



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3863

Introduced 2/14/2020, by Sen. Jil Tracy

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2020 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions defining "viability" and "fetal heartbeat". Creates the Partial-birth Abortion Ban Act of 2020 and the Abortion Performance Refusal Act of 2020 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Creates the No Taxpayer Funding for Abortion Act. Provides that neither the State nor any of its subdivisions may authorize the use of, appropriate, or expend funds to pay for an abortion or to cover any part of the costs of a health plan that includes coverage of abortion or to provide or refer for an abortion, unless a woman who suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death if an abortion is not performed. Makes various conforming changes. Permits the Department of Human Services to make grants to nonprofit agencies and organizations that do not use those grants to refer or counsel for, or perform, abortions. Contains provisions regarding applicability and preempts home rule. Effective July 1, 2020.

LRB101 19930 KTG 69453 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

HOME RULE NOTE
ACT MAY APPLY

1 AN ACT concerning abortion.

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

4 Article 1.

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

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

13 (1) "Viability" means either:

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

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

1 heartbeat.

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

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

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

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

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

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

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

1 when such substance or device is employed.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (2) State in which the patient resides;

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

24 (4) Number of prior pregnancies;

25 (5) Date of last menstrual period;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 Section 15. This Article shall be known and may be cited as
16 the Illinois Abortion Law of 2020. References in this Article
17 to "this Act" or "this Law" mean this Article.

18 Article 2.

19 Section 201. Short title. This Article may be cited as the
20 Partial-birth Abortion Ban Act of 2020. References in this
21 Article to "this Act" mean this Article.

22 Section 205. Definitions. In this Act:

1 "Partial-birth abortion" means an abortion in which the
2 person performing the abortion partially vaginally delivers a
3 living human fetus or infant before killing the fetus or infant
4 and completing the delivery. The terms "fetus" and "infant" are
5 used interchangeably to refer to the biological offspring of
6 human parents.

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

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

1 Section 220. Prosecution of woman prohibited. A woman on
2 whom a partial-birth abortion is performed may not be
3 prosecuted under this Act, for a conspiracy to violate this
4 Act, or for an offense under Article 31 of the Criminal Code of
5 1961 or Criminal Code of 2012 based on a violation of this Act,
6 nor may she be held accountable under Article 5 of the Criminal
7 Code of 1961 or Criminal Code of 2012 for an offense based on a
8 violation of this Act.

9 Article 3.

10 Section 301. Short title. This Article may be cited as the
11 Abortion Performance Refusal Act of 2020.

12 Section 305.

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

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

21 (c) Any person, association, partnership or corporation
22 that discriminates against another person in any way,

1 including, but not limited to, hiring, promotion, advancement,
2 transfer, licensing, granting of hospital privileges, or staff
3 appointments, because of that person's refusal to recommend,
4 perform or assist in the performance of an abortion, whether
5 such abortion be a crime or not, shall be answerable in civil
6 damages equal to 3 times the amount of proved damages, but in
7 no case less than \$2,000.

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

12 Article 4.

13 (775 ILCS 55/Act rep.)

14 Section 405. The Reproductive Health Act is repealed.

15 Article 5.

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

18 (210 ILCS 5/6.2 new)

19 Sec. 6.2. Notwithstanding any other provision of this Act,
20 any corporation operating an Ambulatory Surgical Treatment
21 Center devoted primarily to providing facilities for abortion

1 must have a physician, who is licensed to practice medicine in
2 all of its branches and is actively engaged in the practice of
3 medicine at the Center, on the board of directors as a
4 condition to licensure of the Center.

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

7 (410 ILCS 70/9.1 new)

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

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

13 (735 ILCS 5/11-107.1a new)

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

21 When the interests of the husband in preventing the
22 abortion outweigh those of the wife in having an abortion

1 performed after the unborn child is viable, the court may issue
2 an injunction against the performance of the abortion but only
3 where the court makes a finding that the mother's life or
4 physical health are not in danger.

5 Article 6.

6 Section 605. The State Employees Group Insurance Act of
7 1971 is amended by changing Section 6.11 as follows:

8 (5 ILCS 375/6.11)

9 (Text of Section before amendment by P.A. 101-625)

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, 356z.30a, 356z.32, ~~and~~ 356z.33, and 356z.36 of the
20 Illinois Insurance Code. The program of health benefits must
21 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and
22 370c.1~~7~~ and Article XXXIIB of the Illinois Insurance Code. The
23 Department of Insurance shall enforce the requirements of this

1 Section with respect to Sections 370c and 370c.1 of the
2 Illinois Insurance Code; all other requirements of this Section
3 shall be enforced by the Department of Central Management
4 Services.

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

11 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
12 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
13 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
14 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
15 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; revised 10-16-19.)

16 (Text of Section after amendment by P.A. 101-625)

17 Sec. 6.11. Required health benefits; Illinois Insurance
18 Code requirements. The program of health benefits shall provide
19 the post-mastectomy care benefits required to be covered by a
20 policy of accident and health insurance under Section 356t of
21 the Illinois Insurance Code. The program of health benefits
22 shall provide the coverage required under Sections 356g,
23 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
24 ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
25 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,

1 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, and 356z.41 of
2 the Illinois Insurance Code. The program of health benefits
3 must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c,
4 and 370c.1 and Article XXXIIB of the Illinois Insurance Code.
5 The Department of Insurance shall enforce the requirements of
6 this Section with respect to Sections 370c and 370c.1 of the
7 Illinois Insurance Code; all other requirements of this Section
8 shall be enforced by the Department of Central Management
9 Services.

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

16 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
17 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
18 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
19 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
20 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
21 1-1-21.)

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

24 (20 ILCS 505/5) (from Ch. 23, par. 5005)

1 Sec. 5. Direct child welfare services; Department of
2 Children and Family Services. To provide direct child welfare
3 services when not available through other public or private
4 child care or program facilities.

5 (a) For purposes of this Section:

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

9 (A) were committed to the Department pursuant to
10 the Juvenile Court Act or the Juvenile Court Act of
11 1987, ~~as amended,~~ and who continue under the
12 jurisdiction of the court; or

13 (B) were accepted for care, service and training by
14 the Department prior to the age of 18 and whose best
15 interest in the discretion of the Department would be
16 served by continuing that care, service and training
17 because of severe emotional disturbances, physical
18 disability, social adjustment or any combination
19 thereof, or because of the need to complete an
20 educational or vocational training program.

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

25 (3) "Child welfare services" means public social
26 services which are directed toward the accomplishment of

1 the following purposes:

2 (A) protecting and promoting the health, safety
3 and welfare of children, including homeless,
4 dependent, or neglected children;

5 (B) remedying, or assisting in the solution of
6 problems which may result in, the neglect, abuse,
7 exploitation, or delinquency of children;

8 (C) preventing the unnecessary separation of
9 children from their families by identifying family
10 problems, assisting families in resolving their
11 problems, and preventing the breakup of the family
12 where the prevention of child removal is desirable and
13 possible when the child can be cared for at home
14 without endangering the child's health and safety;

15 (D) restoring to their families children who have
16 been removed, by the provision of services to the child
17 and the families when the child can be cared for at
18 home without endangering the child's health and
19 safety;

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

23 (F) assuring safe and adequate care of children
24 away from their homes, in cases where the child cannot
25 be returned home or cannot be placed for adoption. At
26 the time of placement, the Department shall consider

1 concurrent planning, as described in subsection (1-1)
2 of this Section so that permanency may occur at the
3 earliest opportunity. Consideration should be given so
4 that if reunification fails or is delayed, the
5 placement made is the best available placement to
6 provide permanency for the child;

7 (G) (blank);

8 (H) (blank); and

9 (I) placing and maintaining children in facilities
10 that provide separate living quarters for children
11 under the age of 18 and for children 18 years of age
12 and older, unless a child 18 years of age is in the
13 last year of high school education or vocational
14 training, in an approved individual or group treatment
15 program, in a licensed shelter facility, or secure
16 child care facility. The Department is not required to
17 place or maintain children:

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

19 (ii) who are persons with a developmental
20 disability, as defined in the Mental Health and
21 Developmental Disabilities Code, or

22 (iii) who are female children who are
23 pregnant, pregnant and parenting, or parenting, or

24 (iv) who are siblings, in facilities that
25 provide separate living quarters for children 18
26 years of age and older and for children under 18

1 years of age.

2 (b) (Blank).

3 (b-5) Nothing in this Section shall be construed to
4 authorize the expenditure of public funds for the purpose of
5 performing abortions.

6 (c) The Department shall establish and maintain
7 tax-supported child welfare services and extend and seek to
8 improve voluntary services throughout the State, to the end
9 that services and care shall be available on an equal basis
10 throughout the State to children requiring such services.

11 (d) The Director may authorize advance disbursements for
12 any new program initiative to any agency contracting with the
13 Department. As a prerequisite for an advance disbursement, the
14 contractor must post a surety bond in the amount of the advance
15 disbursement and have a purchase of service contract approved
16 by the Department. The Department may pay up to 2 months
17 operational expenses in advance. The amount of the advance
18 disbursement shall be prorated over the life of the contract or
19 the remaining months of the fiscal year, whichever is less, and
20 the installment amount shall then be deducted from future
21 bills. Advance disbursement authorizations for new initiatives
22 shall not be made to any agency after that agency has operated
23 during 2 consecutive fiscal years. The requirements of this
24 Section concerning advance disbursements shall not apply with
25 respect to the following: payments to local public agencies for
26 child day care services as authorized by Section 5a of this

1 Act; and youth service programs receiving grant funds under
2 Section 17a-4.

3 (e) (Blank).

4 (f) (Blank).

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

9 (1) adoption;

10 (2) foster care;

11 (3) family counseling;

12 (4) protective services;

13 (5) (blank);

14 (6) homemaker service;

15 (7) return of runaway children;

16 (8) (blank);

17 (9) placement under Section 5-7 of the Juvenile Court
18 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
19 Court Act of 1987 in accordance with the federal Adoption
20 Assistance and Child Welfare Act of 1980; and

21 (10) interstate services.

22 Rules and regulations established by the Department shall
23 include provisions for training Department staff and the staff
24 of Department grantees, through contracts with other agencies
25 or resources, in screening techniques to identify substance use
26 disorders, as defined in the Substance Use Disorder Act,

1 approved by the Department of Human Services, as a successor to
2 the Department of Alcoholism and Substance Abuse, for the
3 purpose of identifying children and adults who should be
4 referred for an assessment at an organization appropriately
5 licensed by the Department of Human Services for substance use
6 disorder treatment.

7 (h) If the Department finds that there is no appropriate
8 program or facility within or available to the Department for a
9 youth in care and that no licensed private facility has an
10 adequate and appropriate program or none agrees to accept the
11 youth in care, the Department shall create an appropriate
12 individualized, program-oriented plan for such youth in care.
13 The plan may be developed within the Department or through
14 purchase of services by the Department to the extent that it is
15 within its statutory authority to do.

16 (i) Service programs shall be available throughout the
17 State and shall include but not be limited to the following
18 services:

- 19 (1) case management;
- 20 (2) homemakers;
- 21 (3) counseling;
- 22 (4) parent education;
- 23 (5) day care; and
- 24 (6) emergency assistance and advocacy.

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

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

5 The Department shall provide transportation for any of the
6 services it makes available to children or families or for
7 which it refers children or families.

8 (j) The Department may provide categories of financial
9 assistance and education assistance grants, and shall
10 establish rules and regulations concerning the assistance and
11 grants, to persons who adopt children with physical or mental
12 disabilities, children who are older, or other hard-to-place
13 children who (i) immediately prior to their adoption were youth
14 in care or (ii) were determined eligible for financial
15 assistance with respect to a prior adoption and who become
16 available for adoption because the prior adoption has been
17 dissolved and the parental rights of the adoptive parents have
18 been terminated or because the child's adoptive parents have
19 died. The Department may continue to provide financial
20 assistance and education assistance grants for a child who was
21 determined eligible for financial assistance under this
22 subsection (j) in the interim period beginning when the child's
23 adoptive parents died and ending with the finalization of the
24 new adoption of the child by another adoptive parent or
25 parents. The Department may also provide categories of
26 financial assistance and education assistance grants, and

1 shall establish rules and regulations for the assistance and
2 grants, to persons appointed guardian of the person under
3 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
4 4-25~~7~~ or 5-740 of the Juvenile Court Act of 1987 for children
5 who were youth in care for 12 months immediately prior to the
6 appointment of the guardian.

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

14 Any financial assistance provided under this subsection is
15 inalienable by assignment, sale, execution, attachment,
16 garnishment, or any other remedy for recovery or collection of
17 a judgment or debt.

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

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

26 (l) The Department shall offer family preservation

1 services, as defined in Section 8.2 of the Abused and Neglected
2 Child Reporting Act, to help families, including adoptive and
3 extended families. Family preservation services shall be
4 offered (i) to prevent the placement of children in substitute
5 care when the children can be cared for at home or in the
6 custody of the person responsible for the children's welfare,
7 (ii) to reunite children with their families, or (iii) to
8 maintain an adoptive placement. Family preservation services
9 shall only be offered when doing so will not endanger the
10 children's health or safety. With respect to children who are
11 in substitute care pursuant to the Juvenile Court Act of 1987,
12 family preservation services shall not be offered if a goal
13 other than those of subdivisions (A), (B), or (B-1) of
14 subsection (2) of Section 2-28 of that Act has been set, except
15 that reunification services may be offered as provided in
16 paragraph (F) of subsection (2) of Section 2-28 of that Act.
17 Nothing in this paragraph shall be construed to create a
18 private right of action or claim on the part of any individual
19 or child welfare agency, except that when a child is the
20 subject of an action under Article II of the Juvenile Court Act
21 of 1987 and the child's service plan calls for services to
22 facilitate achievement of the permanency goal, the court
23 hearing the action under Article II of the Juvenile Court Act
24 of 1987 may order the Department to provide the services set
25 out in the plan, if those services are not provided with
26 reasonable promptness and if those services are available.

1 The Department shall notify the child and his family of the
2 Department's responsibility to offer and provide family
3 preservation services as identified in the service plan. The
4 child and his family shall be eligible for services as soon as
5 the report is determined to be "indicated". The Department may
6 offer services to any child or family with respect to whom a
7 report of suspected child abuse or neglect has been filed,
8 prior to concluding its investigation under Section 7.12 of the
9 Abused and Neglected Child Reporting Act. However, the child's
10 or family's willingness to accept services shall not be
11 considered in the investigation. The Department may also
12 provide services to any child or family who is the subject of
13 any report of suspected child abuse or neglect or may refer
14 such child or family to services available from other agencies
15 in the community, even if the report is determined to be
16 unfounded, if the conditions in the child's or family's home
17 are reasonably likely to subject the child or family to future
18 reports of suspected child abuse or neglect. Acceptance of such
19 services shall be voluntary. The Department may also provide
20 services to any child or family after completion of a family
21 assessment, as an alternative to an investigation, as provided
22 under the "differential response program" provided for in
23 subsection (a-5) of Section 7.4 of the Abused and Neglected
24 Child Reporting Act.

25 The Department may, at its discretion except for those
26 children also adjudicated neglected or dependent, accept for

1 care and training any child who has been adjudicated addicted,
2 as a truant minor in need of supervision or as a minor
3 requiring authoritative intervention, under the Juvenile Court
4 Act or the Juvenile Court Act of 1987, but no such child shall
5 be committed to the Department by any court without the
6 approval of the Department. On and after January 1, 2015 (the
7 effective date of Public Act 98-803) and before 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 16 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. On and after January 1,
19 2017, a minor charged with a criminal offense under the
20 Criminal Code of 1961 or the Criminal Code of 2012 or
21 adjudicated delinquent shall not be placed in the custody of or
22 committed to the Department by any court, except (i) a minor
23 less than 15 years of age committed to the Department under
24 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor
25 for whom an independent basis of abuse, neglect, or dependency
26 exists, which must be defined by departmental rule, or (iii) a

1 minor for whom the court has granted a supplemental petition to
2 reinstate wardship pursuant to subsection (2) of Section 2-33
3 of the Juvenile Court Act of 1987. An independent basis exists
4 when the allegations or adjudication of abuse, neglect, or
5 dependency do not arise from the same facts, incident, or
6 circumstances which give rise to a charge or adjudication of
7 delinquency. The Department shall assign a caseworker to attend
8 any hearing involving a youth in the care and custody of the
9 Department who is placed on aftercare release, including
10 hearings involving sanctions for violation of aftercare
11 release conditions and aftercare release revocation hearings.

12 As soon as is possible after August 7, 2009 (the effective
13 date of Public Act 96-134), the Department shall develop and
14 implement a special program of family preservation services to
15 support intact, foster, and adoptive families who are
16 experiencing extreme hardships due to the difficulty and stress
17 of caring for a child who has been diagnosed with a pervasive
18 developmental disorder if the Department determines that those
19 services are necessary to ensure the health and safety of the
20 child. The Department may offer services to any family whether
21 or not a report has been filed under the Abused and Neglected
22 Child Reporting Act. The Department may refer the child or
23 family to services available from other agencies in the
24 community if the conditions in the child's or family's home are
25 reasonably likely to subject the child or family to future
26 reports of suspected child abuse or neglect. Acceptance of

1 these services shall be voluntary. The Department shall develop
2 and implement a public information campaign to alert health and
3 social service providers and the general public about these
4 special family preservation services. The nature and scope of
5 the services offered and the number of families served under
6 the special program implemented under this paragraph shall be
7 determined by the level of funding that the Department annually
8 allocates for this purpose. The term "pervasive developmental
9 disorder" under this paragraph means a neurological condition,
10 including, but not limited to, Asperger's Syndrome and autism,
11 as defined in the most recent edition of the Diagnostic and
12 Statistical Manual of Mental Disorders of the American
13 Psychiatric Association.

14 (1-1) The legislature recognizes that the best interests of
15 the child require that the child be placed in the most
16 permanent living arrangement as soon as is practically
17 possible. To achieve this goal, the legislature directs the
18 Department of Children and Family Services to conduct
19 concurrent planning so that permanency may occur at the
20 earliest opportunity. Permanent living arrangements may
21 include prevention of placement of a child outside the home of
22 the family when the child can be cared for at home without
23 endangering the child's health or safety; reunification with
24 the family, when safe and appropriate, if temporary placement
25 is necessary; or movement of the child toward the most
26 permanent living arrangement and permanent legal status.

1 When determining reasonable efforts to be made with respect
2 to a child, as described in this subsection, and in making such
3 reasonable efforts, the child's health and safety shall be the
4 paramount concern.

5 When a child is placed in foster care, the Department shall
6 ensure and document that reasonable efforts were made to
7 prevent or eliminate the need to remove the child from the
8 child's home. The Department must make reasonable efforts to
9 reunify the family when temporary placement of the child occurs
10 unless otherwise required, pursuant to the Juvenile Court Act
11 of 1987. At any time after the dispositional hearing where the
12 Department believes that further reunification services would
13 be ineffective, it may request a finding from the court that
14 reasonable efforts are no longer appropriate. The Department is
15 not required to provide further reunification services after
16 such a finding.

17 A decision to place a child in substitute care shall be
18 made with considerations of the child's health, safety, and
19 best interests. At the time of placement, consideration should
20 also be given so that if reunification fails or is delayed, the
21 placement made is the best available placement to provide
22 permanency for the child.

23 The Department shall adopt rules addressing concurrent
24 planning for reunification and permanency. The Department
25 shall consider the following factors when determining
26 appropriateness of concurrent planning:

- 1 (1) the likelihood of prompt reunification;
- 2 (2) the past history of the family;
- 3 (3) the barriers to reunification being addressed by
- 4 the family;
- 5 (4) the level of cooperation of the family;
- 6 (5) the foster parents' willingness to work with the
- 7 family to reunite;
- 8 (6) the willingness and ability of the foster family to
- 9 provide an adoptive home or long-term placement;
- 10 (7) the age of the child;
- 11 (8) placement of siblings.

12 (m) The Department may assume temporary custody of any
13 child if:

14 (1) it has received a written consent to such temporary
15 custody signed by the parents of the child or by the parent
16 having custody of the child if the parents are not living
17 together or by the guardian or custodian of the child if
18 the child is not in the custody of either parent, or

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

21 If the child is found in his or her residence without a parent,
22 guardian, custodian, or responsible caretaker, the Department
23 may, instead of removing the child and assuming temporary
24 custody, place an authorized representative of the Department
25 in that residence until such time as a parent, guardian, or
26 custodian enters the home and expresses a willingness and

1 apparent ability to ensure the child's health and safety and
2 resume permanent charge of the child, or until a relative
3 enters the home and is willing and able to ensure the child's
4 health and safety and assume charge of the child until a
5 parent, guardian, or custodian enters the home and expresses
6 such willingness and ability to ensure the child's safety and
7 resume permanent charge. After a caretaker has remained in the
8 home for a period not to exceed 12 hours, the Department must
9 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
10 5-415 of the Juvenile Court Act of 1987.

