maintained in the adjudicatory
14 and dispositional record system as defined in Section 2605-355
15 of the Department of State Police Law (20 ILCS 2605/2605-355)
16 if the Department determines the information is necessary to
17 perform its duties under the Abused and Neglected Child
18 Reporting Act, the Child Care Act of 1969, and the Children and
19 Family Services Act. The Department shall provide for
20 interactive computerized communication and processing
21 equipment that permits direct on-line communication with the
22 Department of State Police's central criminal history data
23 repository. The Department shall comply with all certification
24 requirements and provide certified operators who have been
25 trained by personnel from the Department of State Police. In
26 addition, one Office of the Inspector General investigator

1 shall have training in the use of the criminal history
2 information access system and have access to the terminal. The
3 Department of Children and Family Services and its employees
4 shall abide by rules and regulations established by the
5 Department of State Police relating to the access and
6 dissemination of this information.

7 (v-1) Prior to final approval for placement of a child, the
8 Department shall conduct a criminal records background check of
9 the prospective foster or adoptive parent, including
10 fingerprint-based checks of national crime information
11 databases. Final approval for placement shall not be granted if
12 the record check reveals a felony conviction for child abuse or
13 neglect, for spousal abuse, for a crime against children, or
14 for a crime involving violence, including rape, sexual assault,
15 or homicide, but not including other physical assault or
16 battery, or if there is a felony conviction for physical
17 assault, battery, or a drug-related offense committed within
18 the past 5 years.

19 (v-2) Prior to final approval for placement of a child, the
20 Department shall check its child abuse and neglect registry for
21 information concerning prospective foster and adoptive
22 parents, and any adult living in the home. If any prospective
23 foster or adoptive parent or other adult living in the home has
24 resided in another state in the preceding 5 years, the
25 Department shall request a check of that other state's child
26 abuse and neglect registry.

1 (w) Within 120 days of August 20, 1995 (the effective date
2 of Public Act 89-392), the Department shall prepare and submit
3 to the Governor and the General Assembly, a written plan for
4 the development of in-state licensed secure child care
5 facilities that care for children who are in need of secure
6 living arrangements for their health, safety, and well-being.
7 For purposes of this subsection, secure care facility shall
8 mean a facility that is designed and operated to ensure that
9 all entrances and exits from the facility, a building or a
10 distinct part of the building, are under the exclusive control
11 of the staff of the facility, whether or not the child has the
12 freedom of movement within the perimeter of the facility,
13 building, or distinct part of the building. The plan shall
14 include descriptions of the types of facilities that are needed
15 in Illinois; the cost of developing these secure care
16 facilities; the estimated number of placements; the potential
17 cost savings resulting from the movement of children currently
18 out-of-state who are projected to be returned to Illinois; the
19 necessary geographic distribution of these facilities in
20 Illinois; and a proposed timetable for development of such
21 facilities.

22 (x) The Department shall conduct annual credit history
23 checks to determine the financial history of children placed
24 under its guardianship pursuant to the Juvenile Court Act of
25 1987. The Department shall conduct such credit checks starting
26 when a youth in care turns 12 years old and each year

1 thereafter for the duration of the guardianship as terminated
2 pursuant to the Juvenile Court Act of 1987. The Department
3 shall determine if financial exploitation of the child's
4 personal information has occurred. If financial exploitation
5 appears to have taken place or is presently ongoing, the
6 Department shall notify the proper law enforcement agency, the
7 proper State's Attorney, or the Attorney General.

8 (y) Beginning on July 22, 2010 (the effective date of
9 Public Act 96-1189), a child with a disability who receives
10 residential and educational services from the Department shall
11 be eligible to receive transition services in accordance with
12 Article 14 of the School Code from the age of 14.5 through age
13 21, inclusive, notwithstanding the child's residential
14 services arrangement. For purposes of this subsection, "child
15 with a disability" means a child with a disability as defined
16 by the federal Individuals with Disabilities Education
17 Improvement Act of 2004.

18 (z) The Department shall access criminal history record
19 information as defined as "background information" in this
20 subsection and criminal history record information as defined
21 in the Illinois Uniform Conviction Information Act for each
22 Department employee or Department applicant. Each Department
23 employee or Department applicant shall submit his or her
24 fingerprints to the Department of State Police in the form and
25 manner prescribed by the Department of State Police. These
26 fingerprints shall be checked against the fingerprint records

1 now and hereafter filed in the Department of State Police and
2 the Federal Bureau of Investigation criminal history records
3 databases. The Department of State Police shall charge a fee
4 for conducting the criminal history record check, which shall
5 be deposited into the State Police Services Fund and shall not
6 exceed the actual cost of the record check. The Department of
7 State Police shall furnish, pursuant to positive
8 identification, all Illinois conviction information to the
9 Department of Children and Family Services.

10 For purposes of this subsection:

11 "Background information" means all of the following:

12 (i) Upon the request of the Department of Children and
13 Family Services, conviction information obtained from the
14 Department of State Police as a result of a
15 fingerprint-based criminal history records check of the
16 Illinois criminal history records database and the Federal
17 Bureau of Investigation criminal history records database
18 concerning a Department employee or Department applicant.

19 (ii) Information obtained by the Department of
20 Children and Family Services after performing a check of
21 the Department of State Police's Sex Offender Database, as
22 authorized by Section 120 of the Sex Offender Community
23 Notification Law, concerning a Department employee or
24 Department applicant.

25 (iii) Information obtained by the Department of
26 Children and Family Services after performing a check of

1 the Child Abuse and Neglect Tracking System (CANTS)
2 operated and maintained by the Department.

3 "Department employee" means a full-time or temporary
4 employee coded or certified within the State of Illinois
5 Personnel System.

6 "Department applicant" means an individual who has
7 conditional Department full-time or part-time work, a
8 contractor, an individual used to replace or supplement staff,
9 an academic intern, a volunteer in Department offices or on
10 Department contracts, a work-study student, an individual or
11 entity licensed by the Department, or an unlicensed service
12 provider who works as a condition of a contract or an agreement
13 and whose work may bring the unlicensed service provider into
14 contact with Department clients or client records.

15 (Source: P.A. 99-143, eff. 7-27-15; 99-933, eff. 1-27-17;
16 100-159, eff. 8-18-17; 100-522, eff. 9-22-17; 100-759, eff.
17 1-1-19; 100-863, eff. 8-14-18; 100-978, eff. 8-19-18; revised
18 10-3-18; 101-13, eff. 6-12-19.)

19 Section 615. The Freedom of Information Act is amended by
20 changing Section 7.5 as follows:

21 (5 ILCS 140/7.5)

22 Sec. 7.5. Statutory exemptions. To the extent provided for
23 by the statutes referenced below, the following shall be exempt
24 from inspection and copying:

1 (a) All information determined to be confidential
2 under Section 4002 of the Technology Advancement and
3 Development Act.

4 (b) Library circulation and order records identifying
5 library users with specific materials under the Library
6 Records Confidentiality Act.

7 (c) Applications, related documents, and medical
8 records received by the Experimental Organ Transplantation
9 Procedures Board and any and all documents or other records
10 prepared by the Experimental Organ Transplantation
11 Procedures Board or its staff relating to applications it
12 has received.

13 (d) Information and records held by the Department of
14 Public Health and its authorized representatives relating
15 to known or suspected cases of sexually transmissible
16 disease or any information the disclosure of which is
17 restricted under the Illinois Sexually Transmissible
18 Disease Control Act.

19 (e) Information the disclosure of which is exempted
20 under Section 30 of the Radon Industry Licensing Act.

21 (f) Firm performance evaluations under Section 55 of
22 the Architectural, Engineering, and Land Surveying
23 Qualifications Based Selection Act.

24 (g) Information the disclosure of which is restricted
25 and exempted under Section 50 of the Illinois Prepaid
26 Tuition Act.

1 (h) Information the disclosure of which is exempted
2 under the State Officials and Employees Ethics Act, and
3 records of any lawfully created State or local inspector
4 general's office that would be exempt if created or
5 obtained by an Executive Inspector General's office under
6 that Act.

7 (i) Information contained in a local emergency energy
8 plan submitted to a municipality in accordance with a local
9 emergency energy plan ordinance that is adopted under
10 Section 11-21.5-5 of the Illinois Municipal Code.

11 (j) Information and data concerning the distribution
12 of surcharge moneys collected and remitted by carriers
13 under the Emergency Telephone System Act.

14 (k) Law enforcement officer identification information
15 or driver identification information compiled by a law
16 enforcement agency or the Department of Transportation
17 under Section 11-212 of the Illinois Vehicle Code.

18 (l) Records and information provided to a residential
19 health care facility resident sexual assault and death
20 review team or the Executive Council under the Abuse
21 Prevention Review Team Act.

22 (m) Information provided to the predatory lending
23 database created pursuant to Article 3 of the Residential
24 Real Property Disclosure Act, except to the extent
25 authorized under that Article.

26 (n) Defense budgets and petitions for certification of

1 compensation and expenses for court appointed trial
2 counsel as provided under Sections 10 and 15 of the Capital
3 Crimes Litigation Act. This subsection (n) shall apply
4 until the conclusion of the trial of the case, even if the
5 prosecution chooses not to pursue the death penalty prior
6 to trial or sentencing.

7 (o) Information that is prohibited from being
8 disclosed under Section 4 of the Illinois Health and
9 Hazardous Substances Registry Act.

10 (p) Security portions of system safety program plans,
11 investigation reports, surveys, schedules, lists, data, or
12 information compiled, collected, or prepared by or for the
13 Regional Transportation Authority under Section 2.11 of
14 the Regional Transportation Authority Act or the St. Clair
15 County Transit District under the Bi-State Transit Safety
16 Act.

17 (q) Information prohibited from being disclosed by the
18 Personnel ~~Record~~ Records Review Act.

19 (r) Information prohibited from being disclosed by the
20 Illinois School Student Records Act.

21 (s) Information the disclosure of which is restricted
22 under Section 5-108 of the Public Utilities Act.

23 (t) All identified or deidentified health information
24 in the form of health data or medical records contained in,
25 stored in, submitted to, transferred by, or released from
26 the Illinois Health Information Exchange, and identified

1 or deidentified health information in the form of health
2 data and medical records of the Illinois Health Information
3 Exchange in the possession of the Illinois Health
4 Information Exchange Authority due to its administration
5 of the Illinois Health Information Exchange. The terms
6 "identified" and "deidentified" shall be given the same
7 meaning as in the Health Insurance Portability and
8 Accountability Act of 1996, Public Law 104-191, or any
9 subsequent amendments thereto, and any regulations
10 promulgated thereunder.

11 (u) Records and information provided to an independent
12 team of experts under ~~the Developmental Disability and~~
13 ~~Mental Health Safety Act (also known as Brian's Law).~~

14 (v) Names and information of people who have applied
15 for or received Firearm Owner's Identification Cards under
16 the Firearm Owners Identification Card Act or applied for
17 or received a concealed carry license under the Firearm
18 Concealed Carry Act, unless otherwise authorized by the
19 Firearm Concealed Carry Act; and databases under the
20 Firearm Concealed Carry Act, records of the Concealed Carry
21 Licensing Review Board under the Firearm Concealed Carry
22 Act, and law enforcement agency objections under the
23 Firearm Concealed Carry Act.

24 (w) Personally identifiable information which is
25 exempted from disclosure under subsection (g) of Section
26 19.1 of the Toll Highway Act.

1 (x) Information which is exempted from disclosure
2 under Section 5-1014.3 of the Counties Code or Section
3 8-11-21 of the Illinois Municipal Code.

4 (y) Confidential information under the Adult
5 Protective Services Act and its predecessor enabling
6 statute, the Elder Abuse and Neglect Act, including
7 information about the identity and administrative finding
8 against any caregiver of a verified and substantiated
9 decision of abuse, neglect, or financial exploitation of an
10 eligible adult maintained in the Registry established
11 under Section 7.5 of the Adult Protective Services Act.

12 (z) Records and information provided to a fatality
13 review team or the Illinois Fatality Review Team Advisory
14 Council under Section 15 of the Adult Protective Services
15 Act.

16 (aa) Information which is exempted from disclosure
17 under Section 2.37 of the Wildlife Code.

18 (bb) Information which is or was prohibited from
19 disclosure by the Juvenile Court Act of 1987.

20 (cc) Recordings made under the Law Enforcement
21 Officer-Worn Body Camera Act, except to the extent
22 authorized under that Act.

23 (dd) Information that is prohibited from being
24 disclosed under Section 45 of the Condominium and Common
25 Interest Community Ombudsperson Act.

26 (ee) Information that is exempted from disclosure

1 under Section 30.1 of the Pharmacy Practice Act.

2 (ff) Information that is exempted from disclosure
3 under the Revised Uniform Unclaimed Property Act.

4 (gg) Information that is prohibited from being
5 disclosed under Section 7-603.5 of the Illinois Vehicle
6 Code.

7 (hh) Records that are exempt from disclosure under
8 Section 1A-16.7 of the Election Code.

9 (ii) Information which is exempted from disclosure
10 under Section 2505-800 of the Department of Revenue Law of
11 the Civil Administrative Code of Illinois.

