

1 AN ACT concerning health.

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

4 Article 1. REPRODUCTIVE HEALTH ACT

5 Section 1-1. Short title. This Act may be cited as the  
6 Reproductive Health Act.

7 Section 1-5. Scope. This Act sets forth the fundamental  
8 rights of individuals to make autonomous decisions about one's  
9 own reproductive health, including the fundamental right to use  
10 or refuse reproductive health care. This includes the  
11 fundamental right of an individual to use or refuse  
12 contraception or sterilization, and to make autonomous  
13 decisions about how to exercise that right; and the fundamental  
14 right of an individual who becomes pregnant to continue the  
15 pregnancy and give birth to a child, or to have an abortion,  
16 and to make autonomous decisions about how to exercise that  
17 right. This Act restricts the ability of the State to deny,  
18 interfere with, or discriminate against these fundamental  
19 rights.

20 The purposes of this Act are:

21 (1) To establish laws and policies that protect  
22 individual decision-making in the area of reproductive

1 health and that support access to the full scope of quality  
2 reproductive health care for all in our State; and

3 (2) To permit regulation of reproductive health care,  
4 including contraception, abortion, and maternity care,  
5 only to the extent that such regulation is narrowly  
6 tailored to protect a compelling State interest, which for  
7 the purposes of this Act means: consistent with accepted  
8 standards of clinical practice, evidence based, and  
9 narrowly tailored for the limited purpose of protecting the  
10 health of people seeking such care and in the manner that  
11 least restricts a person's autonomous decision-making.

12 Section 1-10. Definitions. As used in this Act:

13 "Abortion" means the use of any instrument, medicine, drug,  
14 or any other substance or device to terminate the pregnancy of  
15 an individual known to be pregnant with an intention other than  
16 to increase the probability of a live birth, to preserve the  
17 life or health of the child after live birth, or to remove a  
18 dead fetus.

19 "Advanced practice registered nurse" has the same meaning  
20 as it does in Section 50-10 of the Nurse Practice Act.

21 "Department" means the Illinois Department of Public  
22 Health.

23 "Fetal viability" means that, in the professional judgment  
24 of the attending health care professional, based on the  
25 particular facts of the case, there is a significant likelihood

1 of a fetus' sustained survival outside the uterus without the  
2 application of extraordinary medical measures.

3 "Health care professional" means a person who is licensed  
4 as a physician, advanced practice registered nurse, or  
5 physician assistant.

6 "Health of the patient" means all factors that are relevant  
7 to the patient's health and well-being, including, but not  
8 limited to, physical, emotional, psychological, and familial  
9 health and age.

10 "Maternity care" means the health care provided in relation  
11 to pregnancy, labor and childbirth, and the postpartum period,  
12 and includes prenatal care, care during labor and birthing, and  
13 postpartum care extending through one-year postpartum.  
14 Maternity care shall, seek to optimize positive outcomes for  
15 the patient, and be provided on the basis of the physical and  
16 psychosocial needs of the patient. Notwithstanding any of the  
17 above, all care shall be subject to the informed and voluntary  
18 consent of the patient, or the patient's legal proxy, when the  
19 patient is unable to give consent.

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

22 "Physician assistant" has the same meaning as it does in  
23 Section 4 of the Physician Assistant Practice Act of 1987.

24 "Pregnancy" means the human reproductive process,  
25 beginning with the implantation of an embryo.

26 "Prevailing party" has the same meaning as in the Illinois

1 Civil Rights Act of 2003.

2 "Reproductive health care" means health care offered,  
3 arranged, or furnished for the purpose of preventing pregnancy,  
4 terminating a pregnancy, managing pregnancy loss, or improving  
5 maternal health and birth outcomes. Reproductive health care  
6 includes, but is not limited to: contraception; sterilization;  
7 preconception care; maternity care; abortion care; and  
8 counseling regarding reproductive health care.

9 "State" includes any branch, department, agency,  
10 instrumentality, and official or other person acting under  
11 color of law of this State or a political subdivision of the  
12 State, including any unit of local government (including a home  
13 rule unit), school district, instrumentality, or public  
14 subdivision.

15 Section 1-15. Fundamental reproductive health rights.

16 (a) Every individual has a fundamental right to make  
17 autonomous decisions about the individual's own reproductive  
18 health, including the fundamental right to use or refuse  
19 reproductive health care.

20 (b) Every individual who becomes pregnant has a fundamental  
21 right to continue the pregnancy and give birth or to have an  
22 abortion, and to make autonomous decisions about how to  
23 exercise that right.

24 (c) A fertilized egg, embryo, or fetus does not have  
25 independent rights under the laws of this State.

1 Section 1-20. Prohibited State actions; causes of action.

2 (a) The State shall not:

3 (1) deny, restrict, interfere with, or discriminate  
4 against an individual's exercise of the fundamental rights  
5 set forth in this Act, including individuals under State  
6 custody, control, or supervision; or

7 (2) prosecute, punish, or otherwise deprive any  
8 individual of the individual's rights for any act or  
9 failure to act during the individual's own pregnancy, if  
10 the predominant basis for such prosecution, punishment, or  
11 deprivation of rights is the potential, actual, or  
12 perceived impact on the pregnancy or its outcomes or on the  
13 pregnant individual's own health.

14 (b) Any party aggrieved by conduct or regulation in  
15 violation of this Act may bring a civil lawsuit, in a federal  
16 district court or State circuit court, against the offending  
17 unit of government. Any State claim brought in federal district  
18 court shall be a supplemental claim to a federal claim.

19 (c) Upon motion, a court shall award reasonable attorney's  
20 fees and costs, including expert witness fees and other  
21 litigation expenses, to a plaintiff who is a prevailing party  
22 in any action brought pursuant to this Section. In awarding  
23 reasonable attorney's fees, the court shall consider the degree  
24 to which the relief obtained relates to the relief sought.

1 Section 1-25. Reporting of abortions performed by health  
2 care professionals.

3 (a) A health care professional may provide abortion care in  
4 accordance with the health care professional's professional  
5 judgment and training and based on accepted standards of  
6 clinical practice consistent with the scope of his or her  
7 practice under the Medical Practice Act of 1987, the Nurse  
8 Practice Act, or the Physician Assistant Practice Act of 1987.  
9 If the health care professional determines that there is fetal  
10 viability, the health care professional may provide abortion  
11 care only if, in the professional judgment of the health care  
12 professional, the abortion is necessary to protect the life or  
13 health of the patient.

14 (b) A report of each abortion performed by a health care  
15 professional shall be made to the Department on forms  
16 prescribed by it. Such reports shall be transmitted to the  
17 Department not later than 10 days following the end of the  
18 month in which the abortion is performed.

19 (c) The abortion reporting forms prescribed by the  
20 Department shall not request or require information that  
21 identifies a patient by name or any other identifying  
22 information, and the Department shall secure anonymity of all  
23 patients and health care professionals.

24 (d) All reports received by the Department pursuant to this  
25 Section shall be treated as confidential and exempt from the  
26 Freedom of Information Act. Access to such reports shall be

1 limited to authorized Department staff who shall use the  
2 reports for statistical purposes only. Such reports must be  
3 destroyed within 2 years after date of receipt.

4 Section 1-30. Application.

5 (a) This Act applies to all State laws, ordinances,  
6 policies, procedures, practices, and governmental actions and  
7 their implementation, whether statutory or otherwise and  
8 whether adopted before or after the effective date of this Act.

9 (b) Nothing in this Act shall be construed to authorize the  
10 State to burden any individual's fundamental rights relating to  
11 reproductive health care.

12 Section 1-35. Home rule powers limitation. A unit of local  
13 government may enact ordinances, standards, rules, or  
14 regulations that protect an individual's ability to freely  
15 exercise the fundamental rights set forth in this Act in a  
16 manner or to an extent equal to or greater than the protection  
17 provided in this Act. A unit of local government may not  
18 regulate an individual's ability to freely exercise the  
19 fundamental rights set forth in this Act in a manner more  
20 restrictive than that set forth in this Act. This Section is a  
21 limitation under subsection (i) of Section 6 of Article VII of  
22 the Illinois Constitution on the concurrent exercise by home  
23 rule units of powers and functions exercised by the State.