11 The Department shall have the authority, responsibilities
12 and duties that a legal custodian of the child would have
13 pursuant to subsection (9) of Section 1-3 of the Juvenile Court
14 Act of 1987. Whenever a child is taken into temporary custody
15 pursuant to an investigation under the Abused and Neglected
16 Child Reporting Act, or pursuant to a referral and acceptance
17 under the Juvenile Court Act of 1987 of a minor in limited
18 custody, the Department, during the period of temporary custody
19 and before the child is brought before a judicial officer as
20 required by Section 2-9, 3-11, 4-8, or 5-415 of the Juvenile
21 Court Act of 1987, shall have the authority, responsibilities
22 and duties that a legal custodian of the child would have under
23 subsection (9) of Section 1-3 of the Juvenile Court Act of
24 1987.

25 The Department shall ensure that any child taken into
26 custody is scheduled for an appointment for a medical

1 examination.

2 A parent, guardian, or custodian of a child in the
3 temporary custody of the Department who would have custody of
4 the child if he were not in the temporary custody of the
5 Department may deliver to the Department a signed request that
6 the Department surrender the temporary custody of the child.
7 The Department may retain temporary custody of the child for 10
8 days after the receipt of the request, during which period the
9 Department may cause to be filed a petition pursuant to the
10 Juvenile Court Act of 1987. If a petition is so filed, the
11 Department shall retain temporary custody of the child until
12 the court orders otherwise. If a petition is not filed within
13 the 10-day period, the child shall be surrendered to the
14 custody of the requesting parent, guardian, or custodian not
15 later than the expiration of the 10-day period, at which time
16 the authority and duties of the Department with respect to the
17 temporary custody of the child shall terminate.

18 (m-1) The Department may place children under 18 years of
19 age in a secure child care facility licensed by the Department
20 that cares for children who are in need of secure living
21 arrangements for their health, safety, and well-being after a
22 determination is made by the facility director and the Director
23 or the Director's designate prior to admission to the facility
24 subject to Section 2-27.1 of the Juvenile Court Act of 1987.
25 This subsection (m-1) does not apply to a child who is subject
26 to placement in a correctional facility operated pursuant to

1 Section 3-15-2 of the Unified Code of Corrections, unless the
2 child is a youth in care who was placed in the care of the
3 Department before being subject to placement in a correctional
4 facility and a court of competent jurisdiction has ordered
5 placement of the child in a secure care facility.

6 (n) The Department may place children under 18 years of age
7 in licensed child care facilities when in the opinion of the
8 Department, appropriate services aimed at family preservation
9 have been unsuccessful and cannot ensure the child's health and
10 safety or are unavailable and such placement would be for their
11 best interest. Payment for board, clothing, care, training and
12 supervision of any child placed in a licensed child care
13 facility may be made by the Department, by the parents or
14 guardians of the estates of those children, or by both the
15 Department and the parents or guardians, except that no
16 payments shall be made by the Department for any child placed
17 in a licensed child care facility for board, clothing, care,
18 training and supervision of such a child that exceed the
19 average per capita cost of maintaining and of caring for a
20 child in institutions for dependent or neglected children
21 operated by the Department. However, such restriction on
22 payments does not apply in cases where children require
23 specialized care and treatment for problems of severe emotional
24 disturbance, physical disability, social adjustment, or any
25 combination thereof and suitable facilities for the placement
26 of such children are not available at payment rates within the

1 limitations set forth in this Section. All reimbursements for
2 services delivered shall be absolutely inalienable by
3 assignment, sale, attachment, or garnishment or otherwise.

4 (n-1) The Department shall provide or authorize child
5 welfare services, aimed at assisting minors to achieve
6 sustainable self-sufficiency as independent adults, for any
7 minor eligible for the reinstatement of wardship pursuant to
8 subsection (2) of Section 2-33 of the Juvenile Court Act of
9 1987, whether or not such reinstatement is sought or allowed,
10 provided that the minor consents to such services and has not
11 yet attained the age of 21. The Department shall have
12 responsibility for the development and delivery of services
13 under this Section. An eligible youth may access services under
14 this Section through the Department of Children and Family
15 Services or by referral from the Department of Human Services.
16 Youth participating in services under this Section shall
17 cooperate with the assigned case manager in developing an
18 agreement identifying the services to be provided and how the
19 youth will increase skills to achieve self-sufficiency. A
20 homeless shelter is not considered appropriate housing for any
21 youth receiving child welfare services under this Section. The
22 Department shall continue child welfare services under this
23 Section to any eligible minor until the minor becomes 21 years
24 of age, no longer consents to participate, or achieves
25 self-sufficiency as identified in the minor's service plan. The
26 Department of Children and Family Services shall create clear,

1 readable notice of the rights of former foster youth to child
2 welfare services under this Section and how such services may
3 be obtained. The Department of Children and Family Services and
4 the Department of Human Services shall disseminate this
5 information statewide. The Department shall adopt regulations
6 describing services intended to assist minors in achieving
7 sustainable self-sufficiency as independent adults.

8 (o) The Department shall establish an administrative
9 review and appeal process for children and families who request
10 or receive child welfare services from the Department. Youth in
11 care who are placed by private child welfare agencies, and
12 foster families with whom those youth are placed, shall be
13 afforded the same procedural and appeal rights as children and
14 families in the case of placement by the Department, including
15 the right to an initial review of a private agency decision by
16 that agency. The Department shall ensure that any private child
17 welfare agency, which accepts youth in care for placement,
18 affords those rights to children and foster families. The
19 Department shall accept for administrative review and an appeal
20 hearing a complaint made by (i) a child or foster family
21 concerning a decision following an initial review by a private
22 child welfare agency or (ii) a prospective adoptive parent who
23 alleges a violation of subsection (j-5) of this Section. An
24 appeal of a decision concerning a change in the placement of a
25 child shall be conducted in an expedited manner. A court
26 determination that a current foster home placement is necessary

1 and appropriate under Section 2-28 of the Juvenile Court Act of
2 1987 does not constitute a judicial determination on the merits
3 of an administrative appeal, filed by a former foster parent,
4 involving a change of placement decision.

5 (p) (Blank).

6 (q) The Department may receive and use, in their entirety,
7 for the benefit of children any gift, donation, or bequest of
8 money or other property which is received on behalf of such
9 children, or any financial benefits to which such children are
10 or may become entitled while under the jurisdiction or care of
11 the Department.

12 The Department shall set up and administer no-cost,
13 interest-bearing accounts in appropriate financial
14 institutions for children for whom the Department is legally
15 responsible and who have been determined eligible for Veterans'
16 Benefits, Social Security benefits, assistance allotments from
17 the armed forces, court ordered payments, parental voluntary
18 payments, Supplemental Security Income, Railroad Retirement
19 payments, Black Lung benefits, or other miscellaneous
20 payments. Interest earned by each account shall be credited to
21 the account, unless disbursed in accordance with this
22 subsection.

23 In disbursing funds from children's accounts, the
24 Department shall:

25 (1) Establish standards in accordance with State and
26 federal laws for disbursing money from children's

1 accounts. In all circumstances, the Department's
2 "Guardianship Administrator" or his or her designee must
3 approve disbursements from children's accounts. The
4 Department shall be responsible for keeping complete
5 records of all disbursements for each account for any
6 purpose.

7 (2) Calculate on a monthly basis the amounts paid from
8 State funds for the child's board and care, medical care
9 not covered under Medicaid, and social services; and
10 utilize funds from the child's account, as covered by
11 regulation, to reimburse those costs. Monthly,
12 disbursements from all children's accounts, up to 1/12 of
13 \$13,000,000, shall be deposited by the Department into the
14 General Revenue Fund and the balance over 1/12 of
15 \$13,000,000 into the DCFS Children's Services Fund.

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

21 (r) The Department shall promulgate regulations
22 encouraging all adoption agencies to voluntarily forward to the
23 Department or its agent names and addresses of all persons who
24 have applied for and have been approved for adoption of a
25 hard-to-place child or child with a disability and the names of
26 such children who have not been placed for adoption. A list of

1 such names and addresses shall be maintained by the Department
2 or its agent, and coded lists which maintain the
3 confidentiality of the person seeking to adopt the child and of
4 the child shall be made available, without charge, to every
5 adoption agency in the State to assist the agencies in placing
6 such children for adoption. The Department may delegate to an
7 agent its duty to maintain and make available such lists. The
8 Department shall ensure that such agent maintains the
9 confidentiality of the person seeking to adopt the child and of
10 the child.

11 (s) The Department of Children and Family Services may
12 establish and implement a program to reimburse Department and
13 private child welfare agency foster parents licensed by the
14 Department of Children and Family Services for damages
15 sustained by the foster parents as a result of the malicious or
16 negligent acts of foster children, as well as providing third
17 party coverage for such foster parents with regard to actions
18 of foster children to other individuals. Such coverage will be
19 secondary to the foster parent liability insurance policy, if
20 applicable. The program shall be funded through appropriations
21 from the General Revenue Fund, specifically designated for such
22 purposes.

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

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

3 (2) the court has ordered one or both of the parties to
4 the proceeding to reimburse the Department for its
5 reasonable costs for providing such services in accordance
6 with Department rules, or has determined that neither party
7 is financially able to pay.

8 The Department shall provide written notification to the
9 court of the specific arrangements for supervised visitation
10 and projected monthly costs within 60 days of the court order.
11 The Department shall send to the court information related to
12 the costs incurred except in cases where the court has
13 determined the parties are financially unable to pay. The court
14 may order additional periodic reports as appropriate.

15 (u) In addition to other information that must be provided,
16 whenever the Department places a child with a prospective
17 adoptive parent or parents, ~~or~~ in a licensed foster home, group
18 home, or child care institution, or in a relative home, the
19 Department shall provide to the prospective adoptive parent or
20 parents or other caretaker:

21 (1) available detailed information concerning the
22 child's educational and health history, copies of
23 immunization records (including insurance and medical card
24 information), a history of the child's previous
25 placements, if any, and reasons for placement changes
26 excluding any information that identifies or reveals the

1 location of any previous caretaker;

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

5 (3) information containing details of the child's
6 individualized educational plan when the child is
7 receiving special education services.

8 The caretaker shall be informed of any known social or
9 behavioral information (including, but not limited to,
10 criminal background, fire setting, perpetuation of sexual
11 abuse, destructive behavior, and substance abuse) necessary to
12 care for and safeguard the children to be placed or currently
13 in the home. The Department may prepare a written summary of
14 the information required by this paragraph, which may be
15 provided to the foster or prospective adoptive parent in
16 advance of a placement. The foster or prospective adoptive
17 parent may review the supporting documents in the child's file
18 in the presence of casework staff. In the case of an emergency
19 placement, casework staff shall at least provide known
20 information verbally, if necessary, and must subsequently
21 provide the information in writing as required by this
22 subsection.

23 The information described in this subsection shall be
24 provided in writing. In the case of emergency placements when
25 time does not allow prior review, preparation, and collection
26 of written information, the Department shall provide such

1 information as it becomes available. Within 10 business days
2 after placement, the Department shall obtain from the
3 prospective adoptive parent or parents or other caretaker a
4 signed verification of receipt of the information provided.
5 Within 10 business days after placement, the Department shall
6 provide to the child's guardian ad litem a copy of the
7 information provided to the prospective adoptive parent or
8 parents or other caretaker. The information provided to the
9 prospective adoptive parent or parents or other caretaker shall
10 be reviewed and approved regarding accuracy at the supervisory
11 level.

12 (u-5) Effective July 1, 1995, only foster care placements
13 licensed as foster family homes pursuant to the Child Care Act
14 of 1969 shall be eligible to receive foster care payments from
15 the Department. Relative caregivers who, as of July 1, 1995,
16 were approved pursuant to approved relative placement rules
17 previously promulgated by the Department at 89 Ill. Adm. Code
18 335 and had submitted an application for licensure as a foster
19 family home may continue to receive foster care payments only
20 until the Department determines that they may be licensed as a
21 foster family home or that their application for licensure is
22 denied or until September 30, 1995, whichever occurs first.

23 (v) The Department shall access criminal history record
24 information as defined in the Illinois Uniform Conviction
25 Information Act and information maintained in the adjudicatory
26 and dispositional record system as defined in Section 2605-355

1 of the Department of State Police Law (20 ILCS 2605/2605-355)
2 if the Department determines the information is necessary to
3 perform its duties under the Abused and Neglected Child
4 Reporting Act, the Child Care Act of 1969, and the Children and
5 Family Services Act. The Department shall provide for
6 interactive computerized communication and processing
7 equipment that permits direct on-line communication with the
8 Department of State Police's central criminal history data
9 repository. The Department shall comply with all certification
10 requirements and provide certified operators who have been
11 trained by personnel from the Department of State Police. In
12 addition, one Office of the Inspector General investigator
13 shall have training in the use of the criminal history
14 information access system and have access to the terminal. The
15 Department of Children and Family Services and its employees
16 shall abide by rules and regulations established by the
17 Department of State Police relating to the access and
18 dissemination of this information.

19 (v-1) Prior to final approval for placement of a child, the
20 Department shall conduct a criminal records background check of
21 the prospective foster or adoptive parent, including
22 fingerprint-based checks of national crime information
23 databases. Final approval for placement shall not be granted if
24 the record check reveals a felony conviction for child abuse or
25 neglect, for spousal abuse, for a crime against children, or
26 for a crime involving violence, including rape, sexual assault,

1 or homicide, but not including other physical assault or
2 battery, or if there is a felony conviction for physical
3 assault, battery, or a drug-related offense committed within
4 the past 5 years.

5 (v-2) Prior to final approval for placement of a child, the
6 Department shall check its child abuse and neglect registry for
7 information concerning prospective foster and adoptive
8 parents, and any adult living in the home. If any prospective
9 foster or adoptive parent or other adult living in the home has
10 resided in another state in the preceding 5 years, the
11 Department shall request a check of that other state's child
12 abuse and neglect registry.

13 (w) Within 120 days of August 20, 1995 (the effective date
14 of Public Act 89-392), the Department shall prepare and submit
15 to the Governor and the General Assembly, a written plan for
16 the development of in-state licensed secure child care
17 facilities that care for children who are in need of secure
18 living arrangements for their health, safety, and well-being.
19 For purposes of this subsection, secure care facility shall
20 mean a facility that is designed and operated to ensure that
21 all entrances and exits from the facility, a building or a
22 distinct part of the building, are under the exclusive control
23 of the staff of the facility, whether or not the child has the
24 freedom of movement within the perimeter of the facility,
25 building, or distinct part of the building. The plan shall
26 include descriptions of the types of facilities that are needed

1 in Illinois; the cost of developing these secure care
2 facilities; the estimated number of placements; the potential
3 cost savings resulting from the movement of children currently
4 out-of-state who are projected to be returned to Illinois; the
5 necessary geographic distribution of these facilities in
6 Illinois; and a proposed timetable for development of such
7 facilities.

8 (x) The Department shall conduct annual credit history
9 checks to determine the financial history of children placed
10 under its guardianship pursuant to the Juvenile Court Act of
11 1987. The Department shall conduct such credit checks starting
12 when a youth in care turns 12 years old and each year
13 thereafter for the duration of the guardianship as terminated
14 pursuant to the Juvenile Court Act of 1987. The Department
15 shall determine if financial exploitation of the child's
16 personal information has occurred. If financial exploitation
17 appears to have taken place or is presently ongoing, the
18 Department shall notify the proper law enforcement agency, the
19 proper State's Attorney, or the Attorney General.

20 (y) Beginning on July 22, 2010 (the effective date of
21 Public Act 96-1189), a child with a disability who receives
22 residential and educational services from the Department shall
23 be eligible to receive transition services in accordance with
24 Article 14 of the School Code from the age of 14.5 through age
25 21, inclusive, notwithstanding the child's residential
26 services arrangement. For purposes of this subsection, "child

1 with a disability" means a child with a disability as defined
2 by the federal Individuals with Disabilities Education
3 Improvement Act of 2004.

4 (z) The Department shall access criminal history record
5 information as defined as "background information" in this
6 subsection and criminal history record information as defined
7 in the Illinois Uniform Conviction Information Act for each
8 Department employee or Department applicant. Each Department
9 employee or Department applicant shall submit his or her
10 fingerprints to the Department of State Police in the form and
11 manner prescribed by the Department of State Police. These
12 fingerprints shall be checked against the fingerprint records
13 now and hereafter filed in the Department of State Police and
14 the Federal Bureau of Investigation criminal history records
15 databases. The Department of State Police shall charge a fee
16 for conducting the criminal history record check, which shall
17 be deposited into the State Police Services Fund and shall not
18 exceed the actual cost of the record check. The Department of
19 State Police shall furnish, pursuant to positive
20 identification, all Illinois conviction information to the
21 Department of Children and Family Services.

22 For purposes of this subsection:

23 "Background information" means all of the following:

24 (i) Upon the request of the Department of Children and
25 Family Services, conviction information obtained from the
26 Department of State Police as a result of a

1 fingerprint-based criminal history records check of the
2 Illinois criminal history records database and the Federal
3 Bureau of Investigation criminal history records database
4 concerning a Department employee or Department applicant.

5 (ii) Information obtained by the Department of
6 Children and Family Services after performing a check of
7 the Department of State Police's Sex Offender Database, as
8 authorized by Section 120 of the Sex Offender Community
9 Notification Law, concerning a Department employee or
10 Department applicant.

11 (iii) Information obtained by the Department of
12 Children and Family Services after performing a check of
13 the Child Abuse and Neglect Tracking System (CANTS)
14 operated and maintained by the Department.

15 "Department employee" means a full-time or temporary
16 employee coded or certified within the State of Illinois
17 Personnel System.

18 "Department applicant" means an individual who has
19 conditional Department full-time or part-time work, a
20 contractor, an individual used to replace or supplement staff,
21 an academic intern, a volunteer in Department offices or on
22 Department contracts, a work-study student, an individual or
23 entity licensed by the Department, or an unlicensed service
24 provider who works as a condition of a contract or an agreement
25 and whose work may bring the unlicensed service provider into
26 contact with Department clients or client records.

1 (Source: P.A. 100-159, eff. 8-18-17; 100-522, eff. 9-22-17;
2 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-978, eff.
3 8-19-18; 101-13, eff. 6-12-19; 101-79, eff. 7-12-19; 101-81,
4 eff. 7-12-19; revised 8-1-19.)

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

7 (5 ILCS 140/7.5)

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

11 (a) All information determined to be confidential
12 under Section 4002 of the Technology Advancement and
13 Development Act.

14 (b) Library circulation and order records identifying
15 library users with specific materials under the Library
16 Records Confidentiality Act.

17 (c) Applications, related documents, and medical
18 records received by the Experimental Organ Transplantation
19 Procedures Board and any and all documents or other records
20 prepared by the Experimental Organ Transplantation
21 Procedures Board or its staff relating to applications it
22 has received.

23 (d) Information and records held by the Department of
24 Public Health and its authorized representatives relating

1 to known or suspected cases of sexually transmissible
2 disease or any information the disclosure of which is
3 restricted under the Illinois Sexually Transmissible
4 Disease Control Act.

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

7 (f) Firm performance evaluations under Section 55 of
8 the Architectural, Engineering, and Land Surveying
9 Qualifications Based Selection Act.

10 (g) Information the disclosure of which is restricted
11 and exempted under Section 50 of the Illinois Prepaid
12 Tuition Act.

13 (h) Information the disclosure of which is exempted
14 under the State Officials and Employees Ethics Act, and
15 records of any lawfully created State or local inspector
16 general's office that would be exempt if created or
17 obtained by an Executive Inspector General's office under
18 that Act.

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

23 (j) Information and data concerning the distribution
24 of surcharge moneys collected and remitted by carriers
25 under the Emergency Telephone System Act.

26 (k) Law enforcement officer identification information

1 or driver identification information compiled by a law
2 enforcement agency or the Department of Transportation
3 under Section 11-212 of the Illinois Vehicle Code.

4 (l) Records and information provided to a residential
5 health care facility resident sexual assault and death
6 review team or the Executive Council under the Abuse
7 Prevention Review Team Act.

8 (m) Information provided to the predatory lending
9 database created pursuant to Article 3 of the Residential
10 Real Property Disclosure Act, except to the extent
11 authorized under that Article.

12 (n) Defense budgets and petitions for certification of
13 compensation and expenses for court appointed trial
14 counsel as provided under Sections 10 and 15 of the Capital
15 Crimes Litigation Act. This subsection (n) shall apply
16 until the conclusion of the trial of the case, even if the
17 prosecution chooses not to pursue the death penalty prior
18 to trial or sentencing.

19 (o) Information that is prohibited from being
20 disclosed under Section 4 of the Illinois Health and
21 Hazardous Substances Registry Act.

