



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB2606

Introduced 2/15/2023, by Rep. Adam M. Niemerg

SYNOPSIS AS INTRODUCED:

See Index

Creates the Illinois Abortion Law of 2023, with provisions similar to those of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as including provisions defining "viability" and "fetal heartbeat" and restricting the performance of an abortion to a patient who resides in the State. Creates the Partial-birth Abortion Ban Act of 2023 and the Abortion Performance Refusal Act of 2023, with provisions similar to those of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Creates the Parental Notice of Abortion Act of 2022, with provisions similar to those of the Parental Notice of Abortion Act of 1995 before its repeal by Public Act 102-685. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Acts 101-13 and 102-1117. Repeals the Reproductive Health Act, the Abortion Care Clinical Training Program Act, the Lawful Health Care Activity Act, the Protecting Reproductive Health Care Services Act, and the Youth Health and Safety Act. Effective immediately.

LRB103 26004 LNS 52358 b

1 AN ACT concerning abortion.

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

4 Article 1.

5 Section 1-1. Short title. This Article shall be known and
6 may be cited as the Illinois Abortion Law of 2023. References
7 in this Article to "this Law" mean this Article.

8 Section 1-5. Definitions. Unless the language or context
9 clearly indicates a different meaning is intended, the
10 following words or phrases for the purpose of this Law shall be
11 given the meaning ascribed to them:

12 "Abortifacient" means any instrument, medicine, drug, or
13 any other substance or device which is known to cause fetal
14 death when employed in the usual and customary use for which it
15 is manufactured, whether the fetus is known to exist when such
16 substance or device is employed.

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

1 "Born alive", "live born", and "live birth", when applied
2 to an individual organism of the species homo sapiens, each
3 mean he or she was completely expelled or extracted from his or
4 her mother and after such separation breathed or showed
5 evidence of the beating of the heart, pulsation of the
6 umbilical cord, or definite movement of voluntary muscles,
7 irrespective of the duration of pregnancy and whether the
8 umbilical cord has been cut or the placenta is attached.

9 "Department" means the Department of Public Health.

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

14 "Fetal heartbeat" means cardiac activity or the steady and
15 repetitive rhythmic contraction of the fetal heart within the
16 gestational sac.

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

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

22 "Viability" means either:

23 (1) that stage of fetal development when, in the
24 medical judgment of the attending physician based on the
25 particular facts of the case before the attending
26 physician, there is a reasonable likelihood of sustained

1 survival of the fetus outside the womb, with or without
2 artificial support; or

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

7 Section 1-10. Medical Judgment. No abortion shall be
8 performed except by a physician after either (i) he or she
9 determines that, in his or her best clinical judgment, the
10 abortion is necessary, or (ii) he or she receives a written
11 statement or oral communication by another physician,
12 hereinafter called the "referring physician", certifying that
13 in the referring physician's best clinical judgment the
14 abortion is necessary. Any person who intentionally or
15 knowingly performs an abortion contrary to the requirements of
16 this Section commits a Class 2 felony.

17 Section 1-15. When an abortion may be performed.

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

1 (b) When the fetus is viable the physician shall certify
2 in writing, on a form prescribed by the Department under
3 Section 1-25, the medical indications which, in his or her
4 medical judgment based on the particular facts of the case
5 before him or her, warrant performance of the abortion to
6 preserve the life or health of the mother.

7 Section 1-20. Requirements for performing abortion.

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

16 The physician shall certify in writing, on a form
17 prescribed by the Department under Section 1-25, the available
18 methods considered and the reasons for choosing the method
19 employed.

20 Any physician who intentionally, knowingly, or recklessly
21 violates the provisions of this subsection commits a Class 3
22 felony.

23 (b) No abortion shall be performed or induced when the
24 fetus is viable unless there is in attendance a physician
25 other than the physician performing or inducing the abortion

1 who shall take control of and provide immediate medical care
2 for any child born alive as a result of the abortion. This
3 requirement shall not apply when, in the medical judgment of
4 the physician performing or inducing the abortion based on the
5 particular facts of the case before him or her, there exists a
6 medical emergency; in such a case, the physician shall
7 describe the basis of this judgment on the form prescribed by
8 Section 1-25. Any physician who intentionally performs or
9 induces such an abortion and who intentionally, knowingly, or
10 recklessly fails to arrange for the attendance of such a
11 second physician in violation of this subsection commits a
12 Class 3 felony.

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

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

26 (d) Any physician who intentionally performs an abortion

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

8 The physician shall certify in writing, on a form
9 prescribed by the Department under Section 1-25, the available
10 methods considered and the reasons for choosing the method
11 employed.

12 Any physician who intentionally, knowingly, or recklessly
13 violates the provisions of this subsection commits a Class 3
14 felony.

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

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

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

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

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

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

14 (i) No person shall intentionally perform an abortion on a
15 pregnant woman in this State unless the pregnant woman is a
16 resident of this State. The pregnant woman shall provide photo
17 identification on site demonstrating that her residential
18 address is in this State. A patient who obtains an abortion in
19 violation of this subsection is guilty of a Class 4 felony. A
20 physician who violates this subsection shall have his or her
21 medical license suspended for 5 years following the violation.