1 Section 1-97. Severability. The provisions of this Act are  
2 severable under Section 1.31 of the Statute on Statutes.

3 Article 905. REPEALS

4 (210 ILCS 5/6.1 rep.)

5 Section 905-5. The Ambulatory Surgical Treatment Center  
6 Act is amended by repealing Section 6.1.

7 (410 ILCS 70/9 rep.)

8 Section 905-10. The Sexual Assault Survivors Emergency  
9 Treatment Act is amended by repealing Section 9.

10 (720 ILCS 510/Act rep.)

11 Section 905-15. The Illinois Abortion Law of 1975 is  
12 repealed.

13 (720 ILCS 513/Act rep.)

14 Section 905-20. The Partial-birth Abortion Ban Act is  
15 repealed.

16 (735 ILCS 5/11-107.1 rep.)

17 Section 905-25. The Code of Civil Procedure is amended by  
18 repealing Section 11-107.1.

19 (745 ILCS 30/Act rep.)



1 Section 905-30. The Abortion Performance Refusal Act is  
2 repealed.

3 Article 910. AMENDMENTS

4 Section 910-5. 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 (Text of Section before amendment by P.A. 100-1170)

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

22 Rulemaking authority to implement Public Act 95-1045, if  
23 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

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

9 (Text of Section after amendment by P.A. 100-1170)

10 Sec. 6.11. Required health benefits; Illinois Insurance  
11 Code requirements. The program of health benefits shall provide  
12 the post-mastectomy care benefits required to be covered by a  
13 policy of accident and health insurance under Section 356t of  
14 the Illinois Insurance Code. The program of health benefits  
15 shall provide the coverage required under Sections 356g,  
16 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
17 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
18 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,  
19 356z.29, and 356z.32 of the Illinois Insurance Code. The  
20 program of health benefits must comply with Sections 155.22a,  
21 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois  
22 Insurance Code. The Department of Insurance shall enforce the  
23 requirements of this Section with respect to Sections 370c and  
24 370c.1 of the Illinois Insurance Code; all other requirements  
25 of this Section shall be enforced by the Department of Central

1 Management Services.

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

8 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
9 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
10 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;  
11 100-1170, eff. 6-1-19.)

12 Section 910-10. The Children and Family Services Act is  
13 amended by changing Section 5 as follows:

14 (20 ILCS 505/5) (from Ch. 23, par. 5005)

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

19 (a) For purposes of this Section:

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

23 (A) were committed to the Department pursuant to  
24 the Juvenile Court Act or the Juvenile Court Act of

1 1987, as amended, prior to the age of 18 and who  
2 continue under the jurisdiction of the court; or

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

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

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

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

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

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

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

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

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

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

23 (G) (blank);

24 (H) (blank); and

25 (I) placing and maintaining children in facilities  
26 that provide separate living quarters for children

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

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

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

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

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

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

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

26 (d) The Director may authorize advance disbursements for

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

18 (e) (Blank).

19 (f) (Blank).

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

24 (1) adoption;

25 (2) foster care;

26 (3) family counseling;

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

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

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



1 individualized, program-oriented plan for such youth in care.  
2 The plan may be developed within the Department or through  
3 purchase of services by the Department to the extent that it is  
4 within its statutory authority to do.

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

8 (1) case management;

9 (2) homemakers;

10 (3) counseling;

11 (4) parent education;

12 (5) day care; and

13 (6) emergency assistance and advocacy.

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

16 (1) comprehensive family-based services;

17 (2) assessments;

18 (3) respite care; and

19 (4) in-home health services.

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

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

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

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

1 the Department if it were to provide or secure them as guardian  
2 of the child.

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

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

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

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

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

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

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

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

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

1           As soon as is possible after August 7, 2009 (the effective  
2 date of Public Act 96-134), the Department shall develop and  
3 implement a special program of family preservation services to  
4 support intact, foster, and adoptive families who are  
5 experiencing extreme hardships due to the difficulty and stress  
6 of caring for a child who has been diagnosed with a pervasive  
7 developmental disorder if the Department determines that those  
8 services are necessary to ensure the health and safety of the  
9 child. The Department may offer services to any family whether  
10 or not a report has been filed under the Abused and Neglected  
11 Child Reporting Act. The Department may refer the child or  
12 family to services available from other agencies in the  
13 community if the conditions in the child's or family's home are  
14 reasonably likely to subject the child or family to future  
15 reports of suspected child abuse or neglect. Acceptance of  
16 these services shall be voluntary. The Department shall develop  
17 and implement a public information campaign to alert health and  
18 social service providers and the general public about these  
19 special family preservation services. The nature and scope of  
20 the services offered and the number of families served under  
21 the special program implemented under this paragraph shall be  
22 determined by the level of funding that the Department annually  
23 allocates for this purpose. The term "pervasive developmental  
24 disorder" under this paragraph means a neurological condition,  
25 including but not limited to, Asperger's Syndrome and autism,  
26 as defined in the most recent edition of the Diagnostic and

1 Statistical Manual of Mental Disorders of the American  
2 Psychiatric Association.

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

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

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



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

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

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

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

1 (m) The Department may assume temporary custody of any  
2 child if:

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

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

10 If the child is found in his or her residence without a parent,  
11 guardian, custodian or responsible caretaker, the Department  
12 may, instead of removing the child and assuming temporary  
13 custody, place an authorized representative of the Department  
14 in that residence until such time as a parent, guardian or  
15 custodian enters the home and expresses a willingness and  
16 apparent ability to ensure the child's health and safety and  
17 resume permanent charge of the child, or until a relative  
18 enters the home and is willing and able to ensure the child's  
19 health and safety and assume charge of the child until a  
20 parent, guardian or custodian enters the home and expresses  
21 such willingness and ability to ensure the child's safety and  
22 resume permanent charge. After a caretaker has remained in the  
23 home for a period not to exceed 12 hours, the Department must  
24 follow those procedures outlined in Section 2-9, 3-11, 4-8, or  
25 5-415 of the Juvenile Court Act of 1987.

26 The Department shall have the authority, responsibilities

1 and duties that a legal custodian of the child would have  
2 pursuant to subsection (9) of Section 1-3 of the Juvenile Court  
3 Act of 1987. Whenever a child is taken into temporary custody  
4 pursuant to an investigation under the Abused and Neglected  
5 Child Reporting Act, or pursuant to a referral and acceptance  
6 under the Juvenile Court Act of 1987 of a minor in limited  
7 custody, the Department, during the period of temporary custody  
8 and before the child is brought before a judicial officer as  
9 required by Section 2-9, 3-11, 4-8, or 5-415 of the Juvenile  
10 Court Act of 1987, shall have the authority, responsibilities  
11 and duties that a legal custodian of the child would have under  
12 subsection (9) of Section 1-3 of the Juvenile Court Act of  
13 1987.

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

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

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

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

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

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

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

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

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

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

20 (p) (Blank).

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

1           The Department shall set up and administer no-cost,  
2 interest-bearing accounts in appropriate financial  
3 institutions for children for whom the Department is legally  
4 responsible and who have been determined eligible for Veterans'  
5 Benefits, Social Security benefits, assistance allotments from  
6 the armed forces, court ordered payments, parental voluntary  
7 payments, Supplemental Security Income, Railroad Retirement  
8 payments, Black Lung benefits, or other miscellaneous  
9 payments. Interest earned by each account shall be credited to  
10 the account, unless disbursed in accordance with this  
11 subsection.

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

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

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



1 disbursements from all children's accounts, up to 1/12 of  
2 \$13,000,000, shall be deposited by the Department into the  
3 General Revenue Fund and the balance over 1/12 of  
4 \$13,000,000 into the DCFS Children's Services Fund.

