102ND GENERAL ASSEMBLY
State of Illinois
2021 and 2022

HB1893


SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2021 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions defining "viability" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat, and defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac. Creates the Partial-birth Abortion Ban Act of 2021 and the Abortion Performance Refusal Act of 2021 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

A BILL FOR
AN ACT concerning abortion.

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

Article 1.

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

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

(1) "Viability" means either:

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

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

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

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

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

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

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

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

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

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

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

Section 5. (1) When the fetus is viable no abortion shall
be performed unless in the medical judgment of the attending
or referring physician, based on the particular facts of the
case before him, it is necessary to preserve the life or health
of the mother. Intentional, knowing, or reckless failure to
conform to the requirements of subsection (1) of Section 5 is a
Class 2 felony.

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

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

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

(c) Any physician who intentionally, knowingly, or
recklessly violates the provisions of Section 6(1)(a) commits
a Class 3 felony.
(2) (a) No abortion shall be performed or induced when the fetus is viable unless there is in attendance a physician other than the physician performing or inducing the abortion who shall take control of and provide immediate medical care for any child born alive as a result of the abortion. This requirement shall not apply when, in the medical judgment of the physician performing or inducing the abortion based on the particular facts of the case before him, there exists a medical emergency; in such a case, the physician shall describe the basis of this judgment on the form prescribed by Section 10 of this Act. Any physician who intentionally performs or induces such an abortion and who intentionally, knowingly, or recklessly fails to arrange for the attendance of such a second physician in violation of Section 6(2)(a) commits a Class 3 felony.

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

(3) The law of this State shall not be construed to imply that any living individual organism of the species homo
sapiens who has been born alive is not an individual under the

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

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

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

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

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

(7) No person shall sell or experiment upon a fetus
produced by the fertilization of a human ovum by a human sperm
unless such experimentation is therapeutic to the fetus
thereby produced. Intentional violation of this section is a
Class A misdemeanor. Nothing in this subsection (7) is
intended to prohibit the performance of in vitro
fertilization.

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

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

(1) Identification of the physician who performed the
abortion and the facility where the abortion was performed
and a patient identification number;
(2) State in which the patient resides;
(3) Patient's date of birth, race and marital status;
(4) Number of prior pregnancies;
(5) Date of last menstrual period;
(6) Type of abortion procedure performed;
(7) Complications and whether the abortion resulted in a live birth;
(8) The date the abortion was performed;
(9) Medical indications for any abortion performed when the fetus was viable;
(10) The information required by Sections 6(1)(b) and 6(4)(b) of this Act, if applicable;
(11) Basis for any medical judgment that a medical emergency existed when required under Sections 6(2)(a) and 6(6) and when required to be reported in accordance with this Section by any provision of this Law; and
(12) The pathologist's test results pursuant to Section 12 of this Act.

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

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

The Department may prescribe rules and regulations regarding the administration of this Law and shall prescribe regulations to secure the confidentiality of the woman's identity in the information to be provided under the "Vital Records Act". All reports received by the Department shall be treated as confidential and the Department shall secure the woman's anonymity. Such reports shall be used only for statistical purposes.

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

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report as required by Section 3.1 of the General Assembly Organization Act, and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.
Section 10.1. Any physician who diagnoses a woman as having complications resulting from an abortion shall report, within a reasonable period of time, the diagnosis and a summary of her physical symptoms to the Illinois Department of Public Health in accordance with procedures and upon forms required by such Department. The Department of Public Health shall define the complications required to be reported by rule. The complications defined by rule shall be those which, according to contemporary medical standards, are manifested by symptoms with severity equal to or greater than hemorrhaging requiring transfusion, infection, incomplete abortion, or punctured organs. If the physician making the diagnosis of a complication knows the name or location of the facility where the abortion was performed, he shall report such information to the Department of Public Health.

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

Section 11. (1) Any person who intentionally violates any provision of this Law commits a Class A misdemeanor unless a specific penalty is otherwise provided. Any person who intentionally falsifies any writing required by this Law commits a Class A misdemeanor.
Intentional, knowing, reckless, or negligent violations of this Law shall constitute unprofessional conduct which causes public harm under Section 22 of the Medical Practice Act of 1987, as amended; Section 70-5 of the Nurse Practice Act, and Section 21 of the Physician Assistant Practice Act of 1987, as amended.

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

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

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

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

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

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

Section 12. The dead fetus and all tissue removed at the time of abortion shall be submitted for a gross and microscopic analysis and tissue report to a board eligible or certified pathologist as a matter of record in all cases. The
results of the analysis and report shall be given to the physician who performed the abortion within 7 days of the abortion and such physician shall report any complications relevant to the woman's medical condition to his patient within 48 hours of receiving a report if possible. Any evidence of live birth or of viability shall be reported within 7 days, if possible, to the Department by the pathologist. Intentional failure of the pathologist to report any evidence of live birth or of viability to the Department is a Class B misdemeanor.

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

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

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

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

Section 15. This Article shall be known and may be cited as the Illinois Abortion Law of 2021. References in this Article to "this Act" mean this Article.
Article 2.

Section 201. Short title. This Article may be cited as the Partial-birth Abortion Ban Act of 2021. References in this Article to "this Act" mean this Article.

Section 205. Definitions. In this Act:

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

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

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

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

Article 3.

Section 301. Short title. This Article may be cited as the
Abortion Performance Refusal Act of 2021. References in this
Article to "this Act" mean this Article.

Section 305.