12 (jj) Information and reports that are required to be
13 submitted to the Department of Labor by registering day and
14 temporary labor service agencies but are exempt from
15 disclosure under subsection (a-1) of Section 45 of the Day
16 and Temporary Labor Services Act.

17 (kk) Information prohibited from disclosure under the
18 Seizure and Forfeiture Reporting Act.

19 (ll) Information the disclosure of which is restricted
20 and exempted under Section 5-30.8 of the Illinois Public
21 Aid Code.

22 ~~(mm)~~ (ll) Records that are exempt from disclosure under
23 Section 4.2 of the Crime Victims Compensation Act.

24 ~~(nn)~~ (ll) Information that is exempt from disclosure
25 under Section 70 of the Higher Education Student Assistance
26 Act.

1 ~~(oo) Information and records held by the Department of~~
2 ~~Public Health and its authorized representatives collected~~
3 ~~under the Reproductive Health Act.~~

4 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,
5 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;
6 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
7 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
8 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
9 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;
10 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; revised
11 10-12-18; 101-13, eff. 6-12-19.)

12 Section 620. The Counties Code is amended by changing
13 Section 3-3013 as follows:

14 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

15 Sec. 3-3013. Preliminary investigations; blood and urine
16 analysis; summoning jury; reports. Every coroner, whenever, as
17 soon as he knows or is informed that the dead body of any
18 person is found, or lying within his county, whose death is
19 suspected of being:

20 (a) A sudden or violent death, whether apparently
21 suicidal, homicidal or accidental, including but not
22 limited to deaths apparently caused or contributed to by
23 thermal, traumatic, chemical, electrical or radiational
24 injury, or a complication of any of them, or by drowning or

1 suffocation, or as a result of domestic violence as defined
2 in the Illinois Domestic Violence Act of 1986;

3 (b) A maternal or fetal death due to abortion, or any
4 death due to a sex crime or a crime against nature;

5 (c) A death where the circumstances are suspicious,
6 obscure, mysterious or otherwise unexplained or where, in
7 the written opinion of the attending physician, the cause
8 of death is not determined;

9 (d) A death where addiction to alcohol or to any drug
10 may have been a contributory cause; or

11 (e) A death where the decedent was not attended by a
12 licensed physician;

13 shall go to the place where the dead body is, and take charge
14 of the same and shall make a preliminary investigation into the
15 circumstances of the death. In the case of death without
16 attendance by a licensed physician the body may be moved with
17 the coroner's consent from the place of death to a mortuary in
18 the same county. Coroners in their discretion shall notify such
19 physician as is designated in accordance with Section 3-3014 to
20 attempt to ascertain the cause of death, either by autopsy or
21 otherwise.

22 In cases of accidental death involving a motor vehicle in
23 which the decedent was (1) the operator or a suspected operator
24 of a motor vehicle, or (2) a pedestrian 16 years of age or
25 older, the coroner shall require that a blood specimen of at
26 least 30 cc., and if medically possible a urine specimen of at

1 least 30 cc. or as much as possible up to 30 cc., be withdrawn
2 from the body of the decedent in a timely fashion after the
3 accident causing his death, by such physician as has been
4 designated in accordance with Section 3-3014, or by the coroner
5 or deputy coroner or a qualified person designated by such
6 physician, coroner, or deputy coroner. If the county does not
7 maintain laboratory facilities for making such analysis, the
8 blood and urine so drawn shall be sent to the Department of
9 State Police or any other accredited or State-certified
10 laboratory for analysis of the alcohol, carbon monoxide, and
11 dangerous or narcotic drug content of such blood and urine
12 specimens. Each specimen submitted shall be accompanied by
13 pertinent information concerning the decedent upon a form
14 prescribed by such laboratory. Any person drawing blood and
15 urine and any person making any examination of the blood and
16 urine under the terms of this Division shall be immune from all
17 liability, civil or criminal, that might otherwise be incurred
18 or imposed.

19 In all other cases coming within the jurisdiction of the
20 coroner and referred to in subparagraphs (a) through (e) above,
21 blood, and whenever possible, urine samples shall be analyzed
22 for the presence of alcohol and other drugs. When the coroner
23 suspects that drugs may have been involved in the death, either
24 directly or indirectly, a toxicological examination shall be
25 performed which may include analyses of blood, urine, bile,
26 gastric contents and other tissues. When the coroner suspects a

1 death is due to toxic substances, other than drugs, the coroner
2 shall consult with the toxicologist prior to collection of
3 samples. Information submitted to the toxicologist shall
4 include information as to height, weight, age, sex and race of
5 the decedent as well as medical history, medications used by
6 and the manner of death of decedent.

7 When the coroner or medical examiner finds that the cause
8 of death is due to homicidal means, the coroner or medical
9 examiner shall cause blood and buccal specimens (tissue may be
10 submitted if no uncontaminated blood or buccal specimen can be
11 obtained), whenever possible, to be withdrawn from the body of
12 the decedent in a timely fashion. For proper preservation of
13 the specimens, collected blood and buccal specimens shall be
14 dried and tissue specimens shall be frozen if available
15 equipment exists. As soon as possible, but no later than 30
16 days after the collection of the specimens, the coroner or
17 medical examiner shall release those specimens to the police
18 agency responsible for investigating the death. As soon as
19 possible, but no later than 30 days after the receipt from the
20 coroner or medical examiner, the police agency shall submit the
21 specimens using the agency case number to a National DNA Index
22 System (NDIS) participating laboratory within this State, such
23 as the Illinois Department of State Police, Division of
24 Forensic Services, for analysis and categorizing into genetic
25 marker groupings. The results of the analysis and categorizing
26 into genetic marker groupings shall be provided to the Illinois

1 Department of State Police and shall be maintained by the
2 Illinois Department of State Police in the State central
3 repository in the same manner, and subject to the same
4 conditions, as provided in Section 5-4-3 of the Unified Code of
5 Corrections. The requirements of this paragraph are in addition
6 to any other findings, specimens, or information that the
7 coroner or medical examiner is required to provide during the
8 conduct of a criminal investigation.

9 In all counties, in cases of apparent suicide, homicide, or
10 accidental death or in other cases, within the discretion of
11 the coroner, the coroner may summon 8 persons of lawful age
12 from those persons drawn for petit jurors in the county. The
13 summons shall command these persons to present themselves
14 personally at such a place and time as the coroner shall
15 determine, and may be in any form which the coroner shall
16 determine and may incorporate any reasonable form of request
17 for acknowledgement which the coroner deems practical and
18 provides a reliable proof of service. The summons may be served
19 by first class mail. From the 8 persons so summoned, the
20 coroner shall select 6 to serve as the jury for the inquest.
21 Inquests may be continued from time to time, as the coroner may
22 deem necessary. The 6 jurors selected in a given case may view
23 the body of the deceased. If at any continuation of an inquest
24 one or more of the original jurors shall be unable to continue
25 to serve, the coroner shall fill the vacancy or vacancies. A
26 juror serving pursuant to this paragraph shall receive

1 compensation from the county at the same rate as the rate of
2 compensation that is paid to petit or grand jurors in the
3 county. The coroner shall furnish to each juror without fee at
4 the time of his discharge a certificate of the number of days
5 in attendance at an inquest, and, upon being presented with
6 such certificate, the county treasurer shall pay to the juror
7 the sum provided for his services.

8 In counties which have a jury commission, in cases of
9 apparent suicide or homicide or of accidental death, the
10 coroner may conduct an inquest. The jury commission shall
11 provide at least 8 jurors to the coroner, from whom the coroner
12 shall select any 6 to serve as the jury for the inquest.
13 Inquests may be continued from time to time as the coroner may
14 deem necessary. The 6 jurors originally chosen in a given case
15 may view the body of the deceased. If at any continuation of an
16 inquest one or more of the 6 jurors originally chosen shall be
17 unable to continue to serve, the coroner shall fill the vacancy
18 or vacancies. At the coroner's discretion, additional jurors to
19 fill such vacancies shall be supplied by the jury commission. A
20 juror serving pursuant to this paragraph in such county shall
21 receive compensation from the county at the same rate as the
22 rate of compensation that is paid to petit or grand jurors in
23 the county.

24 In every case in which a fire is determined to be a
25 contributing factor in a death, the coroner shall report the
26 death to the Office of the State Fire Marshal. The coroner

1 shall provide a copy of the death certificate (i) within 30
2 days after filing the permanent death certificate and (ii) in a
3 manner that is agreed upon by the coroner and the State Fire
4 Marshal.

5 In every case in which a drug overdose is determined to be
6 the cause or a contributing factor in the death, the coroner or
7 medical examiner shall report the death to the Department of
8 Public Health. The Department of Public Health shall adopt
9 rules regarding specific information that must be reported in
10 the event of such a death. If possible, the coroner shall
11 report the cause of the overdose. As used in this Section,
12 "overdose" has the same meaning as it does in Section 414 of
13 the Illinois Controlled Substances Act. The Department of
14 Public Health shall issue a semiannual report to the General
15 Assembly summarizing the reports received. The Department
16 shall also provide on its website a monthly report of overdose
17 death figures organized by location, age, and any other
18 factors, the Department deems appropriate.

19 In addition, in every case in which domestic violence is
20 determined to be a contributing factor in a death, the coroner
21 shall report the death to the Department of State Police.

22 All deaths in State institutions and all deaths of wards of
23 the State or youth in care as defined in Section 4d of the
24 Children and Family Services Act in private care facilities or
25 in programs funded by the Department of Human Services under
26 its powers relating to mental health and developmental

1 disabilities or alcoholism and substance abuse or funded by the
2 Department of Children and Family Services shall be reported to
3 the coroner of the county in which the facility is located. If
4 the coroner has reason to believe that an investigation is
5 needed to determine whether the death was caused by
6 maltreatment or negligent care of the ward of the State or
7 youth in care as defined in Section 4d of the Children and
8 Family Services Act, the coroner may conduct a preliminary
9 investigation of the circumstances of such death as in cases of
10 death under circumstances set forth in paragraphs (a) through
11 (e) of this Section.

12 (Source: P.A. 99-354, eff. 1-1-16; 99-480, eff. 9-9-15; 99-642,
13 eff. 7-28-16; 100-159, eff. 8-18-17; 101-13, eff. 6-12-19.)

14 Section 625. The Ambulatory Surgical Treatment Center Act
15 is amended by changing Section 2, and 3 as follows:

16 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

17 Sec. 2. It is declared to be the public policy that the
18 State has a legitimate interest in assuring that all medical
19 procedures, including abortions, are performed under
20 circumstances that insure maximum safety. Therefore, the
21 purpose of this Act is to provide for the better protection of
22 the public health through the development, establishment, and
23 enforcement of standards (1) for the care of individuals in
24 ambulatory surgical treatment centers, and (2) for the

1 construction, maintenance and operation of ambulatory surgical
2 treatment centers, which, in light of advancing knowledge, will
3 promote safe and adequate treatment of such individuals in
4 ambulatory surgical treatment centers.

5 (Source: P.A. 101-13, eff. 6-12-19.)

6 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

7 Sec. 3. As used in this Act, unless the context otherwise
8 requires, the following words and phrases shall have the
9 meanings ascribed to them:

10 (A) "Ambulatory surgical treatment center" means any
11 institution, place or building devoted primarily to the
12 maintenance and operation of facilities for the performance of
13 surgical procedures. "Ambulatory surgical treatment center"
14 includes any place that meets and complies with the definition
15 of an ambulatory surgical treatment center under the rules
16 adopted by the Department or any facility in which a medical or
17 surgical procedure is utilized to terminate a pregnancy,
18 irrespective of whether the facility is devoted primarily to
19 this purpose. Such facility shall not provide beds or other
20 accommodations for the overnight stay of patients; however,
21 facilities devoted exclusively to the treatment of children may
22 provide accommodations and beds for their patients for up to 23
23 hours following admission. Individual patients shall be
24 discharged in an ambulatory condition without danger to the
25 continued well being of the patients or shall be transferred to

1 a hospital.

2 The term "ambulatory surgical treatment center" does not
3 include any of the following:

4 (1) Any institution, place, building or agency
5 required to be licensed pursuant to the "Hospital Licensing
6 Act", approved July 1, 1953, as amended.

7 (2) Any person or institution required to be licensed
8 pursuant to the Nursing Home Care Act, the Specialized
9 Mental Health Rehabilitation Act of 2013, the ID/DD
10 Community Care Act, or the MC/DD Act.

11 (3) Hospitals or ambulatory surgical treatment centers
12 maintained by the State or any department or agency
13 thereof, where such department or agency has authority
14 under law to establish and enforce standards for the
15 hospitals or ambulatory surgical treatment centers under
16 its management and control.

17 (4) Hospitals or ambulatory surgical treatment centers
18 maintained by the Federal Government or agencies thereof.

19 (5) Any place, agency, clinic, or practice, public or
20 private, whether organized for profit or not, devoted
21 exclusively to the performance of dental or oral surgical
22 procedures.