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

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

26 (s) The Department of Children and Family Services may

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

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

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

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

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

1 the costs incurred except in cases where the court has  
2 determined the parties are financially unable to pay. The court  
3 may order additional periodic reports as appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

1 abuse and neglect registry.

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

23 (x) The Department shall conduct annual credit history  
24 checks to determine the financial history of children placed  
25 under its guardianship pursuant to the Juvenile Court Act of  
26 1987. The Department shall conduct such credit checks starting

1 when a youth in care turns 12 years old and each year  
2 thereafter for the duration of the guardianship as terminated  
3 pursuant to the Juvenile Court Act of 1987. The Department  
4 shall determine if financial exploitation of the child's  
5 personal information has occurred. If financial exploitation  
6 appears to have taken place or is presently ongoing, the  
7 Department shall notify the proper law enforcement agency, the  
8 proper State's Attorney, or the Attorney General.

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

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



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

11 For purposes of this subsection:

12 "Background information" means all of the following:

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

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

26 (iii) Information obtained by the Department of

1 Children and Family Services after performing a check of  
2 the Child Abuse and Neglect Tracking System (CANTS)  
3 operated and maintained by the Department.

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

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

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

20 Section 910-15. The Freedom of Information Act is amended  
21 by changing Section 7.5 as follows:

22 (5 ILCS 140/7.5)

23 Sec. 7.5. Statutory exemptions. To the extent provided for  
24 by the statutes referenced below, the following shall be exempt

1 from inspection and copying:

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

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

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

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

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

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

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

1 Tuition Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25 (w) Personally identifiable information which is  
26 exempted from disclosure under subsection (g) of Section

1 19.1 of the Toll Highway Act.

2 (x) Information which is exempted from disclosure  
3 under Section 5-1014.3 of the Counties Code or Section  
4 8-11-21 of the Illinois Municipal Code.

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

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

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

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

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

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

1 (ee) Information that is exempted from disclosure  
2 under Section 30.1 of the Pharmacy Practice Act.

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

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

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

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

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

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

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

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

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



1 Act.

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

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

13 Section 910-20. The Counties Code is amended by changing  
14 Section 3-3013 as follows:

15 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

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

1 injury, or a complication of any of them, or by drowning or  
2 suffocation, or as a result of domestic violence as defined  
3 in the Illinois Domestic Violence Act of 1986;

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

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

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

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

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

23 In cases of accidental death involving a motor vehicle in  
24 which the decedent was (1) the operator or a suspected operator  
25 of a motor vehicle, or (2) a pedestrian 16 years of age or  
26 older, the coroner shall require that a blood specimen of at

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

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

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

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

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

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

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

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

25 In every case in which a fire is determined to be a  
26 contributing factor in a death, the coroner shall report the

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

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

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

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

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

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

15 Section 910-25. The Ambulatory Surgical Treatment Center  
16 Act is amended by changing Section 2, and 3 as follows:

17 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

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



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

6 (Source: P.A. 78-227.)

7 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

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

1 continued well being of the patients or shall be transferred to  
2 a hospital.

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

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

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

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

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

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

24 (6) Any facility in which the performance of abortion  
25 procedures, including procedures to terminate a pregnancy  
26 or to manage pregnancy loss, is limited to those performed

1 without general, epidural, or spinal anesthesia, and which  
2 is not otherwise required to be an ambulatory surgical  
3 treatment center. For purposes of this paragraph,  
4 "general, epidural, or spinal anesthesia" does not include  
5 local anesthesia or intravenous sedation. Nothing in this  
6 paragraph shall be construed to limit any such facility  
7 from voluntarily electing to apply for licensure as an  
8 ambulatory surgical treatment center.

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

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

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

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

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

20 (G) "Podiatric physician" means a person licensed to  
21 practice podiatry under the Podiatric Medical Practice Act of  
22 1987.

23 (Source: P.A. 98-214, eff. 8-9-13; 98-1123, eff. 1-1-15;  
24 99-180, eff. 7-29-15.)

25 Section 910-30. The Illinois Insurance Code is amended by

1 changing Section 356z.4 and adding 356z.4a as follows:

2 (215 ILCS 5/356z.4)

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

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

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

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

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

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

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

25 "Contraceptive services" includes consultations,

1 examinations, procedures, and medical services related to the  
2 use of contraceptive methods (including natural family  
3 planning) to prevent an unintended pregnancy.

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

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

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

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

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

26 (iv) they are adequately labeled; and

1 (v) they are manufactured in compliance with Current  
2 Good Manufacturing Practice regulations.

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

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

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

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

1 issuer must defer to the determination of the attending  
2 provider.

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

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

12 (B) Voluntary sterilization procedures.

13 (C) Contraceptive services, patient education, and  
14 counseling on contraception.

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

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

1 health savings account pursuant to the federal Internal Revenue  
2 Code, 26 U.S.C. 223.

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

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

21 (b) This subsection (b) shall become operative if and only  
22 if subsection (a) becomes inoperative.

23 An individual or group policy of accident and health  
24 insurance amended, delivered, issued, or renewed in this State  
25 after the date this subsection (b) becomes operative that  
26 provides coverage for outpatient services and outpatient



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

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

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

18 (c) (Blank). ~~Nothing in this Section shall be construed to~~  
19 ~~require an insurance company to cover services related to an~~  
20 ~~abortion as the term "abortion" is defined in the Illinois~~  
21 ~~Abortion Law of 1975.~~

22 (d) If a plan or issuer utilizes a network of providers,  
23 nothing in this Section shall be construed to require coverage  
24 or to prohibit the plan or issuer from imposing cost-sharing  
25 for items or services described in this Section that are  
26 provided or delivered by an out-of-network provider, unless the

1 plan or issuer does not have in its network a provider who is  
2 able to or is willing to provide the applicable items or  
3 services.

4 (Source: P.A. 99-672, eff. 1-1-17; 100-1102, eff. 1-1-19.)

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

6 Sec. 356z.4a. Coverage for abortion.

7 (a) Except as otherwise provided in this Section, no  
8 individual or group policy of accident and health insurance  
9 that provides pregnancy-related benefits may be issued,  
10 amended, delivered, or renewed in this State after the  
11 effective date of this amendatory Act of the 101st General  
12 Assembly unless the policy provides a covered person with  
13 coverage for abortion care.

14 (b) Coverage for abortion care may not impose any  
15 deductible, coinsurance, waiting period, or other cost-sharing  
16 limitation that is greater than that required for other  
17 pregnancy-related benefits covered by the policy.

18 (c) Except as otherwise authorized under this Section, a  
19 policy shall not impose any restrictions or delays on the  
20 coverage required under this Section.

21 (d) This Section does not, pursuant to 42 U.S.C.  
22 18054(a)(6), apply to a multistate plan that does not provide  
23 coverage for abortion.

24 (e) If the Department concludes that enforcement of this  
25 Section may adversely affect the allocation of federal funds to

1 this State, the Department may grant an exemption to the  
2 requirements, but only to the minimum extent necessary to  
3 ensure the continued receipt of federal funds.

4 Section 910-35. The Health Maintenance Organization Act is  
5 amended by changing Section 5-3 as follows:

6 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

7 Sec. 5-3. Insurance Code provisions.

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

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

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

3           (2) a corporation organized under the laws of this  
4 State; or

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

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

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

19           (2) (i) the criteria specified in subsection (1) (b) of  
20 Section 131.8 of the Illinois Insurance Code shall not  
21 apply and (ii) the Director, in making his determination  
22 with respect to the merger, consolidation, or other  
23 acquisition of control, need not take into account the  
24 effect on competition of the merger, consolidation, or  
25 other acquisition of control;

26           (3) the Director shall have the power to require the

1 following information:

2 (A) certification by an independent actuary of the  
3 adequacy of the reserves of the Health Maintenance  
4 Organization sought to be acquired;

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

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

16 (D) such other information as the Director shall  
17 require.