22 (p) Security portions of system safety program plans,
23 investigation reports, surveys, schedules, lists, data, or
24 information compiled, collected, or prepared by or for the
25 Regional Transportation Authority under Section 2.11 of
26 the Regional Transportation Authority Act or the St. Clair

1 County Transit District under the Bi-State Transit Safety
2 Act.

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

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

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

9 (t) All identified or deidentified health information
10 in the form of health data or medical records contained in,
11 stored in, submitted to, transferred by, or released from
12 the Illinois Health Information Exchange, and identified
13 or deidentified health information in the form of health
14 data and medical records of the Illinois Health Information
15 Exchange in the possession of the Illinois Health
16 Information Exchange Authority due to its administration
17 of the Illinois Health Information Exchange. The terms
18 "identified" and "deidentified" shall be given the same
19 meaning as in the Health Insurance Portability and
20 Accountability Act of 1996, Public Law 104-191, or any
21 subsequent amendments thereto, and any regulations
22 promulgated thereunder.

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

26 (v) Names and information of people who have applied

1 for or received Firearm Owner's Identification Cards under
2 the Firearm Owners Identification Card Act or applied for
3 or received a concealed carry license under the Firearm
4 Concealed Carry Act, unless otherwise authorized by the
5 Firearm Concealed Carry Act; and databases under the
6 Firearm Concealed Carry Act, records of the Concealed Carry
7 Licensing Review Board under the Firearm Concealed Carry
8 Act, and law enforcement agency objections under the
9 Firearm Concealed Carry Act.

10 (w) Personally identifiable information which is
11 exempted from disclosure under subsection (g) of Section
12 19.1 of the Toll Highway Act.

13 (x) Information which is exempted from disclosure
14 under Section 5-1014.3 of the Counties Code or Section
15 8-11-21 of the Illinois Municipal Code.

16 (y) Confidential information under the Adult
17 Protective Services Act and its predecessor enabling
18 statute, the Elder Abuse and Neglect Act, including
19 information about the identity and administrative finding
20 against any caregiver of a verified and substantiated
21 decision of abuse, neglect, or financial exploitation of an
22 eligible adult maintained in the Registry established
23 under Section 7.5 of the Adult Protective Services Act.

24 (z) Records and information provided to a fatality
25 review team or the Illinois Fatality Review Team Advisory
26 Council under Section 15 of the Adult Protective Services

1 Act.

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

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

6 (cc) Recordings made under the Law Enforcement
7 Officer-Worn Body Camera Act, except to the extent
8 authorized under that Act.

9 (dd) Information that is prohibited from being
10 disclosed under Section 45 of the Condominium and Common
11 Interest Community Ombudsperson Act.

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

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

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

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

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

24 (jj) Information and reports that are required to be
25 submitted to the Department of Labor by registering day and
26 temporary labor service agencies but are exempt from

1 disclosure under subsection (a-1) of Section 45 of the Day
2 and Temporary Labor Services Act.

3 (kk) Information prohibited from disclosure under the
4 Seizure and Forfeiture Reporting Act.

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

8 (mm) Records that are exempt from disclosure under
9 Section 4.2 of the Crime Victims Compensation Act.

10 (nn) Information that is exempt from disclosure under
11 Section 70 of the Higher Education Student Assistance Act.

12 (oo) Communications, notes, records, and reports
13 arising out of a peer support counseling session prohibited
14 from disclosure under the First Responders Suicide
15 Prevention Act.

16 (pp) Names and all identifying information relating to
17 an employee of an emergency services provider or law
18 enforcement agency under the First Responders Suicide
19 Prevention Act.

20 (qq) Information and records held by the Department of
21 Public Health and its authorized representatives collected
22 under the Reproductive Health Act.

23 (rr) Information that is exempt from disclosure under
24 the Cannabis Regulation and Tax Act.

25 (ss) Data reported by an employer to the Department of
26 Human Rights pursuant to Section 2-108 of the Illinois

1 Human Rights Act.

2 (tt) Recordings made under the Children's Advocacy
3 Center Act, except to the extent authorized under that Act.

4 (uu) Information that is exempt from disclosure under
5 Section 50 of the Sexual Assault Evidence Submission Act.

6 (vv) Information that is exempt from disclosure under
7 subsections (f) and (j) of Section 5-36 of the Illinois
8 Public Aid Code.

9 (ww) Information that is exempt from disclosure under
10 Section 16.8 of the State Treasurer Act.

11 (xx) Information that is exempt from disclosure or
12 information that shall not be made public under the
13 Illinois Insurance Code.

14 (yy) ~~(oo)~~ Information prohibited from being disclosed
15 under the Illinois Educational Labor Relations Act.

16 (zz) ~~(pp)~~ Information prohibited from being disclosed
17 under the Illinois Public Labor Relations Act.

18 (aaa) ~~(qq)~~ Information prohibited from being disclosed
19 under Section 1-167 of the Illinois Pension Code.

20 (Source: P.A. 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
21 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
22 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
23 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;
24 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; 101-13, eff.
25 6-12-19; 101-27, eff. 6-25-19; 101-81, eff. 7-12-19; 101-221,
26 eff. 1-1-20; 101-236, eff. 1-1-20; 101-375, eff. 8-16-19;

1 101-377, eff. 8-16-19; 101-452, eff. 1-1-20; 101-466, eff.
2 1-1-20; 101-600, eff. 12-6-19; 101-620, eff 12-20-19; revised
3 1-6-20.)

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

6 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

12 (a) A sudden or violent death, whether apparently
13 suicidal, homicidal or accidental, including but not
14 limited to deaths apparently caused or contributed to by
15 thermal, traumatic, chemical, electrical or radiational
16 injury, or a complication of any of them, or by drowning or
17 suffocation, or as a result of domestic violence as defined
18 in the Illinois Domestic Violence Act of 1986;

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

21 (c) A death where the circumstances are suspicious,
22 obscure, mysterious or otherwise unexplained or where, in
23 the written opinion of the attending physician, the cause
24 of death is not determined;

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

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

5 shall go to the place where the dead body is, and take charge
6 of the same and shall make a preliminary investigation into the
7 circumstances of the death. In the case of death without
8 attendance by a licensed physician the body may be moved with
9 the coroner's consent from the place of death to a mortuary in
10 the same county. Coroners in their discretion shall notify such
11 physician as is designated in accordance with Section 3-3014 to
12 attempt to ascertain the cause of death, either by autopsy or
13 otherwise.

14 In cases of accidental death involving a motor vehicle in
15 which the decedent was (1) the operator or a suspected operator
16 of a motor vehicle, or (2) a pedestrian 16 years of age or
17 older, the coroner shall require that a blood specimen of at
18 least 30 cc., and if medically possible a urine specimen of at
19 least 30 cc. or as much as possible up to 30 cc., be withdrawn
20 from the body of the decedent in a timely fashion after the
21 accident causing his death, by such physician as has been
22 designated in accordance with Section 3-3014, or by the coroner
23 or deputy coroner or a qualified person designated by such
24 physician, coroner, or deputy coroner. If the county does not
25 maintain laboratory facilities for making such analysis, the
26 blood and urine so drawn shall be sent to the Department of

1 State Police or any other accredited or State-certified
2 laboratory for analysis of the alcohol, carbon monoxide, and
3 dangerous or narcotic drug content of such blood and urine
4 specimens. Each specimen submitted shall be accompanied by
5 pertinent information concerning the decedent upon a form
6 prescribed by such laboratory. Any person drawing blood and
7 urine and any person making any examination of the blood and
8 urine under the terms of this Division shall be immune from all
9 liability, civil or criminal, that might otherwise be incurred
10 or imposed.

11 In all other cases coming within the jurisdiction of the
12 coroner and referred to in subparagraphs (a) through (e) above,
13 blood, and whenever possible, urine samples shall be analyzed
14 for the presence of alcohol and other drugs. When the coroner
15 suspects that drugs may have been involved in the death, either
16 directly or indirectly, a toxicological examination shall be
17 performed which may include analyses of blood, urine, bile,
18 gastric contents and other tissues. When the coroner suspects a
19 death is due to toxic substances, other than drugs, the coroner
20 shall consult with the toxicologist prior to collection of
21 samples. Information submitted to the toxicologist shall
22 include information as to height, weight, age, sex and race of
23 the decedent as well as medical history, medications used by
24 and the manner of death of decedent.

25 When the coroner or medical examiner finds that the cause
26 of death is due to homicidal means, the coroner or medical

1 examiner shall cause blood and buccal specimens (tissue may be
2 submitted if no uncontaminated blood or buccal specimen can be
3 obtained), whenever possible, to be withdrawn from the body of
4 the decedent in a timely fashion. For proper preservation of
5 the specimens, collected blood and buccal specimens shall be
6 dried and tissue specimens shall be frozen if available
7 equipment exists. As soon as possible, but no later than 30
8 days after the collection of the specimens, the coroner or
9 medical examiner shall release those specimens to the police
10 agency responsible for investigating the death. As soon as
11 possible, but no later than 30 days after the receipt from the
12 coroner or medical examiner, the police agency shall submit the
13 specimens using the agency case number to a National DNA Index
14 System (NDIS) participating laboratory within this State, such
15 as the Illinois Department of State Police, Division of
16 Forensic Services, for analysis and categorizing into genetic
17 marker groupings. The results of the analysis and categorizing
18 into genetic marker groupings shall be provided to the Illinois
19 Department of State Police and shall be maintained by the
20 Illinois Department of State Police in the State central
21 repository in the same manner, and subject to the same
22 conditions, as provided in Section 5-4-3 of the Unified Code of
23 Corrections. The requirements of this paragraph are in addition
24 to any other findings, specimens, or information that the
25 coroner or medical examiner is required to provide during the
26 conduct of a criminal investigation.

1 In all counties, in cases of apparent suicide, homicide, or
2 accidental death or in other cases, within the discretion of
3 the coroner, the coroner may summon 8 persons of lawful age
4 from those persons drawn for petit jurors in the county. The
5 summons shall command these persons to present themselves
6 personally at such a place and time as the coroner shall
7 determine, and may be in any form which the coroner shall
8 determine and may incorporate any reasonable form of request
9 for acknowledgement which the coroner deems practical and
10 provides a reliable proof of service. The summons may be served
11 by first class mail. From the 8 persons so summoned, the
12 coroner shall select 6 to serve as the jury for the inquest.
13 Inquests may be continued from time to time, as the coroner may
14 deem necessary. The 6 jurors selected in a given case may view
15 the body of the deceased. If at any continuation of an inquest
16 one or more of the original jurors shall be unable to continue
17 to serve, the coroner shall fill the vacancy or vacancies. A
18 juror serving pursuant to this paragraph shall receive
19 compensation from the county at the same rate as the rate of
20 compensation that is paid to petit or grand jurors in the
21 county. The coroner shall furnish to each juror without fee at
22 the time of his discharge a certificate of the number of days
23 in attendance at an inquest, and, upon being presented with
24 such certificate, the county treasurer shall pay to the juror
25 the sum provided for his services.

26 In counties which have a jury commission, in cases of

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

16 In every case in which a fire is determined to be a
17 contributing factor in a death, the coroner shall report the
18 death to the Office of the State Fire Marshal. The coroner
19 shall provide a copy of the death certificate (i) within 30
20 days after filing the permanent death certificate and (ii) in a
21 manner that is agreed upon by the coroner and the State Fire
22 Marshal.

23 In every case in which a drug overdose is determined to be
24 the cause or a contributing factor in the death, the coroner or
25 medical examiner shall report the death to the Department of
26 Public Health. The Department of Public Health shall adopt

1 rules regarding specific information that must be reported in
2 the event of such a death. If possible, the coroner shall
3 report the cause of the overdose. As used in this Section,
4 "overdose" has the same meaning as it does in Section 414 of
5 the Illinois Controlled Substances Act. The Department of
6 Public Health shall issue a semiannual report to the General
7 Assembly summarizing the reports received. The Department
8 shall also provide on its website a monthly report of overdose
9 death figures organized by location, age, and any other
10 factors, the Department deems appropriate.

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

14 All deaths in State institutions and all deaths of wards of
15 the State or youth in care as defined in Section 4d of the
16 Children and Family Services Act in private care facilities or
17 in programs funded by the Department of Human Services under
18 its powers relating to mental health and developmental
19 disabilities or alcoholism and substance abuse or funded by the
20 Department of Children and Family Services shall be reported to
21 the coroner of the county in which the facility is located. If
22 the coroner has reason to believe that an investigation is
23 needed to determine whether the death was caused by
24 maltreatment or negligent care of the ward of the State or
25 youth in care as defined in Section 4d of the Children and
26 Family Services Act, the coroner may conduct a preliminary

1 investigation of the circumstances of such death as in cases of
2 death under circumstances set forth in paragraphs (a) through
3 (e) of this Section.

4 (Source: P.A. 100-159, eff. 8-18-17; 101-13, eff. 6-12-19.)

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

7 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

8 Sec. 2. It is declared to be the public policy that the
9 State has a legitimate interest in assuring that all medical
10 procedures, including abortions, are performed under
11 circumstances that insure maximum safety. Therefore, the
12 purpose of this Act is to provide for the better protection of
13 the public health through the development, establishment, and
14 enforcement of standards (1) for the care of individuals in
15 ambulatory surgical treatment centers, and (2) for the
16 construction, maintenance and operation of ambulatory surgical
17 treatment centers, which, in light of advancing knowledge, will
18 promote safe and adequate treatment of such individuals in
19 ambulatory surgical treatment centers.

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

21 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

22 Sec. 3. As used in this Act, unless the context otherwise
23 requires, the following words and phrases shall have the

1 meanings ascribed to them:

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

19 The term "ambulatory surgical treatment center" does not
20 include any of the following:

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

24 (2) Any person or institution required to be licensed
25 pursuant to the Nursing Home Care Act, the Specialized
26 Mental Health Rehabilitation Act of 2013, the ID/DD

1 Community Care Act, or the MC/DD Act.

2 (3) Hospitals or ambulatory surgical treatment centers
3 maintained by the State or any department or agency
4 thereof, where such department or agency has authority
5 under law to establish and enforce standards for the
6 hospitals or ambulatory surgical treatment centers under
7 its management and control.

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

10 (5) Any place, agency, clinic, or practice, public or
11 private, whether organized for profit or not, devoted
12 exclusively to the performance of dental or oral surgical
13 procedures.

14 ~~(6) Any facility in which the performance of abortion~~
15 ~~procedures, including procedures to terminate a pregnancy~~
16 ~~or to manage pregnancy loss, is limited to those performed~~
17 ~~without general, epidural, or spinal anesthesia, and which~~
18 ~~is not otherwise required to be an ambulatory surgical~~
19 ~~treatment center. For purposes of this paragraph,~~
20 ~~"general, epidural, or spinal anesthesia" does not include~~
21 ~~local anesthesia or intravenous sedation. Nothing in this~~
22 ~~paragraph shall be construed to limit any such facility~~
23 ~~from voluntarily electing to apply for licensure as an~~
24 ~~ambulatory surgical treatment center.~~

25 (B) "Person" means any individual, firm, partnership,
26 corporation, company, association, or joint stock association,

1 or the legal successor thereof.

2 (C) "Department" means the Department of Public Health of
3 the State of Illinois.

4 (D) "Director" means the Director of the Department of
5 Public Health of the State of Illinois.

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

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

10 (G) "Podiatric physician" means a person licensed to
11 practice podiatry under the Podiatric Medical Practice Act of
12 1987.

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

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

16 (215 ILCS 5/356z.4)

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

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

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

22 (B) The federal Patient Protection and Affordable Care
23 Act includes a contraceptive coverage guarantee as part of
24 a broader requirement for health insurance to cover key

1 preventive care services without out-of-pocket costs for
2 patients.

3 (C) The General Assembly intends to build on existing
4 State and federal law to promote gender equity and women's
5 health and to ensure greater contraceptive coverage equity
6 and timely access to all federal Food and Drug
7 Administration approved methods of birth control for all
8 individuals covered by an individual or group health
9 insurance policy in Illinois.

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

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

15 "Contraceptive services" includes consultations,
16 examinations, procedures, and medical services related to the
17 use of contraceptive methods (including natural family
18 planning) to prevent an unintended pregnancy.

19 "Medical necessity", for the purposes of this subsection
20 (a), includes, but is not limited to, considerations such as
21 severity of side effects, differences in permanence and
22 reversibility of contraceptive, and ability to adhere to the
23 appropriate use of the item or service, as determined by the
24 attending provider.

25 "Therapeutic equivalent version" means drugs, devices, or
26 products that can be expected to have the same clinical effect

1 and safety profile when administered to patients under the
2 conditions specified in the labeling and satisfy the following
3 general criteria:

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

5 (ii) they are pharmaceutical equivalents in that they
6 (A) contain identical amounts of the same active drug
7 ingredient in the same dosage form and route of
8 administration and (B) meet compendial or other applicable
9 standards of strength, quality, purity, and identity;

10 (iii) they are bioequivalent in that (A) they do not
11 present a known or potential bioequivalence problem and
12 they meet an acceptable in vitro standard or (B) if they do
13 present such a known or potential problem, they are shown
14 to meet an appropriate bioequivalence standard;

15 (iv) they are adequately labeled; and

16 (v) they are manufactured in compliance with Current
17 Good Manufacturing Practice regulations.

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

23 (A) All contraceptive drugs, devices, and other
24 products approved by the United States Food and Drug
25 Administration. This includes all over-the-counter
26 contraceptive drugs, devices, and products approved by the

1 United States Food and Drug Administration, excluding male
2 condoms. The following apply:

3 (i) If the United States Food and Drug
4 Administration has approved one or more therapeutic
5 equivalent versions of a contraceptive drug, device,
6 or product, a policy is not required to include all
7 such therapeutic equivalent versions in its formulary,
8 so long as at least one is included and covered without
9 cost-sharing and in accordance with this Section.

10 (ii) If an individual's attending provider
11 recommends a particular service or item approved by the
12 United States Food and Drug Administration based on a
13 determination of medical necessity with respect to
14 that individual, the plan or issuer must cover that
15 service or item without cost sharing. The plan or
16 issuer must defer to the determination of the attending
17 provider.

18 (iii) If a drug, device, or product is not covered,
19 plans and issuers must have an easily accessible,
20 transparent, and sufficiently expedient process that
21 is not unduly burdensome on the individual or a
22 provider or other individual acting as a patient's
23 authorized representative to ensure coverage without
24 cost sharing.

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

1 (B) Voluntary sterilization procedures.

2 (C) Contraceptive services, patient education, and
3 counseling on contraception.

4 (D) Follow-up services related to the drugs, devices,
5 products, and procedures covered under this Section,
6 including, but not limited to, management of side effects,
7 counseling for continued adherence, and device insertion
8 and removal.

9 (4) Except as otherwise provided in this subsection (a), a
10 policy subject to this subsection (a) shall not impose a
11 deductible, coinsurance, copayment, or any other cost-sharing
12 requirement on the coverage provided. The provisions of this
13 paragraph do not apply to coverage of voluntary male
14 sterilization procedures to the extent such coverage would
15 disqualify a high-deductible health plan from eligibility for a
16 health savings account pursuant to the federal Internal Revenue
17 Code, 26 U.S.C. 223.

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

21 (6) If, at any time, the Secretary of the United States
22 Department of Health and Human Services, or its successor
23 agency, promulgates rules or regulations to be published in the
24 Federal Register or publishes a comment in the Federal Register
25 or issues an opinion, guidance, or other action that would
26 require the State, pursuant to any provision of the Patient

1 Protection and Affordable Care Act (Public Law 111-148),
2 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
3 successor provision, to defray the cost of any coverage
4 outlined in this subsection (a), then this subsection (a) is
5 inoperative with respect to all coverage outlined in this
6 subsection (a) other than that authorized under Section 1902 of
7 the Social Security Act, 42 U.S.C. 1396a, and the State shall
8 not assume any obligation for the cost of the coverage set
9 forth in this subsection (a).

10 (b) This subsection (b) shall become operative if and only
11 if subsection (a) becomes inoperative.

12 An individual or group policy of accident and health
13 insurance amended, delivered, issued, or renewed in this State
14 after the date this subsection (b) becomes operative that
15 provides coverage for outpatient services and outpatient
16 prescription drugs or devices must provide coverage for the
17 insured and any dependent of the insured covered by the policy
18 for all outpatient contraceptive services and all outpatient
19 contraceptive drugs and devices approved by the Food and Drug
20 Administration. Coverage required under this Section may not
21 impose any deductible, coinsurance, waiting period, or other
22 cost-sharing or limitation that is greater than that required
23 for any outpatient service or outpatient prescription drug or
24 device otherwise covered by the policy.

25 Nothing in this subsection (b) shall be construed to
26 require an insurance company to cover services related to

1 permanent sterilization that requires a surgical procedure.