22 Section 1-25. Reporting. A report of each abortion
23 performed shall be made to the Department on forms prescribed
24 by it. Such report forms shall not identify the patient by
25 name, but by an individual number to be noted in the patient's

1 permanent record in the possession of the physician, and shall
2 include information concerning the:

3 (1) identification of the physician who performed the
4 abortion and the facility where the abortion was performed
5 and a patient identification number;

6 (2) State in which the patient resides;

7 (3) patient's date of birth, race, and marital status;

8 (4) number of prior pregnancies;

9 (5) date of last menstrual period;

10 (6) type of abortion procedure performed;

11 (7) complications and whether the abortion resulted in
12 a live birth;

13 (8) date the abortion was performed;

14 (9) medical indications for any abortion performed
15 when the fetus was viable;

16 (10) information required by subsections (a) and (d)
17 of Section 1-20, if applicable;

18 (11) basis for any medical judgment that a medical
19 emergency existed when required under subsections (b) and
20 (f) of Section 1-20 and when required to be reported in
21 accordance with this Section by any provision of this Law;
22 and

23 (12) pathologist's test results pursuant to Section
24 1-45.

25 Such form shall be completed by the hospital or other
26 licensed facility, signed by the physician who performed the

1 abortion or pregnancy termination, and transmitted to the
2 Department not later than 10 days following the end of the
3 month in which the abortion was performed.

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

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

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

25 The requirement for reporting to the General Assembly
26 shall be satisfied by filing copies of the report as required

1 by Section 3.1 of the General Assembly Organization Act, and
2 filing such additional copies with the State Government Report
3 Distribution Center for the General Assembly as is required
4 under paragraph (t) of Section 7 of the State Library Act.

5 Section 1-30. Reporting complications resulting from
6 abortion/ Any physician who diagnoses a woman as having
7 complications resulting from an abortion shall report, within
8 a reasonable period of time, the diagnosis and a summary of her
9 physical symptoms to the Department in accordance with
10 procedures and upon forms required by the Department. The
11 Department shall define the complications required to be
12 reported by rule. The complications defined by rule shall be
13 those which, according to contemporary medical standards, are
14 manifested by symptoms with severity equal to or greater than
15 hemorrhaging requiring transfusion, infection, incomplete
16 abortion, or punctured organs. If the physician making the
17 diagnosis of a complication knows the name or location of the
18 facility where the abortion was performed, he or she shall
19 report such information to the Department.

20 Any physician who intentionally violates this Section
21 shall be subject to revocation of his or her license pursuant
22 to paragraph (22) of Section 22 of the Medical Practice Act of
23 1987.

24 Section 1-35. Violations.

1 (a) Any person who intentionally violates any provision of
2 this Law commits a Class A misdemeanor unless a specific
3 penalty is otherwise provided. Any person who intentionally
4 falsifies any writing required by this Law commits a Class A
5 misdemeanor.

6 Intentional, knowing, reckless, or negligent violations of
7 this Law shall constitute unprofessional conduct which causes
8 public harm under Section 22 of the Medical Practice Act of
9 1987, Section 70-5 of the Nurse Practice Act, and Section 21 of
10 the Physician Assistant Practice Act of 1987.

11 Intentional, knowing, reckless, or negligent violations of
12 this Law will constitute grounds for refusal, denial,
13 revocation, suspension, or withdrawal of license, certificate,
14 or permit under Section 30 of the Pharmacy Practice Act,
15 Section 7 of the Ambulatory Surgical Treatment Center Act, and
16 Section 7 of the Hospital Licensing Act.

17 (b) Any hospital or licensed facility which, or any
18 physician who intentionally, knowingly, or recklessly fails to
19 submit a complete report to the Department in accordance with
20 the provisions of Section 1-25 and any person who
21 intentionally, knowingly, recklessly or negligently fails to
22 maintain the confidentiality of any reports required under
23 this Law or reports required by Section 1-30 or 1-45 commits a
24 Class B misdemeanor.

25 (c) Any person who sells any drug, medicine, instrument,
26 or other substance which he or she knows to be an abortifacient

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

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

16 Section 1-40. Referral fee.

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

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

1 Section 1-45. Gross and microscopic analysis and tissue
2 report. The dead fetus and all tissue removed at the time of
3 abortion shall be submitted for a gross and microscopic
4 analysis and tissue report to a board eligible or certified
5 pathologist as a matter of record in all cases. The results of
6 the analysis and report shall be given to the physician who
7 performed the abortion within 7 days of the abortion and such
8 physician shall report any complications relevant to the
9 woman's medical condition to his or her patient within 48
10 hours of receiving a report, if possible. Any evidence of live
11 birth or of viability shall be reported within 7 days, if
12 possible, to the Department by the pathologist. Intentional
13 failure of the pathologist to report any evidence of live
14 birth or of viability to the Department is a Class B
15 misdemeanor.

16 Section 1-50. Use of tissues or cells. Nothing in this Law
17 shall prohibit the use of any tissues or cells obtained from a
18 dead fetus or dead premature infant whose death did not result
19 from an induced abortion, for therapeutic purposes or
20 scientific, research, or laboratory experimentation, as long
21 as the written consent to such use is obtained from one of the
22 parents of such fetus or infant.

23 Section 1-55. No requirement to perform abortion. No
24 physician, hospital, ambulatory surgical center, nor employee

1 thereof, shall be required against his, her, or its conscience
2 declared in writing to perform, permit, or participate in any
3 abortion, and the failure or refusal to do so shall not be the
4 basis for any civil, criminal, administrative, or disciplinary
5 action, proceeding, penalty, or punishment. If any request for
6 an abortion is denied, the patient shall be promptly notified.