23 ~~(6) Any facility in which the performance of abortion~~
24 ~~procedures, including procedures to terminate a pregnancy~~
25 ~~or to manage pregnancy loss, is limited to those performed~~
26 ~~without general, epidural, or spinal anesthesia, and which~~

1 ~~is not otherwise required to be an ambulatory surgical~~
2 ~~treatment center. For purposes of this paragraph,~~
3 ~~"general, epidural, or spinal anesthesia" does not include~~
4 ~~local anesthesia or intravenous sedation. Nothing in this~~
5 ~~paragraph shall be construed to limit any such facility~~
6 ~~from voluntarily electing to apply for licensure as an~~
7 ~~ambulatory surgical treatment center.~~

8 (B) "Person" means any individual, firm, partnership,
9 corporation, company, association, or joint stock association,
10 or the legal successor thereof.

11 (C) "Department" means the Department of Public Health of
12 the State of Illinois.

13 (D) "Director" means the Director of the Department of
14 Public Health of the State of Illinois.

15 (E) "Physician" means a person licensed to practice
16 medicine in all of its branches in the State of Illinois.

17 (F) "Dentist" means a person licensed to practice dentistry
18 under the Illinois Dental Practice Act.

19 (G) "Podiatric physician" means a person licensed to
20 practice podiatry under the Podiatric Medical Practice Act of
21 1987.

22 (Source: P.A. 101-13, eff. 6-12-19.)

23 Section 630. The Illinois Insurance Code is amended by
24 changing Section 356z.4 and adding 356z.4a as follows:

1 (215 ILCS 5/356z.4)

2 Sec. 356z.4. Coverage for contraceptives.

3 (a)(1) The General Assembly hereby finds and declares all
4 of the following:

5 (A) Illinois has a long history of expanding timely
6 access to birth control to prevent unintended pregnancy.

7 (B) The federal Patient Protection and Affordable Care
8 Act includes a contraceptive coverage guarantee as part of
9 a broader requirement for health insurance to cover key
10 preventive care services without out-of-pocket costs for
11 patients.

12 (C) The General Assembly intends to build on existing
13 State and federal law to promote gender equity and women's
14 health and to ensure greater contraceptive coverage equity
15 and timely access to all federal Food and Drug
16 Administration approved methods of birth control for all
17 individuals covered by an individual or group health
18 insurance policy in Illinois.

19 (D) Medical management techniques such as denials,
20 step therapy, or prior authorization in public and private
21 health care coverage can impede access to the most
22 effective contraceptive methods.

23 (2) As used in this subsection (a):

24 "Contraceptive services" includes consultations,
25 examinations, procedures, and medical services related to the
26 use of contraceptive methods (including natural family

1 planning) to prevent an unintended pregnancy.

2 "Medical necessity", for the purposes of this subsection
3 (a), includes, but is not limited to, considerations such as
4 severity of side effects, differences in permanence and
5 reversibility of contraceptive, and ability to adhere to the
6 appropriate use of the item or service, as determined by the
7 attending provider.

8 "Therapeutic equivalent version" means drugs, devices, or
9 products that can be expected to have the same clinical effect
10 and safety profile when administered to patients under the
11 conditions specified in the labeling and satisfy the following
12 general criteria:

13 (i) they are approved as safe and effective;

14 (ii) they are pharmaceutical equivalents in that they
15 (A) contain identical amounts of the same active drug
16 ingredient in the same dosage form and route of
17 administration and (B) meet compendial or other applicable
18 standards of strength, quality, purity, and identity;

19 (iii) they are bioequivalent in that (A) they do not
20 present a known or potential bioequivalence problem and
21 they meet an acceptable in vitro standard or (B) if they do
22 present such a known or potential problem, they are shown
23 to meet an appropriate bioequivalence standard;

24 (iv) they are adequately labeled; and

25 (v) they are manufactured in compliance with Current
26 Good Manufacturing Practice regulations.

1 (3) An individual or group policy of accident and health
2 insurance amended, delivered, issued, or renewed in this State
3 after the effective date of this amendatory Act of the 99th
4 General Assembly shall provide coverage for all of the
5 following services and contraceptive methods:

6 (A) All contraceptive drugs, devices, and other
7 products approved by the United States Food and Drug
8 Administration. This includes all over-the-counter
9 contraceptive drugs, devices, and products approved by the
10 United States Food and Drug Administration, excluding male
11 condoms. The following apply:

12 (i) If the United States Food and Drug
13 Administration has approved one or more therapeutic
14 equivalent versions of a contraceptive drug, device,
15 or product, a policy is not required to include all
16 such therapeutic equivalent versions in its formulary,
17 so long as at least one is included and covered without
18 cost-sharing and in accordance with this Section.

19 (ii) If an individual's attending provider
20 recommends a particular service or item approved by the
21 United States Food and Drug Administration based on a
22 determination of medical necessity with respect to
23 that individual, the plan or issuer must cover that
24 service or item without cost sharing. The plan or
25 issuer must defer to the determination of the attending
26 provider.

1 (iii) If a drug, device, or product is not covered,
2 plans and issuers must have an easily accessible,
3 transparent, and sufficiently expedient process that
4 is not unduly burdensome on the individual or a
5 provider or other individual acting as a patient's
6 authorized representative to ensure coverage without
7 cost sharing.

8 (iv) This coverage must provide for the dispensing
9 of 12 months' worth of contraception at one time.

10 (B) Voluntary sterilization procedures.

11 (C) Contraceptive services, patient education, and
12 counseling on contraception.

13 (D) Follow-up services related to the drugs, devices,
14 products, and procedures covered under this Section,
15 including, but not limited to, management of side effects,
16 counseling for continued adherence, and device insertion
17 and removal.

18 (4) Except as otherwise provided in this subsection (a), a
19 policy subject to this subsection (a) shall not impose a
20 deductible, coinsurance, copayment, or any other cost-sharing
21 requirement on the coverage provided. The provisions of this
22 paragraph do not apply to coverage of voluntary male
23 sterilization procedures to the extent such coverage would
24 disqualify a high-deductible health plan from eligibility for a
25 health savings account pursuant to the federal Internal Revenue
26 Code, 26 U.S.C. 223.

1 (5) Except as otherwise authorized under this subsection
2 (a), a policy shall not impose any restrictions or delays on
3 the coverage required under this subsection (a).

4 (6) If, at any time, the Secretary of the United States
5 Department of Health and Human Services, or its successor
6 agency, promulgates rules or regulations to be published in the
7 Federal Register or publishes a comment in the Federal Register
8 or issues an opinion, guidance, or other action that would
9 require the State, pursuant to any provision of the Patient
10 Protection and Affordable Care Act (Public Law 111-148),
11 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
12 successor provision, to defray the cost of any coverage
13 outlined in this subsection (a), then this subsection (a) is
14 inoperative with respect to all coverage outlined in this
15 subsection (a) other than that authorized under Section 1902 of
16 the Social Security Act, 42 U.S.C. 1396a, and the State shall
17 not assume any obligation for the cost of the coverage set
18 forth in this subsection (a).

19 (b) This subsection (b) shall become operative if and only
20 if subsection (a) becomes inoperative.

21 An individual or group policy of accident and health
22 insurance amended, delivered, issued, or renewed in this State
23 after the date this subsection (b) becomes operative that
24 provides coverage for outpatient services and outpatient
25 prescription drugs or devices must provide coverage for the
26 insured and any dependent of the insured covered by the policy

1 for all outpatient contraceptive services and all outpatient
2 contraceptive drugs and devices approved by the Food and Drug
3 Administration. Coverage required under this Section may not
4 impose any deductible, coinsurance, waiting period, or other
5 cost-sharing or limitation that is greater than that required
6 for any outpatient service or outpatient prescription drug or
7 device otherwise covered by the policy.

8 Nothing in this subsection (b) shall be construed to
9 require an insurance company to cover services related to
10 permanent sterilization that requires a surgical procedure.

11 As used in this subsection (b), "outpatient contraceptive
12 service" means consultations, examinations, procedures, and
13 medical services, provided on an outpatient basis and related
14 to the use of contraceptive methods (including natural family
15 planning) to prevent an unintended pregnancy.

16 (c) ~~(Blank)~~. Nothing in this Section shall be construed to
17 require an insurance company to cover services related to an
18 abortion as the term "abortion" is defined in the Illinois
19 Abortion Law of 2019.

20 (d) If a plan or issuer utilizes a network of providers,
21 nothing in this Section shall be construed to require coverage
22 or to prohibit the plan or issuer from imposing cost-sharing
23 for items or services described in this Section that are
24 provided or delivered by an out-of-network provider, unless the
25 plan or issuer does not have in its network a provider who is
26 able to or is willing to provide the applicable items or

1 services.

2 (Source: P.A. 99-672, eff. 1-1-17; 100-1102, eff. 1-1-19;
3 101-13, eff. 6-12-19.)

4 (215 ILCS 5/356z.4a rep.)

5 Section 632. The Illinois Insurance Code is amended by
6 repealing Section 356z.4a.

7 Section 635. The Health Maintenance Organization Act is
8 amended by changing Section 5-3 as follows:

9 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

10 Sec. 5-3. Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
13 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
14 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
15 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
16 ~~356z.4a,~~ 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
17 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
18 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30, 356z.32,~~
19 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,
20 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,
21 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of
22 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
23 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

1 (b) For purposes of the Illinois Insurance Code, except for
2 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
3 Maintenance Organizations in the following categories are
4 deemed to be "domestic companies":

5 (1) a corporation authorized under the Dental Service
6 Plan Act or the Voluntary Health Services Plans Act;

7 (2) a corporation organized under the laws of this
8 State; or

9 (3) a corporation organized under the laws of another
10 state, 30% or more of the enrollees of which are residents
11 of this State, except a corporation subject to
12 substantially the same requirements in its state of
13 organization as is a "domestic company" under Article VIII
14 1/2 of the Illinois Insurance Code.

15 (c) In considering the merger, consolidation, or other
16 acquisition of control of a Health Maintenance Organization
17 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

18 (1) the Director shall give primary consideration to
19 the continuation of benefits to enrollees and the financial
20 conditions of the acquired Health Maintenance Organization
21 after the merger, consolidation, or other acquisition of
22 control takes effect;

23 (2) (i) the criteria specified in subsection (1) (b) of
24 Section 131.8 of the Illinois Insurance Code shall not
25 apply and (ii) the Director, in making his determination
26 with respect to the merger, consolidation, or other

1 acquisition of control, need not take into account the
2 effect on competition of the merger, consolidation, or
3 other acquisition of control;

4 (3) the Director shall have the power to require the
5 following information:

6 (A) certification by an independent actuary of the
7 adequacy of the reserves of the Health Maintenance
8 Organization sought to be acquired;

9 (B) pro forma financial statements reflecting the
10 combined balance sheets of the acquiring company and
11 the Health Maintenance Organization sought to be
12 acquired as of the end of the preceding year and as of
13 a date 90 days prior to the acquisition, as well as pro
14 forma financial statements reflecting projected
15 combined operation for a period of 2 years;

16 (C) a pro forma business plan detailing an
17 acquiring party's plans with respect to the operation
18 of the Health Maintenance Organization sought to be
19 acquired for a period of not less than 3 years; and

20 (D) such other information as the Director shall
21 require.

22 (d) The provisions of Article VIII 1/2 of the Illinois
23 Insurance Code and this Section 5-3 shall apply to the sale by
24 any health maintenance organization of greater than 10% of its
25 enrollee population (including without limitation the health
26 maintenance organization's right, title, and interest in and to

1 its health care certificates).

2 (e) In considering any management contract or service
3 agreement subject to Section 141.1 of the Illinois Insurance
4 Code, the Director (i) shall, in addition to the criteria
5 specified in Section 141.2 of the Illinois Insurance Code, take
6 into account the effect of the management contract or service
7 agreement on the continuation of benefits to enrollees and the
8 financial condition of the health maintenance organization to
9 be managed or serviced, and (ii) need not take into account the
10 effect of the management contract or service agreement on
11 competition.

12 (f) Except for small employer groups as defined in the
13 Small Employer Rating, Renewability and Portability Health
14 Insurance Act and except for medicare supplement policies as
15 defined in Section 363 of the Illinois Insurance Code, a Health
16 Maintenance Organization may by contract agree with a group or
17 other enrollment unit to effect refunds or charge additional
18 premiums under the following terms and conditions:

19 (i) the amount of, and other terms and conditions with
20 respect to, the refund or additional premium are set forth
21 in the group or enrollment unit contract agreed in advance
22 of the period for which a refund is to be paid or
23 additional premium is to be charged (which period shall not
24 be less than one year); and

25 (ii) the amount of the refund or additional premium
26 shall not exceed 20% of the Health Maintenance

1 Organization's profitable or unprofitable experience with
2 respect to the group or other enrollment unit for the
3 period (and, for purposes of a refund or additional
4 premium, the profitable or unprofitable experience shall
5 be calculated taking into account a pro rata share of the
6 Health Maintenance Organization's administrative and
7 marketing expenses, but shall not include any refund to be
8 made or additional premium to be paid pursuant to this
9 subsection (f)). The Health Maintenance Organization and
10 the group or enrollment unit may agree that the profitable
11 or unprofitable experience may be calculated taking into
12 account the refund period and the immediately preceding 2
13 plan years.