2 As used in this subsection (b), "outpatient contraceptive
3 service" means consultations, examinations, procedures, and
4 medical services, provided on an outpatient basis and related
5 to the use of contraceptive methods (including natural family
6 planning) to prevent an unintended pregnancy.

7 (c) (Blank).

8 (c-5) Nothing in this Section shall be construed to require
9 an insurance company to cover services related to an abortion
10 as the term "abortion" is defined in the Illinois Abortion Law
11 of 2020.

12 (d) If a plan or issuer utilizes a network of providers,
13 nothing in this Section shall be construed to require coverage
14 or to prohibit the plan or issuer from imposing cost-sharing
15 for items or services described in this Section that are
16 provided or delivered by an out-of-network provider, unless the
17 plan or issuer does not have in its network a provider who is
18 able to or is willing to provide the applicable items or
19 services.

20 (Source: P.A. 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19.)

21 (215 ILCS 5/356z.4a rep.)

22 Section 632. The Illinois Insurance Code is amended by
23 repealing Section 356z.4a.

24 Section 635. The Health Maintenance Organization Act is

1 amended by changing Section 5-3 as follows:

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

3 (Text of Section before amendment by P.A. 101-625)

4 Sec. 5-3. Insurance Code provisions.

5 (a) Health Maintenance Organizations shall be subject to
6 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
7 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
8 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
9 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
10 ~~356z.4a,~~ 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
11 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
12 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30,~~
13 356z.30a, ~~356z.32,~~ 356z.33, 356z.35, 356z.36, 364, 364.01,
14 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c,
15 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444,
16 and 444.1, paragraph (c) of subsection (2) of Section 367, and
17 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
18 XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

25 (2) a corporation organized under the laws of this

1 State; or

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

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

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

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

23 (3) the Director shall have the power to require the
24 following information:

25 (A) certification by an independent actuary of the
26 adequacy of the reserves of the Health Maintenance

1 Organization sought to be acquired;

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

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

13 (D) such other information as the Director shall
14 require.

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

21 (e) In considering any management contract or service
22 agreement subject to Section 141.1 of the Illinois Insurance
23 Code, the Director (i) shall, in addition to the criteria
24 specified in Section 141.2 of the Illinois Insurance Code, take
25 into account the effect of the management contract or service
26 agreement on the continuation of benefits to enrollees and the

1 financial condition of the health maintenance organization to
2 be managed or serviced, and (ii) need not take into account the
3 effect of the management contract or service agreement on
4 competition.

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

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

18 (ii) the amount of the refund or additional premium
19 shall not exceed 20% of the Health Maintenance
20 Organization's profitable or unprofitable experience with
21 respect to the group or other enrollment unit for the
22 period (and, for purposes of a refund or additional
23 premium, the profitable or unprofitable experience shall
24 be calculated taking into account a pro rata share of the
25 Health Maintenance Organization's administrative and
26 marketing expenses, but shall not include any refund to be

1 made or additional premium to be paid pursuant to this
2 subsection (f)). The Health Maintenance Organization and
3 the group or enrollment unit may agree that the profitable
4 or unprofitable experience may be calculated taking into
5 account the refund period and the immediately preceding 2
6 plan years.

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

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

23 (g) Rulemaking authority to implement Public Act 95-1045,
24 if any, is conditioned on the rules being adopted in accordance
25 with all provisions of the Illinois Administrative Procedure
26 Act and all rules and procedures of the Joint Committee on

1 Administrative Rules; any purported rule not so adopted, for
2 whatever reason, is unauthorized.

3 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
4 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
5 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
6 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
7 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
8 1-1-20; revised 10-16-19.)

9 (Text of Section after amendment by P.A. 101-625)

10 Sec. 5-3. Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
13 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
14 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
15 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
16 ~~356z.4a~~, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
17 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
18 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30~~,
19 356z.30a, ~~356z.32~~, 356z.33, 356z.35, 356z.36, 356z.41, 364,
20 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
21 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
22 444, and 444.1, paragraph (c) of subsection (2) of Section 367,
23 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
24 XXVI, and XXXIIB of the Illinois Insurance Code.

25 (b) For purposes of the Illinois Insurance Code, except for

1 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
2 Maintenance Organizations in the following categories are
3 deemed to be "domestic companies":

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

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

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

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

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

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

1 effect on competition of the merger, consolidation, or
2 other acquisition of control;

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

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

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

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

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

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

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

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

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

24 (ii) the amount of the refund or additional premium
25 shall not exceed 20% of the Health Maintenance
26 Organization's profitable or unprofitable experience with

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

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

25 In no event shall the Illinois Health Maintenance
26 Organization Guaranty Association be liable to pay any

1 contractual obligation of an insolvent organization to pay any
2 refund authorized under this Section.

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

9 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
10 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
11 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
12 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
13 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
14 1-1-20; 101-625, eff. 1-1-21.)

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

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

18 (Text of Section before amendment by P.A. 101-625)

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

1 356z.1, 356z.2, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8,
2 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
3 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
4 ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33, 364.01, 367.2, 368a, 401,
5 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
6 and (15) of Section 367 of the Illinois Insurance Code.

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

13 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
14 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
15 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
16 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
17 revised 10-16-19.)

18 (Text of Section after amendment by P.A. 101-625)

19 Sec. 10. Application of Insurance Code provisions. Health
20 services plan corporations and all persons interested therein
21 or dealing therewith shall be subject to the provisions of
22 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
23 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
24 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
25 356z.1, 356z.2, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8,

1 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
2 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
3 ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33, 356z.41, 364.01, 367.2,
4 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
5 paragraphs (7) and (15) of Section 367 of the Illinois
6 Insurance Code.

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

13 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
14 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
15 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
16 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
17 101-625, eff. 1-1-21.)

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

20 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

21 (Section scheduled to be repealed on January 1, 2022)

22 Sec. 22. Disciplinary action.

23 (A) The Department may revoke, suspend, place on probation,
24 reprimand, refuse to issue or renew, or take any other

1 disciplinary or non-disciplinary action as the Department may
2 deem proper with regard to the license or permit of any person
3 issued under this Act, including imposing fines not to exceed
4 \$10,000 for each violation, upon any of the following grounds:

5 (1) (Blank).

6 (1.5) Performance of an elective abortion in any place,
7 locale, facility, or institution other than:

8 (a) a facility licensed pursuant to the Ambulatory
9 Surgical Treatment Center Act;

10 (b) an institution licensed under the Hospital
11 Licensing Act;

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

19 (d) ambulatory surgical treatment centers,
20 hospitalization or care facilities maintained by the
21 Federal Government; or

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

1 (2) (Blank).

2 (2.5) Performance of an abortion procedure in a willful
3 and wanton manner on a woman who was not pregnant at the
4 time the abortion procedure was performed.

5 (3) A plea of guilty or nolo contendere, finding of
6 guilt, jury verdict, or entry of judgment or sentencing,
7 including, but not limited to, convictions, preceding
8 sentences of supervision, conditional discharge, or first
9 offender probation, under the laws of any jurisdiction of
10 the United States of any crime that is a felony.

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

12 (5) Engaging in dishonorable, unethical, or
13 unprofessional conduct of a character likely to deceive,
14 defraud or harm the public.

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

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

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

23 (9) Fraud or misrepresentation in applying for, or
24 procuring, a license under this Act or in connection with
25 applying for renewal of a license under this Act.

26 (10) Making a false or misleading statement regarding

1 their skill or the efficacy or value of the medicine,
2 treatment, or remedy prescribed by them at their direction
3 in the treatment of any disease or other condition of the
4 body or mind.

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

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

18 (13) Violation of any provision of this Act or of the
19 Medical Practice Act prior to the repeal of that Act, or
20 violation of the rules, or a final administrative action of
21 the Secretary, after consideration of the recommendation
22 of the Disciplinary Board.

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

25 (15) A finding by the Disciplinary Board that the
26 registrant after having his or her license placed on

1 probationary status or subjected to conditions or
2 restrictions violated the terms of the probation or failed
3 to comply with such terms or conditions.

4 (16) Abandonment of a patient.

5 (17) Prescribing, selling, administering,
6 distributing, giving, or self-administering any drug
7 classified as a controlled substance (designated product)
8 or narcotic for other than medically accepted therapeutic
9 purposes.

10 (18) Promotion of the sale of drugs, devices,
11 appliances, or goods provided for a patient in such manner
12 as to exploit the patient for financial gain of the
13 physician.

14 (19) Offering, undertaking, or agreeing to cure or
15 treat disease by a secret method, procedure, treatment, or
16 medicine, or the treating, operating, or prescribing for
17 any human condition by a method, means, or procedure which
18 the licensee refuses to divulge upon demand of the
19 Department.

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

23 (21) Willfully making or filing false records or
24 reports in his or her practice as a physician, including,
25 but not limited to, false records to support claims against
26 the medical assistance program of the Department of

1 Healthcare and Family Services (formerly Department of
2 Public Aid) under the Illinois Public Aid Code.

3 (22) Willful omission to file or record, or willfully
4 impeding the filing or recording, or inducing another
5 person to omit to file or record, medical reports as
6 required by law, or willfully failing to report an instance
7 of suspected abuse or neglect as required by law.

8 (23) Being named as a perpetrator in an indicated
9 report by the Department of Children and Family Services
10 under the Abused and Neglected Child Reporting Act, and
11 upon proof by clear and convincing evidence that the
12 licensee has caused a child to be an abused child or
13 neglected child as defined in the Abused and Neglected
14 Child Reporting Act.

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

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

26 (26) A pattern of practice or other behavior which

1 demonstrates incapacity or incompetence to practice under
2 this Act.

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

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

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

12 (30) Willfully or negligently violating the
13 confidentiality between physician and patient except as
14 required by law.

15 (31) The use of any false, fraudulent, or deceptive
16 statement in any document connected with practice under
17 this Act.

18 (32) Aiding and abetting an individual not licensed
19 under this Act in the practice of a profession licensed
20 under this Act.

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

24 (34) Failure to report to the Department any adverse
25 final action taken against them by another licensing
26 jurisdiction (any other state or any territory of the

1 United States or any foreign state or country), by any peer
2 review body, by any health care institution, by any
3 professional society or association related to practice
4 under this Act, by any governmental agency, by any law
5 enforcement agency, or by any court for acts or conduct
6 similar to acts or conduct which would constitute grounds
7 for action as defined in this Section.

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

18 (36) Failure to report to the Department any adverse
19 judgment, settlement, or award arising from a liability
20 claim related to acts or conduct similar to acts or conduct
21 which would constitute grounds for action as defined in
22 this Section.

23 (37) Failure to provide copies of medical records as
24 required by law.

25 (38) Failure to furnish the Department, its
26 investigators or representatives, relevant information,

1 legally requested by the Department after consultation
2 with the Chief Medical Coordinator or the Deputy Medical
3 Coordinator.

4 (39) Violating the Health Care Worker Self-Referral
5 Act.

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

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

10 (42) Entering into an excessive number of written
11 collaborative agreements with licensed advanced practice
12 registered nurses resulting in an inability to adequately
13 collaborate.

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

16 (44) Violating the Compassionate Use of Medical
17 Cannabis Program Act.

18 (45) Entering into an excessive number of written
19 collaborative agreements with licensed prescribing
20 psychologists resulting in an inability to adequately
21 collaborate.

22 (46) Repeated failure to adequately collaborate with a
23 licensed prescribing psychologist.

24 (47) Willfully failing to report an instance of
25 suspected abuse, neglect, financial exploitation, or
26 self-neglect of an eligible adult as defined in and

1 required by the Adult Protective Services Act.

2 (48) Being named as an abuser in a verified report by
3 the Department on Aging under the Adult Protective Services
4 Act, and upon proof by clear and convincing evidence that
5 the licensee abused, neglected, or financially exploited
6 an eligible adult as defined in the Adult Protective
7 Services Act.

8 (49) Entering into an excessive number of written
9 collaborative agreements with licensed physician
10 assistants resulting in an inability to adequately
11 collaborate.

12 (50) Repeated failure to adequately collaborate with a
13 physician assistant.

14 Except for actions involving the ground numbered (26), all
15 proceedings to suspend, revoke, place on probationary status,
16 or take any other disciplinary action as the Department may
17 deem proper, with regard to a license on any of the foregoing
18 grounds, must be commenced within 5 years next after receipt by
19 the Department of a complaint alleging the commission of or
20 notice of the conviction order for any of the acts described
21 herein. Except for the grounds numbered (8), (9), (26), and
22 (29), no action shall be commenced more than 10 years after the
23 date of the incident or act alleged to have violated this
24 Section. For actions involving the ground numbered (26), a
25 pattern of practice or other behavior includes all incidents
26 alleged to be part of the pattern of practice or other behavior

1 that occurred, or a report pursuant to Section 23 of this Act
2 received, within the 10-year period preceding the filing of the
3 complaint. In the event of the settlement of any claim or cause
4 of action in favor of the claimant or the reduction to final
5 judgment of any civil action in favor of the plaintiff, such
6 claim, cause of action, or civil action being grounded on the
7 allegation that a person licensed under this Act was negligent
8 in providing care, the Department shall have an additional
9 period of 2 years from the date of notification to the
10 Department under Section 23 of this Act of such settlement or
11 final judgment in which to investigate and commence formal
12 disciplinary proceedings under Section 36 of this Act, except
13 as otherwise provided by law. The time during which the holder
14 of the license was outside the State of Illinois shall not be
15 included within any period of time limiting the commencement of
16 disciplinary action by the Department.

17 The entry of an order or judgment by any circuit court
18 establishing that any person holding a license under this Act
19 is a person in need of mental treatment operates as a
20 suspension of that license. That person may resume his or her
21 ~~their~~ practice only upon the entry of a Departmental order
22 based upon a finding by the Disciplinary Board that the person
23 has ~~they have~~ been determined to be recovered from mental
24 illness by the court and upon the Disciplinary Board's
25 recommendation that the person ~~they~~ be permitted to resume his
26 or her ~~their~~ practice.

1 The Department may refuse to issue or take disciplinary
2 action concerning the license of any person who fails to file a
3 return, or to pay the tax, penalty, or interest shown in a
4 filed return, or to pay any final assessment of tax, penalty,
5 or interest, as required by any tax Act administered by the
6 Illinois Department of Revenue, until such time as the
7 requirements of any such tax Act are satisfied as determined by
8 the Illinois Department of Revenue.

9 The Department, upon the recommendation of the
10 Disciplinary Board, shall adopt rules which set forth standards
11 to be used in determining:

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

14 (b) what constitutes dishonorable, unethical, or
15 unprofessional conduct of a character likely to deceive,
16 defraud, or harm the public;

17 (c) what constitutes immoral conduct in the commission
18 of any act, including, but not limited to, commission of an
19 act of sexual misconduct related to the licensee's
20 practice; and

21 (d) what constitutes gross negligence in the practice
22 of medicine.

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

26 In enforcing this Section, the Disciplinary Board or the

1 Licensing Board, upon a showing of a possible violation, may
2 compel, in the case of the Disciplinary Board, any individual
3 who is licensed to practice under this Act or holds a permit to
4 practice under this Act, or, in the case of the Licensing
5 Board, any individual who has applied for licensure or a permit
6 pursuant to this Act, to submit to a mental or physical
7 examination and evaluation, or both, which may include a
8 substance abuse or sexual offender evaluation, as required by
9 the Licensing Board or Disciplinary Board and at the expense of
10 the Department. The Disciplinary Board or Licensing Board shall
11 specifically designate the examining physician licensed to
12 practice medicine in all of its branches or, if applicable, the
13 multidisciplinary team involved in providing the mental or
14 physical examination and evaluation, or both. The
15 multidisciplinary team shall be led by a physician licensed to
16 practice medicine in all of its branches and may consist of one
17 or more or a combination of physicians licensed to practice
18 medicine in all of its branches, licensed chiropractic
19 physicians, licensed clinical psychologists, licensed clinical
20 social workers, licensed clinical professional counselors, and
21 other professional and administrative staff. Any examining
22 physician or member of the multidisciplinary team may require
23 any person ordered to submit to an examination and evaluation
24 pursuant to this Section to submit to any additional
25 supplemental testing deemed necessary to complete any
26 examination or evaluation process, including, but not limited

1 to, blood testing, urinalysis, psychological testing, or
2 neuropsychological testing. The Disciplinary Board, the
3 Licensing Board, or the Department may order the examining
4 physician or any member of the multidisciplinary team to
5 provide to the Department, the Disciplinary Board, or the
6 Licensing Board any and all records, including business
7 records, that relate to the examination and evaluation,
8 including any supplemental testing performed. The Disciplinary
9 Board, the Licensing Board, or the Department may order the
10 examining physician or any member of the multidisciplinary team
11 to present testimony concerning this examination and
12 evaluation of the licensee, permit holder, or applicant,
13 including testimony concerning any supplemental testing or
14 documents relating to the examination and evaluation. No
15 information, report, record, or other documents in any way
16 related to the examination and evaluation shall be excluded by
17 reason of any common law or statutory privilege relating to
18 communication between the licensee, permit holder, or
19 applicant and the examining physician or any member of the
20 multidisciplinary team. No authorization is necessary from the
21 licensee, permit holder, or applicant ordered to undergo an
22 evaluation and examination for the examining physician or any
23 member of the multidisciplinary team to provide information,
24 reports, records, or other documents or to provide any
25 testimony regarding the examination and evaluation. The
26 individual to be examined may have, at his or her own expense,

1 another physician of his or her choice present during all
2 aspects of the examination. Failure of any individual to submit
3 to mental or physical examination and evaluation, or both, when
4 directed, shall result in an automatic suspension, without
5 hearing, until such time as the individual submits to the
6 examination. If the Disciplinary Board or Licensing Board finds
7 a physician unable to practice following an examination and
8 evaluation because of the reasons set forth in this Section,
9 the Disciplinary Board or Licensing Board shall require such
10 physician to submit to care, counseling, or treatment by
11 physicians, or other health care professionals, approved or
12 designated by the Disciplinary Board, as a condition for
13 issued, continued, reinstated, or renewed licensure to
14 practice. Any physician, whose license was granted pursuant to
15 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
16 renewed, disciplined or supervised, subject to such terms,
17 conditions, or restrictions who shall fail to comply with such
18 terms, conditions, or restrictions, or to complete a required
19 program of care, counseling, or treatment, as determined by the
20 Chief Medical Coordinator or Deputy Medical Coordinators,
21 shall be referred to the Secretary for a determination as to
22 whether the licensee shall have his or her ~~their~~ license
23 suspended immediately, pending a hearing by the Disciplinary
24 Board. In instances in which the Secretary immediately suspends
25 a license under this Section, a hearing upon such person's
26 license must be convened by the Disciplinary Board within 15

1 days after such suspension and completed without appreciable
2 delay. The Disciplinary Board shall have the authority to
3 review the subject physician's record of treatment and
4 counseling regarding the impairment, to the extent permitted by
5 applicable federal statutes and regulations safeguarding the
6 confidentiality of medical records.

7 An individual licensed under this Act, affected under this
8 Section, shall be afforded an opportunity to demonstrate to the
9 Disciplinary Board that he or she ~~they~~ can resume practice in
10 compliance with acceptable and prevailing standards under the
11 provisions of his or her ~~their~~ license.

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

20 All fines imposed under this Section shall be paid within
21 60 days after the effective date of the order imposing the fine
22 or in accordance with the terms set forth in the order imposing
23 the fine.

24 (B) The Department shall revoke the license or permit
25 issued under this Act to practice medicine or a chiropractic
26 physician who has been convicted a second time of committing

1 any felony under the Illinois Controlled Substances Act or the
2 Methamphetamine Control and Community Protection Act, or who
3 has been convicted a second time of committing a Class 1 felony
4 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
5 person whose license or permit is revoked under this subsection
6 B shall be prohibited from practicing medicine or treating
7 human ailments without the use of drugs and without operative
8 surgery.

9 (C) The Department shall not revoke, suspend, place on
10 probation, reprimand, refuse to issue or renew, or take any
11 other disciplinary or non-disciplinary action against the
12 license or permit issued under this Act to practice medicine to
13 a physician:

14 (1) based solely upon the recommendation of the
15 physician to an eligible patient regarding, or
16 prescription for, or treatment with, an investigational
17 drug, biological product, or device; or

18 (2) for experimental treatment for Lyme disease or
19 other tick-borne diseases, including, but not limited to,
20 the prescription of or treatment with long-term
21 antibiotics.

22 (D) The Disciplinary Board shall recommend to the
23 Department civil penalties and any other appropriate
24 discipline in disciplinary cases when the Board finds that a
25 physician willfully performed an abortion with actual
26 knowledge that the person upon whom the abortion has been

1 performed is a minor or an incompetent person without notice as
2 required under the Parental Notice of Abortion Act of 1995.
3 Upon the Board's recommendation, the Department shall impose,
4 for the first violation, a civil penalty of \$1,000 and for a
5 second or subsequent violation, a civil penalty of \$5,000.