7 Section 1-60. Severability; effective dates.

8 (a) If any provision, word, phrase, or clause of this Law
9 or the application thereof to any person or circumstance shall
10 be held invalid, such invalidity shall not affect the
11 provisions, words, phrases, clauses, or application of this
12 Law which can be given effect without the invalid provision,
13 word, phrase, clause, or application, and to this end the
14 provisions, words, phrases, and clauses of this Law are
15 declared to be severable.

16 (b) Within 60 days from the effective date of this Law, the
17 Department shall issue rules pursuant to Section 1-25. Insofar
18 as Section 1-25 requires registration under the Vital Records
19 Act, it shall not take effect until such rules are issued. The
20 Department shall make available the forms required under
21 Section 1-25 within 30 days of the effective date of this Law.
22 No requirement that any person report information to the
23 Department shall become effective until the Department has
24 made available the forms required under Section 1-25.

1 Article 2.

2 Section 2-1. Short title. This Article may be cited as the
3 Partial-birth Abortion Ban Act of 2023. References in this
4 Article to "this Act" mean this Article.

5 Section 2-5. Definitions. As used in this Act:

6 "Fetus" and "infant" are used interchangeably to refer to
7 the biological offspring of human parents.

8 "Partial-birth abortion" means an abortion in which the
9 person performing the abortion partially vaginally delivers a
10 living human fetus or infant before killing the fetus or
11 infant and completing the delivery.

12 Section 2-10. Partial-birth abortions prohibited. Any
13 person who knowingly performs a partial-birth abortion and
14 thereby kills a human fetus or infant is guilty of a Class 4
15 felony. This Section does not apply to a partial-birth
16 abortion that is necessary to save the life of a mother because
17 her life is endangered by a physical disorder, physical
18 illness, or physical injury, including a life-endangering
19 condition caused by or arising from the pregnancy itself, as
20 long as no other medical procedure would suffice for that
21 purpose.

22 Section 2-15. Civil action. The maternal grandparents of

1 the fetus or infant, if the mother has not attained the age of
2 18 years at the time of the abortion, may in a civil action
3 obtain appropriate relief unless the pregnancy resulted from
4 the plaintiff's criminal conduct or the plaintiff consented to
5 the abortion. The relief shall include money damages for all
6 injuries, psychological and physical, occasioned by the
7 violation of this Act and statutory damages equal to 3 times
8 the cost of the partial-birth abortion.

9 Section 2-20. Prosecution of woman prohibited. A woman on
10 whom a partial-birth abortion is performed may not be
11 prosecuted under this Act, for a conspiracy to violate this
12 Act, or for an offense under Article 31 of the Criminal Code of
13 1961 or Criminal Code of 2012 based on a violation of this Act,
14 nor may she be held accountable under Article 5 of the Criminal
15 Code of 1961 or Criminal Code of 2012 for an offense based on a
16 violation of this Act.

17 Article 3.

18 Section 3-1. Short title. This Article may be cited as the
19 Abortion Performance Refusal Act of 2023. References in this
20 Article to "this Act" mean this Article.

21 Section 3-5. Recommendation, performance, or assistance in
22 performance of abortion not required.

1 (a) No physician, nurse or other person who refuses to
2 recommend, perform, or assist in the performance of an
3 abortion, whether such abortion is a crime, shall be liable to
4 any person for damages allegedly arising from such refusal.

5 (b) No hospital that refuses to permit the performance of
6 an abortion upon its premises, whether such abortion is a
7 crime, shall be liable to any person for damages allegedly
8 arising from such refusal.

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

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

22 Article 4.

23 Section 4-1. Short title. This Act may be cited as the
24 Parental Notice of Abortion Act of 2023. References in this

1 Article to "this Act" mean this Article.

2 Section 4-5. Legislative findings and purpose. The General
3 Assembly finds that notification of a family member as defined
4 in this Act is in the best interest of an unemancipated minor,
5 and the General Assembly's purpose in enacting this parental
6 notice law is to further and protect the best interests of an
7 unemancipated minor.

8 The medical, emotional, and psychological consequences of
9 abortion are sometimes serious and long-lasting, and immature
10 minors often lack the ability to make fully informed choices
11 that consider both the immediate and long-range consequences.

12 Parental consultation is usually in the best interests of
13 the minor and is desirable since the capacity to become
14 pregnant and the capacity for mature judgment concerning the
15 wisdom of an abortion are not necessarily related.

16 Section 4-10. Definitions. As used in this Act:

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

23 "Actual notice" means the giving of notice directly, in
24 person, or by telephone.

1 "Adult family member" means a person over 21 years of age
2 who is the parent, grandparent, step-parent living in the
3 household, or legal guardian.

4 "Constructive notice" means notice by certified mail to
5 the last known address of the person entitled to notice with
6 delivery deemed to have occurred 48 hours after the certified
7 notice is mailed.

8 "Incompetent" means any person who has been adjudged as
9 mentally ill or as a person with a developmental disability
10 and who, because of mental illness or developmental
11 disability, is not fully able to manage oneself and for whom a
12 guardian of the person has been appointed under paragraph (1)
13 of subsection (a) of Section 11a-3 of the Probate Act of 1975.

14 "Medical emergency" means a condition that, on the basis
15 of the physician's good faith clinical judgment, so
16 complicates the medical condition of a pregnant woman as to
17 necessitate the immediate abortion of her pregnancy to avert
18 her death or for which a delay will create serious risk of
19 substantial and irreversible impairment of major bodily
20 function.

21 "Minor" means any person under 18 years of age who is not
22 or has not been married or who has not been emancipated under
23 the Emancipation of Minors Act.