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

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

(c) Any person, association, partnership or corporation that discriminates against another person in any way, including, but not limited to, hiring, promotion, advancement, transfer, licensing, granting of hospital privileges, or staff appointments, because of that person's refusal to recommend, perform or assist in the performance of an abortion, whether such abortion be a crime or not, shall be answerable in civil damages equal to 3 times the amount of proved damages, but in no case less than $2,000.

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

Article 4.

(775 ILCS 55/Act rep.)

Section 405. The Reproductive Health Act is repealed.
Article 5.

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

(210 ILCS 5/6.2 new)

Sec. 6.2. Notwithstanding any other provision of this Act, any corporation operating an Ambulatory Surgical Treatment Center devoted primarily to providing facilities for abortion must have a physician, who is licensed to practice medicine in all of its branches and is actively engaged in the practice of medicine at the Center, on the board of directors as a condition to licensure of the Center.

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

(410 ILCS 70/9.1 new)

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

Section 515. The Code of Civil Procedure is amended by adding Section 11-107.1a as follows:
Sec. 11-107.1a. Injunctive relief for the father of an unborn child in an abortion related decision by the mother. In any case when a married woman wishes to have an abortion performed upon her, and her spouse, who is the father of the unborn child, is opposed to the performance of that abortion, a court may hear testimony from both parties and balance the rights and interests of those parties.

When the interests of the husband in preventing the abortion outweigh those of the wife in having an abortion performed after the unborn child is viable, the court may issue an injunction against the performance of the abortion but only where the court makes a finding that the mother's life or physical health are not in danger.

Article 6.

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

(5 ILCS 375/6.11)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of
health benefits shall provide the coverage required under Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, and 356z.41 of the Illinois Insurance Code. The program of health benefits must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section with respect to Sections 370c and 370c.1 of the Illinois Insurance Code; all other requirements of this Section shall be enforced by the Department of Central Management Services.

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

(Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13, eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff. 1-1-21.)
Section 610. The Children and Family Services Act is amended by changing Section 5 as follows:

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

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

(a) For purposes of this Section:

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

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

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

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

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

   (A) protecting and promoting the health, safety and welfare of children, including homeless, dependent, or neglected children;
   (B) remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children;
   (C) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing the breakup of the family where the prevention of child removal is desirable and possible when the child can be cared for at home without endangering the child's health and safety;
   (D) restoring to their families children who have been removed, by the provision of services to the child and the families when the child can be cared for at home without endangering the child's health and safety;
   (E) placing children in suitable adoptive homes, in cases where restoration to the biological family is not safe, possible, or appropriate;
(F) assuring safe and adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption. At the time of placement, the Department shall consider concurrent planning, as described in subsection (l-1) of this Section so that permanency may occur at the earliest opportunity. Consideration should be given so that if reunification fails or is delayed, the placement made is the best available placement to provide permanency for the child;

(G) (blank);

(H) (blank); and

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

(i) who are in a foster home, or

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

(iii) who are female children who are
pregnant, pregnant and parenting, or parenting, or
(iv) who are siblings, in facilities that provide separate living quarters for children 18 years of age and older and for children under 18 years of age.

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

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

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

(e) (Blank).

(f) (Blank).

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

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

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

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

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

(1) case management;
(2) homemakers;
(3) counseling;
(4) parent education;
(5) day care; and
(6) emergency assistance and advocacy.

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

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

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

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

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

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

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

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

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

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

The Department may, at its discretion except for those
children also adjudicated neglected or dependent, accept for
care and training any child who has been adjudicated addicted,
as a truant minor in need of supervision or as a minor
requiring authoritative intervention, under the Juvenile Court
Act or the Juvenile Court Act of 1987, but no such child shall
be committed to the Department by any court without the
approval of the Department. On and after January 1, 2015 (the
effective date of Public Act 98-803) and before January 1,
2017, a minor charged with a criminal offense under the
Criminal Code of 1961 or the Criminal Code of 2012 or
adjudicated delinquent shall not be placed in the custody of
or committed to the Department by any court, except (i) a minor
less than 16 years of age committed to the Department under
Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
for whom an independent basis of abuse, neglect, or dependency
exists, which must be defined by departmental rule, or (iii) a
minor for whom the court has granted a supplemental petition
to reinstate wardship pursuant to subsection (2) of Section
2-33 of the Juvenile Court Act of 1987. On and after January 1,
2017, a minor charged with a criminal offense under the
Criminal Code of 1961 or the Criminal Code of 2012 or
adjudicated delinquent shall not be placed in the custody of
or committed to the Department by any court, except (i) a minor
less than 15 years of age committed to the Department under Section 5-710 of the Juvenile Court Act of 1987, ii) a minor for whom an independent basis of abuse, neglect, or dependency exists, which must be defined by departmental rule, or (iii) a minor for whom the court has granted a supplemental petition to reinstate wardship pursuant to subsection (2) of Section 2-33 of the Juvenile Court Act of 1987. An independent basis exists when the allegations or adjudication of abuse, neglect, or dependency do not arise from the same facts, incident, or circumstances which give rise to a charge or adjudication of delinquency. The Department shall assign a caseworker to attend any hearing involving a youth in the care and custody of the Department who is placed on aftercare release, including hearings involving sanctions for violation of aftercare release conditions and aftercare release revocation hearings.