6 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
7 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
8 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,
9 eff. 8-9-19; revised 9-20-19.)

10 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

11 (Section scheduled to be repealed on January 1, 2022)

12 Sec. 36. Investigation; notice.

13 (a) Upon the motion of either the Department or the
14 Disciplinary Board or upon the verified complaint in writing of
15 any person setting forth facts which, if proven, would
16 constitute grounds for suspension or revocation under Section
17 22 of this Act, the Department shall investigate the actions of
18 any person, so accused, who holds or represents that he or she
19 holds a license. Such person is hereinafter called the accused.

20 (b) The Department shall, before suspending, revoking,
21 placing on probationary status, or taking any other
22 disciplinary action as the Department may deem proper with
23 regard to any license at least 30 days prior to the date set
24 for the hearing, notify the accused in writing of any charges
25 made and the time and place for a hearing of the charges before

1 the Disciplinary Board, direct him or her to file his or her
2 written answer thereto to the Disciplinary Board under oath
3 within 20 days after the service on him or her of such notice
4 and inform him or her that if he or she fails to file such
5 answer default will be taken against him or her and his or her
6 license may be suspended, revoked, placed on probationary
7 status, or have other disciplinary action, including limiting
8 the scope, nature or extent of his or her practice, as the
9 Department may deem proper taken with regard thereto. The
10 Department shall, at least 14 days prior to the date set for
11 the hearing, notify in writing any person who filed a complaint
12 against the accused of the time and place for the hearing of
13 the charges against the accused before the Disciplinary Board
14 and inform such person whether he or she may provide testimony
15 at the hearing.

16 (c) (Blank).

17 (c-5) Where a physician has been found, upon complaint and
18 investigation of the Department, and after hearing, to have
19 performed an abortion procedure in a wilful and wanton manner
20 upon a woman who was not pregnant at the time such abortion
21 procedure was performed, the Department shall automatically
22 revoke the license of such physician to practice medicine in
23 Illinois.

24 (d) Such written notice and any notice in such proceedings
25 thereafter may be served by personal delivery, email to the
26 respondent's email address of record, or mail to the

1 respondent's address of record.

2 (e) All information gathered by the Department during its
3 investigation including information subpoenaed under Section
4 23 or 38 of this Act and the investigative file shall be kept
5 for the confidential use of the Secretary, Disciplinary Board,
6 the Medical Coordinators, persons employed by contract to
7 advise the Medical Coordinator or the Department, the
8 Disciplinary Board's attorneys, the medical investigative
9 staff, and authorized clerical staff, as provided in this Act
10 and shall be afforded the same status as is provided
11 information concerning medical studies in Part 21 of Article
12 VIII of the Code of Civil Procedure, except that the Department
13 may disclose information and documents to a federal, State, or
14 local law enforcement agency pursuant to a subpoena in an
15 ongoing criminal investigation to a health care licensing body
16 of this State or another state or jurisdiction pursuant to an
17 official request made by that licensing body. Furthermore,
18 information and documents disclosed to a federal, State, or
19 local law enforcement agency may be used by that agency only
20 for the investigation and prosecution of a criminal offense or,
21 in the case of disclosure to a health care licensing body, only
22 for investigations and disciplinary action proceedings with
23 regard to a license issued by that licensing body.

24 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
25 revised 9-20-19.)

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

3 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

5 Sec. 65-35. Written collaborative agreements.

6 (a) A written collaborative agreement is required for all
7 advanced practice registered nurses engaged in clinical
8 practice prior to meeting the requirements of Section 65-43,
9 except for advanced practice registered nurses who are
10 privileged to practice in a hospital, hospital affiliate, or
11 ambulatory surgical treatment center.

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

18 (b) A written collaborative agreement shall describe the
19 relationship of the advanced practice registered nurse with the
20 collaborating physician and shall describe the categories of
21 care, treatment, or procedures to be provided by the advanced
22 practice registered nurse. A collaborative agreement with a
23 podiatric physician must be in accordance with subsection (c-5)
24 or (c-15) of this Section. A collaborative agreement with a
25 dentist must be in accordance with subsection (c-10) of this

1 Section. A collaborative agreement with a podiatric physician
2 must be in accordance with subsection (c-5) of this Section.
3 Collaboration does not require an employment relationship
4 between the collaborating physician and the advanced practice
5 registered nurse.

6 The collaborative relationship under an agreement shall
7 not be construed to require the personal presence of a
8 collaborating physician at the place where services are
9 rendered. Methods of communication shall be available for
10 consultation with the collaborating physician in person or by
11 telecommunications or electronic communications as set forth
12 in the written agreement.

13 (b-5) Absent an employment relationship, a written
14 collaborative agreement may not (1) restrict the categories of
15 patients of an advanced practice registered nurse within the
16 scope of the advanced practice registered nurses training and
17 experience, (2) limit third party payors or government health
18 programs, such as the medical assistance program or Medicare
19 with which the advanced practice registered nurse contracts, or
20 (3) limit the geographic area or practice location of the
21 advanced practice registered nurse in this State.

22 (c) In the case of anesthesia services provided by a
23 certified registered nurse anesthetist, an anesthesiologist, a
24 physician, a dentist, or a podiatric physician must participate
25 through discussion of and agreement with the anesthesia plan
26 and remain physically present and available on the premises

1 during the delivery of anesthesia services for diagnosis,
2 consultation, and treatment of emergency medical conditions.

3 (c-5) A certified registered nurse anesthetist, who
4 provides anesthesia services outside of a hospital or
5 ambulatory surgical treatment center shall enter into a written
6 collaborative agreement with an anesthesiologist or the
7 physician licensed to practice medicine in all its branches or
8 the podiatric physician performing the procedure. Outside of a
9 hospital or ambulatory surgical treatment center, the
10 certified registered nurse anesthetist may provide only those
11 services that the collaborating podiatric physician is
12 authorized to provide pursuant to the Podiatric Medical
13 Practice Act of 1987 and rules adopted thereunder. A certified
14 registered nurse anesthetist may select, order, and administer
15 medication, including controlled substances, and apply
16 appropriate medical devices for delivery of anesthesia
17 services under the anesthesia plan agreed with by the
18 anesthesiologist or the operating physician or operating
19 podiatric physician.

20 (c-10) A certified registered nurse anesthetist who
21 provides anesthesia services in a dental office shall enter
22 into a written collaborative agreement with an
23 anesthesiologist or the physician licensed to practice
24 medicine in all its branches or the operating dentist
25 performing the procedure. The agreement shall describe the
26 working relationship of the certified registered nurse

1 anesthetist and dentist and shall authorize the categories of
2 care, treatment, or procedures to be performed by the certified
3 registered nurse anesthetist. In a collaborating dentist's
4 office, the certified registered nurse anesthetist may only
5 provide those services that the operating dentist with the
6 appropriate permit is authorized to provide pursuant to the
7 Illinois Dental Practice Act and rules adopted thereunder. For
8 anesthesia services, an anesthesiologist, physician, or
9 operating dentist shall participate through discussion of and
10 agreement with the anesthesia plan and shall remain physically
11 present and be available on the premises during the delivery of
12 anesthesia services for diagnosis, consultation, and treatment
13 of emergency medical conditions. A certified registered nurse
14 anesthetist may select, order, and administer medication,
15 including controlled substances, and apply appropriate medical
16 devices for delivery of anesthesia services under the
17 anesthesia plan agreed with by the operating dentist.

18 (c-15) An advanced practice registered nurse who had a
19 written collaborative agreement with a podiatric physician
20 immediately before the effective date of Public Act 100-513 may
21 continue in that collaborative relationship or enter into a new
22 written collaborative relationship with a podiatric physician
23 under the requirements of this Section and Section 65-40, as
24 those Sections existed immediately before the amendment of
25 those Sections by Public Act 100-513 with regard to a written
26 collaborative agreement between an advanced practice

1 registered nurse and a podiatric physician.

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

6 (e) Nothing in this Act shall be construed to limit the
7 delegation of tasks or duties by a physician to a licensed
8 practical nurse, a registered professional nurse, or other
9 persons in accordance with Section 54.2 of the Medical Practice
10 Act of 1987. Nothing in this Act shall be construed to limit
11 the method of delegation that may be authorized by any means,
12 including, but not limited to, oral, written, electronic,
13 standing orders, protocols, guidelines, or verbal orders.

14 (e-5) Nothing in this Act shall be construed to authorize
15 an advanced practice registered nurse to provide health care
16 services required by law or rule to be performed by a
17 physician, including those acts to be performed by a physician
18 in Section 3.1 of the Illinois Abortion Law of 2020. ~~The scope~~
19 ~~of practice of an advanced practice registered nurse does not~~
20 ~~include operative surgery. Nothing in this Section shall be~~
21 ~~construed to preclude an advanced practice registered nurse~~
22 ~~from assisting in surgery.~~

23 (f) An advanced practice registered nurse shall inform each
24 collaborating physician, dentist, or podiatric physician of
25 all collaborative agreements he or she has signed and provide a
26 copy of these to any collaborating physician, dentist, or

1 podiatric physician upon request.

2 (g) (Blank).

3 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
4 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

5 (225 ILCS 65/65-43)

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

7 Sec. 65-43. Full practice authority.

8 (a) An Illinois-licensed advanced practice registered
9 nurse certified as a nurse practitioner, nurse midwife, or
10 clinical nurse specialist shall be deemed by law to possess the
11 ability to practice without a written collaborative agreement
12 as set forth in this Section.

13 (b) An advanced practice registered nurse certified as a
14 nurse midwife, clinical nurse specialist, or nurse
15 practitioner who files with the Department a notarized
16 attestation of completion of at least 250 hours of continuing
17 education or training and at least 4,000 hours of clinical
18 experience after first attaining national certification shall
19 not require a written collaborative agreement, except as
20 specified in subsection (c). Documentation of successful
21 completion shall be provided to the Department upon request.

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

25 The clinical experience must be in the advanced practice

1 registered nurse's area of certification. The clinical
2 experience shall be in collaboration with a physician or
3 physicians. Completion of the clinical experience must be
4 attested to by the collaborating physician or physicians and
5 the advanced practice registered nurse.

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

8 (1) all matters included in subsection (c) of Section
9 65-30 of this Act;

10 (2) practicing without a written collaborative
11 agreement in all practice settings consistent with
12 national certification;

13 (3) authority to prescribe both legend drugs and
14 Schedule II through V controlled substances; this
15 authority includes prescription of, selection of, orders
16 for, administration of, storage of, acceptance of samples
17 of, and dispensing over the counter medications, legend
18 drugs, and controlled substances categorized as any
19 Schedule II through V controlled substances, as defined in
20 Article II of the Illinois Controlled Substances Act, and
21 other preparations, including, but not limited to,
22 botanical and herbal remedies;

23 (4) prescribing benzodiazepines or Schedule II
24 narcotic drugs, such as opioids, only in a consultation
25 relationship with a physician; this consultation
26 relationship shall be recorded in the Prescription

1 Monitoring Program website, pursuant to Section 316 of the
2 Illinois Controlled Substances Act, by the physician and
3 advanced practice registered nurse with full practice
4 authority and is not required to be filed with the
5 Department; the specific Schedule II narcotic drug must be
6 identified by either brand name or generic name; the
7 specific Schedule II narcotic drug, such as an opioid, may
8 be administered by oral dosage or topical or transdermal
9 application; delivery by injection or other route of
10 administration is not permitted; at least monthly, the
11 advanced practice registered nurse and the physician must
12 discuss the condition of any patients for whom a
13 benzodiazepine or opioid is prescribed; nothing in this
14 subsection shall be construed to require a prescription by
15 an advanced practice registered nurse with full practice
16 authority to require a physician name;

17 (5) authority to obtain an Illinois controlled
18 substance license and a federal Drug Enforcement
19 Administration number; and

20 (6) use of only local anesthetic.

21 The scope of practice of an advanced practice registered
22 nurse does not include operative surgery. ~~Nothing in this~~
23 ~~Section shall be construed to preclude an advanced practice~~
24 ~~registered nurse from assisting in surgery.~~

25 (d) The Department may adopt rules necessary to administer
26 this Section, including, but not limited to, requiring the

1 completion of forms and the payment of fees.

2 (e) Nothing in this Act shall be construed to authorize an
3 advanced practice registered nurse with full practice
4 authority to provide health care services required by law or
5 rule to be performed by a physician, including, but not limited
6 to, those acts to be performed by a physician in Section 3.1 of
7 the Illinois Abortion Law of 2020.

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

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

11 (225 ILCS 95/7.5)

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

13 Sec. 7.5. Written collaborative agreements; prescriptive
14 authority.

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

18 (1) A written collaborative agreement shall describe
19 the working relationship of the physician assistant with
20 the collaborating physician and shall describe the
21 categories of care, treatment, or procedures to be provided
22 by the physician assistant. The written collaborative
23 agreement shall promote the exercise of professional
24 judgment by the physician assistant commensurate with his

1 or her education and experience. The services to be
2 provided by the physician assistant shall be services that
3 the collaborating physician is authorized to and generally
4 provides to his or her patients in the normal course of his
5 or her clinical medical practice. The written
6 collaborative agreement need not describe the exact steps
7 that a physician assistant must take with respect to each
8 specific condition, disease, or symptom but must specify
9 which authorized procedures require the presence of the
10 collaborating physician as the procedures are being
11 performed. The relationship under a written collaborative
12 agreement shall not be construed to require the personal
13 presence of a physician at the place where services are
14 rendered. Methods of communication shall be available for
15 consultation with the collaborating physician in person or
16 by telecommunications or electronic communications as set
17 forth in the written collaborative agreement. For the
18 purposes of this Act, "generally provides to his or her
19 patients in the normal course of his or her clinical
20 medical practice" means services, not specific tasks or
21 duties, the collaborating physician routinely provides
22 individually or through delegation to other persons so that
23 the physician has the experience and ability to collaborate
24 and provide consultation.

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

1 (A) Participates in the joint formulation and
2 joint approval of orders or guidelines with the
3 physician assistant and he or she periodically reviews
4 such orders and the services provided patients under
5 such orders in accordance with accepted standards of
6 medical practice and physician assistant practice.

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

8 (3) A copy of the signed, written collaborative
9 agreement must be available to the Department upon request
10 from both the physician assistant and the collaborating
11 physician.

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

16 (b) A collaborating physician may, but is not required to,
17 delegate prescriptive authority to a physician assistant as
18 part of a written collaborative agreement. This authority may,
19 but is not required to, include prescription of, selection of,
20 orders for, administration of, storage of, acceptance of
21 samples of, and dispensing medical devices, over the counter
22 medications, legend drugs, medical gases, and controlled
23 substances categorized as Schedule II through V controlled
24 substances, as defined in Article II of the Illinois Controlled
25 Substances Act, and other preparations, including, but not
26 limited to, botanical and herbal remedies. The collaborating

1 physician must have a valid, current Illinois controlled
2 substance license and federal registration with the Drug
3 Enforcement Agency to delegate the authority to prescribe
4 controlled substances.

5 (1) To prescribe Schedule II, III, IV, or V controlled
6 substances under this Section, a physician assistant must
7 obtain a mid-level practitioner controlled substances
8 license. Medication orders issued by a physician assistant
9 shall be reviewed periodically by the collaborating
10 physician.

11 (2) The collaborating physician shall file with the
12 Department notice of delegation of prescriptive authority
13 to a physician assistant and termination of delegation,
14 specifying the authority delegated or terminated. Upon
15 receipt of this notice delegating authority to prescribe
16 controlled substances, the physician assistant shall be
17 eligible to register for a mid-level practitioner
18 controlled substances license under Section 303.05 of the
19 Illinois Controlled Substances Act. Nothing in this Act
20 shall be construed to limit the delegation of tasks or
21 duties by the collaborating physician to a nurse or other
22 appropriately trained persons in accordance with Section
23 54.2 of the Medical Practice Act of 1987.

24 (3) In addition to the requirements of this subsection
25 (b), a collaborating physician may, but is not required to,
26 delegate authority to a physician assistant to prescribe

1 Schedule II controlled substances, if all of the following
2 conditions apply:

3 (A) Specific Schedule II controlled substances by
4 oral dosage or topical or transdermal application may
5 be delegated, provided that the delegated Schedule II
6 controlled substances are routinely prescribed by the
7 collaborating physician. This delegation must identify
8 the specific Schedule II controlled substances by
9 either brand name or generic name. Schedule II
10 controlled substances to be delivered by injection or
11 other route of administration may not be delegated.

12 (B) (Blank).

13 (C) Any prescription must be limited to no more
14 than a 30-day supply, with any continuation authorized
15 only after prior approval of the collaborating
16 physician.

17 (D) The physician assistant must discuss the
18 condition of any patients for whom a controlled
19 substance is prescribed monthly with the collaborating
20 physician.

21 (E) The physician assistant meets the education
22 requirements of Section 303.05 of the Illinois
23 Controlled Substances Act.

24 (c) Nothing in this Act shall be construed to limit the
25 delegation of tasks or duties by a physician to a licensed
26 practical nurse, a registered professional nurse, or other

1 persons. Nothing in this Act shall be construed to limit the
2 method of delegation that may be authorized by any means,
3 including, but not limited to, oral, written, electronic,
4 standing orders, protocols, guidelines, or verbal orders.
5 Nothing in this Act shall be construed to authorize a physician
6 assistant to provide health care services required by law or
7 rule to be performed by a physician. ~~Nothing in this Act shall~~
8 ~~be construed to authorize the delegation or performance of~~
9 ~~operative surgery. Nothing in this Section shall be construed~~
10 ~~to preclude a physician assistant from assisting in surgery.~~

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

16 (d) (Blank).

17 (e) Nothing in this Section shall be construed to prohibit
18 generic substitution.

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

20 Section 655. The Vital Records Act is amended by changing
21 Section 1 as follows:

22 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

23 Sec. 1. As used in this Act, unless the context otherwise
24 requires:

1 (1) "Vital records" means records of births, deaths, fetal
2 deaths, marriages, dissolution of marriages, and data related
3 thereto.

4 (2) "System of vital records" includes the registration,
5 collection, preservation, amendment, and certification of
6 vital records, and activities related thereto.

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

11 (4) "Registration" means the acceptance by the Office of
12 Vital Records and the incorporation in its official records of
13 certificates, reports, or other records provided for in this
14 Act, of births, deaths, fetal deaths, adoptions, marriages, or
15 dissolution of marriages.

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

23 (6) "Fetal death" means death prior to the complete
24 expulsion or extraction from ~~the uterus~~ its mother of a product
25 of human conception, irrespective of the duration of pregnancy,
26 ~~and which is not due to an abortion as defined in Section 1 10~~

1 ~~of the Reproductive Health Act. ; The~~ the death is indicated by
2 the fact that after such separation the fetus does not breathe
3 or show any other evidence of life such as beating of the
4 heart, pulsation of the umbilical cord, or definite movement of
5 voluntary muscles.

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

9 (8) "Final disposition" means the burial, cremation, or
10 other disposition of a dead human body or fetus or parts
11 thereof.

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

14 (10) "Institution" means any establishment, public or
15 private, which provides in-patient medical, surgical, or
16 diagnostic care or treatment, or nursing, custodial, or
17 domiciliary care to 2 or more unrelated individuals, or to
18 which persons are committed by law.

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

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

23 (13) "Licensed health care professional" means a person
24 licensed to practice as a physician, advanced practice
25 registered nurse, or physician assistant in Illinois or any
26 other state.

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

7 (15) "Intersex condition" means a condition in which a
8 person is born with a reproductive or sexual anatomy or
9 chromosome pattern that does not fit typical definitions of
10 male or female.

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

16 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;
17 100-863, eff. 8-14-18; 101-13, eff. 6-12-19.)

18 Section 660. The Environmental Protection Act is amended by
19 changing Section 56.1 as follows:

20 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

21 Sec. 56.1. Acts prohibited.

22 (A) No person shall:

23 (a) Cause or allow the disposal of any potentially
24 infectious medical waste. Sharps may be disposed in any

1 landfill permitted by the Agency under Section 21 of this
2 Act to accept municipal waste for disposal, if both:

3 (1) the infectious potential has been eliminated
4 from the sharps by treatment; and

5 (2) the sharps are packaged in accordance with
6 Board regulations.

7 (b) Cause or allow the delivery of any potentially
8 infectious medical waste for transport, storage,
9 treatment, or transfer except in accordance with Board
10 regulations.

11 (c) Beginning July 1, 1992, cause or allow the delivery
12 of any potentially infectious medical waste to a person or
13 facility for storage, treatment, or transfer that does not
14 have a permit issued by the agency to receive potentially
15 infectious medical waste, unless no permit is required
16 under subsection (g) (1).