24 "Neglect" means the failure of an adult family member to
25 supply a child with necessary food, clothing, shelter, or
26 medical care when reasonably able to do so or the failure to

1 protect a child from conditions or actions that imminently and
2 seriously endanger the child's physical or mental health when
3 reasonably able to do so.

4 "Physical abuse" means any physical injury intentionally
5 inflicted by an adult family member on a child.

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

8 "Sexual abuse" means any sexual conduct or sexual
9 penetration as defined in Section 11-0.1 of the Criminal Code
10 of 2012 that is prohibited by the criminal laws of the State
11 and committed against a minor by an adult family member as
12 defined in this Act.

13 Section 4-15. Notice to adult family member. No person
14 shall knowingly perform an abortion upon a minor or upon an
15 incompetent person unless the physician or his or her agent
16 has given at least 48 hours actual notice to an adult family
17 member of the pregnant minor or incompetent person of his or
18 her intention to perform the abortion, unless that person or
19 his or her agent has received a written statement by a
20 referring physician certifying that the referring physician or
21 his or her agent has given at least 48 hours notice to an adult
22 family member of the pregnant minor or incompetent person. If
23 actual notice is not possible after a reasonable effort, the
24 physician or his or her agent must give 48 hours constructive
25 notice.

1 Section 4-20. Exceptions. Notice shall not be required
2 under this Act if:

3 (1) the minor or incompetent person is accompanied by
4 a person entitled to notice;

5 (2) notice is waived in writing by a person who is
6 entitled to notice;

7 (3) the attending physician certifies in the patient's
8 medical record that a medical emergency exists and there
9 is insufficient time to provide the required notice;

10 (4) the minor declares in writing that she is a victim
11 of sexual abuse, neglect, or physical abuse by an adult
12 family member. The attending physician must certify in the
13 patient's medical record that he or she has received the
14 written declaration of abuse or neglect. Any notification
15 of public authorities of abuse that may be required under
16 other laws of this State need not be made by the person
17 performing the abortion until after the minor receives an
18 abortion that otherwise complies with the requirements of
19 this Act; or

20 (5) notice is waived under Section 4-25.

21 Section 4-25. Procedure for judicial waiver of notice.

22 (a) The requirements and procedures under this Section are
23 available to minors and incompetent persons whether they are
24 residents of this State.

1 (b) The minor or incompetent person may petition any
2 circuit court for a waiver of the notice requirement and may
3 participate in proceedings on her own behalf. The court shall
4 appoint a guardian ad litem for her. Any guardian ad litem
5 appointed under this Act shall act to maintain the
6 confidentiality of the proceedings. The circuit court shall
7 advise her that she has a right to court-appointed counsel and
8 shall provide her with counsel upon her request.

9 (c) Court proceedings under this Section shall be
10 confidential and shall ensure the anonymity of the minor or
11 incompetent person. All court proceedings under this Section
12 shall be sealed. The minor or incompetent person shall have
13 the right to file her petition in the circuit court using a
14 pseudonym or using solely her initials. All documents related
15 to this petition shall be confidential and shall not be made
16 available to the public.

17 These proceedings shall be given precedence over other
18 pending matters to the extent necessary to ensure that the
19 court reaches a decision promptly. The court shall rule and
20 issue written findings of fact and conclusions of law within
21 48 hours of the time that the petition is filed, except that
22 the 48-hour limitation may be extended at the request of the
23 minor or incompetent person. If the court fails to rule within
24 the 48-hour period and an extension is not requested, then the
25 petition shall be deemed to have been granted, and the notice
26 requirement shall be waived.

1 (d) Notice shall be waived if the court finds by a
2 preponderance of the evidence either:

3 (1) that the minor or incompetent person is
4 sufficiently mature and well enough informed to decide
5 intelligently whether to have an abortion; or

6 (2) that notification under Section 4-15 would not be
7 in the best interests of the minor or incompetent person.

8 (e) A court that conducts proceedings under this Section
9 shall issue written and specific factual findings and legal
10 conclusions supporting its decision and shall order that a
11 confidential record of the evidence and the judge's findings
12 and conditions be maintained.

13 (f) An expedited confidential appeal shall be available,
14 as the Supreme Court provides by rule, to any minor or
15 incompetent person to whom the circuit court denies a waiver
16 of notice. An order authorizing an abortion without notice
17 shall not be subject to appeal.

18 (g) The Supreme Court is respectfully requested to adopt
19 any rules necessary to ensure that proceedings under this Act
20 are handled in an expeditious and confidential manner.

21 (h) No fees shall be required of any minor or incompetent
22 person who avails herself of the procedures provided by this
23 Section.

24 Section 4-30. Minor's consent to abortion. A person may
25 not perform an abortion on a minor without the minor's

1 consent, except in a medical emergency.

2 Section 4-35. Reports. The Department of Public Health
3 shall comply with the reporting requirements set forth in the
4 consent decree in *Herbst v. O'Malley*, case no. 84-C-5602 in
5 the U.S. District Court for the Northern District of Illinois,
6 Eastern Division.

7 Section 4-40. Penalties.

8 (a) Any physician who willfully fails to provide notice as
9 required under this Act before performing an abortion on a
10 minor or an incompetent person shall be referred to the
11 Illinois State Medical Board for action in accordance with
12 Section 22 of the Medical Practice Act of 1987.

13 (b) Any person, not authorized under this Act, who signs
14 any waiver of notice for a minor or incompetent person seeking
15 an abortion, is guilty of a Class C misdemeanor.