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

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

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

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

A decision to place a child in substitute care shall be
made with considerations of the child's health, safety, and
best interests. At the time of placement, consideration should
also be given so that if reunification fails or is delayed, the
placement made is the best available placement to provide
permanency for the child.
The Department shall adopt rules addressing concurrent planning for reunification and permanency. The Department shall consider the following factors when determining appropriateness of concurrent planning:

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

The Department may assume temporary custody of any child if:

(1) it has received a written consent to such temporary custody signed by the parents of the child or by the parent having custody of the child if the parents are not living together or by the guardian or custodian of the child if the child is not in the custody of either parent, or
(2) the child is found in the State and neither a parent, guardian nor custodian of the child can be located.
If the child is found in his or her residence without a parent, guardian, custodian, or responsible caretaker, the Department may, instead of removing the child and assuming temporary custody, place an authorized representative of the Department in that residence until such time as a parent, guardian, or custodian enters the home and expresses a willingness and apparent ability to ensure the child's health and safety and resume permanent charge of the child, or until a relative enters the home and is willing and able to ensure the child's health and safety and assume charge of the child until a parent, guardian, or custodian enters the home and expresses such willingness and ability to ensure the child's safety and resume permanent charge. After a caretaker has remained in the home for a period not to exceed 12 hours, the Department must follow those procedures outlined in Section 2-9, 3-11, 4-8, or 5-415 of the Juvenile Court Act of 1987.

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

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

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

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

(n) The Department may place children under 18 years of
age in licensed child care facilities when in the opinion of
the Department, appropriate services aimed at family
preservation have been unsuccessful and cannot ensure the
child's health and safety or are unavailable and such
placement would be for their best interest. Payment for board,
clothing, care, training and supervision of any child placed
in a licensed child care facility may be made by the
Department, by the parents or guardians of the estates of
those children, or by both the Department and the parents or
guardians, except that no payments shall be made by the
Department for any child placed in a licensed child care
facility for board, clothing, care, training and supervision
of such a child that exceed the average per capita cost of
maintaining and of caring for a child in institutions for
dependent or neglected children operated by the Department. However, such restriction on payments does not apply in cases where children require specialized care and treatment for problems of severe emotional disturbance, physical disability, social adjustment, or any combination thereof and suitable facilities for the placement of such children are not available at payment rates within the limitations set forth in this Section. All reimbursements for services delivered shall be absolutely inalienable by assignment, sale, attachment, or garnishment or otherwise.

(n-1) The Department shall provide or authorize child welfare services, aimed at assisting minors to achieve sustainable self-sufficiency as independent adults, for any minor eligible for the reinstatement of wardship pursuant to subsection (2) of Section 2-33 of the Juvenile Court Act of 1987, whether or not such reinstatement is sought or allowed, provided that the minor consents to such services and has not yet attained the age of 21. The Department shall have responsibility for the development and delivery of services under this Section. An eligible youth may access services under this Section through the Department of Children and Family Services or by referral from the Department of Human Services. Youth participating in services under this Section shall cooperate with the assigned case manager in developing an agreement identifying the services to be provided and how the youth will increase skills to achieve self-sufficiency. A
homeless shelter is not considered appropriate housing for any youth receiving child welfare services under this Section. The Department shall continue child welfare services under this Section to any eligible minor until the minor becomes 21 years of age, no longer consents to participate, or achieves self-sufficiency as identified in the minor's service plan. The Department of Children and Family Services shall create clear, readable notice of the rights of former foster youth to child welfare services under this Section and how such services may be obtained. The Department of Children and Family Services and the Department of Human Services shall disseminate this information statewide. The Department shall adopt regulations describing services intended to assist minors in achieving sustainable self-sufficiency as independent adults.

(o) The Department shall establish an administrative review and appeal process for children and families who request or receive child welfare services from the Department. Youth in care who are placed by private child welfare agencies, and foster families with whom those youth are placed, shall be afforded the same procedural and appeal rights as children and families in the case of placement by the Department, including the right to an initial review of a private agency decision by that agency. The Department shall ensure that any private child welfare agency, which accepts youth in care for placement, affords those rights to children
and foster families. The Department shall accept for administrative review and an appeal hearing a complaint made by (i) a child or foster family concerning a decision following an initial review by a private child welfare agency or (ii) a prospective adoptive parent who alleges a violation of subsection (j-5) of this Section. An appeal of a decision concerning a change in the placement of a child shall be conducted in an expedited manner. A court determination that a current foster home placement is necessary and appropriate under Section 2-28 of the Juvenile Court Act of 1987 does not constitute a judicial determination on the merits of an administrative appeal, filed by a former foster parent, involving a change of placement decision.

(p) (Blank).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(v) The Department shall access criminal history record information as defined in the Illinois Uniform Conviction Information Act and information maintained in the adjudicatory and dispositional record system as defined in Section 2605-355 of the Department of State Police Law (20 ILCS 2605/2605-355) if the Department determines the information is necessary to perform its duties under the Abused and Neglected Child Reporting Act, the Child Care Act of 1969, and the Children and Family Services Act. The Department shall provide for interactive computerized communication and processing equipment that permits direct on-line communication with the Department of State Police's central criminal history data repository. The Department shall comply with all certification requirements and provide certified operators who have been trained by personnel from the Department of State Police. In addition, one Office of the Inspector General investigator shall have training in the use of the criminal history information access system and have access to the terminal. The Department of Children and Family Services and its employees shall abide by rules and regulations established by the
Department of State Police relating to the access and dissemination of this information.