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

24 (e) In considering any management contract or service  
25 agreement subject to Section 141.1 of the Illinois Insurance  
26 Code, the Director (i) shall, in addition to the criteria

1 specified in Section 141.2 of the Illinois Insurance Code, take  
2 into account the effect of the management contract or service  
3 agreement on the continuation of benefits to enrollees and the  
4 financial condition of the health maintenance organization to  
5 be managed or serviced, and (ii) need not take into account the  
6 effect of the management contract or service agreement on  
7 competition.

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

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

21 (ii) the amount of the refund or additional premium  
22 shall not exceed 20% of the Health Maintenance  
23 Organization's profitable or unprofitable experience with  
24 respect to the group or other enrollment unit for the  
25 period (and, for purposes of a refund or additional  
26 premium, the profitable or unprofitable experience shall

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

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

22 In no event shall the Illinois Health Maintenance  
23 Organization Guaranty Association be liable to pay any  
24 contractual obligation of an insolvent organization to pay any  
25 refund authorized under this Section.

26 (g) Rulemaking authority to implement Public Act 95-1045,

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

6 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;  
7 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.  
8 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
9 10-4-18.)

10 Section 910-40. The Voluntary Health Services Plans Act is  
11 amended by changing Section 10 as follows:

12 (215 ILCS 165/10) (from Ch. 32, par. 604)

13 Sec. 10. Application of Insurance Code provisions. Health  
14 services plan corporations and all persons interested therein  
15 or dealing therewith shall be subject to the provisions of  
16 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
17 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,  
18 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,  
19 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
20 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
21 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
22 356z.30, 356z.32, 364.01, 367.2, 368a, 401, 401.1, 402, 403,  
23 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of  
24 Section 367 of the Illinois Insurance Code.



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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
8 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
9 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

10 Section 910-45. The Medical Practice Act of 1987 is amended  
11 by changing Section 22 and 36 as follows:

12 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

14 Sec. 22. Disciplinary action.

15 (A) The Department may revoke, suspend, place on probation,  
16 reprimand, refuse to issue or renew, or take any other  
17 disciplinary or non-disciplinary action as the Department may  
18 deem proper with regard to the license or permit of any person  
19 issued under this Act, including imposing fines not to exceed  
20 \$10,000 for each violation, upon any of the following grounds:

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

23 ~~(a) a facility licensed pursuant to the Ambulatory~~  
24 ~~Surgical Treatment Center Act;~~

1           ~~(b) an institution licensed under the Hospital~~  
2           ~~Licensing Act;~~

3           ~~(c) an ambulatory surgical treatment center or~~  
4           ~~hospitalization or care facility maintained by the~~  
5           ~~State or any agency thereof, where such department or~~  
6           ~~agency has authority under law to establish and enforce~~  
7           ~~standards for the ambulatory surgical treatment~~  
8           ~~centers, hospitalization, or care facilities under its~~  
9           ~~management and control;~~

10           ~~(d) ambulatory surgical treatment centers,~~  
11           ~~hospitalization or care facilities maintained by the~~  
12           ~~Federal Government; or~~

13           ~~(e) ambulatory surgical treatment centers,~~  
14           ~~hospitalization or care facilities maintained by any~~  
15           ~~university or college established under the laws of~~  
16           ~~this State and supported principally by public funds~~  
17           ~~raised by taxation.~~

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

21           (3) A plea of guilty or nolo contendere, finding of  
22           guilt, jury verdict, or entry of judgment or sentencing,  
23           including, but not limited to, convictions, preceding  
24           sentences of supervision, conditional discharge, or first  
25           offender probation, under the laws of any jurisdiction of  
26           the United States of any crime that is a felony.

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

2 (5) Engaging in dishonorable, unethical or  
3 unprofessional conduct of a character likely to deceive,  
4 defraud or harm the public.

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

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

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

13 (9) Fraud or misrepresentation in applying for, or  
14 procuring, a license under this Act or in connection with  
15 applying for renewal of a license under this Act.

16 (10) Making a false or misleading statement regarding  
17 their skill or the efficacy or value of the medicine,  
18 treatment, or remedy prescribed by them at their direction  
19 in the treatment of any disease or other condition of the  
20 body or mind.

21 (11) Allowing another person or organization to use  
22 their license, procured under this Act, to practice.

23 (12) Adverse action taken by another state or  
24 jurisdiction against a license or other authorization to  
25 practice as a medical doctor, doctor of osteopathy, doctor  
26 of osteopathic medicine or doctor of chiropractic, a

1 certified copy of the record of the action taken by the  
2 other state or jurisdiction being prima facie evidence  
3 thereof. This includes any adverse action taken by a State  
4 or federal agency that prohibits a medical doctor, doctor  
5 of osteopathy, doctor of osteopathic medicine, or doctor of  
6 chiropractic from providing services to the agency's  
7 participants.

8 (13) Violation of any provision of this Act or of the  
9 Medical Practice Act prior to the repeal of that Act, or  
10 violation of the rules, or a final administrative action of  
11 the Secretary, after consideration of the recommendation  
12 of the Disciplinary Board.

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

15 (15) A finding by the Disciplinary Board that the  
16 registrant after having his or her license placed on  
17 probationary status or subjected to conditions or  
18 restrictions violated the terms of the probation or failed  
19 to comply with such terms or conditions.

20 (16) Abandonment of a patient.

21 (17) Prescribing, selling, administering,  
22 distributing, giving or self-administering any drug  
23 classified as a controlled substance (designated product)  
24 or narcotic for other than medically accepted therapeutic  
25 purposes.

26 (18) Promotion of the sale of drugs, devices,

1 appliances or goods provided for a patient in such manner  
2 as to exploit the patient for financial gain of the  
3 physician.

4 (19) Offering, undertaking or agreeing to cure or treat  
5 disease by a secret method, procedure, treatment or  
6 medicine, or the treating, operating or prescribing for any  
7 human condition by a method, means or procedure which the  
8 licensee refuses to divulge upon demand of the Department.

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

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

18 (22) Willful omission to file or record, or willfully  
19 impeding the filing or recording, or inducing another  
20 person to omit to file or record, medical reports as  
21 required by law, or willfully failing to report an instance  
22 of suspected abuse or neglect as required by law.

23 (23) Being named as a perpetrator in an indicated  
24 report by the Department of Children and Family Services  
25 under the Abused and Neglected Child Reporting Act, and  
26 upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or  
2 neglected child as defined in the Abused and Neglected  
3 Child Reporting Act.

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

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

15 (26) A pattern of practice or other behavior which  
16 demonstrates incapacity or incompetence to practice under  
17 this Act.

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

21 (28) Physical illness, including, but not limited to,  
22 deterioration through the aging process, or loss of motor  
23 skill which results in a physician's inability to practice  
24 under this Act with reasonable judgment, skill or safety.

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

1           (30) Willfully or negligently violating the  
2 confidentiality between physician and patient except as  
3 required by law.

4           (31) The use of any false, fraudulent, or deceptive  
5 statement in any document connected with practice under  
6 this Act.

7           (32) Aiding and abetting an individual not licensed  
8 under this Act in the practice of a profession licensed  
9 under this Act.

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

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

23          (35) Failure to report to the Department surrender of a  
24 license or authorization to practice as a medical doctor, a  
25 doctor of osteopathy, a doctor of osteopathic medicine, or  
26 doctor of chiropractic in another state or jurisdiction, or

1 surrender of membership on any medical staff or in any  
2 medical or professional association or society, while  
3 under disciplinary investigation by any of those  
4 authorities or bodies, for acts or conduct similar to acts  
5 or conduct which would constitute grounds for action as  
6 defined in this Section.

7 (36) Failure to report to the Department any adverse  
8 judgment, settlement, or award arising from a liability  
9 claim related to acts or conduct similar to acts or conduct  
10 which would constitute grounds for action as defined in  
11 this Section.

12 (37) Failure to provide copies of medical records as  
13 required by law.