16 Section 4-45. Immunity. Any physician who, in good faith,
17 provides notice in accordance with Section 4-15 or relies on
18 an exception under Section 4-20 shall not be subject to any
19 type of civil or criminal liability or discipline for
20 unprofessional conduct for failure to give required notice.

21 Section 4-50. Severability and inseverability. If any
22 provision of this Act or its application to any person or

1 circumstance is held invalid, the invalidity of that provision
2 or application does not affect other provisions or
3 applications of the Act that can be given effect without the
4 invalid provision or application, except that Section 4-25 is
5 inseverable to the extent that if all or any substantial and
6 material part of Section 4-25 is held invalid, then the entire
7 Act is invalid.

8 Article 5.

9 Section 5-5. The Freedom of Information Act is amended by
10 changing Section 7.5 as follows:

11 (5 ILCS 140/7.5)

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

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

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

21 (c) Applications, related documents, and medical
22 records received by the Experimental Organ Transplantation
23 Procedures Board and any and all documents or other

1 records prepared by the Experimental Organ Transplantation
2 Procedures Board or its staff relating to applications it
3 has received.

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

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

12 (f) Firm performance evaluations under Section 55 of
13 the Architectural, Engineering, and Land Surveying
14 Qualifications Based Selection Act.

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

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

24 (i) Information contained in a local emergency energy
25 plan submitted to a municipality in accordance with a
26 local emergency energy plan ordinance that is adopted

1 under Section 11-21.5-5 of the Illinois Municipal Code.

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

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

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

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

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

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

1 (p) Security portions of system safety program plans,
2 investigation reports, surveys, schedules, lists, data, or
3 information compiled, collected, or prepared by or for the
4 Department of Transportation under Sections 2705-300 and
5 2705-616 of the Department of Transportation Law of the
6 Civil Administrative Code of Illinois, the Regional
7 Transportation Authority under Section 2.11 of the
8 Regional Transportation Authority Act, or the St. Clair
9 County Transit District under the Bi-State Transit Safety
10 Act.

11 (q) Information prohibited from being disclosed by the
12 Personnel ~~Record~~ Review Act.

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

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

17 (t) All identified or deidentified health information
18 in the form of health data or medical records contained
19 in, stored in, submitted to, transferred by, or released
20 from the Illinois Health Information Exchange, and
21 identified or deidentified health information in the form
22 of health data and medical records of the Illinois Health
23 Information Exchange in the possession of the Illinois
24 Health Information Exchange Office due to its
25 administration of the Illinois Health Information
26 Exchange. The terms "identified" and "deidentified" shall

1 be given the same meaning as in the Health Insurance
2 Portability and Accountability Act of 1996, Public Law
3 104-191, or any subsequent amendments thereto, and any
4 regulations promulgated thereunder.

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

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

18 (v-5) Records of the Firearm Owner's Identification
19 Card Review Board that are exempted from disclosure under
20 Section 10 of the Firearm Owners Identification Card Act.

21 (w) Personally identifiable information which is
22 exempted from disclosure under subsection (g) of Section
23 19.1 of the Toll Highway Act.

24 (x) Information which is exempted from disclosure
25 under Section 5-1014.3 of the Counties Code or Section
26 8-11-21 of the Illinois Municipal Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (bbb) Information that is prohibited from disclosure
8 by the Illinois Police Training Act and the Illinois State
9 Police Act.

10 (ccc) Records exempt from disclosure under Section
11 2605-304 of the Illinois State Police Law of the Civil
12 Administrative Code of Illinois.

13 (ddd) Information prohibited from being disclosed
14 under Section 35 of the Address Confidentiality for
15 Victims of Domestic Violence, Sexual Assault, Human
16 Trafficking, or Stalking Act.

17 (eee) Information prohibited from being disclosed
18 under subsection (b) of Section 75 of the Domestic
19 Violence Fatality Review Act.

20 (fff) Images from cameras under the Expressway Camera
21 Act. This subsection (fff) is inoperative on and after
22 July 1, 2023.

23 (ggg) Information prohibited from disclosure under
24 paragraph (3) of subsection (a) of Section 14 of the Nurse
25 Agency Licensing Act.

26 (hhh) Information submitted to the Department of State

1 Police in an affidavit or application for an assault
2 weapon endorsement, assault weapon attachment endorsement,
3 .50 caliber rifle endorsement, or .50 caliber cartridge
4 endorsement under the Firearm Owners Identification Card
5 Act.

6 (Source: P.A. 101-13, eff. 6-12-19; 101-27, eff. 6-25-19;
7 101-81, eff. 7-12-19; 101-221, eff. 1-1-20; 101-236, eff.
8 1-1-20; 101-375, eff. 8-16-19; 101-377, eff. 8-16-19; 101-452,
9 eff. 1-1-20; 101-466, eff. 1-1-20; 101-600, eff. 12-6-19;
10 101-620, eff. 12-20-19; 101-649, eff. 7-7-20; 101-652, eff.
11 1-1-22; 101-656, eff. 3-23-21; 102-36, eff. 6-25-21; 102-237,
12 eff. 1-1-22; 102-292, eff. 1-1-22; 102-520, eff. 8-20-21;
13 102-559, eff. 8-20-21; 102-813, eff. 5-13-22; 102-946, eff.
14 7-1-22; 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23.)