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

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

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

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

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

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

For purposes of this subsection:

"Background information" means all of the following:

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

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

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

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

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

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

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

(5 ILCS 140/7.5)

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

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

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

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

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

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


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

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

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

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

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

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

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

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

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

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

(q) Information prohibited from being disclosed by the Personnel Records Review Act.

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

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

(t) All identified or deidentified health information in the form of health data or medical records contained in, stored in, submitted to, transferred by, or released from the Illinois Health Information Exchange, and identified or deidentified health information in the form of health data and medical records of the Illinois Health Information Exchange in the possession of the Illinois Health Information Exchange Office due to its
administration of the Illinois Health Information Exchange. The terms "identified" and "deidentified" shall be given the same meaning as in the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, or any subsequent amendments thereto, and any regulations promulgated thereunder.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(jj) Information and reports that are required to be
submitted to the Department of Labor by registering day
and temporary labor service agencies but are exempt from
disclosure under subsection (a-1) of Section 45 of the Day

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Source: P.A. 100-20, eff. 7-1-17; 100-22, eff. 1-1-18; 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff. 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517, eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19; 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; 101-13, eff. 6-12-19; 101-27, eff. 6-25-19; 101-81, eff. 7-12-19; 101-221, eff. 1-1-20; 101-236, eff. 1-1-20; 101-375, eff. 8-16-19; 101-377, eff. 8-16-19; 101-452, eff. 1-1-20; 101-466, eff. 1-1-20; 101-600, eff. 12-6-19; 101-620, eff 12-20-19; 101-649, eff. 7-7-20.)

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

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

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

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

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

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

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

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

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

In cases of accidental death involving a motor vehicle in
which the decedent was (1) the operator or a suspected
operator of a motor vehicle, or (2) a pedestrian 16 years of
age or older, the coroner shall require that a blood specimen
of at least 30 cc., and if medically possible a urine specimen
of at least 30 cc. or as much as possible up to 30 cc., be
withdrawn from the body of the decedent in a timely fashion
after the accident causing his death, by such physician as has
been designated in accordance with Section 3-3014, or by the
coroner or deputy coroner or a qualified person designated by
such physician, coroner, or deputy coroner. If the county does
not maintain laboratory facilities for making such analysis,
the blood and urine so drawn shall be sent to the Department of
State Police or any other accredited or State-certified
laboratory for analysis of the alcohol, carbon monoxide, and
dangerous or narcotic drug content of such blood and urine
specimens. Each specimen submitted shall be accompanied by
pertinent information concerning the decedent upon a form
prescribed by such laboratory. Any person drawing blood and
urine and any person making any examination of the blood and
urine under the terms of this Division shall be immune from all
liability, civil or criminal, that might otherwise be incurred
or imposed.

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

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

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

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

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

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

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

All deaths in State institutions and all deaths of wards
of the State or youth in care as defined in Section 4d of the Children and Family Services Act in private care facilities or in programs funded by the Department of Human Services under its powers relating to mental health and developmental disabilities or alcoholism and substance abuse or funded by the Department of Children and Family Services shall be reported to the coroner of the county in which the facility is located. If the coroner has reason to believe that an investigation is needed to determine whether the death was caused by maltreatment or negligent care of the ward of the State or youth in care as defined in Section 4d of the Children and Family Services Act, the coroner may conduct a preliminary investigation of the circumstances of such death as in cases of death under circumstances set forth in paragraphs (a) through (e) of this Section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Source: P.A. 101-13, eff. 6-12-19.)
Section 630. The Illinois Insurance Code is amended by changing Section 356z.4 and adding 356z.4a as follows:

(215 ILCS 5/356z.4)

Sec. 356z.4. Coverage for contraceptives.

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

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

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

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

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

(2) As used in this subsection (a):
"Contraceptive services" includes consultations, examinations, procedures, and medical services related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.

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

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

(i) they are approved as safe and effective;

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

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

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

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

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

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

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

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

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

(B) Voluntary sterilization procedures.

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

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

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

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

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

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

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

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

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

(c) (Blank). Nothing in this Section shall be construed to
require an insurance company to cover services related to an
abortion as the term "abortion" is defined in the Illinois

(d) If a plan or issuer utilizes a network of providers,
nothing in this Section shall be construed to require coverage
or to prohibit the plan or issuer from imposing cost-sharing
for items or services described in this Section that are
provided or delivered by an out-of-network provider, unless
the plan or issuer does not have in its network a provider who
is able to or is willing to provide the applicable items or
services.
(Source: P.A. 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19.)

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

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

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

(215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)
Sec. 5-3. Insurance Code provisions.
(a) Health Maintenance Organizations shall be subject to
the provisions of Sections 133, 134, 136, 137, 139, 140,
141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41, 364,
364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,
412, 444, and 444.1, paragraph (c) of subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

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

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

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

(1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;
(2)(i) the criteria specified in subsection (1)(b) of Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;

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

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

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

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

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

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

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

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

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

(ii) the amount of the refund or additional premium shall not exceed 20% of the Health Maintenance Organization's profitable or unprofitable experience with respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the Health Maintenance Organization's administrative and marketing expenses, but shall not include any refund to be made or additional premium to be paid pursuant to this subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into account the refund period and the immediately preceding 2 plan years.

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

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

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

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

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

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

Sec. 10. Application of Insurance Code provisions. Health
services plan corporations and all persons interested therein
or dealing therewith shall be subject to the provisions of Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140, 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of Section 367 of the Illinois Insurance Code.

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

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

Section 645. The Medical Practice Act of 1987 is amended by changing Section 22 and 36 as follows:
Sec. 22. Disciplinary action.