14 (38) Failure to furnish the Department, its  
15 investigators or representatives, relevant information,  
16 legally requested by the Department after consultation  
17 with the Chief Medical Coordinator or the Deputy Medical  
18 Coordinator.

19 (39) Violating the Health Care Worker Self-Referral  
20 Act.

21 (40) Willful failure to provide notice when notice is  
22 required under the Parental Notice of Abortion Act of 1995.

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

25 (42) Entering into an excessive number of written  
26 collaborative agreements with licensed advanced practice



1 registered nurses resulting in an inability to adequately  
2 collaborate.

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

5 (44) Violating the Compassionate Use of Medical  
6 Cannabis Pilot Program Act.

7 (45) Entering into an excessive number of written  
8 collaborative agreements with licensed prescribing  
9 psychologists resulting in an inability to adequately  
10 collaborate.

11 (46) Repeated failure to adequately collaborate with a  
12 licensed prescribing psychologist.

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

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

23 (49) Entering into an excessive number of written  
24 collaborative agreements with licensed physician  
25 assistants resulting in an inability to adequately  
26 collaborate.

1           (50) Repeated failure to adequately collaborate with a  
2           physician assistant.

3           Except for actions involving the ground numbered (26), all  
4           proceedings to suspend, revoke, place on probationary status,  
5           or take any other disciplinary action as the Department may  
6           deem proper, with regard to a license on any of the foregoing  
7           grounds, must be commenced within 5 years next after receipt by  
8           the Department of a complaint alleging the commission of or  
9           notice of the conviction order for any of the acts described  
10          herein. Except for the grounds numbered (8), (9), (26), and  
11          (29), no action shall be commenced more than 10 years after the  
12          date of the incident or act alleged to have violated this  
13          Section. For actions involving the ground numbered (26), a  
14          pattern of practice or other behavior includes all incidents  
15          alleged to be part of the pattern of practice or other behavior  
16          that occurred, or a report pursuant to Section 23 of this Act  
17          received, within the 10-year period preceding the filing of the  
18          complaint. In the event of the settlement of any claim or cause  
19          of action in favor of the claimant or the reduction to final  
20          judgment of any civil action in favor of the plaintiff, such  
21          claim, cause of action or civil action being grounded on the  
22          allegation that a person licensed under this Act was negligent  
23          in providing care, the Department shall have an additional  
24          period of 2 years from the date of notification to the  
25          Department under Section 23 of this Act of such settlement or  
26          final judgment in which to investigate and commence formal

1 disciplinary proceedings under Section 36 of this Act, except  
2 as otherwise provided by law. The time during which the holder  
3 of the license was outside the State of Illinois shall not be  
4 included within any period of time limiting the commencement of  
5 disciplinary action by the Department.

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

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

23 The Department, upon the recommendation of the  
24 Disciplinary Board, shall adopt rules which set forth standards  
25 to be used in determining:

26 (a) when a person will be deemed sufficiently

1 rehabilitated to warrant the public trust;

2 (b) what constitutes dishonorable, unethical or  
3 unprofessional conduct of a character likely to deceive,  
4 defraud, or harm the public;

5 (c) what constitutes immoral conduct in the commission  
6 of any act, including, but not limited to, commission of an  
7 act of sexual misconduct related to the licensee's  
8 practice; and

9 (d) what constitutes gross negligence in the practice  
10 of medicine.

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

14 In enforcing this Section, the Disciplinary Board or the  
15 Licensing Board, upon a showing of a possible violation, may  
16 compel, in the case of the Disciplinary Board, any individual  
17 who is licensed to practice under this Act or holds a permit to  
18 practice under this Act, or, in the case of the Licensing  
19 Board, any individual who has applied for licensure or a permit  
20 pursuant to this Act, to submit to a mental or physical  
21 examination and evaluation, or both, which may include a  
22 substance abuse or sexual offender evaluation, as required by  
23 the Licensing Board or Disciplinary Board and at the expense of  
24 the Department. The Disciplinary Board or Licensing Board shall  
25 specifically designate the examining physician licensed to  
26 practice medicine in all of its branches or, if applicable, the

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

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

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

21 An individual licensed under this Act, affected under this  
22 Section, shall be afforded an opportunity to demonstrate to the  
23 Disciplinary Board that they can resume practice in compliance  
24 with acceptable and prevailing standards under the provisions  
25 of their license.

26 The Department may promulgate rules for the imposition of

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

8 All fines imposed under this Section shall be paid within  
9 60 days after the effective date of the order imposing the fine  
10 or in accordance with the terms set forth in the order imposing  
11 the fine.

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

23 (C) The Department shall not revoke, suspend, place on  
24 probation, reprimand, refuse to issue or renew, or take any  
25 other disciplinary or non-disciplinary action against the  
26 license or permit issued under this Act to practice medicine to



1 a physician:

2 (1) based solely upon the recommendation of the  
3 physician to an eligible patient regarding, or  
4 prescription for, or treatment with, an investigational  
5 drug, biological product, or device; or

6 (2) for experimental treatment for Lyme disease or  
7 other tick-borne diseases, including, but not limited to,  
8 the prescription of or treatment with long-term  
9 antibiotics.

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

20 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;  
21 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.  
22 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised  
23 12-19-18.)

24 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

1           Sec. 36. Investigation; notice.

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

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

1 Disciplinary Board and inform such person whether he or she may  
2 provide testimony at the hearing.

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

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

14 (e) All information gathered by the Department during its  
15 investigation including information subpoenaed under Section  
16 23 or 38 of this Act and the investigative file shall be kept  
17 for the confidential use of the Secretary, Disciplinary Board,  
18 the Medical Coordinators, persons employed by contract to  
19 advise the Medical Coordinator or the Department, the  
20 Disciplinary Board's attorneys, the medical investigative  
21 staff, and authorized clerical staff, as provided in this Act  
22 and shall be afforded the same status as is provided  
23 information concerning medical studies in Part 21 of Article  
24 VIII of the Code of Civil Procedure, except that the Department  
25 may disclose information and documents to a federal, State, or  
26 local law enforcement agency pursuant to a subpoena in an

1 ongoing criminal investigation to a health care licensing body  
2 of this State or another state or jurisdiction pursuant to an  
3 official request made by that licensing body. Furthermore,  
4 information and documents disclosed to a federal, State, or  
5 local law enforcement agency may be used by that agency only  
6 for the investigation and prosecution of a criminal offense or,  
7 in the case of disclosure to a health care licensing body, only  
8 for investigations and disciplinary action proceedings with  
9 regard to a license issued by that licensing body.

10 (Source: P.A. 97-449, eff. 1-1-12; 97-622, eff. 11-23-11;  
11 98-1140, eff. 12-30-14.)

12 Section 910-50. The Nurse Practice Act is amended by  
13 changing Section 65-35 and 65-43 as follows:

14 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

16 Sec. 65-35. Written collaborative agreements.

17 (a) A written collaborative agreement is required for all  
18 advanced practice registered nurses engaged in clinical  
19 practice prior to meeting the requirements of Section 65-43,  
20 except for advanced practice registered nurses who are  
21 privileged to practice in a hospital, hospital affiliate, or  
22 ambulatory surgical treatment center.

23 (a-5) If an advanced practice registered nurse engages in  
24 clinical practice outside of a hospital, hospital affiliate, or

1 ambulatory surgical treatment center in which he or she is  
2 privileged to practice, the advanced practice registered nurse  
3 must have a written collaborative agreement, except as set  
4 forth in Section 65-43.

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

18 The collaborative relationship under an agreement shall  
19 not be construed to require the personal presence of a  
20 collaborating physician at the place where services are  
21 rendered. Methods of communication shall be available for  
22 consultation with the collaborating physician in person or by  
23 telecommunications or electronic communications as set forth  
24 in the written agreement.

25 (b-5) Absent an employment relationship, a written  
26 collaborative agreement may not (1) restrict the categories of

1 patients of an advanced practice registered nurse within the  
2 scope of the advanced practice registered nurses training and  
3 experience, (2) limit third party payors or government health  
4 programs, such as the medical assistance program or Medicare  
5 with which the advanced practice registered nurse contracts, or  
6 (3) limit the geographic area or practice location of the  
7 advanced practice registered nurse in this State.