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

20 (1) the transporter has a permit issued by the
21 Agency to transport potentially infectious medical
22 waste, or the transporter is exempt from the permit
23 requirement set forth in subsection (f) (1).

24 (2) a potentially infectious medical waste
25 manifest is completed for the waste if a manifest is
26 required under subsection (h).

1 (e) Cause or allow the acceptance of any potentially
2 infectious medical waste for purposes of transport,
3 storage, treatment, or transfer except in accordance with
4 Board regulations.

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

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

10 (A) a person transporting potentially
11 infectious medical waste generated solely by that
12 person's activities;

13 (B) noncommercial transportation of less than
14 50 pounds of potentially infectious medical waste
15 at any one time; or

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

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

19 (3) In violation of any regulation adopted by the
20 Board.

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

23 (g) Beginning July 1, 1992, conduct any potentially
24 infectious medical waste treatment, storage, or transfer
25 operation:

26 (1) without a permit issued by the Agency that

1 specifically authorizes the treatment, storage, or
2 transfer of potentially infectious medical waste. No
3 permit is required under this subsection (g) or
4 subsection (d) (1) of Section 21 for any:

5 (A) Person conducting a potentially infectious
6 medical waste treatment, storage, or transfer
7 operation for potentially infectious medical waste
8 generated by the person's own activities that are
9 treated, stored, or transferred within the site
10 where the potentially infectious medical waste is
11 generated.

12 (B) Hospital that treats, stores, or transfers
13 only potentially infectious medical waste
14 generated by its own activities or by members of
15 its medical staff.

16 (C) Sharps collection station that is operated
17 in accordance with Section 56.7.

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

20 (3) in violation of any regulation adopted by the
21 Board.

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

24 (h) Transport potentially infectious medical waste
25 unless the transporter carries a completed potentially
26 infectious medical waste manifest. No manifest is required

1 for the transportation of:

2 (1) potentially infectious medical waste being
3 transported by generators who generated the waste by
4 their own activities, when the potentially infectious
5 medical waste is transported within or between sites or
6 facilities owned, controlled, or operated by that
7 person;

8 (2) less than 50 pounds of potentially infectious
9 medical waste at any one time for a noncommercial
10 transportation activity; or

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

13 (i) Offer for transportation, transport, deliver,
14 receive or accept potentially infectious medical waste for
15 which a manifest is required, unless the manifest indicates
16 that the fee required under Section 56.4 of this Act has
17 been paid.

18 (j) Beginning January 1, 1994, conduct a potentially
19 infectious medical waste treatment operation at an
20 incinerator in existence on the effective date of this
21 Title in violation of emission standards established for
22 these incinerators under Section 129 of the Clean Air Act
23 (42 USC 7429), as amended.

24 (k) Beginning July 1, 2015, knowingly mix household
25 sharps, including, but not limited to, hypodermic,
26 intravenous, or other medical needles or syringes or other

1 medical household waste containing used or unused sharps,
2 including, but not limited to, hypodermic, intravenous, or
3 other medical needles or syringes or other sharps, with any
4 other material intended for collection as a recyclable
5 material by a residential hauler.

6 (l) Beginning on July 1, 2015, knowingly place
7 household sharps into a container intended for collection
8 by a residential hauler for processing at a recycling
9 center.

10 (B) In making its orders and determinations relative to
11 penalties, if any, to be imposed for violating subdivision
12 (A) (a) of this Section, the Board, in addition to the factors
13 in Sections 33(c) and 42(h) of this Act, or the Court shall
14 take into consideration whether the owner or operator of the
15 landfill reasonably relied on written statements from the
16 person generating or treating the waste that the waste is not
17 potentially infectious medical waste.

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

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

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

1 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

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

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

6 (1) either intended to cause the death of or do great
7 bodily harm to the pregnant ~~individual~~ woman or her unborn
8 child or knew that such acts would cause death or great
9 bodily harm to the pregnant ~~individual~~ woman or her unborn
10 child; or

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

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

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

19 (c) This Section shall not apply to acts which cause the
20 death of an unborn child if those acts were committed during
21 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
22 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2020, as
23 amended, to which the pregnant ~~individual~~ woman has consented.
24 This Section shall not apply to acts which were committed
25 pursuant to usual and customary standards of medical practice

1 during diagnostic testing or therapeutic treatment.

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

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

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

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

12 (4) if, during the commission of the offense, the
13 person personally discharged a firearm that proximately
14 caused great bodily harm, permanent disability, permanent
15 disfigurement, or death to another person, 25 years or up
16 to a term of natural life shall be added to the term of
17 imprisonment imposed by the court.

18 (e) The provisions of this Act shall not be construed to
19 prohibit the prosecution of any person under any other
20 provision of law.

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

22 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

23 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)
24 A person who kills an unborn child without lawful justification
25 commits voluntary manslaughter of an unborn child if at the

1 time of the killing he is acting under a sudden and intense
2 passion resulting from serious provocation by another whom the
3 offender endeavors to kill, but he negligently or accidentally
4 causes the death of the unborn child.

5 Serious provocation is conduct sufficient to excite an
6 intense passion in a reasonable person.

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

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

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

20 (e) This Section shall not apply to acts which cause the
21 death of an unborn child if those acts were committed during
22 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
23 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2020, as
24 amended, to which the pregnant ~~individual~~ woman has consented.
25 This Section shall not apply to acts which were committed
26 pursuant to usual and customary standards of medical practice

1 during diagnostic testing or therapeutic treatment.

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

3 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

4 Sec. 9-3.2. Involuntary manslaughter and reckless homicide
5 of an unborn child.

6 (a) A person who unintentionally kills an unborn child
7 without lawful justification commits involuntary manslaughter
8 of an unborn child if his acts whether lawful or unlawful which
9 cause the death are such as are likely to cause death or great
10 bodily harm to some individual, and he performs them
11 recklessly, except in cases in which the cause of death
12 consists of the driving of a motor vehicle, in which case the
13 person commits reckless homicide of an unborn child.

14 (b) Sentence.

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

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

19 (c) For purposes of this Section, (1) "unborn child" shall
20 mean any individual of the human species from fertilization ~~the~~
21 ~~implantation of an embryo~~ until birth, and (2) "person" shall
22 not include the pregnant woman ~~individual~~ whose unborn child is
23 killed.

24 (d) This Section shall not apply to acts which cause the
25 death of an unborn child if those acts were committed during

1 any abortion, as defined in Section 2 of the Illinois Abortion
2 Law of 2020, as amended~~Section 1-10 of the Reproductive Health~~
3 ~~Act,~~ to which the pregnant woman individual has consented.
4 This Section shall not apply to acts which were committed
5 pursuant to usual and customary standards of medical practice
6 during diagnostic testing or therapeutic treatment.

7 (e) The provisions of this Section shall not be construed
8 to prohibit the prosecution of any person under any other
9 provision of law, nor shall it be construed to preclude any
10 civil cause of action.

11 (Source: P.A. 101-13, eff. 6-12-19; revised 7-23-19.)

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

13 Sec. 12-3.1. Battery of an unborn child; aggravated battery
14 of an unborn child.

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

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

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

1 harmed.

2 (c) Sentence. Battery of an unborn child is a Class A
3 misdemeanor. Aggravated battery of an unborn child is a Class 2
4 felony.

5 (d) This Section shall not apply to acts which cause bodily
6 harm to an unborn child if those acts were committed during any
7 abortion, as defined in ~~Section 1-10 of the Reproductive Health~~
8 ~~Act,~~ Section 2 of the Illinois Abortion Law of 2020, as
9 amended, to which the pregnant ~~individual~~ woman has consented.
10 This Section shall not apply to acts which were committed
11 pursuant to usual and customary standards of medical practice
12 during diagnostic testing or therapeutic treatment.

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

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

16 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

17 Sec. 8-802. Physician and patient. No physician or surgeon
18 shall be permitted to disclose any information he or she may
19 have acquired in attending any patient in a professional
20 character, necessary to enable him or her professionally to
21 serve the patient, except only (1) in trials for homicide when
22 the disclosure relates directly to the fact or immediate
23 circumstances of the homicide, (2) in actions, civil or
24 criminal, against the physician for malpractice, (3) with the

1 expressed consent of the patient, or in case of his or her
2 death or disability, of his or her personal representative or
3 other person authorized to sue for personal injury or of the
4 beneficiary of an insurance policy on his or her life, health,
5 or physical condition, or as authorized by Section 8-2001.5,
6 (4) in all actions brought by or against the patient, his or
7 her personal representative, a beneficiary under a policy of
8 insurance, or the executor or administrator of his or her
9 estate wherein the patient's physical or mental condition is an
10 issue, (5) upon an issue as to the validity of a document as a
11 will of the patient, (6) ~~(blank)~~ in any criminal action where
12 the charge is either first degree murder by abortion, attempted
13 abortion or abortion, (7) in actions, civil or criminal,
14 arising from the filing of a report in compliance with the
15 Abused and Neglected Child Reporting Act, (8) to any
16 department, agency, institution or facility which has custody
17 of the patient pursuant to State statute or any court order of
18 commitment, (9) in prosecutions where written results of blood
19 alcohol tests are admissible pursuant to Section 11-501.4 of
20 the Illinois Vehicle Code, (10) in prosecutions where written
21 results of blood alcohol tests are admissible under Section
22 5-11a of the Boat Registration and Safety Act, (11) in criminal
23 actions arising from the filing of a report of suspected
24 terrorist offense in compliance with Section 29D-10(p)(7) of
25 the Criminal Code of 2012, (12) upon the issuance of a subpoena
26 pursuant to Section 38 of the Medical Practice Act of 1987; the

1 issuance of a subpoena pursuant to Section 25.1 of the Illinois
2 Dental Practice Act; the issuance of a subpoena pursuant to
3 Section 22 of the Nursing Home Administrators Licensing and
4 Disciplinary Act; or the issuance of a subpoena pursuant to
5 Section 25.5 of the Workers' Compensation Act, (13) upon the
6 issuance of a grand jury subpoena pursuant to Article 112 of
7 the Code of Criminal Procedure of 1963, or (14) to or through a
8 health information exchange, as that term is defined in Section
9 2 of the Mental Health and Developmental Disabilities
10 Confidentiality Act, in accordance with State or federal law.

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

18 In the event of a conflict between the application of this
19 Section and the Mental Health and Developmental Disabilities
20 Confidentiality Act to a specific situation, the provisions of
21 the Mental Health and Developmental Disabilities
22 Confidentiality Act shall control.

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

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

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

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

4 (a) "Health care" means any phase of patient care,
5 including but not limited to, testing; diagnosis;
6 prognosis; ancillary research; instructions; family
7 planning, counselling, referrals, or any other advice in
8 connection with the use or procurement of contraceptives
9 and sterilization or abortion procedures; medication; or
10 surgery or other care or treatment rendered by a physician
11 or physicians, nurses, paraprofessionals or health care
12 facility, intended for the physical, emotional, and mental
13 well-being of persons; ~~or an abortion as defined by the~~
14 ~~Reproductive Health Act;~~

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

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

21 (d) "Health care facility" means any public or private
22 hospital, clinic, center, medical school, medical training
23 institution, laboratory or diagnostic facility,
24 physician's office, infirmary, dispensary, ambulatory
25 surgical treatment center or other institution or location

1 wherein health care services are provided to any person,
2 including physician organizations and associations,
3 networks, joint ventures, and all other combinations of
4 those organizations;

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

10 (f) "Health care payer" means a health maintenance
11 organization, insurance company, management services
12 organization, or any other entity that pays for or arranges
13 for the payment of any health care or medical care service,
14 procedure, or product; and

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

17 The above definitions include not only the traditional
18 combinations and forms of these persons and organizations but
19 also all new and emerging forms and combinations of these
20 persons and organizations.

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

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

24 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

6 (2) No creditor, who has a claim against a spouse or former
7 spouse for an expense incurred by that spouse or former spouse
8 which is not a family expense, shall maintain an action against
9 the other spouse or former spouse for that expense except:

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

12 (B) an expense for goods or merchandise purchased by or in
13 the possession of the other spouse or former spouse, or for
14 services ordered by the other spouse or former spouse.

15 (3) Any creditor who maintains an action in violation of
16 this subsection (a) for an expense other than a family expense
17 against a spouse or former spouse other than the spouse or
18 former spouse who incurred the expense, shall be liable to the
19 other spouse or former spouse for his or her costs, expenses
20 and attorney's fees incurred in defending the action.

21 (4) No creditor shall, with respect to any claim against a
22 spouse or former spouse for which the creditor is prohibited
23 under this subsection (a) from maintaining an action against
24 the other spouse or former spouse, engage in any collection
25 efforts against the other spouse or former spouse, including,
26 but not limited to, informal or formal collection attempts,

1 referral of the claim to a collector or collection agency for
2 collection from the other spouse or former spouse, or making
3 any representation to a credit reporting agency that the other
4 spouse or former spouse is any way liable for payment of the
5 claim.

6 (b) ~~(Blank)~~. No spouse shall be liable for any expense
7 incurred by the other spouse when an abortion is performed on
8 such spouse, without the consent of such other spouse, unless
9 the physician who performed the abortion certifies that such
10 abortion is necessary to preserve the life of the spouse who
11 obtained such abortion.

12 (c) ~~(Blank)~~. No parent shall be liable for any expense
13 incurred by his or her minor child when an abortion is
14 performed on such minor child without the consent of both
15 parents of such child, if they both have custody, or the parent
16 having custody, or legal guardian of such child, unless the
17 physician who performed the abortion certifies that such
18 abortion is necessary to preserve the life of the minor child
19 who obtained such abortion.

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

21 Article 7.

22 Section 701. Short title. This Act may be cited as the No
23 Taxpayer Funding for Abortion Act. References in this Article
24 to "this Act" mean this Article.

1 Section 705. Public policy. It is the public policy of this
2 State that the General Assembly of the State of Illinois does
3 solemnly declare and find in reaffirmation of the longstanding
4 policy of this State that the unborn child is a human being
5 from the time of conception and has a right to life and, to the
6 extent consistent with the United States Constitution,
7 Illinois law should be interpreted to recognize that right to
8 life and to protect unborn life.

9 The General Assembly further declares and finds that, while
10 the people of Illinois hold a variety of positions on the issue
11 of abortion, they generally oppose the use of tax dollars to
12 pay for elective abortions and support the federal Hyde
13 Amendment, named after the late Henry J. Hyde, whose memory is
14 revered and service celebrated as a Congressman from the great
15 State of Illinois. This Act honors the strong beliefs of the
16 people of Illinois by prohibiting the taxpayer funding of
17 abortion in this State.

18 Section 710. Use of funds to pay for abortions prohibited;
19 exceptions. Notwithstanding any other provision of law,
20 neither the State nor any of its subdivisions may authorize the
21 use of, appropriate, or expend any funds to pay for any
22 abortion or to cover any part of the costs of any health plan
23 that includes coverage of abortion or to provide or refer for
24 any abortion, except in the case where a woman suffers from a

1 physical disorder, physical injury, or physical illness that
2 would, as certified by a physician, place the woman in danger
3 of death unless an abortion is performed, including a
4 life-endangering physical condition caused by or arising from
5 the pregnancy itself, or in such other circumstances as
6 required by federal law.

7 Section 750. The State Employees Group Insurance Act of
8 1971 is amended by changing Sections 6 and 6.1 as follows:

9 (5 ILCS 375/6) (from Ch. 127, par. 526)

10 Sec. 6. Program of health benefits.

11 (a) The program of health benefits shall provide for
12 protection against the financial costs of health care expenses
13 incurred in and out of hospital including basic
14 hospital-surgical-medical coverages. The program may include,
15 but shall not be limited to, such supplemental coverages as
16 out-patient diagnostic X-ray and laboratory expenses,
17 prescription drugs, dental services, hearing evaluations,
18 hearing aids, the dispensing and fitting of hearing aids, and
19 similar group benefits as are now or may become available,
20 except as provided in the No Taxpayer Funding for Abortion Act.

21 The program may also include coverage for those who rely on
22 treatment by prayer or spiritual means alone for healing in
23 accordance with the tenets and practice of a recognized
24 religious denomination.

1 The program of health benefits shall be designed by the
2 Director (1) to provide a reasonable relationship between the
3 benefits to be included and the expected distribution of
4 expenses of each such type to be incurred by the covered
5 members and dependents, (2) to specify, as covered benefits and
6 as optional benefits, the medical services of practitioners in
7 all categories licensed under the Medical Practice Act of 1987,
8 (3) to include reasonable controls, which may include
9 deductible and co-insurance provisions, applicable to some or
10 all of the benefits, or a coordination of benefits provision,
11 to prevent or minimize unnecessary utilization of the various
12 hospital, surgical and medical expenses to be provided and to
13 provide reasonable assurance of stability of the program, and
14 (4) to provide benefits to the extent possible to members
15 throughout the State, wherever located, on an equitable basis.
16 Notwithstanding any other provision of this Section or Act, for
17 all members or dependents who are eligible for benefits under
18 Social Security or the Railroad Retirement system or who had
19 sufficient Medicare-covered government employment, the
20 Department shall reduce benefits which would otherwise be paid
21 by Medicare, by the amount of benefits for which the member or
22 dependents are eligible under Medicare, except that such
23 reduction in benefits shall apply only to those members or
24 dependents who (1) first become eligible for such medicare
25 coverage on or after the effective date of this amendatory Act
26 of 1992; or (2) are Medicare-eligible members or dependents of

1 a local government unit which began participation in the
2 program on or after July 1, 1992; or (3) remain eligible for
3 but no longer receive Medicare coverage which they had been
4 receiving on or after the effective date of this amendatory Act
5 of 1992.

6 Notwithstanding any other provisions of this Act, where a
7 covered member or dependents are eligible for benefits under
8 the federal Medicare health insurance program (Title XVIII of
9 the Social Security Act as added by Public Law 89-97, 89th
10 Congress), benefits paid under the State of Illinois program or
11 plan will be reduced by the amount of benefits paid by
12 Medicare. For members or dependents who are eligible for
13 benefits under Social Security or the Railroad Retirement
14 system or who had sufficient Medicare-covered government
15 employment, benefits shall be reduced by the amount for which
16 the member or dependent is eligible under Medicare, except that
17 such reduction in benefits shall apply only to those members or
18 dependents who (1) first become eligible for such Medicare
19 coverage on or after the effective date of this amendatory Act
20 of 1992; or (2) are Medicare-eligible members or dependents of
21 a local government unit which began participation in the
22 program on or after July 1, 1992; or (3) remain eligible for,
23 but no longer receive Medicare coverage which they had been
24 receiving on or after the effective date of this amendatory Act
25 of 1992. Premiums may be adjusted, where applicable, to an
26 amount deemed by the Director to be reasonably consistent with

1 any reduction of benefits.

2 (b) A member, not otherwise covered by this Act, who has
3 retired as a participating member under Article 2 of the
4 Illinois Pension Code but is ineligible for the retirement
5 annuity under Section 2-119 of the Illinois Pension Code, shall
6 pay the premiums for coverage, not exceeding the amount paid by
7 the State for the non-contributory coverage for other members,
8 under the group health benefits program under this Act. The
9 Director shall determine the premiums to be paid by a member
10 under this subsection (b).

11 (Source: P.A. 100-538, eff. 1-1-18.)

12 (5 ILCS 375/6.1) (from Ch. 127, par. 526.1)

13 Sec. 6.1. The program of health benefits may offer as an
14 alternative, available on an optional basis, coverage through
15 health maintenance organizations. That part of the premium for
16 such coverage which is in excess of the amount which would
17 otherwise be paid by the State for the program of health
18 benefits shall be paid by the member who elects such
19 alternative coverage and shall be collected as provided for
20 premiums for other optional coverages, except as provided in
21 the No Taxpayer Funding for Abortion Act.

22 (Source: P.A. 100-538, eff. 1-1-18.)