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

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

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

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

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

(d) ambulatory surgical treatment centers, hospitalization or care facilities maintained by the Federal Government; or
(e) ambulatory surgical treatment centers, 
hospitalization or care facilities maintained by any 
university or college established under the laws of 
this State and supported principally by public funds 
raised by taxation.

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

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

(4) Gross negligence in practice under this Act.

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

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

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

(8) Practicing under a false or, except as provided by 
law, an assumed name.
(9) Fraud or misrepresentation in applying for, or procuring, a license under this Act or in connection with applying for renewal of a license under this Act.

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

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

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

(13) Violation of any provision of this Act or of the Medical Practice Act prior to the repeal of that Act, or violation of the rules, or a final administrative action of the Secretary, after consideration of the recommendation of the Disciplinary Board.
(14) Violation of the prohibition against fee splitting in Section 22.2 of this Act.

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

(16) Abandonment of a patient.

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

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

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

(20) Immoral conduct in the commission of any act including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice.
(21) Willfully making or filing false records or reports in his or her practice as a physician, including, but not limited to, false records to support claims against the medical assistance program of the Department of Healthcare and Family Services (formerly Department of Public Aid) under the Illinois Public Aid Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(36) Failure to report to the Department any adverse judgment, settlement, or award arising from a liability claim related to acts or conduct similar to acts or conduct which would constitute grounds for action as
(37) Failure to provide copies of medical records as required by law.

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

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

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

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

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

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

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

(45) Entering into an excessive number of written collaborative agreements with licensed prescribing psychologists resulting in an inability to adequately
(46) Repeated failure to adequately collaborate with a licensed prescribing psychologist.

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

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

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

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

Except for actions involving the ground numbered (26), all proceedings to suspend, revoke, place on probationary status, or take any other disciplinary action as the Department may deem proper, with regard to a license on any of the foregoing grounds, must be commenced within 5 years next after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described
herein. Except for the grounds numbered (8), (9), (26), and (29), no action shall be commenced more than 10 years after the date of the incident or act alleged to have violated this Section. For actions involving the ground numbered (26), a pattern of practice or other behavior includes all incidents alleged to be part of the pattern of practice or other behavior that occurred, or a report pursuant to Section 23 of this Act received, within the 10-year period preceding the filing of the complaint. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to final judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being grounded on the allegation that a person licensed under this Act was negligent in providing care, the Department shall have an additional period of 2 years from the date of notification to the Department under Section 23 of this Act of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under Section 36 of this Act, except as otherwise provided by law. The time during which the holder of the license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

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

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

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

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

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

(c) what constitutes immoral conduct in the commission of any act, including, but not limited to, commission of an act of sexual misconduct related to the licensee's practice; and
(d) what constitutes gross negligence in the practice of medicine.

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

In enforcing this Section, the Disciplinary Board or the Licensing Board, upon a showing of a possible violation, may compel, in the case of the Disciplinary Board, any individual who is licensed to practice under this Act or holds a permit to practice under this Act, or, in the case of the Licensing Board, any individual who has applied for licensure or a permit pursuant to this Act, to submit to a mental or physical examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation, as required by the Licensing Board or Disciplinary Board and at the expense of the Department. The Disciplinary Board or Licensing Board shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and
other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing. The Disciplinary Board, the Licensing Board, or the Department may order the examining physician or any member of the multidisciplinary team to provide to the Department, the Disciplinary Board, or the Licensing Board any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed. The Disciplinary Board, the Licensing Board, or the Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning this examination and evaluation of the licensee, permit holder, or applicant, including testimony concerning any supplemental testing or documents relating to the examination and evaluation. No information, report, record, or other documents in any way related to the examination and evaluation shall be excluded by reason of any common law or statutory privilege relating to communication between the licensee, permit holder, or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the
licensee, permit holder, or applicant ordered to undergo an
evaluation and examination for the examining physician or any
member of the multidisciplinary team to provide information,
reports, records, or other documents or to provide any
testimony regarding the examination and evaluation. The
individual to be examined may have, at his or her own expense,
another physician of his or her choice present during all
aspects of the examination. Failure of any individual to
submit to mental or physical examination and evaluation, or
both, when directed, shall result in an automatic suspension,
without hearing, until such time as the individual submits to
the examination. If the Disciplinary Board or Licensing Board
finds a physician unable to practice following an examination
and evaluation because of the reasons set forth in this
Section, the Disciplinary Board or Licensing Board shall
require such physician to submit to care, counseling, or
treatment by physicians, or other health care professionals,
approved or designated by the Disciplinary Board, as a
condition for issued, continued, reinstated, or renewed
licensure to practice. Any physician, whose license was
granted pursuant to Sections 9, 17, or 19 of this Act, or,
continued, reinstated, renewed, disciplined or supervised,
subject to such terms, conditions, or restrictions who shall
fail to comply with such terms, conditions, or restrictions,
or to complete a required program of care, counseling, or
treatment, as determined by the Chief Medical Coordinator or
Deputy Medical Coordinators, shall be referred to the Secretary for a determination as to whether the licensee shall have his or her license suspended immediately, pending a hearing by the Disciplinary Board. In instances in which the Secretary immediately suspends a license under this Section, a hearing upon such person's license must be convened by the Disciplinary Board within 15 days after such suspension and completed without appreciable delay. The Disciplinary Board shall have the authority to review the subject physician's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

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

The Department may promulgate rules for the imposition of fines in disciplinary cases, not to exceed $10,000 for each violation of this Act. Fines may be imposed in conjunction with other forms of disciplinary action, but shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Any funds collected from such fines shall be deposited in the Illinois State Medical Disciplinary Fund.
All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

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

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

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

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

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

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

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

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

Sec. 36. Investigation; notice.