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

15 (c-5) A certified registered nurse anesthetist, who  
16 provides anesthesia services outside of a hospital or  
17 ambulatory surgical treatment center shall enter into a written  
18 collaborative agreement with an anesthesiologist or the  
19 physician licensed to practice medicine in all its branches or  
20 the podiatric physician performing the procedure. Outside of a  
21 hospital or ambulatory surgical treatment center, the  
22 certified registered nurse anesthetist may provide only those  
23 services that the collaborating podiatric physician is  
24 authorized to provide pursuant to the Podiatric Medical  
25 Practice Act of 1987 and rules adopted thereunder. A certified  
26 registered nurse anesthetist may select, order, and administer

1 medication, including controlled substances, and apply  
2 appropriate medical devices for delivery of anesthesia  
3 services under the anesthesia plan agreed with by the  
4 anesthesiologist or the operating physician or operating  
5 podiatric physician.

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

1 including controlled substances, and apply appropriate medical  
2 devices for delivery of anesthesia services under the  
3 anesthesia plan agreed with by the operating dentist.

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

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

18 (e) Nothing in this Act shall be construed to limit the  
19 delegation of tasks or duties by a physician to a licensed  
20 practical nurse, a registered professional nurse, or other  
21 persons in accordance with Section 54.2 of the Medical Practice  
22 Act of 1987. Nothing in this Act shall be construed to limit  
23 the method of delegation that may be authorized by any means,  
24 including, but not limited to, oral, written, electronic,  
25 standing orders, protocols, guidelines, or verbal orders.

26 (e-5) Nothing in this Act shall be construed to authorize



1 an advanced practice registered nurse to provide health care  
2 services required by law or rule to be performed by a  
3 physician. The scope of practice of an advanced practice  
4 registered nurse does not include operative surgery. Nothing in  
5 this Section shall be construed to preclude an advanced  
6 practice registered nurse from assisting in surgery ~~, including~~  
7 ~~those acts to be performed by a physician in Section 3.1 of the~~  
8 ~~Illinois Abortion Law of 1975.~~

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

14 (g) (Blank).

15 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;  
16 100-577, eff. 1-26-18; 100-1096, eff. 8-26-18.)

17 (225 ILCS 65/65-43)

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

19 Sec. 65-43. Full practice authority.

20 (a) An Illinois-licensed advanced practice registered  
21 nurse certified as a nurse practitioner, nurse midwife, or  
22 clinical nurse specialist shall be deemed by law to possess the  
23 ability to practice without a written collaborative agreement  
24 as set forth in this Section.

25 (b) An advanced practice registered nurse certified as a

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

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

12 The clinical experience must be in the advanced practice  
13 registered nurse's area of certification. The clinical  
14 experience shall be in collaboration with a physician or  
15 physicians. Completion of the clinical experience must be  
16 attested to by the collaborating physician or physicians and  
17 the advanced practice registered nurse.

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

20 (1) all matters included in subsection (c) of Section  
21 65-30 of this Act;

22 (2) practicing without a written collaborative  
23 agreement in all practice settings consistent with  
24 national certification;

25 (3) authority to prescribe both legend drugs and  
26 Schedule II through V controlled substances; this

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

9 (4) prescribing benzodiazepines or Schedule II  
10 narcotic drugs, such as opioids, only in a consultation  
11 relationship with a physician; this consultation  
12 relationship shall be recorded in the Prescription  
13 Monitoring Program website, pursuant to Section 316 of the  
14 Illinois Controlled Substances Act, by the physician and  
15 advanced practice registered nurse with full practice  
16 authority and is not required to be filed with the  
17 Department; the specific Schedule II narcotic drug must be  
18 identified by either brand name or generic name; the  
19 specific Schedule II narcotic drug, such as an opioid, may  
20 be administered by oral dosage or topical or transdermal  
21 application; delivery by injection or other route of  
22 administration is not permitted; at least monthly, the  
23 advanced practice registered nurse and the physician must  
24 discuss the condition of any patients for whom a  
25 benzodiazepine or opioid is prescribed; nothing in this  
26 subsection shall be construed to require a prescription by

1 an advanced practice registered nurse with full practice  
2 authority to require a physician name;

3 (5) authority to obtain an Illinois controlled  
4 substance license and a federal Drug Enforcement  
5 Administration number; and

6 (6) use of only local anesthetic.

7 The scope of practice of an advanced practice registered  
8 nurse does not include operative surgery. Nothing in this  
9 Section shall be construed to preclude an advanced practice  
10 registered nurse from assisting in surgery.

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

14 (e) Nothing in this Act shall be construed to authorize an  
15 advanced practice registered nurse with full practice  
16 authority to provide health care services required by law or  
17 rule to be performed by a physician, ~~including, but not limited~~  
18 ~~to, those acts to be performed by a physician in Section 3.1 of~~  
19 ~~the Illinois Abortion Law of 1975.~~

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

21 Section 910-53. The Physician Assistant Practice Act of  
22 1987 is amended by changing Section 7.5 as follows:

23 (225 ILCS 95/7.5)

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

1           Sec. 7.5. Written collaborative agreements; prescriptive  
2 authority.

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

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

1 consultation with the collaborating physician in person or  
2 by telecommunications or electronic communications as set  
3 forth in the written collaborative agreement. For the  
4 purposes of this Act, "generally provides to his or her  
5 patients in the normal course of his or her clinical  
6 medical practice" means services, not specific tasks or  
7 duties, the collaborating physician routinely provides  
8 individually or through delegation to other persons so that  
9 the physician has the experience and ability to collaborate  
10 and provide consultation.

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

13 (A) Participates in the joint formulation and  
14 joint approval of orders or guidelines with the  
15 physician assistant and he or she periodically reviews  
16 such orders and the services provided patients under  
17 such orders in accordance with accepted standards of  
18 medical practice and physician assistant practice.

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

20 (3) A copy of the signed, written collaborative  
21 agreement must be available to the Department upon request  
22 from both the physician assistant and the collaborating  
23 physician.

24 (4) A physician assistant shall inform each  
25 collaborating physician of all written collaborative  
26 agreements he or she has signed and provide a copy of these

1 to any collaborating physician upon request.

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

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

23 (2) The collaborating physician shall file with the  
24 Department notice of delegation of prescriptive authority  
25 to a physician assistant and termination of delegation,  
26 specifying the authority delegated or terminated. Upon

1 receipt of this notice delegating authority to prescribe  
2 controlled substances, the physician assistant shall be  
3 eligible to register for a mid-level practitioner  
4 controlled substances license under Section 303.05 of the  
5 Illinois Controlled Substances Act. Nothing in this Act  
6 shall be construed to limit the delegation of tasks or  
7 duties by the collaborating physician to a nurse or other  
8 appropriately trained persons in accordance with Section  
9 54.2 of the Medical Practice Act of 1987.

10 (3) In addition to the requirements of this subsection  
11 (b), a collaborating physician may, but is not required to,  
12 delegate authority to a physician assistant to prescribe  
13 Schedule II controlled substances, if all of the following  
14 conditions apply:

15 (A) Specific Schedule II controlled substances by  
16 oral dosage or topical or transdermal application may  
17 be delegated, provided that the delegated Schedule II  
18 controlled substances are routinely prescribed by the  
19 collaborating physician. This delegation must identify  
20 the specific Schedule II controlled substances by  
21 either brand name or generic name. Schedule II  
22 controlled substances to be delivered by injection or  
23 other route of administration may not be delegated.

24 (B) (Blank).

25 (C) Any prescription must be limited to no more  
26 than a 30-day supply, with any continuation authorized



1           only after prior approval of the collaborating  
2           physician.

3           (D) The physician assistant must discuss the  
4           condition of any patients for whom a controlled  
5           substance is prescribed monthly with the collaborating  
6           physician.