14 The Health Maintenance Organization shall include a
15 statement in the evidence of coverage issued to each enrollee
16 describing the possibility of a refund or additional premium,
17 and upon request of any group or enrollment unit, provide to
18 the group or enrollment unit a description of the method used
19 to calculate (1) the Health Maintenance Organization's
20 profitable experience with respect to the group or enrollment
21 unit and the resulting refund to the group or enrollment unit
22 or (2) the Health Maintenance Organization's unprofitable
23 experience with respect to the group or enrollment unit and the
24 resulting additional premium to be paid by the group or
25 enrollment unit.

26 In no event shall the Illinois Health Maintenance

1 Organization Guaranty Association be liable to pay any
2 contractual obligation of an insolvent organization to pay any
3 refund authorized under this Section.

4 (g) Rulemaking authority to implement Public Act 95-1045,
5 if any, is conditioned on the rules being adopted in accordance
6 with all provisions of the Illinois Administrative Procedure
7 Act and all rules and procedures of the Joint Committee on
8 Administrative Rules; any purported rule not so adopted, for
9 whatever reason, is unauthorized.

10 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
11 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.
12 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
13 10-4-18; 101-13, eff. 6-12-19.)

14 Section 640. The Voluntary Health Services Plans Act is
15 amended by changing Section 10 as follows:

16 (215 ILCS 165/10) (from Ch. 32, par. 604)

17 Sec. 10. Application of Insurance Code provisions. Health
18 services plan corporations and all persons interested therein
19 or dealing therewith shall be subject to the provisions of
20 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
21 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
22 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
23 356z.1, 356z.2, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8,
24 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,

1 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
2 ~~356z.30, 356z.32,~~ 364.01, 367.2, 368a, 401, 401.1, 402, 403,
3 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of
4 Section 367 of the Illinois Insurance Code.

5 Rulemaking authority to implement Public Act 95-1045, if
6 any, is conditioned on the rules being adopted in accordance
7 with all provisions of the Illinois Administrative Procedure
8 Act and all rules and procedures of the Joint Committee on
9 Administrative Rules; any purported rule not so adopted, for
10 whatever reason, is unauthorized.

11 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
12 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
13 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18; 101-13, eff.
14 6-12-19.)

15 Section 645. The Medical Practice Act of 1987 is amended by
16 changing Section 22 and 36 as follows:

17 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

18 (Section scheduled to be repealed on December 31, 2019)

19 Sec. 22. Disciplinary action.

20 (A) The Department may revoke, suspend, place on probation,
21 reprimand, refuse to issue or renew, or take any other
22 disciplinary or non-disciplinary action as the Department may
23 deem proper with regard to the license or permit of any person
24 issued under this Act, including imposing fines not to exceed

1 \$10,000 for each violation, upon any of the following grounds:

2 (1) ~~(Blank)~~. Performance of an elective abortion in any
3 place, locale, facility, or institution other than:

4 (a) a facility licensed pursuant to the Ambulatory
5 Surgical Treatment Center Act;

6 (b) an institution licensed under the Hospital
7 Licensing Act;

8 (c) an ambulatory surgical treatment center or
9 hospitalization or care facility maintained by the
10 State or any agency thereof, where such department or
11 agency has authority under law to establish and enforce
12 standards for the ambulatory surgical treatment
13 centers, hospitalization, or care facilities under its
14 management and control;

15 (d) ambulatory surgical treatment centers,
16 hospitalization or care facilities maintained by the
17 Federal Government; or

18 (e) ambulatory surgical treatment centers,
19 hospitalization or care facilities maintained by any
20 university or college established under the laws of
21 this State and supported principally by public funds
22 raised by taxation.

23 (2) ~~(Blank)~~. Performance of an abortion procedure in a
24 willful and wanton manner on a woman who was not pregnant
25 at the time the abortion procedure was performed.

26 (3) A plea of guilty or nolo contendere, finding of

1 guilt, jury verdict, or entry of judgment or sentencing,
2 including, but not limited to, convictions, preceding
3 sentences of supervision, conditional discharge, or first
4 offender probation, under the laws of any jurisdiction of
5 the United States of any crime that is a felony.

6 (4) Gross negligence in practice under this Act.

7 (5) Engaging in dishonorable, unethical or
8 unprofessional conduct of a character likely to deceive,
9 defraud or harm the public.

10 (6) Obtaining any fee by fraud, deceit, or
11 misrepresentation.

12 (7) Habitual or excessive use or abuse of drugs defined
13 in law as controlled substances, of alcohol, or of any
14 other substances which results in the inability to practice
15 with reasonable judgment, skill or safety.

16 (8) Practicing under a false or, except as provided by
17 law, an assumed name.

18 (9) Fraud or misrepresentation in applying for, or
19 procuring, a license under this Act or in connection with
20 applying for renewal of a license under this Act.

21 (10) Making a false or misleading statement regarding
22 their skill or the efficacy or value of the medicine,
23 treatment, or remedy prescribed by them at their direction
24 in the treatment of any disease or other condition of the
25 body or mind.

26 (11) Allowing another person or organization to use

1 their license, procured under this Act, to practice.

2 (12) Adverse action taken by another state or
3 jurisdiction against a license or other authorization to
4 practice as a medical doctor, doctor of osteopathy, doctor
5 of osteopathic medicine or doctor of chiropractic, a
6 certified copy of the record of the action taken by the
7 other state or jurisdiction being prima facie evidence
8 thereof. This includes any adverse action taken by a State
9 or federal agency that prohibits a medical doctor, doctor
10 of osteopathy, doctor of osteopathic medicine, or doctor of
11 chiropractic from providing services to the agency's
12 participants.

13 (13) Violation of any provision of this Act or of the
14 Medical Practice Act prior to the repeal of that Act, or
15 violation of the rules, or a final administrative action of
16 the Secretary, after consideration of the recommendation
17 of the Disciplinary Board.

18 (14) Violation of the prohibition against fee
19 splitting in Section 22.2 of this Act.

20 (15) A finding by the Disciplinary Board that the
21 registrant after having his or her license placed on
22 probationary status or subjected to conditions or
23 restrictions violated the terms of the probation or failed
24 to comply with such terms or conditions.

25 (16) Abandonment of a patient.

26 (17) Prescribing, selling, administering,

1 distributing, giving or self-administering any drug
2 classified as a controlled substance (designated product)
3 or narcotic for other than medically accepted therapeutic
4 purposes.

5 (18) Promotion of the sale of drugs, devices,
6 appliances or goods provided for a patient in such manner
7 as to exploit the patient for financial gain of the
8 physician.

9 (19) Offering, undertaking or agreeing to cure or treat
10 disease by a secret method, procedure, treatment or
11 medicine, or the treating, operating or prescribing for any
12 human condition by a method, means or procedure which the
13 licensee refuses to divulge upon demand of the Department.

14 (20) Immoral conduct in the commission of any act
15 including, but not limited to, commission of an act of
16 sexual misconduct related to the licensee's practice.

17 (21) Willfully making or filing false records or
18 reports in his or her practice as a physician, including,
19 but not limited to, false records to support claims against
20 the medical assistance program of the Department of
21 Healthcare and Family Services (formerly Department of
22 Public Aid) under the Illinois Public Aid Code.

23 (22) Willful omission to file or record, or willfully
24 impeding the filing or recording, or inducing another
25 person to omit to file or record, medical reports as
26 required by law, or willfully failing to report an instance

1 of suspected abuse or neglect as required by law.

2 (23) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act, and
5 upon proof by clear and convincing evidence that the
6 licensee has caused a child to be an abused child or
7 neglected child as defined in the Abused and Neglected
8 Child Reporting Act.

9 (24) Solicitation of professional patronage by any
10 corporation, agents or persons, or profiting from those
11 representing themselves to be agents of the licensee.

12 (25) Gross and willful and continued overcharging for
13 professional services, including filing false statements
14 for collection of fees for which services are not rendered,
15 including, but not limited to, filing such false statements
16 for collection of monies for services not rendered from the
17 medical assistance program of the Department of Healthcare
18 and Family Services (formerly Department of Public Aid)
19 under the Illinois Public Aid Code.

20 (26) A pattern of practice or other behavior which
21 demonstrates incapacity or incompetence to practice under
22 this Act.

23 (27) Mental illness or disability which results in the
24 inability to practice under this Act with reasonable
25 judgment, skill or safety.

26 (28) Physical illness, including, but not limited to,

1 deterioration through the aging process, or loss of motor
2 skill which results in a physician's inability to practice
3 under this Act with reasonable judgment, skill or safety.

4 (29) Cheating on or attempt to subvert the licensing
5 examinations administered under this Act.

6 (30) Willfully or negligently violating the
7 confidentiality between physician and patient except as
8 required by law.

9 (31) The use of any false, fraudulent, or deceptive
10 statement in any document connected with practice under
11 this Act.

12 (32) Aiding and abetting an individual not licensed
13 under this Act in the practice of a profession licensed
14 under this Act.

15 (33) Violating state or federal laws or regulations
16 relating to controlled substances, legend drugs, or
17 ephedra as defined in the Ephedra Prohibition Act.

18 (34) Failure to report to the Department any adverse
19 final action taken against them by another licensing
20 jurisdiction (any other state or any territory of the
21 United States or any foreign state or country), by any peer
22 review body, by any health care institution, by any
23 professional society or association related to practice
24 under this Act, by any governmental agency, by any law
25 enforcement agency, or by any court for acts or conduct
26 similar to acts or conduct which would constitute grounds

1 for action as defined in this Section.

2 (35) Failure to report to the Department surrender of a
3 license or authorization to practice as a medical doctor, a
4 doctor of osteopathy, a doctor of osteopathic medicine, or
5 doctor of chiropractic in another state or jurisdiction, or
6 surrender of membership on any medical staff or in any
7 medical or professional association or society, while
8 under disciplinary investigation by any of those
9 authorities or bodies, for acts or conduct similar to acts
10 or conduct which would constitute grounds for action as
11 defined in this Section.

12 (36) Failure to report to the Department any adverse
13 judgment, settlement, or award arising from a liability
14 claim related to acts or conduct similar to acts or conduct
15 which would constitute grounds for action as defined in
16 this Section.

17 (37) Failure to provide copies of medical records as
18 required by law.

19 (38) Failure to furnish the Department, its
20 investigators or representatives, relevant information,
21 legally requested by the Department after consultation
22 with the Chief Medical Coordinator or the Deputy Medical
23 Coordinator.

24 (39) Violating the Health Care Worker Self-Referral
25 Act.

26 (40) Willful failure to provide notice when notice is

1 required under the Parental Notice of Abortion Act of 1995.

2 (41) Failure to establish and maintain records of
3 patient care and treatment as required by this law.

4 (42) Entering into an excessive number of written
5 collaborative agreements with licensed advanced practice
6 registered nurses resulting in an inability to adequately
7 collaborate.

8 (43) Repeated failure to adequately collaborate with a
9 licensed advanced practice registered nurse.

10 (44) Violating the Compassionate Use of Medical
11 Cannabis Pilot Program Act.

12 (45) Entering into an excessive number of written
13 collaborative agreements with licensed prescribing
14 psychologists resulting in an inability to adequately
15 collaborate.

16 (46) Repeated failure to adequately collaborate with a
17 licensed prescribing psychologist.

18 (47) Willfully failing to report an instance of
19 suspected abuse, neglect, financial exploitation, or
20 self-neglect of an eligible adult as defined in and
21 required by the Adult Protective Services Act.

22 (48) Being named as an abuser in a verified report by
23 the Department on Aging under the Adult Protective Services
24 Act, and upon proof by clear and convincing evidence that
25 the licensee abused, neglected, or financially exploited
26 an eligible adult as defined in the Adult Protective

1 Services Act.

2 (49) Entering into an excessive number of written
3 collaborative agreements with licensed physician
4 assistants resulting in an inability to adequately
5 collaborate.

6 (50) Repeated failure to adequately collaborate with a
7 physician assistant.

8 Except for actions involving the ground numbered (26), all
9 proceedings to suspend, revoke, place on probationary status,
10 or take any other disciplinary action as the Department may
11 deem proper, with regard to a license on any of the foregoing
12 grounds, must be commenced within 5 years next after receipt by
13 the Department of a complaint alleging the commission of or
14 notice of the conviction order for any of the acts described
15 herein. Except for the grounds numbered (8), (9), (26), and
16 (29), no action shall be commenced more than 10 years after the
17 date of the incident or act alleged to have violated this
18 Section. For actions involving the ground numbered (26), a
19 pattern of practice or other behavior includes all incidents
20 alleged to be part of the pattern of practice or other behavior
21 that occurred, or a report pursuant to Section 23 of this Act
22 received, within the 10-year period preceding the filing of the
23 complaint. In the event of the settlement of any claim or cause
24 of action in favor of the claimant or the reduction to final
25 judgment of any civil action in favor of the plaintiff, such
26 claim, cause of action or civil action being grounded on the

1 allegation that a person licensed under this Act was negligent
2 in providing care, the Department shall have an additional
3 period of 2 years from the date of notification to the
4 Department under Section 23 of this Act of such settlement or
5 final judgment in which to investigate and commence formal
6 disciplinary proceedings under Section 36 of this Act, except
7 as otherwise provided by law. The time during which the holder
8 of the license was outside the State of Illinois shall not be
9 included within any period of time limiting the commencement of
10 disciplinary action by the Department.