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

(b) The Department shall, before suspending, revoking,
placing on probationary status, or taking any other
disciplinary action as the Department may deem proper with
regard to any license at least 30 days prior to the date set
for the hearing, notify the accused in writing of any charges
made and the time and place for a hearing of the charges before
the Disciplinary Board, direct him or her to file his or her
written answer thereto to the Disciplinary Board under oath
within 20 days after the service on him or her of such notice
and inform him or her that if he or she fails to file such
answer default will be taken against him or her and his or her
license may be suspended, revoked, placed on probationary
status, or have other disciplinary action, including limiting
the scope, nature or extent of his or her practice, as the
Department may deem proper taken with regard thereto. The
Department shall, at least 14 days prior to the date set for
the hearing, notify in writing any person who filed a
complaint against the accused of the time and place for the
hearing of the charges against the accused before the
Disciplinary Board and inform such person whether he or she
may provide testimony at the hearing.

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

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

(e) All information gathered by the Department during its
investigation including information subpoenaed under Section
23 or 38 of this Act and the investigative file shall be kept
for the confidential use of the Secretary, Disciplinary Board,
the Medical Coordinators, persons employed by contract to
advise the Medical Coordinator or the Department, the
Disciplinary Board's attorneys, the medical investigative
staff, and authorized clerical staff, as provided in this Act
and shall be afforded the same status as is provided
information concerning medical studies in Part 21 of Article
VIII of the Code of Civil Procedure, except that the
Department may disclose information and documents to a
federal, State, or local law enforcement agency pursuant to a
subpoena in an ongoing criminal investigation to a health care
licensing body of this State or another state or jurisdiction
pursuant to an official request made by that licensing body.
Furthermore, information and documents disclosed to a federal,
State, or local law enforcement agency may be used by that
agency only for the investigation and prosecution of a
criminal offense or, in the case of disclosure to a health care
licensing body, only for investigations and disciplinary
action proceedings with regard to a license issued by that
licensing body.
(Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
revised 9-20-19.)

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

(225 ILCS 65/65-35) (was 225 ILCS 65/15-15)
(Section scheduled to be repealed on January 1, 2028)
Sec. 65-35. Written collaborative agreements.
(a) A written collaborative agreement is required for all
advanced practice registered nurses engaged in clinical
practice prior to meeting the requirements of Section 65-43,
except for advanced practice registered nurses who are
privileged to practice in a hospital, hospital affiliate, or
ambulatory surgical treatment center.
(a-5) If an advanced practice registered nurse engages in
clinical practice outside of a hospital, hospital affiliate,
or ambulatory surgical treatment center in which he or she is
privileged to practice, the advanced practice registered nurse
must have a written collaborative agreement, except as set
forth in Section 65-43.
(b) A written collaborative agreement shall describe the relationship of the advanced practice registered nurse with the collaborating physician and shall describe the categories of care, treatment, or procedures to be provided by the advanced practice registered nurse. A collaborative agreement with a podiatric physician must be in accordance with subsection (c-5) or (c-15) of this Section. A collaborative agreement with a dentist must be in accordance with subsection (c-10) of this Section. A collaborative agreement with a podiatric physician must be in accordance with subsection (c-5) of this Section. Collaboration does not require an employment relationship between the collaborating physician and the advanced practice registered nurse.

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

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

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

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

(c-10) A certified registered nurse anesthetist who provides anesthesia services in a dental office shall enter into a written collaborative agreement with an anesthesiologist or the physician licensed to practice medicine in all its branches or the operating dentist performing the procedure. The agreement shall describe the working relationship of the certified registered nurse anesthetist and dentist and shall authorize the categories of care, treatment, or procedures to be performed by the certified registered nurse anesthetist. In a collaborating dentist's office, the certified registered nurse anesthetist may only provide those services that the operating dentist with the appropriate permit is authorized to provide pursuant to the Illinois Dental Practice Act and rules adopted thereunder. For anesthesia services, an anesthesiologist, physician, or operating dentist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. A certified registered nurse anesthetist may select, order, and administer medication, including controlled substances, and apply appropriate medical devices for delivery of anesthesia services under the anesthesia plan agreed with by the
operating dentist.

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

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

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

(e-5) Nothing in this Act shall be construed to authorize an advanced practice registered nurse to provide health care
services required by law or rule to be performed by a physician, including those acts to be performed by a physician in Section 3.1 of the Illinois Abortion Law of 2021. The scope of practice of an advanced practice registered nurse does not include operative surgery. Nothing in this Section shall be construed to preclude an advanced practice registered nurse from assisting in surgery.

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

(g) (Blank).

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

(225 ILCS 65/65-43)

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

Sec. 65-43. Full practice authority.