7           (E) The physician assistant meets the education  
8           requirements of Section 303.05 of the Illinois  
9           Controlled Substances Act.

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

23          (c-5) Nothing in this Section shall be construed to apply  
24          to any medication authority, including Schedule II controlled  
25          substances of a licensed physician assistant for care provided  
26          in a hospital, hospital affiliate, or ambulatory surgical

1 treatment center pursuant to Section 7.7 of this Act.

2 (d) (Blank).

3 (e) Nothing in this Section shall be construed to prohibit  
4 generic substitution.

5 (Source: P.A. 100-453, eff. 8-25-17.)

6 Section 910-55. The Vital Records Act is amended by  
7 changing Section 1 as follows:

8 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

9 Sec. 1. As used in this Act, unless the context otherwise  
10 requires:

11 (1) "Vital records" means records of births, deaths, fetal  
12 deaths, marriages, dissolution of marriages, and data related  
13 thereto.

14 (2) "System of vital records" includes the registration,  
15 collection, preservation, amendment, and certification of  
16 vital records, and activities related thereto.

17 (3) "Filing" means the presentation of a certificate,  
18 report, or other record provided for in this Act, of a birth,  
19 death, fetal death, adoption, marriage, or dissolution of  
20 marriage, for registration by the Office of Vital Records.

21 (4) "Registration" means the acceptance by the Office of  
22 Vital Records and the incorporation in its official records of  
23 certificates, reports, or other records provided for in this  
24 Act, of births, deaths, fetal deaths, adoptions, marriages, or

1 dissolution of marriages.

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

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

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

21 (8) "Final disposition" means the burial, cremation, or  
22 other disposition of a dead human body or fetus or parts  
23 thereof.

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

26 (10) "Institution" means any establishment, public or

1 private, which provides in-patient medical, surgical, or  
2 diagnostic care or treatment, or nursing, custodial, or  
3 domiciliary care to 2 or more unrelated individuals, or to  
4 which persons are committed by law.

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

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

9 (13) "Licensed health care professional" means a person  
10 licensed to practice as a physician, advanced practice  
11 registered nurse, or physician assistant in Illinois or any  
12 other state.

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

19 (15) "Intersex condition" means a condition in which a  
20 person is born with a reproductive or sexual anatomy or  
21 chromosome pattern that does not fit typical definitions of  
22 male or female.

23 (16) "Homeless person" means an individual who meets the  
24 definition of "homeless" under Section 103 of the federal  
25 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an  
26 individual residing in any of the living situations described

1 in 42 U.S.C. 11434a(2).

2 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;

3 100-863, eff. 8-14-18.)

4 Section 910-60. The Environmental Protection Act is  
5 amended by changing Section 56.1 as follows:

6 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

7 Sec. 56.1. Acts prohibited.

8 (A) No person shall:

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

13 (1) the infectious potential has been eliminated  
14 from the sharps by treatment; and

15 (2) the sharps are packaged in accordance with  
16 Board regulations.

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

21 (c) Beginning July 1, 1992, cause or allow the delivery  
22 of any potentially infectious medical waste to a person or  
23 facility for storage, treatment, or transfer that does not  
24 have a permit issued by the agency to receive potentially

1 infectious medical waste, unless no permit is required  
2 under subsection (g) (1).

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

6 (1) the transporter has a permit issued by the  
7 Agency to transport potentially infectious medical  
8 waste, or the transporter is exempt from the permit  
9 requirement set forth in subsection (f) (1).

10 (2) a potentially infectious medical waste  
11 manifest is completed for the waste if a manifest is  
12 required under subsection (h).

13 (e) Cause or allow the acceptance of any potentially  
14 infectious medical waste for purposes of transport,  
15 storage, treatment, or transfer except in accordance with  
16 Board regulations.

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

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

22 (A) a person transporting potentially  
23 infectious medical waste generated solely by that  
24 person's activities;

25 (B) noncommercial transportation of less than  
26 50 pounds of potentially infectious medical waste

1 at any one time; or

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

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

5 (3) In violation of any regulation adopted by the  
6 Board.

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

9 (g) Beginning July 1, 1992, conduct any potentially  
10 infectious medical waste treatment, storage, or transfer  
11 operation:

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

17 (A) Person conducting a potentially infectious  
18 medical waste treatment, storage, or transfer  
19 operation for potentially infectious medical waste  
20 generated by the person's own activities that are  
21 treated, stored, or transferred within the site  
22 where the potentially infectious medical waste is  
23 generated.

24 (B) Hospital that treats, stores, or transfers  
25 only potentially infectious medical waste  
26 generated by its own activities or by members of

1           its medical staff.

2                   (C) Sharps collection station that is operated  
3           in accordance with Section 56.7.

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

6                   (3) in violation of any regulation adopted by the  
7           Board.

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

10           (h) Transport potentially infectious medical waste  
11           unless the transporter carries a completed potentially  
12           infectious medical waste manifest. No manifest is required  
13           for the transportation of:

14                   (1) potentially infectious medical waste being  
15           transported by generators who generated the waste by  
16           their own activities, when the potentially infectious  
17           medical waste is transported within or between sites or  
18           facilities owned, controlled, or operated by that  
19           person;

20                   (2) less than 50 pounds of potentially infectious  
21           medical waste at any one time for a noncommercial  
22           transportation activity; or

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

25                   (i) Offer for transportation, transport, deliver,  
26           receive or accept potentially infectious medical waste for



1           which a manifest is required, unless the manifest indicates  
2           that the fee required under Section 56.4 of this Act has  
3           been paid.

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

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

18          (l) Beginning on July 1, 2015, knowingly place  
19          household sharps into a container intended for collection  
20          by a residential hauler for processing at a recycling  
21          center.

22          (B) In making its orders and determinations relative to  
23          penalties, if any, to be imposed for violating subdivision  
24          (A) (a) of this Section, the Board, in addition to the factors  
25          in Sections 33(c) and 42(h) of this Act, or the Court shall  
26          take into consideration whether the owner or operator of the

1 landfill reasonably relied on written statements from the  
2 person generating or treating the waste that the waste is not  
3 potentially infectious medical waste.

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

9 (Source: P.A. 99-82, eff. 7-20-15.)

10 Section 910-65. The Criminal Code of 2012 is amended by  
11 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

12 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

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

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

17 (1) either intended to cause the death of or do great  
18 bodily harm to the pregnant individual ~~woman~~ or ~~her~~ unborn  
19 child or knew that such acts would cause death or great  
20 bodily harm to the pregnant individual ~~woman~~ or ~~her~~ unborn  
21 child; or

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

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

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

6 (c) This Section shall not apply to acts which cause the  
7 death of an unborn child if those acts were committed during  
8 any abortion, as defined in Section 1-10 of the Reproductive  
9 Health Act, ~~Section 2 of the Illinois Abortion Law of 1975, as~~  
10 ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
11 This Section shall not apply to acts which were committed  
12 pursuant to usual and customary standards of medical practice  
13 during diagnostic testing or therapeutic treatment.

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

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

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

21 (3) if, during the commission of the offense, the  
22 person personally discharged a firearm, 20 years shall be  
23 added to the term of imprisonment imposed by the court;

24 (4) if, during the commission of the offense, the  
25 person personally discharged a firearm that proximately  
26 caused great bodily harm, permanent disability, permanent

1           disfigurement, or death to another person, 25 years or up  
2           to a term of natural life shall be added to the term of  
3           imprisonment imposed by the court.

4           (e) The provisions of this Act shall not be construed to  
5           prohibit the prosecution of any person under any other  
6           provision of law.

7           (Source: P.A. 96-1000, eff. 7-2-10.)

8           (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

9           Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)

10          A person who kills an unborn child without lawful justification  
11          commits voluntary manslaughter of an unborn child if at the  
12          time of the killing he is acting under a sudden and intense  
13          passion resulting from serious provocation by another whom the  
14          offender endeavors to kill, but he negligently or accidentally  
15          causes the death of the unborn child.