11 The entry of an order or judgment by any circuit court
12 establishing that any person holding a license under this Act
13 is a person in need of mental treatment operates as a
14 suspension of that license. That person may resume their
15 practice only upon the entry of a Departmental order based upon
16 a finding by the Disciplinary Board that they have been
17 determined to be recovered from mental illness by the court and
18 upon the Disciplinary Board's recommendation that they be
19 permitted to resume their practice.

20 The Department may refuse to issue or take disciplinary
21 action concerning the license of any person who fails to file a
22 return, or to pay the tax, penalty or interest shown in a filed
23 return, or to pay any final assessment of tax, penalty or
24 interest, as required by any tax Act administered by the
25 Illinois Department of Revenue, until such time as the
26 requirements of any such tax Act are satisfied as determined by

1 the Illinois Department of Revenue.

2 The Department, upon the recommendation of the
3 Disciplinary Board, shall adopt rules which set forth standards
4 to be used in determining:

5 (a) when a person will be deemed sufficiently
6 rehabilitated to warrant the public trust;

7 (b) what constitutes dishonorable, unethical or
8 unprofessional conduct of a character likely to deceive,
9 defraud, or harm the public;

10 (c) what constitutes immoral conduct in the commission
11 of any act, including, but not limited to, commission of an
12 act of sexual misconduct related to the licensee's
13 practice; and

14 (d) what constitutes gross negligence in the practice
15 of medicine.

16 However, no such rule shall be admissible into evidence in
17 any civil action except for review of a licensing or other
18 disciplinary action under this Act.

19 In enforcing this Section, the Disciplinary Board or the
20 Licensing Board, upon a showing of a possible violation, may
21 compel, in the case of the Disciplinary Board, any individual
22 who is licensed to practice under this Act or holds a permit to
23 practice under this Act, or, in the case of the Licensing
24 Board, any individual who has applied for licensure or a permit
25 pursuant to this Act, to submit to a mental or physical
26 examination and evaluation, or both, which may include a

1 substance abuse or sexual offender evaluation, as required by
2 the Licensing Board or Disciplinary Board and at the expense of
3 the Department. The Disciplinary Board or Licensing Board shall
4 specifically designate the examining physician licensed to
5 practice medicine in all of its branches or, if applicable, the
6 multidisciplinary team involved in providing the mental or
7 physical examination and evaluation, or both. The
8 multidisciplinary team shall be led by a physician licensed to
9 practice medicine in all of its branches and may consist of one
10 or more or a combination of physicians licensed to practice
11 medicine in all of its branches, licensed chiropractic
12 physicians, licensed clinical psychologists, licensed clinical
13 social workers, licensed clinical professional counselors, and
14 other professional and administrative staff. Any examining
15 physician or member of the multidisciplinary team may require
16 any person ordered to submit to an examination and evaluation
17 pursuant to this Section to submit to any additional
18 supplemental testing deemed necessary to complete any
19 examination or evaluation process, including, but not limited
20 to, blood testing, urinalysis, psychological testing, or
21 neuropsychological testing. The Disciplinary Board, the
22 Licensing Board, or the Department may order the examining
23 physician or any member of the multidisciplinary team to
24 provide to the Department, the Disciplinary Board, or the
25 Licensing Board any and all records, including business
26 records, that relate to the examination and evaluation,

1 including any supplemental testing performed. The Disciplinary
2 Board, the Licensing Board, or the Department may order the
3 examining physician or any member of the multidisciplinary team
4 to present testimony concerning this examination and
5 evaluation of the licensee, permit holder, or applicant,
6 including testimony concerning any supplemental testing or
7 documents relating to the examination and evaluation. No
8 information, report, record, or other documents in any way
9 related to the examination and evaluation shall be excluded by
10 reason of any common law or statutory privilege relating to
11 communication between the licensee, permit holder, or
12 applicant and the examining physician or any member of the
13 multidisciplinary team. No authorization is necessary from the
14 licensee, permit holder, or applicant ordered to undergo an
15 evaluation and examination for the examining physician or any
16 member of the multidisciplinary team to provide information,
17 reports, records, or other documents or to provide any
18 testimony regarding the examination and evaluation. The
19 individual to be examined may have, at his or her own expense,
20 another physician of his or her choice present during all
21 aspects of the examination. Failure of any individual to submit
22 to mental or physical examination and evaluation, or both, when
23 directed, shall result in an automatic suspension, without
24 hearing, until such time as the individual submits to the
25 examination. If the Disciplinary Board or Licensing Board finds
26 a physician unable to practice following an examination and

1 evaluation because of the reasons set forth in this Section,
2 the Disciplinary Board or Licensing Board shall require such
3 physician to submit to care, counseling, or treatment by
4 physicians, or other health care professionals, approved or
5 designated by the Disciplinary Board, as a condition for
6 issued, continued, reinstated, or renewed licensure to
7 practice. Any physician, whose license was granted pursuant to
8 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
9 renewed, disciplined or supervised, subject to such terms,
10 conditions or restrictions who shall fail to comply with such
11 terms, conditions or restrictions, or to complete a required
12 program of care, counseling, or treatment, as determined by the
13 Chief Medical Coordinator or Deputy Medical Coordinators,
14 shall be referred to the Secretary for a determination as to
15 whether the licensee shall have their license suspended
16 immediately, pending a hearing by the Disciplinary Board. In
17 instances in which the Secretary immediately suspends a license
18 under this Section, a hearing upon such person's license must
19 be convened by the Disciplinary Board within 15 days after such
20 suspension and completed without appreciable delay. The
21 Disciplinary Board shall have the authority to review the
22 subject physician's record of treatment and counseling
23 regarding the impairment, to the extent permitted by applicable
24 federal statutes and regulations safeguarding the
25 confidentiality of medical records.

26 An individual licensed under this Act, affected under this

1 Section, shall be afforded an opportunity to demonstrate to the
2 Disciplinary Board that they can resume practice in compliance
3 with acceptable and prevailing standards under the provisions
4 of their license.

5 The Department may promulgate rules for the imposition of
6 fines in disciplinary cases, not to exceed \$10,000 for each
7 violation of this Act. Fines may be imposed in conjunction with
8 other forms of disciplinary action, but shall not be the
9 exclusive disposition of any disciplinary action arising out of
10 conduct resulting in death or injury to a patient. Any funds
11 collected from such fines shall be deposited in the Illinois
12 State Medical Disciplinary Fund.

13 All fines imposed under this Section shall be paid within
14 60 days after the effective date of the order imposing the fine
15 or in accordance with the terms set forth in the order imposing
16 the fine.

17 (B) The Department shall revoke the license or permit
18 issued under this Act to practice medicine or a chiropractic
19 physician who has been convicted a second time of committing
20 any felony under the Illinois Controlled Substances Act or the
21 Methamphetamine Control and Community Protection Act, or who
22 has been convicted a second time of committing a Class 1 felony
23 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
24 person whose license or permit is revoked under this subsection
25 B shall be prohibited from practicing medicine or treating
26 human ailments without the use of drugs and without operative

1 surgery.

2 (C) The Department shall not revoke, suspend, place on
3 probation, reprimand, refuse to issue or renew, or take any
4 other disciplinary or non-disciplinary action against the
5 license or permit issued under this Act to practice medicine to
6 a physician:

7 (1) based solely upon the recommendation of the
8 physician to an eligible patient regarding, or
9 prescription for, or treatment with, an investigational
10 drug, biological product, or device; or

11 (2) for experimental treatment for Lyme disease or
12 other tick-borne diseases, including, but not limited to,
13 the prescription of or treatment with long-term
14 antibiotics.

15 (D) The Disciplinary Board shall recommend to the
16 Department civil penalties and any other appropriate
17 discipline in disciplinary cases when the Board finds that a
18 physician willfully performed an abortion with actual
19 knowledge that the person upon whom the abortion has been
20 performed is a minor or an incompetent person without notice as
21 required under the Parental Notice of Abortion Act of 1995.
22 Upon the Board's recommendation, the Department shall impose,
23 for the first violation, a civil penalty of \$1,000 and for a
24 second or subsequent violation, a civil penalty of \$5,000.

25 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;
26 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.

1 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised
2 12-19-18; 101-13, eff. 6-12-19.)

3 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

4 (Section scheduled to be repealed on December 31, 2019)

5 Sec. 36. Investigation; notice.

6 (a) Upon the motion of either the Department or the
7 Disciplinary Board or upon the verified complaint in writing of
8 any person setting forth facts which, if proven, would
9 constitute grounds for suspension or revocation under Section
10 22 of this Act, the Department shall investigate the actions of
11 any person, so accused, who holds or represents that they hold
12 a license. Such person is hereinafter called the accused.

13 (b) The Department shall, before suspending, revoking,
14 placing on probationary status, or taking any other
15 disciplinary action as the Department may deem proper with
16 regard to any license at least 30 days prior to the date set
17 for the hearing, notify the accused in writing of any charges
18 made and the time and place for a hearing of the charges before
19 the Disciplinary Board, direct them to file their written
20 answer thereto to the Disciplinary Board under oath within 20
21 days after the service on them of such notice and inform them
22 that if they fail to file such answer default will be taken
23 against them and their license may be suspended, revoked,
24 placed on probationary status, or have other disciplinary
25 action, including limiting the scope, nature or extent of their

1 practice, as the Department may deem proper taken with regard
2 thereto. The Department shall, at least 14 days prior to the
3 date set for the hearing, notify in writing any person who
4 filed a complaint against the accused of the time and place for
5 the hearing of the charges against the accused before the
6 Disciplinary Board and inform such person whether he or she may
7 provide testimony at the hearing.

8 (c) ~~(Blank)~~. Where a physician has been found, upon
9 complaint and investigation of the Department, and after
10 hearing, to have performed an abortion procedure in a wilful
11 and wanton manner upon a woman who was not pregnant at the time
12 such abortion procedure was performed, the Department shall
13 automatically revoke the license of such physician to practice
14 medicine in Illinois.

15 (d) Such written notice and any notice in such proceedings
16 thereafter may be served by delivery of the same, personally,
17 to the accused person, or by mailing the same by registered or
18 certified mail to the accused person's address of record.

19 (e) All information gathered by the Department during its
20 investigation including information subpoenaed under Section
21 23 or 38 of this Act and the investigative file shall be kept
22 for the confidential use of the Secretary, Disciplinary Board,
23 the Medical Coordinators, persons employed by contract to
24 advise the Medical Coordinator or the Department, the
25 Disciplinary Board's attorneys, the medical investigative
26 staff, and authorized clerical staff, as provided in this Act

1 and shall be afforded the same status as is provided
2 information concerning medical studies in Part 21 of Article
3 VIII of the Code of Civil Procedure, except that the Department
4 may disclose information and documents to a federal, State, or
5 local law enforcement agency pursuant to a subpoena in an
6 ongoing criminal investigation to a health care licensing body
7 of this State or another state or jurisdiction pursuant to an
8 official request made by that licensing body. Furthermore,
9 information and documents disclosed to a federal, State, or
10 local law enforcement agency may be used by that agency only
11 for the investigation and prosecution of a criminal offense or,
12 in the case of disclosure to a health care licensing body, only
13 for investigations and disciplinary action proceedings with
14 regard to a license issued by that licensing body.

15 (Source: P.A. 101-13, eff. 6-12-19.)

16 Section 650. The Nurse Practice Act is amended by changing
17 Section 65-35 and 65-43 as follows:

18 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

20 Sec. 65-35. Written collaborative agreements.

21 (a) A written collaborative agreement is required for all
22 advanced practice registered nurses engaged in clinical
23 practice prior to meeting the requirements of Section 65-43,
24 except for advanced practice registered nurses who are

1 privileged to practice in a hospital, hospital affiliate, or
2 ambulatory surgical treatment center.

3 (a-5) If an advanced practice registered nurse engages in
4 clinical practice outside of a hospital, hospital affiliate, or
5 ambulatory surgical treatment center in which he or she is
6 privileged to practice, the advanced practice registered nurse
7 must have a written collaborative agreement, except as set
8 forth in Section 65-43.

9 (b) A written collaborative agreement shall describe the
10 relationship of the advanced practice registered nurse with the
11 collaborating physician and shall describe the categories of
12 care, treatment, or procedures to be provided by the advanced
13 practice registered nurse. A collaborative agreement with a
14 podiatric physician must be in accordance with subsection (c-5)
15 or (c-15) of this Section. A collaborative agreement with a
16 dentist must be in accordance with subsection (c-10) of this
17 Section. A collaborative agreement with a podiatric physician
18 must be in accordance with subsection (c-5) of this Section.
19 Collaboration does not require an employment relationship
20 between the collaborating physician and the advanced practice
21 registered nurse.

22 The collaborative relationship under an agreement shall
23 not be construed to require the personal presence of a
24 collaborating physician at the place where services are
25 rendered. Methods of communication shall be available for
26 consultation with the collaborating physician in person or by

1 telecommunications or electronic communications as set forth
2 in the written agreement.

3 (b-5) Absent an employment relationship, a written
4 collaborative agreement may not (1) restrict the categories of
5 patients of an advanced practice registered nurse within the
6 scope of the advanced practice registered nurses training and
7 experience, (2) limit third party payors or government health
8 programs, such as the medical assistance program or Medicare
9 with which the advanced practice registered nurse contracts, or
10 (3) limit the geographic area or practice location of the
11 advanced practice registered nurse in this State.