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

(b) An advanced practice registered nurse certified as a nurse midwife, clinical nurse specialist, or nurse
practitioner who files with the Department a notarized
attestation of completion of at least 250 hours of continuing
education or training and at least 4,000 hours of clinical
experience after first attaining national certification shall
not require a written collaborative agreement, except as
specified in subsection (c). Documentation of successful
completion shall be provided to the Department upon request.
Continuing education or training hours required by
subsection (b) shall be in the advanced practice registered
nurse's area of certification as set forth by Department rule.
The clinical experience must be in the advanced practice
registered nurse's area of certification. The clinical
experience shall be in collaboration with a physician or
physicians. Completion of the clinical experience must be
attested to by the collaborating physician or physicians and
the advanced practice registered nurse.
(c) The scope of practice of an advanced practice
registered nurse with full practice authority includes:
(1) all matters included in subsection (c) of Section
65-30 of this Act;
(2) practicing without a written collaborative
agreement in all practice settings consistent with
national certification;
(3) authority to prescribe both legend drugs and
Schedule II through V controlled substances; this
authority includes prescription of, selection of, orders
for, administration of, storage of, acceptance of samples of, and dispensing over the counter medications, legend drugs, and controlled substances categorized as any Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies;

(4) prescribing benzodiazepines or Schedule II narcotic drugs, such as opioids, only in a consultation relationship with a physician; this consultation relationship shall be recorded in the Prescription Monitoring Program website, pursuant to Section 316 of the Illinois Controlled Substances Act, by the physician and advanced practice registered nurse with full practice authority and is not required to be filed with the Department; the specific Schedule II narcotic drug must be identified by either brand name or generic name; the specific Schedule II narcotic drug, such as an opioid, may be administered by oral dosage or topical or transdermal application; delivery by injection or other route of administration is not permitted; at least monthly, the advanced practice registered nurse and the physician must discuss the condition of any patients for whom a benzodiazepine or opioid is prescribed; nothing in this subsection shall be construed to require a prescription by an advanced practice registered nurse with full practice
authority to require a physician name;
(5) authority to obtain an Illinois controlled
substance license and a federal Drug Enforcement
Administration number; and
(6) use of only local anesthetic.

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

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

(e) Nothing in this Act shall be construed to authorize an
advanced practice registered nurse with full practice
authority to provide health care services required by law or
rule to be performed by a physician, including, but not
limited to, those acts to be performed by a physician in
(Source: P.A. 100-513, eff. 1-1-18; 101-13, eff. 6-12-19.)

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

(225 ILCS 95/7.5)
(Section scheduled to be repealed on January 1, 2028)
Sec. 7.5. Written collaborative agreements; prescriptive
(a) A written collaborative agreement is required for all physician assistants to practice in the State, except as provided in Section 7.7 of this Act.

(1) A written collaborative agreement shall describe the working relationship of the physician assistant with the collaborating physician and shall describe the categories of care, treatment, or procedures to be provided by the physician assistant. The written collaborative agreement shall promote the exercise of professional judgment by the physician assistant commensurate with his or her education and experience. The services to be provided by the physician assistant shall be services that the collaborating physician is authorized to and generally provides to his or her patients in the normal course of his or her clinical medical practice. The written collaborative agreement need not describe the exact steps that a physician assistant must take with respect to each specific condition, disease, or symptom but must specify which authorized procedures require the presence of the collaborating physician as the procedures are being performed. The relationship under a written collaborative agreement shall not be construed to require the personal presence of a physician at the place where services are rendered. Methods of communication shall be available for consultation with the collaborating
physician in person or by telecommunications or electronic communications as set forth in the written collaborative agreement. For the purposes of this Act, "generally provides to his or her patients in the normal course of his or her clinical medical practice" means services, not specific tasks or duties, the collaborating physician routinely provides individually or through delegation to other persons so that the physician has the experience and ability to collaborate and provide consultation.

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

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

(B) Provides consultation at least once a month.

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

(4) A physician assistant shall inform each collaborating physician of all written collaborative agreements he or she has signed and provide a copy of these to any collaborating physician upon request.
(b) A collaborating physician may, but is not required to, delegate prescriptive authority to a physician assistant as part of a written collaborative agreement. This authority may, but is not required to, include prescription of, selection of, orders for, administration of, storage of, acceptance of samples of, and dispensing medical devices, over the counter medications, legend drugs, medical gases, and controlled substances categorized as Schedule II through V controlled substances, as defined in Article II of the Illinois Controlled Substances Act, and other preparations, including, but not limited to, botanical and herbal remedies. The collaborating physician must have a valid, current Illinois controlled substance license and federal registration with the Drug Enforcement Administration Agency to delegate the authority to prescribe controlled substances.

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

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

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

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

(B) (Blank).

(C) Any prescription must be limited to no more than a 30-day supply, with any continuation authorized only after prior approval of the collaborating
(D) The physician assistant must discuss the condition of any patients for whom a controlled substance is prescribed monthly with the collaborating physician.

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

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

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

(d) (Blank).

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

(Source: P.A. 100-453, eff. 8-25-17; 101-13, eff. 6-12-19; revised 8-24-20.)

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

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

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

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

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

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

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

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

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

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

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

(9) "Physician" means a person licensed to practice
medicine in Illinois or any other state.
(10) "Institution" means any establishment, public or private, which provides in-patient medical, surgical, or diagnostic care or treatment, or nursing, custodial, or domiciliary care to 2 or more unrelated individuals, or to which persons are committed by law.

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

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

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

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

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

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

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

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

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

Sec. 56.1. Acts prohibited.

(A) No person shall:

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

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

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

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

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

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

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

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

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

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

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

(A) a person transporting potentially infectious medical waste generated solely by that person's activities;
(B) noncommercial transportation of less than
50 pounds of potentially infectious medical waste
at any one time; or

(C) the U.S. Postal Service.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) potentially infectious medical waste by the
U.S. Postal Service.
(i) Offer for transportation, transport, deliver, receive or accept potentially infectious medical waste for which a manifest is required, unless the manifest indicates that the fee required under Section 56.4 of this Act has been paid.