16          Serious provocation is conduct sufficient to excite an  
17          intense passion in a reasonable person.

18          (b) A person who intentionally or knowingly kills an unborn  
19          child commits voluntary manslaughter of an unborn child if at  
20          the time of the killing he believes the circumstances to be  
21          such that, if they existed, would justify or exonerate the  
22          killing under the principles stated in Article 7 of this Code,  
23          but his belief is unreasonable.

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

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

6 (e) This Section shall not apply to acts which cause the  
7 death of an unborn child if those acts were committed during  
8 any abortion, as defined in Section 1-10 of the Reproductive  
9 Health Act, ~~Section 2 of the Illinois Abortion Law of 1975, as~~  
10 ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
11 This Section shall not apply to acts which were committed  
12 pursuant to usual and customary standards of medical practice  
13 during diagnostic testing or therapeutic treatment.

14 (Source: P.A. 84-1414.)

15 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

16 Sec. 9-3.2. Involuntary Manslaughter and Reckless Homicide  
17 of an Unborn Child. (a) A person who unintentionally kills an  
18 unborn child without lawful justification commits involuntary  
19 manslaughter of an unborn child if his acts whether lawful or  
20 unlawful which cause the death are such as are likely to cause  
21 death or great bodily harm to some individual, and he performs  
22 them recklessly, except in cases in which the cause of death  
23 consists of the driving of a motor vehicle, in which case the  
24 person commits reckless homicide of an unborn child.

25 (b) Sentence.

1 (1) Involuntary manslaughter of an unborn child is a Class  
2 3 felony.

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

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

10 (d) This Section shall not apply to acts which cause the  
11 death of an unborn child if those acts were committed during  
12 any abortion, as defined in Section 1-10 of the Reproductive  
13 Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
14 ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
15 This Section shall not apply to acts which were committed  
16 pursuant to usual and customary standards of medical practice  
17 during diagnostic testing or therapeutic treatment.

18 (e) The provisions of this Section shall not be construed  
19 to prohibit the prosecution of any person under any other  
20 provision of law, nor shall it be construed to preclude any  
21 civil cause of action.

22 (Source: P.A. 84-1414.)

23 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

24 Sec. 12-3.1. Battery of an unborn child; aggravated battery  
25 of an unborn child.

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

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

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

13 (c) Sentence. Battery of an unborn child is a Class A  
14 misdemeanor. Aggravated battery of an unborn child is a Class 2  
15 felony.

16 (d) This Section shall not apply to acts which cause bodily  
17 harm to an unborn child if those acts were committed during any  
18 abortion, as defined in Section 1-10 of the Reproductive Health  
19 Act, ~~Section 2 of the Illinois Abortion Law of 1975, as~~  
20 ~~amended,~~ to which the pregnant individual ~~woman~~ has consented.  
21 This Section shall not apply to acts which were committed  
22 pursuant to usual and customary standards of medical practice  
23 during diagnostic testing or therapeutic treatment.

24 (Source: P.A. 96-1551, eff. 7-1-11.)

25 Section 910-70. The Code of Civil Procedure is amended by

1 changing Section 8-802 as follows:

2 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

3 Sec. 8-802. Physician and patient. No physician or surgeon  
4 shall be permitted to disclose any information he or she may  
5 have acquired in attending any patient in a professional  
6 character, necessary to enable him or her professionally to  
7 serve the patient, except only (1) in trials for homicide when  
8 the disclosure relates directly to the fact or immediate  
9 circumstances of the homicide, (2) in actions, civil or  
10 criminal, against the physician for malpractice, (3) with the  
11 expressed consent of the patient, or in case of his or her  
12 death or disability, of his or her personal representative or  
13 other person authorized to sue for personal injury or of the  
14 beneficiary of an insurance policy on his or her life, health,  
15 or physical condition, or as authorized by Section 8-2001.5,  
16 (4) in all actions brought by or against the patient, his or  
17 her personal representative, a beneficiary under a policy of  
18 insurance, or the executor or administrator of his or her  
19 estate wherein the patient's physical or mental condition is an  
20 issue, (5) upon an issue as to the validity of a document as a  
21 will of the patient, (6) (blank) ~~in any criminal action where~~  
22 ~~the charge is either first degree murder by abortion, attempted~~  
23 ~~abortion or abortion,~~ (7) in actions, civil or criminal,  
24 arising from the filing of a report in compliance with the  
25 Abused and Neglected Child Reporting Act, (8) to any



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

22 Upon disclosure under item (13) of this Section, in any  
23 criminal action where the charge is domestic battery,  
24 aggravated domestic battery, or an offense under Article 11 of  
25 the Criminal Code of 2012 or where the patient is under the age  
26 of 18 years or upon the request of the patient, the State's

1 Attorney shall petition the court for a protective order  
2 pursuant to Supreme Court Rule 415.

3 In the event of a conflict between the application of this  
4 Section and the Mental Health and Developmental Disabilities  
5 Confidentiality Act to a specific situation, the provisions of  
6 the Mental Health and Developmental Disabilities  
7 Confidentiality Act shall control.

8 (Source: P.A. 98-954, eff. 1-1-15; 98-1046, eff. 1-1-15; 99-78,  
9 eff. 7-20-15.)

10 Section 910-73. The Health Care Right of Conscience Act is  
11 amended by changing Section 3 as follows:

12 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

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

15 (a) "Health care" means any phase of patient care,  
16 including but not limited to, testing; diagnosis;  
17 prognosis; ancillary research; instructions; family  
18 planning, counselling, referrals, or any other advice in  
19 connection with the use or procurement of contraceptives  
20 and sterilization or abortion procedures; medication; ~~or~~  
21 surgery or other care or treatment rendered by a physician  
22 or physicians, nurses, paraprofessionals or health care  
23 facility, intended for the physical, emotional, and mental  
24 well-being of persons; or an abortion as defined by the

1       Reproductive Health Act;

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

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

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

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

22          (f) "Health care payer" means a health maintenance  
23      organization, insurance company, management services  
24      organization, or any other entity that pays for or arranges  
25      for the payment of any health care or medical care service,  
26      procedure, or product; and

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

3 The above definitions include not only the traditional  
4 combinations and forms of these persons and organizations but  
5 also all new and emerging forms and combinations of these  
6 persons and organizations.

7 (Source: P.A. 99-690, eff. 1-1-17.)

8 Section 910-75. The Rights of Married Persons Act is  
9 amended by changing Section 15 as follows:

10 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

16 (2) No creditor, who has a claim against a spouse or former  
17 spouse for an expense incurred by that spouse or former spouse  
18 which is not a family expense, shall maintain an action against  
19 the other spouse or former spouse for that expense except:

20 (A) an expense for which the other spouse or former spouse  
21 agreed, in writing, to be liable; or

22 (B) an expense for goods or merchandise purchased by or in  
23 the possession of the other spouse or former spouse, or for  
24 services ordered by the other spouse or former spouse.

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

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

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

24           (c) (Blank). ~~No parent shall be liable for any expense~~  
25 ~~incurred by his or her minor child when an abortion is~~  
26 ~~performed on such minor child without the consent of both~~

1 ~~parents of such child, if they both have custody, or the parent~~  
2 ~~having custody, or legal guardian of such child, unless the~~  
3 ~~physician who performed the abortion certifies that such~~  
4 ~~abortion is necessary to preserve the life of the minor child~~  
5 ~~who obtained such abortion.~~

6 (Source: P.A. 86-689.)

7 Section 910-995. No acceleration or delay. Where this Act  
8 makes changes in a statute that is represented in this Act by  
9 text that is not yet or no longer in effect (for example, a  
10 Section represented by multiple versions), the use of that text  
11 does not accelerate or delay the taking effect of (i) the  
12 changes made by this Act or (ii) provisions derived from any  
13 other Public Act.

14 Article 999. EFFECTIVE DATE

15 Section 999-999. Effective date. This Act takes effect upon  
16 becoming law.