15 Section 5-10. The State Employees Group Insurance Act of
16 1971 is amended by changing Section 6.11 as follows:

17 (5 ILCS 375/6.11)

18 (Text of Section before amendment by P.A. 102-768)

19 Sec. 6.11. Required health benefits; Illinois Insurance
20 Code requirements. The program of health benefits shall
21 provide the post-mastectomy care benefits required to be
22 covered by a policy of accident and health insurance under
23 Section 356t of the Illinois Insurance Code. The program of
24 health benefits shall provide the coverage required under

1 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
2 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
5 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
6 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~
7 of the Illinois Insurance Code. The program of health benefits
8 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
9 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance
10 Code. The Department of Insurance shall enforce the
11 requirements of this Section with respect to Sections 370c and
12 370c.1 of the Illinois Insurance Code; all other requirements
13 of this Section shall be enforced by the Department of Central
14 Management Services.

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

21 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
22 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
23 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
24 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
26 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,

1 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
2 revised 12-13-22.)

3 (Text of Section after amendment by P.A. 102-768)

4 Sec. 6.11. Required health benefits; Illinois Insurance
5 Code requirements. The program of health benefits shall
6 provide the post-mastectomy care benefits required to be
7 covered by a policy of accident and health insurance under
8 Section 356t of the Illinois Insurance Code. The program of
9 health benefits shall provide the coverage required under
10 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
11 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
12 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
13 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
14 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
15 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, and 356z.59, ~~and~~
16 ~~356z.60~~ of the Illinois Insurance Code. The program of health
17 benefits must comply with Sections 155.22a, 155.37, 355b,
18 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
19 Insurance Code. The Department of Insurance shall enforce the
20 requirements of this Section with respect to Sections 370c and
21 370c.1 of the Illinois Insurance Code; all other requirements
22 of this Section shall be enforced by the Department of Central
23 Management Services.

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

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

5 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
6 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
7 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
8 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
9 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
10 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
11 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
12 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

13 Section 5-15. The Children and Family Services Act is
14 amended by changing Section 5 as follows:

15 (20 ILCS 505/5) (from Ch. 23, par. 5005)

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

20 (a) For purposes of this Section:

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

24 (A) were committed to the Department pursuant to

1 the Juvenile Court Act or the Juvenile Court Act of
2 1987 and who continue under the jurisdiction of the
3 court; or

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

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

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

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

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

25 (C) preventing the unnecessary separation of
26 children from their families by identifying family

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

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

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

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

24 (G) (blank);

25 (H) (blank); and

26 (I) placing and maintaining children in facilities

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

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

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

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

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

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

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

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

19 (e) (Blank).

20 (f) (Blank).

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

26 (1) adoption;

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

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

24 (h) If the Department finds that there is no appropriate
25 program or facility within or available to the Department for
26 a youth in care and that no licensed private facility has an

1 adequate and appropriate program or none agrees to accept the
2 youth in care, the Department shall create an appropriate
3 individualized, program-oriented plan for such youth in care.
4 The plan may be developed within the Department or through
5 purchase of services by the Department to the extent that it is
6 within its statutory authority to do.

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

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

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

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

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

25 (j) The Department may provide categories of financial
26 assistance and education assistance grants, and shall

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

24 The amount of assistance may vary, depending upon the
25 needs of the child and the adoptive parents, as set forth in
26 the annual assistance agreement. Special purpose grants are

1 allowed where the child requires special service but such
2 costs may not exceed the amounts which similar services would
3 cost the Department if it were to provide or secure them as
4 guardian of the child.

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

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

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

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

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

18 The Department shall notify the child and his family of
19 the Department's responsibility to offer and provide family
20 preservation services as identified in the service plan. The
21 child and his family shall be eligible for services as soon as
22 the report is determined to be "indicated". The Department may
23 offer services to any child or family with respect to whom a
24 report of suspected child abuse or neglect has been filed,
25 prior to concluding its investigation under Section 7.12 of
26 the Abused and Neglected Child Reporting Act. However, the

1 child's or family's willingness to accept services shall not
2 be considered in the investigation. The Department may also
3 provide services to any child or family who is the subject of
4 any report of suspected child abuse or neglect or may refer
5 such child or family to services available from other agencies
6 in the community, even if the report is determined to be
7 unfounded, if the conditions in the child's or family's home
8 are reasonably likely to subject the child or family to future
9 reports of suspected child abuse or neglect. Acceptance of
10 such services shall be voluntary. The Department may also
11 provide services to any child or family after completion of a
12 family assessment, as an alternative to an investigation, as
13 provided under the "differential response program" provided
14 for in subsection (a-5) of Section 7.4 of the Abused and
15 Neglected Child Reporting Act.

16 The Department may, at its discretion except for those
17 children also adjudicated neglected or dependent, accept for
18 care and training any child who has been adjudicated addicted,
19 as a truant minor in need of supervision or as a minor
20 requiring authoritative intervention, under the Juvenile Court
21 Act or the Juvenile Court Act of 1987, but no such child shall
22 be committed to the Department by any court without the
23 approval of the Department. On and after January 1, 2015 (the
24 effective date of Public Act 98-803) and before January 1,
25 2017, a minor charged with a criminal offense under the
26 Criminal Code of 1961 or the Criminal Code of 2012 or

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

1 hearings involving sanctions for violation of aftercare
2 release conditions and aftercare release revocation hearings.

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

1 a neurological condition, including, but not limited to,
2 Asperger's Syndrome and autism, as defined in the most recent
3 edition of the Diagnostic and Statistical Manual of Mental
4 Disorders of the American Psychiatric Association.