12 (c) In the case of anesthesia services provided by a
13 certified registered nurse anesthetist, an anesthesiologist, a
14 physician, a dentist, or a podiatric physician must participate
15 through discussion of and agreement with the anesthesia plan
16 and remain physically present and available on the premises
17 during the delivery of anesthesia services for diagnosis,
18 consultation, and treatment of emergency medical conditions.

19 (c-5) A certified registered nurse anesthetist, who
20 provides anesthesia services outside of a hospital or
21 ambulatory surgical treatment center shall enter into a written
22 collaborative agreement with an anesthesiologist or the
23 physician licensed to practice medicine in all its branches or
24 the podiatric physician performing the procedure. Outside of a
25 hospital or ambulatory surgical treatment center, the
26 certified registered nurse anesthetist may provide only those

1 services that the collaborating podiatric physician is
2 authorized to provide pursuant to the Podiatric Medical
3 Practice Act of 1987 and rules adopted thereunder. A certified
4 registered nurse anesthetist may select, order, and administer
5 medication, including controlled substances, and apply
6 appropriate medical devices for delivery of anesthesia
7 services under the anesthesia plan agreed with by the
8 anesthesiologist or the operating physician or operating
9 podiatric physician.

10 (c-10) A certified registered nurse anesthetist who
11 provides anesthesia services in a dental office shall enter
12 into a written collaborative agreement with an
13 anesthesiologist or the physician licensed to practice
14 medicine in all its branches or the operating dentist
15 performing the procedure. The agreement shall describe the
16 working relationship of the certified registered nurse
17 anesthetist and dentist and shall authorize the categories of
18 care, treatment, or procedures to be performed by the certified
19 registered nurse anesthetist. In a collaborating dentist's
20 office, the certified registered nurse anesthetist may only
21 provide those services that the operating dentist with the
22 appropriate permit is authorized to provide pursuant to the
23 Illinois Dental Practice Act and rules adopted thereunder. For
24 anesthesia services, an anesthesiologist, physician, or
25 operating dentist shall participate through discussion of and
26 agreement with the anesthesia plan and shall remain physically

1 present and be available on the premises during the delivery of
2 anesthesia services for diagnosis, consultation, and treatment
3 of emergency medical conditions. A certified registered nurse
4 anesthetist may select, order, and administer medication,
5 including controlled substances, and apply appropriate medical
6 devices for delivery of anesthesia services under the
7 anesthesia plan agreed with by the operating dentist.

8 (c-15) An advanced practice registered nurse who had a
9 written collaborative agreement with a podiatric physician
10 immediately before the effective date of Public Act 100-513 may
11 continue in that collaborative relationship or enter into a new
12 written collaborative relationship with a podiatric physician
13 under the requirements of this Section and Section 65-40, as
14 those Sections existed immediately before the amendment of
15 those Sections by Public Act 100-513 with regard to a written
16 collaborative agreement between an advanced practice
17 registered nurse and a podiatric physician.

18 (d) A copy of the signed, written collaborative agreement
19 must be available to the Department upon request from both the
20 advanced practice registered nurse and the collaborating
21 physician, dentist, or podiatric physician.

22 (e) Nothing in this Act shall be construed to limit the
23 delegation of tasks or duties by a physician to a licensed
24 practical nurse, a registered professional nurse, or other
25 persons in accordance with Section 54.2 of the Medical Practice
26 Act of 1987. Nothing in this Act shall be construed to limit

1 the method of delegation that may be authorized by any means,
2 including, but not limited to, oral, written, electronic,
3 standing orders, protocols, guidelines, or verbal orders.

4 (e-5) Nothing in this Act shall be construed to authorize
5 an advanced practice registered nurse to provide health care
6 services required by law or rule to be performed by a
7 physician. ~~The scope of practice of an advanced practice~~
8 ~~registered nurse does not include operative surgery. Nothing in~~
9 ~~this Section shall be construed to preclude an advanced~~
10 ~~practice registered nurse from assisting in surgery , including~~
11 those acts to be performed by a physician in Section 3.1 of the
12 Illinois Abortion Law of 2019.

13 (f) An advanced practice registered nurse shall inform each
14 collaborating physician, dentist, or podiatric physician of
15 all collaborative agreements he or she has signed and provide a
16 copy of these to any collaborating physician, dentist, or
17 podiatric physician upon request.

18 (g) (Blank).

19 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;
20 100-577, eff. 1-26-18; 100-1096, eff. 8-26-18; 101-13, eff.
21 6-12-19.)

22 (225 ILCS 65/65-43)

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

24 Sec. 65-43. Full practice authority.

25 (a) An Illinois-licensed advanced practice registered

1 nurse certified as a nurse practitioner, nurse midwife, or
2 clinical nurse specialist shall be deemed by law to possess the
3 ability to practice without a written collaborative agreement
4 as set forth in this Section.

5 (b) An advanced practice registered nurse certified as a
6 nurse midwife, clinical nurse specialist, or nurse
7 practitioner who files with the Department a notarized
8 attestation of completion of at least 250 hours of continuing
9 education or training and at least 4,000 hours of clinical
10 experience after first attaining national certification shall
11 not require a written collaborative agreement, except as
12 specified in subsection (c). Documentation of successful
13 completion shall be provided to the Department upon request.

14 Continuing education or training hours required by
15 subsection (b) shall be in the advanced practice registered
16 nurse's area of certification as set forth by Department rule.

17 The clinical experience must be in the advanced practice
18 registered nurse's area of certification. The clinical
19 experience shall be in collaboration with a physician or
20 physicians. Completion of the clinical experience must be
21 attested to by the collaborating physician or physicians and
22 the advanced practice registered nurse.

23 (c) The scope of practice of an advanced practice
24 registered nurse with full practice authority includes:

25 (1) all matters included in subsection (c) of Section
26 65-30 of this Act;

1 (2) practicing without a written collaborative
2 agreement in all practice settings consistent with
3 national certification;

4 (3) authority to prescribe both legend drugs and
5 Schedule II through V controlled substances; this
6 authority includes prescription of, selection of, orders
7 for, administration of, storage of, acceptance of samples
8 of, and dispensing over the counter medications, legend
9 drugs, and controlled substances categorized as any
10 Schedule II through V controlled substances, as defined in
11 Article II of the Illinois Controlled Substances Act, and
12 other preparations, including, but not limited to,
13 botanical and herbal remedies;

14 (4) prescribing benzodiazepines or Schedule II
15 narcotic drugs, such as opioids, only in a consultation
16 relationship with a physician; this consultation
17 relationship shall be recorded in the Prescription
18 Monitoring Program website, pursuant to Section 316 of the
19 Illinois Controlled Substances Act, by the physician and
20 advanced practice registered nurse with full practice
21 authority and is not required to be filed with the
22 Department; the specific Schedule II narcotic drug must be
23 identified by either brand name or generic name; the
24 specific Schedule II narcotic drug, such as an opioid, may
25 be administered by oral dosage or topical or transdermal
26 application; delivery by injection or other route of

1 administration is not permitted; at least monthly, the
2 advanced practice registered nurse and the physician must
3 discuss the condition of any patients for whom a
4 benzodiazepine or opioid is prescribed; nothing in this
5 subsection shall be construed to require a prescription by
6 an advanced practice registered nurse with full practice
7 authority to require a physician name;

8 (5) authority to obtain an Illinois controlled
9 substance license and a federal Drug Enforcement
10 Administration number; and

11 (6) use of only local anesthetic.

12 The scope of practice of an advanced practice registered
13 nurse does not include operative surgery. ~~Nothing in this~~
14 ~~Section shall be construed to preclude an advanced practice~~
15 ~~registered nurse from assisting in surgery.~~

16 (d) The Department may adopt rules necessary to administer
17 this Section, including, but not limited to, requiring the
18 completion of forms and the payment of fees.

19 (e) Nothing in this Act shall be construed to authorize an
20 advanced practice registered nurse with full practice
21 authority to provide health care services required by law or
22 rule to be performed by a physician, including, but not limited
23 to, those acts to be performed by a physician in Section 3.1 of
24 the Illinois Abortion Law of 2019.

25 (Source: P.A. 100-513, eff. 1-1-18; 101-13, eff. 6-12-19.)

1 Section 653. The Physician Assistant Practice Act of 1987
2 is amended by changing Section 7.5 as follows:

3 (225 ILCS 95/7.5)

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

5 Sec. 7.5. Written collaborative agreements; prescriptive
6 authority.

7 (a) A written collaborative agreement is required for all
8 physician assistants to practice in the State, except as
9 provided in Section 7.7 of this Act.

10 (1) A written collaborative agreement shall describe
11 the working relationship of the physician assistant with
12 the collaborating physician and shall describe the
13 categories of care, treatment, or procedures to be provided
14 by the physician assistant. The written collaborative
15 agreement shall promote the exercise of professional
16 judgment by the physician assistant commensurate with his
17 or her education and experience. The services to be
18 provided by the physician assistant shall be services that
19 the collaborating physician is authorized to and generally
20 provides to his or her patients in the normal course of his
21 or her clinical medical practice. The written
22 collaborative agreement need not describe the exact steps
23 that a physician assistant must take with respect to each
24 specific condition, disease, or symptom but must specify
25 which authorized procedures require the presence of the

1 collaborating physician as the procedures are being
2 performed. The relationship under a written collaborative
3 agreement shall not be construed to require the personal
4 presence of a physician at the place where services are
5 rendered. Methods of communication shall be available for
6 consultation with the collaborating physician in person or
7 by telecommunications or electronic communications as set
8 forth in the written collaborative agreement. For the
9 purposes of this Act, "generally provides to his or her
10 patients in the normal course of his or her clinical
11 medical practice" means services, not specific tasks or
12 duties, the collaborating physician routinely provides
13 individually or through delegation to other persons so that
14 the physician has the experience and ability to collaborate
15 and provide consultation.

16 (2) The written collaborative agreement shall be
17 adequate if a physician does each of the following:

18 (A) Participates in the joint formulation and
19 joint approval of orders or guidelines with the
20 physician assistant and he or she periodically reviews
21 such orders and the services provided patients under
22 such orders in accordance with accepted standards of
23 medical practice and physician assistant practice.

24 (B) Provides consultation at least once a month.

25 (3) A copy of the signed, written collaborative
26 agreement must be available to the Department upon request

1 from both the physician assistant and the collaborating
2 physician.

3 (4) A physician assistant shall inform each
4 collaborating physician of all written collaborative
5 agreements he or she has signed and provide a copy of these
6 to any collaborating physician upon request.

7 (b) A collaborating physician may, but is not required to,
8 delegate prescriptive authority to a physician assistant as
9 part of a written collaborative agreement. This authority may,
10 but is not required to, include prescription of, selection of,
11 orders for, administration of, storage of, acceptance of
12 samples of, and dispensing medical devices, over the counter
13 medications, legend drugs, medical gases, and controlled
14 substances categorized as Schedule II through V controlled
15 substances, as defined in Article II of the Illinois Controlled
16 Substances Act, and other preparations, including, but not
17 limited to, botanical and herbal remedies. The collaborating
18 physician must have a valid, current Illinois controlled
19 substance license and federal registration with the Drug
20 Enforcement Agency to delegate the authority to prescribe
21 controlled substances.

22 (1) To prescribe Schedule II, III, IV, or V controlled
23 substances under this Section, a physician assistant must
24 obtain a mid-level practitioner controlled substances
25 license. Medication orders issued by a physician assistant
26 shall be reviewed periodically by the collaborating

1 physician.

2 (2) The collaborating physician shall file with the
3 Department notice of delegation of prescriptive authority
4 to a physician assistant and termination of delegation,
5 specifying the authority delegated or terminated. Upon
6 receipt of this notice delegating authority to prescribe
7 controlled substances, the physician assistant shall be
8 eligible to register for a mid-level practitioner
9 controlled substances license under Section 303.05 of the
10 Illinois Controlled Substances Act. Nothing in this Act
11 shall be construed to limit the delegation of tasks or
12 duties by the collaborating physician to a nurse or other
13 appropriately trained persons in accordance with Section
14 54.2 of the Medical Practice Act of 1987.

15 (3) In addition to the requirements of this subsection
16 (b), a collaborating physician may, but is not required to,
17 delegate authority to a physician assistant to prescribe
18 Schedule II controlled substances, if all of the following
19 conditions apply:

20 (A) Specific Schedule II controlled substances by
21 oral dosage or topical or transdermal application may
22 be delegated, provided that the delegated Schedule II
23 controlled substances are routinely prescribed by the
24 collaborating physician. This delegation must identify
25 the specific Schedule II controlled substances by
26 either brand name or generic name. Schedule II

1 controlled substances to be delivered by injection or
2 other route of administration may not be delegated.

3 (B) (Blank).

4 (C) Any prescription must be limited to no more
5 than a 30-day supply, with any continuation authorized
6 only after prior approval of the collaborating
7 physician.

8 (D) The physician assistant must discuss the
9 condition of any patients for whom a controlled
10 substance is prescribed monthly with the collaborating
11 physician.

12 (E) The physician assistant meets the education
13 requirements of Section 303.05 of the Illinois
14 Controlled Substances Act.