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

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

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

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

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

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

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

(720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)
Sec. 9-1.2. Intentional Homicide of an Unborn Child.
(a) A person commits the offense of intentional homicide of an unborn child if, in performing acts which cause the death of an unborn child, he without lawful justification:

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

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

(3) knew that the individual woman was pregnant.

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

(c) This Section shall not apply to acts which cause the death of an unborn child if those acts were committed during any abortion, as defined in Section 1-10 of the Reproductive Health Act, Section 2 of the Illinois Abortion Law of 2021, as amended, to which the pregnant individual woman has consented. This Section shall not apply to acts which were committed pursuant to usual and customary standards of medical practice during diagnostic testing or therapeutic treatment.

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

(1) the death penalty may not be imposed;

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

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

(4) if, during the commission of the offense, the
(e) The provisions of this Act shall not be construed to prohibit the prosecution of any person under any other provision of law.

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

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

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

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

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

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

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

(e) This Section shall not apply to acts which cause the death of an unborn child if those acts were committed during any abortion, as defined in Section 1-10 of the Reproductive Health Act, Section 2 of the Illinois Abortion Law of 2021, as amended, to which the pregnant individual woman has consented. This Section shall not apply to acts which were committed pursuant to usual and customary standards of medical practice during diagnostic testing or therapeutic treatment.

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

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

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

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

(b) Sentence.

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

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

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

(d) This Section shall not apply to acts which cause the death of an unborn child if those acts were committed during any abortion, as defined in Section 2 of the Illinois Abortion Law of 2021, as amended Section 1-10 of the Reproductive Health Act, to which the pregnant woman individual has consented. This Section shall not apply to acts which were committed pursuant to usual and customary standards of medical practice during diagnostic testing or therapeutic treatment.

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

(Source: P.A. 101-13, eff. 6-12-19; revised 7-23-19.)
Sec. 12-3.1. Battery of an unborn child; aggravated battery of an unborn child.

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

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

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

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

(d) This Section shall not apply to acts which cause bodily harm to an unborn child if those acts were committed during any abortion, as defined in Section 1-10 of the Reproductive Health Act, Section 2 of the Illinois Abortion Law of 2021, as amended, to which the pregnant individual woman has consented. This Section shall not apply to acts which were committed pursuant to usual and customary standards
of medical practice during diagnostic testing or therapeutic
treatment.
(Source: P.A. 101-13, eff. 6-12-19.)

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

(735 ILCS 5/8-802) (from Ch. 110, par. 8-802)
Sec. 8-802. Physician and patient. No physician or surgeon
shall be permitted to disclose any information he or she may
have acquired in attending any patient in a professional
class, necessary to enable him or her professionally to
serve the patient, except only (1) in trials for homicide when
the disclosure relates directly to the fact or immediate
circumstances of the homicide, (2) in actions, civil or
criminal, against the physician for malpractice, (3) with the
expressed consent of the patient, or in case of his or her
death or disability, of his or her personal representative or
other person authorized to sue for personal injury or of the
beneficiary of an insurance policy on his or her life, health,
or physical condition, or as authorized by Section 8-2001.5,
(4) in all actions brought by or against the patient, his or
her personal representative, a beneficiary under a policy of
insurance, or the executor or administrator of his or her
estate wherein the patient's physical or mental condition is
an issue, (5) upon an issue as to the validity of a document as
a will of the patient, (6) in any criminal action where the charge is either first degree murder by abortion, attempted abortion or abortion, (7) in actions, civil or criminal, arising from the filing of a report in compliance with the Abused and Neglected Child Reporting Act, (8) to any department, agency, institution or facility which has custody of the patient pursuant to State statute or any court order of commitment, (9) in prosecutions where written results of blood alcohol tests are admissible pursuant to Section 11-501.4 of the Illinois Vehicle Code, (10) in prosecutions where written results of blood alcohol tests are admissible under Section 5-11a of the Boat Registration and Safety Act, (11) in criminal actions arising from the filing of a report of suspected terrorist offense in compliance with Section 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the issuance of a subpoena pursuant to Section 38 of the Medical Practice Act of 1987; the issuance of a subpoena pursuant to Section 25.1 of the Illinois Dental Practice Act; the issuance of a subpoena pursuant to Section 22 of the Nursing Home Administrators Licensing and Disciplinary Act; or the issuance of a subpoena pursuant to Section 25.5 of the Workers' Compensation Act, (13) upon the issuance of a grand jury subpoena pursuant to Article 112 of the Code of Criminal Procedure of 1963, or (14) to or through a health information exchange, as that term is defined in Section 2 of the Mental Health and Developmental Disabilities Confidentiality Act, in
accordance with State or federal law.

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

In the event of a conflict between the application of this
Section and the Mental Health and Developmental Disabilities
Confidentiality Act to a specific situation, the provisions of
the Mental Health and Developmental Disabilities
Confidentiality Act shall control.
(Source: P.A. 101-13, eff. 6-12-19.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Article 99.

Section 9999. Effective date. This Act takes effect upon
becoming law.
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775 ILCS 55/Act rep.

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735 ILCS 5/11-107.1a new

5 ILCS 375/6.11

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

5 ILCS 140/7.5

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

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

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215 ILCS 5/356z.4a rep.

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

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

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

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

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

225 ILCS 65/65-43

225 ILCS 95/7.5

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

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

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