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

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

22 When a child is placed in foster care, the Department
23 shall ensure and document that reasonable efforts were made to
24 prevent or eliminate the need to remove the child from the
25 child's home. The Department must make reasonable efforts to
26 reunify the family when temporary placement of the child

1 occurs unless otherwise required, pursuant to the Juvenile
2 Court Act of 1987. At any time after the dispositional hearing
3 where the Department believes that further reunification
4 services would be ineffective, it may request a finding from
5 the court that reasonable efforts are no longer appropriate.
6 The Department is not required to provide further
7 reunification services after such a finding.

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

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

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

1 (7) the age of the child;

2 (8) placement of siblings.

3 (m) The Department may assume temporary custody of any
4 child if:

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

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

14 If the child is found in his or her residence without a parent,
15 guardian, custodian, or responsible caretaker, the Department
16 may, instead of removing the child and assuming temporary
17 custody, place an authorized representative of the Department
18 in that residence until such time as a parent, guardian, or
19 custodian enters the home and expresses a willingness and
20 apparent ability to ensure the child's health and safety and
21 resume permanent charge of the child, or until a relative
22 enters the home and is willing and able to ensure the child's
23 health and safety and assume charge of the child until a
24 parent, guardian, or custodian enters the home and expresses
25 such willingness and ability to ensure the child's safety and
26 resume permanent charge. After a caretaker has remained in the

1 home for a period not to exceed 12 hours, the Department must
2 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
3 5-415 of the Juvenile Court Act of 1987.

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

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

21 A parent, guardian, or custodian of a child in the
22 temporary custody of the Department who would have custody of
23 the child if he were not in the temporary custody of the
24 Department may deliver to the Department a signed request that
25 the Department surrender the temporary custody of the child.
26 The Department may retain temporary custody of the child for

1 10 days after the receipt of the request, during which period
2 the Department may cause to be filed a petition pursuant to the
3 Juvenile Court Act of 1987. If a petition is so filed, the
4 Department shall retain temporary custody of the child until
5 the court orders otherwise. If a petition is not filed within
6 the 10-day period, the child shall be surrendered to the
7 custody of the requesting parent, guardian, or custodian not
8 later than the expiration of the 10-day period, at which time
9 the authority and duties of the Department with respect to the
10 temporary custody of the child shall terminate.

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

25 (n) The Department may place children under 18 years of
26 age in licensed child care facilities when in the opinion of

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

24 (n-1) The Department shall provide or authorize child
25 welfare services, aimed at assisting minors to achieve
26 sustainable self-sufficiency as independent adults, for any

1 minor eligible for the reinstatement of wardship pursuant to
2 subsection (2) of Section 2-33 of the Juvenile Court Act of
3 1987, whether or not such reinstatement is sought or allowed,
4 provided that the minor consents to such services and has not
5 yet attained the age of 21. The Department shall have
6 responsibility for the development and delivery of services
7 under this Section. An eligible youth may access services
8 under this Section through the Department of Children and
9 Family Services or by referral from the Department of Human
10 Services. Youth participating in services under this Section
11 shall cooperate with the assigned case manager in developing
12 an agreement identifying the services to be provided and how
13 the youth will increase skills to achieve self-sufficiency. A
14 homeless shelter is not considered appropriate housing for any
15 youth receiving child welfare services under this Section. The
16 Department shall continue child welfare services under this
17 Section to any eligible minor until the minor becomes 21 years
18 of age, no longer consents to participate, or achieves
19 self-sufficiency as identified in the minor's service plan.
20 The Department of Children and Family Services shall create
21 clear, readable notice of the rights of former foster youth to
22 child welfare services under this Section and how such
23 services may be obtained. The Department of Children and
24 Family Services and the Department of Human Services shall
25 disseminate this information statewide. The Department shall
26 adopt regulations describing services intended to assist

1 minors in achieving sustainable self-sufficiency as
2 independent adults.

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

1 (p) (Blank).

2 (q) The Department may receive and use, in their entirety,
3 for the benefit of children any gift, donation, or bequest of
4 money or other property which is received on behalf of such
5 children, or any financial benefits to which such children are
6 or may become entitled while under the jurisdiction or care of
7 the Department, except that the benefits described in Section
8 5.46 must be used and conserved consistent with the provisions
9 under Section 5.46.

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

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

23 (1) Establish standards in accordance with State and
24 federal laws for disbursing money from children's
25 accounts. In all circumstances, the Department's
26 "Guardianship Administrator" or his or her designee must

1 approve disbursements from children's accounts. The
2 Department shall be responsible for keeping complete
3 records of all disbursements for each account for any
4 purpose.

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

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

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

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

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

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

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

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

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

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

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

26 (2) a copy of the child's portion of the client

1 service plan, including any visitation arrangement, and
2 all amendments or revisions to it as related to the child;
3 and

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

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

22 The information described in this subsection shall be
23 provided in writing. In the case of emergency placements when
24 time does not allow prior review, preparation, and collection
25 of written information, the Department shall provide such
26 information as it becomes available. Within 10 business days

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

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

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

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

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

1 physical assault, battery, or a drug-related offense committed
2 within the past 5 years.

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

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

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

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

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

1 Improvement Act of 2004.

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

20 For purposes of this subsection:

21 "Background information" means all of the following:

22 (i) Upon the request of the Department of Children and
23 Family Services, conviction information obtained from the
24 Illinois State Police as a result of a fingerprint-based
25 criminal history records check of the Illinois criminal
26 history records database and the Federal Bureau of

1 Investigation criminal history records database concerning
2 a Department employee or Department applicant.

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

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

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

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

25 (Source: P.A. 101-13, eff. 6-12-19; 101-79, eff. 7-12-19;
26 101-81, eff. 7-12-19; 102-538, eff. 8-20-21; 102-558, eff.