15 (c) Nothing in this Act shall be construed to limit the
16 delegation of tasks or duties by a physician to a licensed
17 practical nurse, a registered professional nurse, or other
18 persons. Nothing in this Act shall be construed to limit the
19 method of delegation that may be authorized by any means,
20 including, but not limited to, oral, written, electronic,
21 standing orders, protocols, guidelines, or verbal orders.
22 Nothing in this Act shall be construed to authorize a physician
23 assistant to provide health care services required by law or
24 rule to be performed by a physician. ~~Nothing in this Act shall~~
25 ~~be construed to authorize the delegation or performance of~~
26 ~~operative surgery. Nothing in this Section shall be construed~~

1 ~~to preclude a physician assistant from assisting in surgery.~~

2 (c-5) Nothing in this Section shall be construed to apply
3 to any medication authority, including Schedule II controlled
4 substances of a licensed physician assistant for care provided
5 in a hospital, hospital affiliate, or ambulatory surgical
6 treatment center pursuant to Section 7.7 of this Act.

7 (d) (Blank).

8 (e) Nothing in this Section shall be construed to prohibit
9 generic substitution.

10 (Source: P.A. 100-453, eff. 8-25-17; 101-13, eff. 6-12-19.)

11 Section 655. The Vital Records Act is amended by changing
12 Section 1 as follows:

13 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

14 Sec. 1. As used in this Act, unless the context otherwise
15 requires:

16 (1) "Vital records" means records of births, deaths, fetal
17 deaths, marriages, dissolution of marriages, and data related
18 thereto.

19 (2) "System of vital records" includes the registration,
20 collection, preservation, amendment, and certification of
21 vital records, and activities related thereto.

22 (3) "Filing" means the presentation of a certificate,
23 report, or other record provided for in this Act, of a birth,
24 death, fetal death, adoption, marriage, or dissolution of

1 marriage, for registration by the Office of Vital Records.

2 (4) "Registration" means the acceptance by the Office of
3 Vital Records and the incorporation in its official records of
4 certificates, reports, or other records provided for in this
5 Act, of births, deaths, fetal deaths, adoptions, marriages, or
6 dissolution of marriages.

7 (5) "Live birth" means the complete expulsion or extraction
8 from its mother of a product of human conception, irrespective
9 of the duration of pregnancy, which after such separation
10 breathes or shows any other evidence of life such as beating of
11 the heart, pulsation of the umbilical cord, or definite
12 movement of voluntary muscles, whether or not the umbilical
13 cord has been cut or the placenta is attached.

14 (6) "Fetal death" means death prior to the complete
15 expulsion or extraction from ~~the uterus~~ its mother of a product
16 of human conception, irrespective of the duration of pregnancy,
17 ~~and which is not due to an abortion as defined in Section 1-10~~
18 ~~of the Reproductive Health Act. ; The~~ the death is indicated by
19 the fact that after such separation the fetus does not breathe
20 or show any other evidence of life such as beating of the
21 heart, pulsation of the umbilical cord, or definite movement of
22 voluntary muscles.

23 (7) "Dead body" means a lifeless human body or parts of
24 such body or bones thereof from the state of which it may
25 reasonably be concluded that death has occurred.

26 (8) "Final disposition" means the burial, cremation, or

1 other disposition of a dead human body or fetus or parts
2 thereof.

3 (9) "Physician" means a person licensed to practice
4 medicine in Illinois or any other state.

5 (10) "Institution" means any establishment, public or
6 private, which provides in-patient medical, surgical, or
7 diagnostic care or treatment, or nursing, custodial, or
8 domiciliary care to 2 or more unrelated individuals, or to
9 which persons are committed by law.

10 (11) "Department" means the Department of Public Health of
11 the State of Illinois.

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

14 (13) "Licensed health care professional" means a person
15 licensed to practice as a physician, advanced practice
16 registered nurse, or physician assistant in Illinois or any
17 other state.

18 (14) "Licensed mental health professional" means a person
19 who is licensed or registered to provide mental health services
20 by the Department of Financial and Professional Regulation or a
21 board of registration duly authorized to register or grant
22 licenses to persons engaged in the practice of providing mental
23 health services in Illinois or any other state.

24 (15) "Intersex condition" means a condition in which a
25 person is born with a reproductive or sexual anatomy or
26 chromosome pattern that does not fit typical definitions of

1 male or female.

2 (16) "Homeless person" means an individual who meets the
3 definition of "homeless" under Section 103 of the federal
4 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an
5 individual residing in any of the living situations described
6 in 42 U.S.C. 11434a(2).

7 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;
8 100-863, eff. 8-14-18; 101-13, eff. 6-12-19.)

9 Section 660. The Environmental Protection Act is amended by
10 changing Section 56.1 as follows:

11 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

12 Sec. 56.1. Acts prohibited.

13 (A) No person shall:

14 (a) Cause or allow the disposal of any potentially
15 infectious medical waste. Sharps may be disposed in any
16 landfill permitted by the Agency under Section 21 of this
17 Act to accept municipal waste for disposal, if both:

18 (1) the infectious potential has been eliminated
19 from the sharps by treatment; and

20 (2) the sharps are packaged in accordance with
21 Board regulations.

22 (b) Cause or allow the delivery of any potentially
23 infectious medical waste for transport, storage,
24 treatment, or transfer except in accordance with Board

1 regulations.

2 (c) Beginning July 1, 1992, cause or allow the delivery
3 of any potentially infectious medical waste to a person or
4 facility for storage, treatment, or transfer that does not
5 have a permit issued by the agency to receive potentially
6 infectious medical waste, unless no permit is required
7 under subsection (g) (1).

8 (d) Beginning July 1, 1992, cause or allow the delivery
9 or transfer of any potentially infectious medical waste for
10 transport unless:

11 (1) the transporter has a permit issued by the
12 Agency to transport potentially infectious medical
13 waste, or the transporter is exempt from the permit
14 requirement set forth in subsection (f) (1).

15 (2) a potentially infectious medical waste
16 manifest is completed for the waste if a manifest is
17 required under subsection (h).

18 (e) Cause or allow the acceptance of any potentially
19 infectious medical waste for purposes of transport,
20 storage, treatment, or transfer except in accordance with
21 Board regulations.

22 (f) Beginning July 1, 1992, conduct any potentially
23 infectious medical waste transportation operation:

24 (1) Without a permit issued by the Agency to
25 transport potentially infectious medical waste. No
26 permit is required under this provision (f) (1) for:

1 (A) a person transporting potentially
2 infectious medical waste generated solely by that
3 person's activities;

4 (B) noncommercial transportation of less than
5 50 pounds of potentially infectious medical waste
6 at any one time; or

7 (C) the U.S. Postal Service.

8 (2) In violation of any condition of any permit
9 issued by the Agency under this Act.

10 (3) In violation of any regulation adopted by the
11 Board.

12 (4) In violation of any order adopted by the Board
13 under this Act.

14 (g) Beginning July 1, 1992, conduct any potentially
15 infectious medical waste treatment, storage, or transfer
16 operation:

17 (1) without a permit issued by the Agency that
18 specifically authorizes the treatment, storage, or
19 transfer of potentially infectious medical waste. No
20 permit is required under this subsection (g) or
21 subsection (d) (1) of Section 21 for any:

22 (A) Person conducting a potentially infectious
23 medical waste treatment, storage, or transfer
24 operation for potentially infectious medical waste
25 generated by the person's own activities that are
26 treated, stored, or transferred within the site

1 where the potentially infectious medical waste is
2 generated.

3 (B) Hospital that treats, stores, or transfers
4 only potentially infectious medical waste
5 generated by its own activities or by members of
6 its medical staff.

7 (C) Sharps collection station that is operated
8 in accordance with Section 56.7.

9 (2) in violation of any condition of any permit
10 issued by the Agency under this Act.

11 (3) in violation of any regulation adopted by the
12 Board.

13 (4) In violation of any order adopted by the Board
14 under this Act.

15 (h) Transport potentially infectious medical waste
16 unless the transporter carries a completed potentially
17 infectious medical waste manifest. No manifest is required
18 for the transportation of:

19 (1) potentially infectious medical waste being
20 transported by generators who generated the waste by
21 their own activities, when the potentially infectious
22 medical waste is transported within or between sites or
23 facilities owned, controlled, or operated by that
24 person;

25 (2) less than 50 pounds of potentially infectious
26 medical waste at any one time for a noncommercial

1 transportation activity; or

2 (3) potentially infectious medical waste by the
3 U.S. Postal Service.

4 (i) Offer for transportation, transport, deliver,
5 receive or accept potentially infectious medical waste for
6 which a manifest is required, unless the manifest indicates
7 that the fee required under Section 56.4 of this Act has
8 been paid.

9 (j) Beginning January 1, 1994, conduct a potentially
10 infectious medical waste treatment operation at an
11 incinerator in existence on the effective date of this
12 Title in violation of emission standards established for
13 these incinerators under Section 129 of the Clean Air Act
14 (42 USC 7429), as amended.

15 (k) Beginning July 1, 2015, knowingly mix household
16 sharps, including, but not limited to, hypodermic,
17 intravenous, or other medical needles or syringes or other
18 medical household waste containing used or unused sharps,
19 including, but not limited to, hypodermic, intravenous, or
20 other medical needles or syringes or other sharps, with any
21 other material intended for collection as a recyclable
22 material by a residential hauler.

23 (l) Beginning on July 1, 2015, knowingly place
24 household sharps into a container intended for collection
25 by a residential hauler for processing at a recycling
26 center.

1 (B) In making its orders and determinations relative to
2 penalties, if any, to be imposed for violating subdivision
3 (A)(a) of this Section, the Board, in addition to the factors
4 in Sections 33(c) and 42(h) of this Act, or the Court shall
5 take into consideration whether the owner or operator of the
6 landfill reasonably relied on written statements from the
7 person generating or treating the waste that the waste is not
8 potentially infectious medical waste.

9 ~~(C) Notwithstanding subsection (A) or any other provision~~
10 ~~of law, including the Vital Records Act, tissue and products~~
11 ~~from an abortion, as defined in Section 1-10 of the~~
12 ~~Reproductive Health Act, or a miscarriage may be buried,~~
13 ~~entombed, or cremated.~~

14 (Source: P.A. 101-13, eff. 6-12-19.)

15 Section 665. The Criminal Code of 2012 is amended by
16 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

17 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

18 Sec. 9-1.2. Intentional Homicide of an Unborn Child.

19 (a) A person commits the offense of intentional homicide of
20 an unborn child if, in performing acts which cause the death of
21 an unborn child, he without lawful justification:

22 (1) either intended to cause the death of or do great
23 bodily harm to the pregnant ~~individual~~ woman or her unborn
24 child or knew that such acts would cause death or great

1 bodily harm to the pregnant ~~individual~~ woman or her unborn
2 child; or

3 (2) knew that his acts created a strong probability of
4 death or great bodily harm to the pregnant ~~individual~~ woman
5 or her unborn child; and

6 (3) knew that the ~~individual~~ woman was pregnant.

7 (b) For purposes of this Section, (1) "unborn child" shall
8 mean any individual of the human species from ~~the implantation~~
9 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
10 not include the pregnant woman whose unborn child is killed.

11 (c) This Section shall not apply to acts which cause the
12 death of an unborn child if those acts were committed during
13 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
14 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2019, as
15 amended, to which the pregnant ~~individual~~ woman has consented.
16 This Section shall not apply to acts which were committed
17 pursuant to usual and customary standards of medical practice
18 during diagnostic testing or therapeutic treatment.

19 (d) Penalty. The sentence for intentional homicide of an
20 unborn child shall be the same as for first degree murder,
21 except that:

22 (1) the death penalty may not be imposed;

23 (2) if the person committed the offense while armed
24 with a firearm, 15 years shall be added to the term of
25 imprisonment imposed by the court;

26 (3) if, during the commission of the offense, the

1 person personally discharged a firearm, 20 years shall be
2 added to the term of imprisonment imposed by the court;

3 (4) if, during the commission of the offense, the
4 person personally discharged a firearm that proximately
5 caused great bodily harm, permanent disability, permanent
6 disfigurement, or death to another person, 25 years or up
7 to a term of natural life shall be added to the term of
8 imprisonment imposed by the court.

9 (e) The provisions of this Act shall not be construed to
10 prohibit the prosecution of any person under any other
11 provision of law.

12 (Source: P.A. 101-13, eff. 6-12-19.)

13 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

14 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)
15 A person who kills an unborn child without lawful justification
16 commits voluntary manslaughter of an unborn child if at the
17 time of the killing he is acting under a sudden and intense
18 passion resulting from serious provocation by another whom the
19 offender endeavors to kill, but he negligently or accidentally
20 causes the death of the unborn child.

21 Serious provocation is conduct sufficient to excite an
22 intense passion in a reasonable person.

23 (b) A person who intentionally or knowingly kills an unborn
24 child commits voluntary manslaughter of an unborn child if at
25 the time of the killing he believes the circumstances to be

1 such that, if they existed, would justify or exonerate the
2 killing under the principles stated in Article 7 of this Code,
3 but his belief is unreasonable.

4 (c) Sentence. Voluntary Manslaughter of an unborn child is
5 a Class 1 felony.