23 Section 755. The Illinois Public Aid Code is amended by
24 changing Sections 5-5, 5-8, 5-9, and 6-1 as follows:

1 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

2 Sec. 5-5. Medical services. The Illinois Department, by
3 rule, shall determine the quantity and quality of and the rate
4 of reimbursement for the medical assistance for which payment
5 will be authorized, and the medical services to be provided,
6 which may include all or part of the following: (1) inpatient
7 hospital services; (2) outpatient hospital services; (3) other
8 laboratory and X-ray services; (4) skilled nursing home
9 services; (5) physicians' services whether furnished in the
10 office, the patient's home, a hospital, a skilled nursing home,
11 or elsewhere; (6) medical care, or any other type of remedial
12 care furnished by licensed practitioners; (7) home health care
13 services; (8) private duty nursing service; (9) clinic
14 services; (10) dental services, including prevention and
15 treatment of periodontal disease and dental caries disease for
16 pregnant women, provided by an individual licensed to practice
17 dentistry or dental surgery; for purposes of this item (10),
18 "dental services" means diagnostic, preventive, or corrective
19 procedures provided by or under the supervision of a dentist in
20 the practice of his or her profession; (11) physical therapy
21 and related services; (12) prescribed drugs, dentures, and
22 prosthetic devices; and eyeglasses prescribed by a physician
23 skilled in the diseases of the eye, or by an optometrist,
24 whichever the person may select; (13) other diagnostic,
25 screening, preventive, and rehabilitative services, including

1 to ensure that the individual's need for intervention or
2 treatment of mental disorders or substance use disorders or
3 co-occurring mental health and substance use disorders is
4 determined using a uniform screening, assessment, and
5 evaluation process inclusive of criteria, for children and
6 adults; for purposes of this item (13), a uniform screening,
7 assessment, and evaluation process refers to a process that
8 includes an appropriate evaluation and, as warranted, a
9 referral; "uniform" does not mean the use of a singular
10 instrument, tool, or process that all must utilize; (14)
11 transportation and such other expenses as may be necessary;
12 (15) medical treatment of sexual assault survivors, as defined
13 in Section 1a of the Sexual Assault Survivors Emergency
14 Treatment Act, for injuries sustained as a result of the sexual
15 assault, including examinations and laboratory tests to
16 discover evidence which may be used in criminal proceedings
17 arising from the sexual assault; (16) the diagnosis and
18 treatment of sickle cell anemia; and (17) any other medical
19 care, and any other type of remedial care recognized under the
20 laws of this State, except as provided in the No Taxpayer
21 Funding for Abortion Act. The Illinois Department, by rule,
22 shall prohibit any physician from providing medical assistance
23 to anyone eligible therefor under this Code where such
24 physician has been found guilty of performing an abortion
25 procedure in a willful and wanton manner upon a woman who was
26 not pregnant at the time such abortion procedure was performed.

1 The term "any other type of remedial care" shall include
2 nursing care and nursing home service for persons who rely on
3 treatment by spiritual means alone through prayer for healing.

4 Notwithstanding any other provision of this Section, a
5 comprehensive tobacco use cessation program that includes
6 purchasing prescription drugs or prescription medical devices
7 approved by the Food and Drug Administration shall be covered
8 under the medical assistance program under this Article for
9 persons who are otherwise eligible for assistance under this
10 Article.

11 Notwithstanding any other provision of this Code,
12 reproductive health care that is otherwise legal in Illinois
13 shall be covered under the medical assistance program for
14 persons who are otherwise eligible for medical assistance under
15 this Article, except as provided in the No Taxpayer Funding for
16 Abortion Act.

17 Notwithstanding any other provision of this Code, the
18 Illinois Department may not require, as a condition of payment
19 for any laboratory test authorized under this Article, that a
20 physician's handwritten signature appear on the laboratory
21 test order form. The Illinois Department may, however, impose
22 other appropriate requirements regarding laboratory test order
23 documentation.

24 Upon receipt of federal approval of an amendment to the
25 Illinois Title XIX State Plan for this purpose, the Department
26 shall authorize the Chicago Public Schools (CPS) to procure a

1 vendor or vendors to manufacture eyeglasses for individuals
2 enrolled in a school within the CPS system. CPS shall ensure
3 that its vendor or vendors are enrolled as providers in the
4 medical assistance program and in any capitated Medicaid
5 managed care entity (MCE) serving individuals enrolled in a
6 school within the CPS system. Under any contract procured under
7 this provision, the vendor or vendors must serve only
8 individuals enrolled in a school within the CPS system. Claims
9 for services provided by CPS's vendor or vendors to recipients
10 of benefits in the medical assistance program under this Code,
11 the Children's Health Insurance Program, or the Covering ALL
12 KIDS Health Insurance Program shall be submitted to the
13 Department or the MCE in which the individual is enrolled for
14 payment and shall be reimbursed at the Department's or the
15 MCE's established rates or rate methodologies for eyeglasses.

16 On and after July 1, 2012, the Department of Healthcare and
17 Family Services may provide the following services to persons
18 eligible for assistance under this Article who are
19 participating in education, training or employment programs
20 operated by the Department of Human Services as successor to
21 the Department of Public Aid:

22 (1) dental services provided by or under the
23 supervision of a dentist; and

24 (2) eyeglasses prescribed by a physician skilled in the
25 diseases of the eye, or by an optometrist, whichever the
26 person may select.

1 On and after July 1, 2018, the Department of Healthcare and
2 Family Services shall provide dental services to any adult who
3 is otherwise eligible for assistance under the medical
4 assistance program. As used in this paragraph, "dental
5 services" means diagnostic, preventative, restorative, or
6 corrective procedures, including procedures and services for
7 the prevention and treatment of periodontal disease and dental
8 caries disease, provided by an individual who is licensed to
9 practice dentistry or dental surgery or who is under the
10 supervision of a dentist in the practice of his or her
11 profession.

12 On and after July 1, 2018, targeted dental services, as set
13 forth in Exhibit D of the Consent Decree entered by the United
14 States District Court for the Northern District of Illinois,
15 Eastern Division, in the matter of Memisovski v. Maram, Case
16 No. 92 C 1982, that are provided to adults under the medical
17 assistance program shall be established at no less than the
18 rates set forth in the "New Rate" column in Exhibit D of the
19 Consent Decree for targeted dental services that are provided
20 to persons under the age of 18 under the medical assistance
21 program.

22 Notwithstanding any other provision of this Code and
23 subject to federal approval, the Department may adopt rules to
24 allow a dentist who is volunteering his or her service at no
25 cost to render dental services through an enrolled
26 not-for-profit health clinic without the dentist personally

1 enrolling as a participating provider in the medical assistance
2 program. A not-for-profit health clinic shall include a public
3 health clinic or Federally Qualified Health Center or other
4 enrolled provider, as determined by the Department, through
5 which dental services covered under this Section are performed.
6 The Department shall establish a process for payment of claims
7 for reimbursement for covered dental services rendered under
8 this provision.

9 The Illinois Department, by rule, may distinguish and
10 classify the medical services to be provided only in accordance
11 with the classes of persons designated in Section 5-2.

12 The Department of Healthcare and Family Services must
13 provide coverage and reimbursement for amino acid-based
14 elemental formulas, regardless of delivery method, for the
15 diagnosis and treatment of (i) eosinophilic disorders and (ii)
16 short bowel syndrome when the prescribing physician has issued
17 a written order stating that the amino acid-based elemental
18 formula is medically necessary.

19 The Illinois Department shall authorize the provision of,
20 and shall authorize payment for, screening by low-dose
21 mammography for the presence of occult breast cancer for women
22 35 years of age or older who are eligible for medical
23 assistance under this Article, as follows:

24 (A) A baseline mammogram for women 35 to 39 years of
25 age.

26 (B) An annual mammogram for women 40 years of age or

1 older.

2 (C) A mammogram at the age and intervals considered
3 medically necessary by the woman's health care provider for
4 women under 40 years of age and having a family history of
5 breast cancer, prior personal history of breast cancer,
6 positive genetic testing, or other risk factors.

7 (D) A comprehensive ultrasound screening and MRI of an
8 entire breast or breasts if a mammogram demonstrates
9 heterogeneous or dense breast tissue or when medically
10 necessary as determined by a physician licensed to practice
11 medicine in all of its branches.

12 (E) A screening MRI when medically necessary, as
13 determined by a physician licensed to practice medicine in
14 all of its branches.

15 (F) A diagnostic mammogram when medically necessary,
16 as determined by a physician licensed to practice medicine
17 in all its branches, advanced practice registered nurse, or
18 physician assistant.

19 The Department shall not impose a deductible, coinsurance,
20 copayment, or any other cost-sharing requirement on the
21 coverage provided under this paragraph; except that this
22 sentence does not apply to coverage of diagnostic mammograms to
23 the extent such coverage would disqualify a high-deductible
24 health plan from eligibility for a health savings account
25 pursuant to Section 223 of the Internal Revenue Code (26 U.S.C.
26 223).

1 All screenings shall include a physical breast exam,
2 instruction on self-examination and information regarding the
3 frequency of self-examination and its value as a preventative
4 tool.

5 For purposes of this Section:

6 "Diagnostic mammogram" means a mammogram obtained using
7 diagnostic mammography.

8 "Diagnostic mammography" means a method of screening that
9 is designed to evaluate an abnormality in a breast, including
10 an abnormality seen or suspected on a screening mammogram or a
11 subjective or objective abnormality otherwise detected in the
12 breast.

13 "Low-dose mammography" means the x-ray examination of the
14 breast using equipment dedicated specifically for mammography,
15 including the x-ray tube, filter, compression device, and image
16 receptor, with an average radiation exposure delivery of less
17 than one rad per breast for 2 views of an average size breast.
18 The term also includes digital mammography and includes breast
19 tomosynthesis.

20 "Breast tomosynthesis" means a radiologic procedure that
21 involves the acquisition of projection images over the
22 stationary breast to produce cross-sectional digital
23 three-dimensional images of the breast.

24 If, at any time, the Secretary of the United States
25 Department of Health and Human Services, or its successor
26 agency, promulgates rules or regulations to be published in the

1 Federal Register or publishes a comment in the Federal Register
2 or issues an opinion, guidance, or other action that would
3 require the State, pursuant to any provision of the Patient
4 Protection and Affordable Care Act (Public Law 111-148),
5 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
6 successor provision, to defray the cost of any coverage for
7 breast tomosynthesis outlined in this paragraph, then the
8 requirement that an insurer cover breast tomosynthesis is
9 inoperative other than any such coverage authorized under
10 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
11 the State shall not assume any obligation for the cost of
12 coverage for breast tomosynthesis set forth in this paragraph.

13 On and after January 1, 2016, the Department shall ensure
14 that all networks of care for adult clients of the Department
15 include access to at least one breast imaging Center of Imaging
16 Excellence as certified by the American College of Radiology.

17 On and after January 1, 2012, providers participating in a
18 quality improvement program approved by the Department shall be
19 reimbursed for screening and diagnostic mammography at the same
20 rate as the Medicare program's rates, including the increased
21 reimbursement for digital mammography.

22 The Department shall convene an expert panel including
23 representatives of hospitals, free-standing mammography
24 facilities, and doctors, including radiologists, to establish
25 quality standards for mammography.

26 On and after January 1, 2017, providers participating in a

1 breast cancer treatment quality improvement program approved
2 by the Department shall be reimbursed for breast cancer
3 treatment at a rate that is no lower than 95% of the Medicare
4 program's rates for the data elements included in the breast
5 cancer treatment quality program.

6 The Department shall convene an expert panel, including
7 representatives of hospitals, free-standing breast cancer
8 treatment centers, breast cancer quality organizations, and
9 doctors, including breast surgeons, reconstructive breast
10 surgeons, oncologists, and primary care providers to establish
11 quality standards for breast cancer treatment.

12 Subject to federal approval, the Department shall
13 establish a rate methodology for mammography at federally
14 qualified health centers and other encounter-rate clinics.
15 These clinics or centers may also collaborate with other
16 hospital-based mammography facilities. By January 1, 2016, the
17 Department shall report to the General Assembly on the status
18 of the provision set forth in this paragraph.

19 The Department shall establish a methodology to remind
20 women who are age-appropriate for screening mammography, but
21 who have not received a mammogram within the previous 18
22 months, of the importance and benefit of screening mammography.
23 The Department shall work with experts in breast cancer
24 outreach and patient navigation to optimize these reminders and
25 shall establish a methodology for evaluating their
26 effectiveness and modifying the methodology based on the

1 evaluation.

2 The Department shall establish a performance goal for
3 primary care providers with respect to their female patients
4 over age 40 receiving an annual mammogram. This performance
5 goal shall be used to provide additional reimbursement in the
6 form of a quality performance bonus to primary care providers
7 who meet that goal.

8 The Department shall devise a means of case-managing or
9 patient navigation for beneficiaries diagnosed with breast
10 cancer. This program shall initially operate as a pilot program
11 in areas of the State with the highest incidence of mortality
12 related to breast cancer. At least one pilot program site shall
13 be in the metropolitan Chicago area and at least one site shall
14 be outside the metropolitan Chicago area. On or after July 1,
15 2016, the pilot program shall be expanded to include one site
16 in western Illinois, one site in southern Illinois, one site in
17 central Illinois, and 4 sites within metropolitan Chicago. An
18 evaluation of the pilot program shall be carried out measuring
19 health outcomes and cost of care for those served by the pilot
20 program compared to similarly situated patients who are not
21 served by the pilot program.

22 The Department shall require all networks of care to
23 develop a means either internally or by contract with experts
24 in navigation and community outreach to navigate cancer
25 patients to comprehensive care in a timely fashion. The
26 Department shall require all networks of care to include access

1 for patients diagnosed with cancer to at least one academic
2 commission on cancer-accredited cancer program as an
3 in-network covered benefit.

4 Any medical or health care provider shall immediately
5 recommend, to any pregnant woman who is being provided prenatal
6 services and is suspected of having a substance use disorder as
7 defined in the Substance Use Disorder Act, referral to a local
8 substance use disorder treatment program licensed by the
9 Department of Human Services or to a licensed hospital which
10 provides substance abuse treatment services. The Department of
11 Healthcare and Family Services shall assure coverage for the
12 cost of treatment of the drug abuse or addiction for pregnant
13 recipients in accordance with the Illinois Medicaid Program in
14 conjunction with the Department of Human Services.

15 All medical providers providing medical assistance to
16 pregnant women under this Code shall receive information from
17 the Department on the availability of services under any
18 program providing case management services for addicted women,
19 including information on appropriate referrals for other
20 social services that may be needed by addicted women in
21 addition to treatment for addiction.

22 The Illinois Department, in cooperation with the
23 Departments of Human Services (as successor to the Department
24 of Alcoholism and Substance Abuse) and Public Health, through a
25 public awareness campaign, may provide information concerning
26 treatment for alcoholism and drug abuse and addiction, prenatal

1 health care, and other pertinent programs directed at reducing
2 the number of drug-affected infants born to recipients of
3 medical assistance.

4 Neither the Department of Healthcare and Family Services
5 nor the Department of Human Services shall sanction the
6 recipient solely on the basis of her substance abuse.

7 The Illinois Department shall establish such regulations
8 governing the dispensing of health services under this Article
9 as it shall deem appropriate. The Department should seek the
10 advice of formal professional advisory committees appointed by
11 the Director of the Illinois Department for the purpose of
12 providing regular advice on policy and administrative matters,
13 information dissemination and educational activities for
14 medical and health care providers, and consistency in
15 procedures to the Illinois Department.

16 The Illinois Department may develop and contract with
17 Partnerships of medical providers to arrange medical services
18 for persons eligible under Section 5-2 of this Code.
19 Implementation of this Section may be by demonstration projects
20 in certain geographic areas. The Partnership shall be
21 represented by a sponsor organization. The Department, by rule,
22 shall develop qualifications for sponsors of Partnerships.
23 Nothing in this Section shall be construed to require that the
24 sponsor organization be a medical organization.

25 The sponsor must negotiate formal written contracts with
26 medical providers for physician services, inpatient and

1 outpatient hospital care, home health services, treatment for
2 alcoholism and substance abuse, and other services determined
3 necessary by the Illinois Department by rule for delivery by
4 Partnerships. Physician services must include prenatal and
5 obstetrical care. The Illinois Department shall reimburse
6 medical services delivered by Partnership providers to clients
7 in target areas according to provisions of this Article and the
8 Illinois Health Finance Reform Act, except that:

9 (1) Physicians participating in a Partnership and
10 providing certain services, which shall be determined by
11 the Illinois Department, to persons in areas covered by the
12 Partnership may receive an additional surcharge for such
13 services.

14 (2) The Department may elect to consider and negotiate
15 financial incentives to encourage the development of
16 Partnerships and the efficient delivery of medical care.

17 (3) Persons receiving medical services through
18 Partnerships may receive medical and case management
19 services above the level usually offered through the
20 medical assistance program.

21 Medical providers shall be required to meet certain
22 qualifications to participate in Partnerships to ensure the
23 delivery of high quality medical services. These
24 qualifications shall be determined by rule of the Illinois
25 Department and may be higher than qualifications for
26 participation in the medical assistance program. Partnership

1 sponsors may prescribe reasonable additional qualifications
2 for participation by medical providers, only with the prior
3 written approval of the Illinois Department.

4 Nothing in this Section shall limit the free choice of
5 practitioners, hospitals, and other providers of medical
6 services by clients. In order to ensure patient freedom of
7 choice, the Illinois Department shall immediately promulgate
8 all rules and take all other necessary actions so that provided
9 services may be accessed from therapeutically certified
10 optometrists to the full extent of the Illinois Optometric
11 Practice Act of 1987 without discriminating between service
12 providers.

13 The Department shall apply for a waiver from the United
14 States Health Care Financing Administration to allow for the
15 implementation of Partnerships under this Section.

16 The Illinois Department shall require health care
17 providers to maintain records that document the medical care
18 and services provided to recipients of Medical Assistance under
19 this Article. Such records must be retained for a period of not
20 less than 6 years from the date of service or as provided by
21 applicable State law, whichever period is longer, except that
22 if an audit is initiated within the required retention period
23 then the records must be retained until the audit is completed
24 and every exception is resolved. The Illinois Department shall
25 require health care providers to make available, when
26 authorized by the patient, in writing, the medical records in a

1 timely fashion to other health care providers who are treating
2 or serving persons eligible for Medical Assistance under this
3 Article. All dispensers of medical services shall be required
4 to maintain and retain business and professional records
5 sufficient to fully and accurately document the nature, scope,
6 details and receipt of the health care provided to persons
7 eligible for medical assistance under this Code, in accordance
8 with regulations promulgated by the Illinois Department. The
9 rules and regulations shall require that proof of the receipt
10 of prescription drugs, dentures, prosthetic devices and
11 eyeglasses by eligible persons under this Section accompany
12 each claim for reimbursement submitted by the dispenser of such
13 medical services. No such claims for reimbursement shall be
14 approved for payment by the Illinois Department without such
15 proof of receipt, unless the Illinois Department shall have put
16 into effect and shall be operating a system of post-payment
17 audit and review which shall, on a sampling basis, be deemed
18 adequate by the Illinois Department to assure that such drugs,
19 dentures, prosthetic devices and eyeglasses for which payment
20 is being made are actually being received by eligible
21 recipients. Within 90 days after September 16, 1984 (the
22 effective date of Public Act 83-1439), the Illinois Department
23 shall establish a current list of acquisition costs for all
24 prosthetic devices and any other items recognized as medical
25 equipment and supplies reimbursable under this Article and
26 shall update such list on a quarterly basis, except that the

1 acquisition costs of all prescription drugs shall be updated no
2 less frequently than every 30 days as required by Section
3 5-5.12.

4 The rules and regulations of the Illinois Department shall
5 require that a written statement including the required opinion
6 of a physician shall accompany any claim for reimbursement for
7 abortions or induced miscarriages or premature births. This
8 statement shall indicate what procedures were used in providing
9 such medical services.

10 Notwithstanding any other law to the contrary, the Illinois
11 Department shall, within 365 days after July 22, 2013 (the
12 effective date of Public Act 98-104), establish procedures to
13 permit skilled care facilities licensed under the Nursing Home
14 Care Act to submit monthly billing claims for reimbursement
15 purposes. Following development of these procedures, the
16 Department shall, by July 1, 2016, test the viability of the
17 new system and implement any necessary operational or
18 structural changes to its information technology platforms in
19 order to allow for the direct acceptance and payment of nursing
20 home claims.

21 Notwithstanding any other law to the contrary, the Illinois
22 Department shall, within 365 days after August 15, 2014 (the
23 effective date of Public Act 98-963), establish procedures to
24 permit ID/DD facilities licensed under the ID/DD Community Care
25 Act and MC/DD facilities licensed under the MC/DD Act to submit
26 monthly billing claims for reimbursement purposes. Following

1 development of these procedures, the Department shall have an
2 additional 365 days to test the viability of the new system and
3 to ensure that any necessary operational or structural changes
4 to its information technology platforms are implemented.

5 The Illinois Department shall require all dispensers of
6 medical services, other than an individual practitioner or
7 group of practitioners, desiring to participate in the Medical
8 Assistance program established under this Article to disclose
9 all financial, beneficial, ownership, equity, surety or other
10 interests in any and all firms, corporations, partnerships,
11 associations, business enterprises, joint ventures, agencies,
12 institutions or other legal entities providing any form of
13 health care services in this State under this Article.

14 The Illinois Department may require that all dispensers of
15 medical services desiring to participate in the medical
16 assistance program established under this Article disclose,
17 under such terms and conditions as the Illinois Department may
18 by rule establish, all inquiries from clients and attorneys
19 regarding medical bills paid by the Illinois Department, which
20 inquiries could indicate potential existence of claims or liens
21 for the Illinois Department.