6 (d) For purposes of this Section, (1) "unborn child" shall
7 mean any individual of the human species from ~~the implantation~~
8 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
9 not include the pregnant ~~individual~~ woman whose unborn child is
10 killed.

11 (e) This Section shall not apply to acts which cause the
12 death of an unborn child if those acts were committed during
13 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
14 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2019, as
15 amended, to which the pregnant ~~individual~~ woman has consented.
16 This Section shall not apply to acts which were committed
17 pursuant to usual and customary standards of medical practice
18 during diagnostic testing or therapeutic treatment.

19 (Source: P.A. 101-13, eff. 6-12-19.)

20 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

21 Sec. 9-3.2. Involuntary Manslaughter and Reckless Homicide
22 of an Unborn Child. (a) A person who unintentionally kills an
23 unborn child without lawful justification commits involuntary
24 manslaughter of an unborn child if his acts whether lawful or
25 unlawful which cause the death are such as are likely to cause

1 death or great bodily harm to some individual, and he performs
2 them recklessly, except in cases in which the cause of death
3 consists of the driving of a motor vehicle, in which case the
4 person commits reckless homicide of an unborn child.

5 (b) Sentence.

6 (1) Involuntary manslaughter of an unborn child is a Class
7 3 felony.

8 (2) Reckless homicide of an unborn child is a Class 3
9 felony.

10 (c) For purposes of this Section, (1) "unborn child" shall
11 mean any individual of the human species from ~~the implantation~~
12 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
13 not include the pregnant ~~individual~~ woman whose unborn child is
14 killed.

15 (d) This Section shall not apply to acts which cause the
16 death of an unborn child if those acts were committed during
17 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
18 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2019, as
19 amended, to which the pregnant ~~individual~~ woman has consented.
20 This Section shall not apply to acts which were committed
21 pursuant to usual and customary standards of medical practice
22 during diagnostic testing or therapeutic treatment.

23 (e) The provisions of this Section shall not be construed
24 to prohibit the prosecution of any person under any other
25 provision of law, nor shall it be construed to preclude any
26 civil cause of action.

1 (Source: P.A. 101-13, eff. 6-12-19.)

2 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

3 Sec. 12-3.1. Battery of an unborn child; aggravated battery
4 of an unborn child.

5 (a) A person commits battery of an unborn child if he or
6 she knowingly without legal justification and by any means
7 causes bodily harm to an unborn child.

8 (a-5) A person commits aggravated battery of an unborn
9 child when, in committing a battery of an unborn child, he or
10 she knowingly causes great bodily harm or permanent disability
11 or disfigurement to an unborn child.

12 (b) For purposes of this Section, (1) "unborn child" shall
13 mean any individual of the human species from ~~the implantation~~
14 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
15 not include the pregnant ~~individual~~ woman whose unborn child is
16 harmed.

17 (c) Sentence. Battery of an unborn child is a Class A
18 misdemeanor. Aggravated battery of an unborn child is a Class 2
19 felony.

20 (d) This Section shall not apply to acts which cause bodily
21 harm to an unborn child if those acts were committed during any
22 abortion, as defined in ~~Section 1-10 of the Reproductive Health~~
23 ~~Act,~~ Section 2 of the Illinois Abortion Law of 2019, as
24 amended, to which the pregnant ~~individual~~ woman has consented.
25 This Section shall not apply to acts which were committed

1 pursuant to usual and customary standards of medical practice
2 during diagnostic testing or therapeutic treatment.

3 (Source: P.A. 101-13, eff. 6-12-19.)

4 Section 670. The Code of Civil Procedure is amended by
5 changing Section 8-802 as follows:

6 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

7 Sec. 8-802. Physician and patient. No physician or surgeon
8 shall be permitted to disclose any information he or she may
9 have acquired in attending any patient in a professional
10 character, necessary to enable him or her professionally to
11 serve the patient, except only (1) in trials for homicide when
12 the disclosure relates directly to the fact or immediate
13 circumstances of the homicide, (2) in actions, civil or
14 criminal, against the physician for malpractice, (3) with the
15 expressed consent of the patient, or in case of his or her
16 death or disability, of his or her personal representative or
17 other person authorized to sue for personal injury or of the
18 beneficiary of an insurance policy on his or her life, health,
19 or physical condition, or as authorized by Section 8-2001.5,
20 (4) in all actions brought by or against the patient, his or
21 her personal representative, a beneficiary under a policy of
22 insurance, or the executor or administrator of his or her
23 estate wherein the patient's physical or mental condition is an
24 issue, (5) upon an issue as to the validity of a document as a

1 will of the patient, (6) ~~(blank)~~ in any criminal action where
2 the charge is either first degree murder by abortion, attempted
3 abortion or abortion, (7) in actions, civil or criminal,
4 arising from the filing of a report in compliance with the
5 Abused and Neglected Child Reporting Act, (8) to any
6 department, agency, institution or facility which has custody
7 of the patient pursuant to State statute or any court order of
8 commitment, (9) in prosecutions where written results of blood
9 alcohol tests are admissible pursuant to Section 11-501.4 of
10 the Illinois Vehicle Code, (10) in prosecutions where written
11 results of blood alcohol tests are admissible under Section
12 5-11a of the Boat Registration and Safety Act, (11) in criminal
13 actions arising from the filing of a report of suspected
14 terrorist offense in compliance with Section 29D-10(p)(7) of
15 the Criminal Code of 2012, (12) upon the issuance of a subpoena
16 pursuant to Section 38 of the Medical Practice Act of 1987; the
17 issuance of a subpoena pursuant to Section 25.1 of the Illinois
18 Dental Practice Act; the issuance of a subpoena pursuant to
19 Section 22 of the Nursing Home Administrators Licensing and
20 Disciplinary Act; or the issuance of a subpoena pursuant to
21 Section 25.5 of the Workers' Compensation Act, (13) upon the
22 issuance of a grand jury subpoena pursuant to Article 112 of
23 the Code of Criminal Procedure of 1963, or (14) to or through a
24 health information exchange, as that term is defined in Section
25 2 of the Mental Health and Developmental Disabilities
26 Confidentiality Act, in accordance with State or federal law.

1 Upon disclosure under item (13) of this Section, in any
2 criminal action where the charge is domestic battery,
3 aggravated domestic battery, or an offense under Article 11 of
4 the Criminal Code of 2012 or where the patient is under the age
5 of 18 years or upon the request of the patient, the State's
6 Attorney shall petition the court for a protective order
7 pursuant to Supreme Court Rule 415.

8 In the event of a conflict between the application of this
9 Section and the Mental Health and Developmental Disabilities
10 Confidentiality Act to a specific situation, the provisions of
11 the Mental Health and Developmental Disabilities
12 Confidentiality Act shall control.

13 (Source: P.A. 101-13, eff. 6-12-19.)

14 Section 673. The Health Care Right of Conscience Act is
15 amended by changing Section 3 as follows:

16 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

17 Sec. 3. Definitions. As used in this Act, unless the
18 context clearly otherwise requires:

19 (a) "Health care" means any phase of patient care,
20 including but not limited to, testing; diagnosis;
21 prognosis; ancillary research; instructions; family
22 planning, counselling, referrals, or any other advice in
23 connection with the use or procurement of contraceptives
24 and sterilization or abortion procedures; medication; or

1 surgery or other care or treatment rendered by a physician
2 or physicians, nurses, paraprofessionals or health care
3 facility, intended for the physical, emotional, and mental
4 well-being of persons; ~~or an abortion as defined by the~~
5 ~~Reproductive Health Act;~~

6 (b) "Physician" means any person who is licensed by the
7 State of Illinois under the Medical Practice Act of 1987;

8 (c) "Health care personnel" means any nurse, nurses'
9 aide, medical school student, professional,
10 paraprofessional or any other person who furnishes, or
11 assists in the furnishing of, health care services;

12 (d) "Health care facility" means any public or private
13 hospital, clinic, center, medical school, medical training
14 institution, laboratory or diagnostic facility,
15 physician's office, infirmary, dispensary, ambulatory
16 surgical treatment center or other institution or location
17 wherein health care services are provided to any person,
18 including physician organizations and associations,
19 networks, joint ventures, and all other combinations of
20 those organizations;

21 (e) "Conscience" means a sincerely held set of moral
22 convictions arising from belief in and relation to God, or
23 which, though not so derived, arises from a place in the
24 life of its possessor parallel to that filled by God among
25 adherents to religious faiths;

26 (f) "Health care payer" means a health maintenance

1 organization, insurance company, management services
2 organization, or any other entity that pays for or arranges
3 for the payment of any health care or medical care service,
4 procedure, or product; and

5 (g) "Undue delay" means unreasonable delay that causes
6 impairment of the patient's health.

7 The above definitions include not only the traditional
8 combinations and forms of these persons and organizations but
9 also all new and emerging forms and combinations of these
10 persons and organizations.

11 (Source: P.A. 101-13, eff. 6-12-19.)

12 Section 675. The Rights of Married Persons Act is amended
13 by changing Section 15 as follows:

14 (750 ILCS 65/15) (from Ch. 40, par. 1015)

15 Sec. 15. (a)(1) The expenses of the family and of the
16 education of the children shall be chargeable upon the property
17 of both husband and wife, or of either of them, in favor of
18 creditors therefor, and in relation thereto they may be sued
19 jointly or separately.

20 (2) No creditor, who has a claim against a spouse or former
21 spouse for an expense incurred by that spouse or former spouse
22 which is not a family expense, shall maintain an action against
23 the other spouse or former spouse for that expense except:

24 (A) an expense for which the other spouse or former spouse

1 agreed, in writing, to be liable; or

2 (B) an expense for goods or merchandise purchased by or in
3 the possession of the other spouse or former spouse, or for
4 services ordered by the other spouse or former spouse.

5 (3) Any creditor who maintains an action in violation of
6 this subsection (a) for an expense other than a family expense
7 against a spouse or former spouse other than the spouse or
8 former spouse who incurred the expense, shall be liable to the
9 other spouse or former spouse for his or her costs, expenses
10 and attorney's fees incurred in defending the action.

11 (4) No creditor shall, with respect to any claim against a
12 spouse or former spouse for which the creditor is prohibited
13 under this subsection (a) from maintaining an action against
14 the other spouse or former spouse, engage in any collection
15 efforts against the other spouse or former spouse, including,
16 but not limited to, informal or formal collection attempts,
17 referral of the claim to a collector or collection agency for
18 collection from the other spouse or former spouse, or making
19 any representation to a credit reporting agency that the other
20 spouse or former spouse is any way liable for payment of the
21 claim.

22 (b) ~~(Blank)~~. No spouse shall be liable for any expense
23 incurred by the other spouse when an abortion is performed on
24 such spouse, without the consent of such other spouse, unless
25 the physician who performed the abortion certifies that such
26 abortion is necessary to preserve the life of the spouse who

1 obtained such abortion.

2 (c) ~~(Blank)~~. No parent shall be liable for any expense
3 incurred by his or her minor child when an abortion is
4 performed on such minor child without the consent of both
5 parents of such child, if they both have custody, or the parent
6 having custody, or legal guardian of such child, unless the
7 physician who performed the abortion certifies that such
8 abortion is necessary to preserve the life of the minor child
9 who obtained such abortion.

10 (Source: P.A. 101-13, eff. 6-12-19.)

11 Article 7.

12 Section 705. Effective date. This Act takes effect upon
13 becoming law.

1 INDEX
2 Statutes amended in order of appearance

3 New Act

4 775 ILCS 55/Act rep.

5 210 ILCS 5/6.2 new

6 410 ILCS 70/9.1 new

7 735 ILCS 5/11-107.1a new

8 5 ILCS 375/6.11

9 20 ILCS 505/5 from Ch. 23, par. 5005

10 5 ILCS 140/7.5

11 55 ILCS 5/3-3013 from Ch. 34, par. 3-3013

12 210 ILCS 5/2 from Ch. 111 1/2, par. 157-8.2

13 210 ILCS 5/3 from Ch. 111 1/2, par. 157-8.3

14 215 ILCS 5/356z.4

15 215 ILCS 5/356z.4a rep.

16 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

17 215 ILCS 165/10 from Ch. 32, par. 604

18 225 ILCS 60/22 from Ch. 111, par. 4400-22

19 225 ILCS 60/36 from Ch. 111, par. 4400-36

20 225 ILCS 65/65-35 was 225 ILCS 65/15-15

21 225 ILCS 65/65-43

22 225 ILCS 95/7.5

23 410 ILCS 535/1 from Ch. 111 1/2, par. 73-1

24 415 ILCS 5/56.1 from Ch. 111 1/2, par. 1056.1

25 720 ILCS 5/9-1.2 from Ch. 38, par. 9-1.2

- 1 720 ILCS 5/9-2.1 from Ch. 38, par. 9-2.1
- 2 720 ILCS 5/9-3.2 from Ch. 38, par. 9-3.2
- 3 720 ILCS 5/12-3.1 from Ch. 38, par. 12-3.1
- 4 735 ILCS 5/8-802 from Ch. 110, par. 8-802
- 5 745 ILCS 70/3 from Ch. 111 1/2, par. 5303
- 6 750 ILCS 65/15 from Ch. 40, par. 1015