22 Enrollment of a vendor shall be subject to a provisional
23 period and shall be conditional for one year. During the period
24 of conditional enrollment, the Department may terminate the
25 vendor's eligibility to participate in, or may disenroll the
26 vendor from, the medical assistance program without cause.

1 Unless otherwise specified, such termination of eligibility or
2 disenrollment is not subject to the Department's hearing
3 process. However, a disenrolled vendor may reapply without
4 penalty.

5 The Department has the discretion to limit the conditional
6 enrollment period for vendors based upon category of risk of
7 the vendor.

8 Prior to enrollment and during the conditional enrollment
9 period in the medical assistance program, all vendors shall be
10 subject to enhanced oversight, screening, and review based on
11 the risk of fraud, waste, and abuse that is posed by the
12 category of risk of the vendor. The Illinois Department shall
13 establish the procedures for oversight, screening, and review,
14 which may include, but need not be limited to: criminal and
15 financial background checks; fingerprinting; license,
16 certification, and authorization verifications; unscheduled or
17 unannounced site visits; database checks; prepayment audit
18 reviews; audits; payment caps; payment suspensions; and other
19 screening as required by federal or State law.

20 The Department shall define or specify the following: (i)
21 by provider notice, the "category of risk of the vendor" for
22 each type of vendor, which shall take into account the level of
23 screening applicable to a particular category of vendor under
24 federal law and regulations; (ii) by rule or provider notice,
25 the maximum length of the conditional enrollment period for
26 each category of risk of the vendor; and (iii) by rule, the

1 hearing rights, if any, afforded to a vendor in each category
2 of risk of the vendor that is terminated or disenrolled during
3 the conditional enrollment period.

4 To be eligible for payment consideration, a vendor's
5 payment claim or bill, either as an initial claim or as a
6 resubmitted claim following prior rejection, must be received
7 by the Illinois Department, or its fiscal intermediary, no
8 later than 180 days after the latest date on the claim on which
9 medical goods or services were provided, with the following
10 exceptions:

11 (1) In the case of a provider whose enrollment is in
12 process by the Illinois Department, the 180-day period
13 shall not begin until the date on the written notice from
14 the Illinois Department that the provider enrollment is
15 complete.

16 (2) In the case of errors attributable to the Illinois
17 Department or any of its claims processing intermediaries
18 which result in an inability to receive, process, or
19 adjudicate a claim, the 180-day period shall not begin
20 until the provider has been notified of the error.

21 (3) In the case of a provider for whom the Illinois
22 Department initiates the monthly billing process.

23 (4) In the case of a provider operated by a unit of
24 local government with a population exceeding 3,000,000
25 when local government funds finance federal participation
26 for claims payments.

1 For claims for services rendered during a period for which
2 a recipient received retroactive eligibility, claims must be
3 filed within 180 days after the Department determines the
4 applicant is eligible. For claims for which the Illinois
5 Department is not the primary payer, claims must be submitted
6 to the Illinois Department within 180 days after the final
7 adjudication by the primary payer.

8 In the case of long term care facilities, within 45
9 calendar days of receipt by the facility of required
10 prescreening information, new admissions with associated
11 admission documents shall be submitted through the Medical
12 Electronic Data Interchange (MEDI) or the Recipient
13 Eligibility Verification (REV) System or shall be submitted
14 directly to the Department of Human Services using required
15 admission forms. Effective September 1, 2014, admission
16 documents, including all prescreening information, must be
17 submitted through MEDI or REV. Confirmation numbers assigned to
18 an accepted transaction shall be retained by a facility to
19 verify timely submittal. Once an admission transaction has been
20 completed, all resubmitted claims following prior rejection
21 are subject to receipt no later than 180 days after the
22 admission transaction has been completed.

23 Claims that are not submitted and received in compliance
24 with the foregoing requirements shall not be eligible for
25 payment under the medical assistance program, and the State
26 shall have no liability for payment of those claims.

1 To the extent consistent with applicable information and
2 privacy, security, and disclosure laws, State and federal
3 agencies and departments shall provide the Illinois Department
4 access to confidential and other information and data necessary
5 to perform eligibility and payment verifications and other
6 Illinois Department functions. This includes, but is not
7 limited to: information pertaining to licensure;
8 certification; earnings; immigration status; citizenship; wage
9 reporting; unearned and earned income; pension income;
10 employment; supplemental security income; social security
11 numbers; National Provider Identifier (NPI) numbers; the
12 National Practitioner Data Bank (NPDB); program and agency
13 exclusions; taxpayer identification numbers; tax delinquency;
14 corporate information; and death records.

15 The Illinois Department shall enter into agreements with
16 State agencies and departments, and is authorized to enter into
17 agreements with federal agencies and departments, under which
18 such agencies and departments shall share data necessary for
19 medical assistance program integrity functions and oversight.
20 The Illinois Department shall develop, in cooperation with
21 other State departments and agencies, and in compliance with
22 applicable federal laws and regulations, appropriate and
23 effective methods to share such data. At a minimum, and to the
24 extent necessary to provide data sharing, the Illinois
25 Department shall enter into agreements with State agencies and
26 departments, and is authorized to enter into agreements with

1 federal agencies and departments, including, but not limited
2 to: the Secretary of State; the Department of Revenue; the
3 Department of Public Health; the Department of Human Services;
4 and the Department of Financial and Professional Regulation.

5 Beginning in fiscal year 2013, the Illinois Department
6 shall set forth a request for information to identify the
7 benefits of a pre-payment, post-adjudication, and post-edit
8 claims system with the goals of streamlining claims processing
9 and provider reimbursement, reducing the number of pending or
10 rejected claims, and helping to ensure a more transparent
11 adjudication process through the utilization of: (i) provider
12 data verification and provider screening technology; and (ii)
13 clinical code editing; and (iii) pre-pay, pre- or
14 post-adjudicated predictive modeling with an integrated case
15 management system with link analysis. Such a request for
16 information shall not be considered as a request for proposal
17 or as an obligation on the part of the Illinois Department to
18 take any action or acquire any products or services.

19 The Illinois Department shall establish policies,
20 procedures, standards and criteria by rule for the acquisition,
21 repair and replacement of orthotic and prosthetic devices and
22 durable medical equipment. Such rules shall provide, but not be
23 limited to, the following services: (1) immediate repair or
24 replacement of such devices by recipients; and (2) rental,
25 lease, purchase or lease-purchase of durable medical equipment
26 in a cost-effective manner, taking into consideration the

1 recipient's medical prognosis, the extent of the recipient's
2 needs, and the requirements and costs for maintaining such
3 equipment. Subject to prior approval, such rules shall enable a
4 recipient to temporarily acquire and use alternative or
5 substitute devices or equipment pending repairs or
6 replacements of any device or equipment previously authorized
7 for such recipient by the Department. Notwithstanding any
8 provision of Section 5-5f to the contrary, the Department may,
9 by rule, exempt certain replacement wheelchair parts from prior
10 approval and, for wheelchairs, wheelchair parts, wheelchair
11 accessories, and related seating and positioning items,
12 determine the wholesale price by methods other than actual
13 acquisition costs.

14 The Department shall require, by rule, all providers of
15 durable medical equipment to be accredited by an accreditation
16 organization approved by the federal Centers for Medicare and
17 Medicaid Services and recognized by the Department in order to
18 bill the Department for providing durable medical equipment to
19 recipients. No later than 15 months after the effective date of
20 the rule adopted pursuant to this paragraph, all providers must
21 meet the accreditation requirement.

22 In order to promote environmental responsibility, meet the
23 needs of recipients and enrollees, and achieve significant cost
24 savings, the Department, or a managed care organization under
25 contract with the Department, may provide recipients or managed
26 care enrollees who have a prescription or Certificate of

1 Medical Necessity access to refurbished durable medical
2 equipment under this Section (excluding prosthetic and
3 orthotic devices as defined in the Orthotics, Prosthetics, and
4 Pedorthics Practice Act and complex rehabilitation technology
5 products and associated services) through the State's
6 assistive technology program's reutilization program, using
7 staff with the Assistive Technology Professional (ATP)
8 Certification if the refurbished durable medical equipment:
9 (i) is available; (ii) is less expensive, including shipping
10 costs, than new durable medical equipment of the same type;
11 (iii) is able to withstand at least 3 years of use; (iv) is
12 cleaned, disinfected, sterilized, and safe in accordance with
13 federal Food and Drug Administration regulations and guidance
14 governing the reprocessing of medical devices in health care
15 settings; and (v) equally meets the needs of the recipient or
16 enrollee. The reutilization program shall confirm that the
17 recipient or enrollee is not already in receipt of same or
18 similar equipment from another service provider, and that the
19 refurbished durable medical equipment equally meets the needs
20 of the recipient or enrollee. Nothing in this paragraph shall
21 be construed to limit recipient or enrollee choice to obtain
22 new durable medical equipment or place any additional prior
23 authorization conditions on enrollees of managed care
24 organizations.

25 The Department shall execute, relative to the nursing home
26 prescreening project, written inter-agency agreements with the

1 Department of Human Services and the Department on Aging, to
2 effect the following: (i) intake procedures and common
3 eligibility criteria for those persons who are receiving
4 non-institutional services; and (ii) the establishment and
5 development of non-institutional services in areas of the State
6 where they are not currently available or are undeveloped; and
7 (iii) notwithstanding any other provision of law, subject to
8 federal approval, on and after July 1, 2012, an increase in the
9 determination of need (DON) scores from 29 to 37 for applicants
10 for institutional and home and community-based long term care;
11 if and only if federal approval is not granted, the Department
12 may, in conjunction with other affected agencies, implement
13 utilization controls or changes in benefit packages to
14 effectuate a similar savings amount for this population; and
15 (iv) no later than July 1, 2013, minimum level of care
16 eligibility criteria for institutional and home and
17 community-based long term care; and (v) no later than October
18 1, 2013, establish procedures to permit long term care
19 providers access to eligibility scores for individuals with an
20 admission date who are seeking or receiving services from the
21 long term care provider. In order to select the minimum level
22 of care eligibility criteria, the Governor shall establish a
23 workgroup that includes affected agency representatives and
24 stakeholders representing the institutional and home and
25 community-based long term care interests. This Section shall
26 not restrict the Department from implementing lower level of

1 care eligibility criteria for community-based services in
2 circumstances where federal approval has been granted.

3 The Illinois Department shall develop and operate, in
4 cooperation with other State Departments and agencies and in
5 compliance with applicable federal laws and regulations,
6 appropriate and effective systems of health care evaluation and
7 programs for monitoring of utilization of health care services
8 and facilities, as it affects persons eligible for medical
9 assistance under this Code.

10 The Illinois Department shall report annually to the
11 General Assembly, no later than the second Friday in April of
12 1979 and each year thereafter, in regard to:

13 (a) actual statistics and trends in utilization of
14 medical services by public aid recipients;

15 (b) actual statistics and trends in the provision of
16 the various medical services by medical vendors;

17 (c) current rate structures and proposed changes in
18 those rate structures for the various medical vendors; and

19 (d) efforts at utilization review and control by the
20 Illinois Department.

21 The period covered by each report shall be the 3 years
22 ending on the June 30 prior to the report. The report shall
23 include suggested legislation for consideration by the General
24 Assembly. The requirement for reporting to the General Assembly
25 shall be satisfied by filing copies of the report as required
26 by Section 3.1 of the General Assembly Organization Act, and

1 filing such additional copies with the State Government Report
2 Distribution Center for the General Assembly as is required
3 under paragraph (t) of Section 7 of the State Library Act.

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

10 On and after July 1, 2012, the Department shall reduce any
11 rate of reimbursement for services or other payments or alter
12 any methodologies authorized by this Code to reduce any rate of
13 reimbursement for services or other payments in accordance with
14 Section 5-5e.

15 Because kidney transplantation can be an appropriate,
16 cost-effective alternative to renal dialysis when medically
17 necessary and notwithstanding the provisions of Section 1-11 of
18 this Code, beginning October 1, 2014, the Department shall
19 cover kidney transplantation for noncitizens with end-stage
20 renal disease who are not eligible for comprehensive medical
21 benefits, who meet the residency requirements of Section 5-3 of
22 this Code, and who would otherwise meet the financial
23 requirements of the appropriate class of eligible persons under
24 Section 5-2 of this Code. To qualify for coverage of kidney
25 transplantation, such person must be receiving emergency renal
26 dialysis services covered by the Department. Providers under

1 this Section shall be prior approved and certified by the
2 Department to perform kidney transplantation and the services
3 under this Section shall be limited to services associated with
4 kidney transplantation.

5 Notwithstanding any other provision of this Code to the
6 contrary, on or after July 1, 2015, all FDA approved forms of
7 medication assisted treatment prescribed for the treatment of
8 alcohol dependence or treatment of opioid dependence shall be
9 covered under both fee for service and managed care medical
10 assistance programs for persons who are otherwise eligible for
11 medical assistance under this Article and shall not be subject
12 to any (1) utilization control, other than those established
13 under the American Society of Addiction Medicine patient
14 placement criteria, (2) prior authorization mandate, or (3)
15 lifetime restriction limit mandate.

16 On or after July 1, 2015, opioid antagonists prescribed for
17 the treatment of an opioid overdose, including the medication
18 product, administration devices, and any pharmacy fees related
19 to the dispensing and administration of the opioid antagonist,
20 shall be covered under the medical assistance program for
21 persons who are otherwise eligible for medical assistance under
22 this Article. As used in this Section, "opioid antagonist"
23 means a drug that binds to opioid receptors and blocks or
24 inhibits the effect of opioids acting on those receptors,
25 including, but not limited to, naloxone hydrochloride or any
26 other similarly acting drug approved by the U.S. Food and Drug

1 Administration.

2 Upon federal approval, the Department shall provide
3 coverage and reimbursement for all drugs that are approved for
4 marketing by the federal Food and Drug Administration and that
5 are recommended by the federal Public Health Service or the
6 United States Centers for Disease Control and Prevention for
7 pre-exposure prophylaxis and related pre-exposure prophylaxis
8 services, including, but not limited to, HIV and sexually
9 transmitted infection screening, treatment for sexually
10 transmitted infections, medical monitoring, assorted labs, and
11 counseling to reduce the likelihood of HIV infection among
12 individuals who are not infected with HIV but who are at high
13 risk of HIV infection.

14 A federally qualified health center, as defined in Section
15 1905(1)(2)(B) of the federal Social Security Act, shall be
16 reimbursed by the Department in accordance with the federally
17 qualified health center's encounter rate for services provided
18 to medical assistance recipients that are performed by a dental
19 hygienist, as defined under the Illinois Dental Practice Act,
20 working under the general supervision of a dentist and employed
21 by a federally qualified health center.

22 (Source: P.A. 100-201, eff. 8-18-17; 100-395, eff. 1-1-18;
23 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; 100-587, eff.
24 6-4-18; 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-974,
25 eff. 8-19-18; 100-1009, eff. 1-1-19; 100-1018, eff. 1-1-19;
26 100-1148, eff. 12-10-18; 101-209, eff. 8-5-19; 101-580, eff.

1 1-1-20; revised 9-18-19.)

2 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

3 Sec. 5-8. Practitioners. In supplying medical assistance,
4 the Illinois Department may provide for the legally authorized
5 services of (i) persons licensed under the Medical Practice Act
6 of 1987, as amended, except as hereafter in this Section
7 stated, whether under a general or limited license, (ii)
8 persons licensed under the Nurse Practice Act as advanced
9 practice registered nurses, regardless of whether or not the
10 persons have written collaborative agreements, (iii) persons
11 licensed or registered under other laws of this State to
12 provide dental, medical, pharmaceutical, optometric,
13 podiatric, or nursing services, or other remedial care
14 recognized under State law, (iv) persons licensed under other
15 laws of this State as a clinical social worker, and (v) persons
16 licensed under other laws of this State as physician
17 assistants. The Department shall adopt rules, no later than 90
18 days after January 1, 2017 (the effective date of Public Act
19 99-621), for the legally authorized services of persons
20 licensed under other laws of this State as a clinical social
21 worker. The Department may not provide for legally authorized
22 services of any physician who has been convicted of having
23 performed an abortion procedure in a willful and wanton manner
24 on a woman who was not pregnant at the time such abortion
25 procedure was performed. The utilization of the services of

1 persons engaged in the treatment or care of the sick, which
2 persons are not required to be licensed or registered under the
3 laws of this State, is not prohibited by this Section.

4 (Source: P.A. 99-173, eff. 7-29-15; 99-621, eff. 1-1-17;
5 100-453, eff. 8-25-17; 100-513, eff. 1-1-18; 100-538, eff.
6 1-1-18; 100-863, eff. 8-14-18.)

7 (305 ILCS 5/5-9) (from Ch. 23, par. 5-9)

8 Sec. 5-9. Choice of medical dispensers. Applicants and
9 recipients shall be entitled to free choice of those qualified
10 practitioners, hospitals, nursing homes, and other dispensers
11 of medical services meeting the requirements and complying with
12 the rules and regulations of the Illinois Department. However,
13 the Director of Healthcare and Family Services may, after
14 providing reasonable notice and opportunity for hearing, deny,
15 suspend or terminate any otherwise qualified person, firm,
16 corporation, association, agency, institution, or other legal
17 entity, from participation as a vendor of goods or services
18 under the medical assistance program authorized by this Article
19 if the Director finds such vendor of medical services in
20 violation of this Act or the policy or rules and regulations
21 issued pursuant to this Act. Any physician who has been
22 convicted of performing an abortion procedure in a willful and
23 wanton manner upon a woman who was not pregnant at the time
24 such abortion procedure was performed shall be automatically
25 removed from the list of physicians qualified to participate as

1 a vendor of medical services under the medical assistance
2 program authorized by this Article.

3 (Source: P.A. 100-538, eff. 1-1-18.)

4 (305 ILCS 5/6-1) (from Ch. 23, par. 6-1)

5 Sec. 6-1. Eligibility requirements. Financial aid in
6 meeting basic maintenance requirements shall be given under
7 this Article to or in behalf of persons who meet the
8 eligibility conditions of Sections 6-1.1 through 6-1.10,
9 except as provided in the No Taxpayer Funding for Abortion Act.

10 In addition, each unit of local government subject to this
11 Article shall provide persons receiving financial aid in
12 meeting basic maintenance requirements with financial aid for
13 either (a) necessary treatment, care, and supplies required
14 because of illness or disability, or (b) acute medical
15 treatment, care, and supplies only. If a local governmental
16 unit elects to provide financial aid for acute medical
17 treatment, care, and supplies only, the general types of acute
18 medical treatment, care, and supplies for which financial aid
19 is provided shall be specified in the general assistance rules
20 of the local governmental unit, which rules shall provide that
21 financial aid is provided, at a minimum, for acute medical
22 treatment, care, or supplies necessitated by a medical
23 condition for which prior approval or authorization of medical
24 treatment, care, or supplies is not required by the general
25 assistance rules of the Illinois Department.

1 (Source: P.A. 100-538, eff. 1-1-18.)

2 Section 760. The Problem Pregnancy Health Services and Care
3 Act is amended by changing Section 4-100 as follows:

4 (410 ILCS 230/4-100) (from Ch. 111 1/2, par. 4604-100)

5 Sec. 4-100. The Department may make grants to nonprofit
6 agencies and organizations which do not use such grants to
7 refer or counsel for, or perform, abortions and which
8 coordinate and establish linkages among services that will
9 further the purposes of this Act and, where appropriate, will
10 provide, supplement, or improve the quality of such services.

11 (Source: P.A. 100-538, eff. 1-1-18.)

12 Section 790. Application of Act; home rule powers.

13 (a) This Act applies to all State and local (including home
14 rule unit) laws, ordinances, policies, procedures, practices,
15 and governmental actions and their implementation, whether
16 statutory or otherwise and whether adopted before or after the
17 effective date of this Act.

18 (b) A home rule unit may not adopt any rule in a manner
19 inconsistent with this Act. This Act is a limitation under
20 subsection (i) of Section 6 of Article VII of the Illinois
21 Constitution on the concurrent exercise by home rule units of
22 powers and functions exercised by the State.

1 INDEX
2 Statutes amended in order of appearance

3 New Act

4 775 ILCS 55/Act rep.
5 210 ILCS 5/6.2 new
6 410 ILCS 70/9.1 new
7 735 ILCS 5/11-107.1a new
8 5 ILCS 375/6.11
9 20 ILCS 505/5 from Ch. 23, par. 5005
10 5 ILCS 140/7.5
11 55 ILCS 5/3-3013 from Ch. 34, par. 3-3013
12 210 ILCS 5/2 from Ch. 111 1/2, par. 157-8.2
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14 215 ILCS 5/356z.4
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16 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2
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18 225 ILCS 60/22 from Ch. 111, par. 4400-22
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