1 8-20-21; 102-1014, eff. 5-27-22.)

2 Section 5-20. The Criminal Identification Act is amended
3 by changing Section 3.2 as follows:

4 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

5 Sec. 3.2. ~~(a)~~ It is the duty of any person conducting or
6 operating a medical facility, or any physician or nurse as
7 soon as treatment permits to notify the local law enforcement
8 agency of that jurisdiction upon the application for treatment
9 of a person who is not accompanied by a law enforcement
10 officer, when it reasonably appears that the person requesting
11 treatment has received:

12 (1) any injury resulting from the discharge of a
13 firearm; or

14 (2) any injury sustained in the commission of or as a
15 victim of a criminal offense.

16 Any hospital, physician or nurse shall be forever held
17 harmless from any civil liability for their reasonable
18 compliance with the provisions of this Section.

19 ~~(b) Notwithstanding subsection (a), nothing in this~~
20 ~~Section shall be construed to require the reporting of lawful~~
21 ~~health care activity, whether such activity may constitute a~~
22 ~~violation of another state's law.~~

23 ~~(c) As used in this Section:~~

24 ~~"Lawful health care" means:~~

1 ~~(1) reproductive health care that is not unlawful~~
2 ~~under the laws of this State, including on any theory of~~
3 ~~vicarious, joint, several, or conspiracy liability; or~~

4 ~~(2) the treatment of gender dysphoria or the~~
5 ~~affirmation of an individual's gender identity or gender~~
6 ~~expression, including but not limited to, all supplies,~~
7 ~~care, and services of a medical, behavioral health, mental~~
8 ~~health, surgical, psychiatric, therapeutic, diagnostic,~~
9 ~~preventative, rehabilitative, or supportive nature that is~~
10 ~~not unlawful under the laws of this State, including on~~
11 ~~any theory of vicarious, joint, several, or conspiracy~~
12 ~~liability.~~

13 ~~"Lawful health care activity" means seeking, providing,~~
14 ~~receiving, assisting in seeking, providing, or receiving,~~
15 ~~providing material support for, or traveling to obtain lawful~~
16 ~~health care.~~

17 (Source: P.A. 102-1117, eff. 1-13-23.)

18 Section 5-25. The Counties Code is amended by changing
19 Sections 3-3013, 3-4006, and 5-1069.3 as follows:

20 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

21 (Text of Section before amendment by P.A. 102-982)

22 Sec. 3-3013. Preliminary investigations; blood and urine
23 analysis; summoning jury; reports. Every coroner, whenever,
24 as soon as he knows or is informed that the dead body of any

1 person is found, or lying within his county, whose death is
2 suspected of being:

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

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

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

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

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

20 shall go to the place where the dead body is, and take charge
21 of the same and shall make a preliminary investigation into
22 the circumstances of the death. In the case of death without
23 attendance by a licensed physician, the body may be moved with
24 the coroner's consent from the place of death to a mortuary in
25 the same county. Coroners in their discretion shall notify
26 such physician as is designated in accordance with Section

1 3-3014 to attempt to ascertain the cause of death, either by
2 autopsy or otherwise.

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

26 In all other cases coming within the jurisdiction of the

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

14 When the coroner or medical examiner finds that the cause
15 of death is due to homicidal means, the coroner or medical
16 examiner shall cause blood and buccal specimens (tissue may be
17 submitted if no uncontaminated blood or buccal specimen can be
18 obtained), whenever possible, to be withdrawn from the body of
19 the decedent in a timely fashion. For proper preservation of
20 the specimens, collected blood and buccal specimens shall be
21 dried and tissue specimens shall be frozen if available
22 equipment exists. As soon as possible, but no later than 30
23 days after the collection of the specimens, the coroner or
24 medical examiner shall release those specimens to the police
25 agency responsible for investigating the death. As soon as
26 possible, but no later than 30 days after the receipt from the

1 coroner or medical examiner, the police agency shall submit
2 the specimens using the agency case number to a National DNA
3 Index System (NDIS) participating laboratory within this
4 State, such as the Illinois State Police, Division of Forensic
5 Services, for analysis and categorizing into genetic marker
6 groupings. The results of the analysis and categorizing into
7 genetic marker groupings shall be provided to the Illinois
8 State Police and shall be maintained by the Illinois State
9 Police in the State central repository in the same manner, and
10 subject to the same conditions, as provided in Section 5-4-3
11 of the Unified Code of Corrections. The requirements of this
12 paragraph are in addition to any other findings, specimens, or
13 information that the coroner or medical examiner is required
14 to provide during the conduct of a criminal investigation.

15 In all counties, in cases of apparent suicide, homicide,
16 or accidental death or in other cases, within the discretion
17 of the coroner, the coroner may summon 8 persons of lawful age
18 from those persons drawn for petit jurors in the county. The
19 summons shall command these persons to present themselves
20 personally at such a place and time as the coroner shall
21 determine, and may be in any form which the coroner shall
22 determine and may incorporate any reasonable form of request
23 for acknowledgment which the coroner deems practical and
24 provides a reliable proof of service. The summons may be
25 served by first class mail. From the 8 persons so summoned, the
26 coroner shall select 6 to serve as the jury for the inquest.

1 Inquests may be continued from time to time, as the coroner may
2 deem necessary. The 6 jurors selected in a given case may view
3 the body of the deceased. If at any continuation of an inquest
4 one or more of the original jurors shall be unable to continue
5 to serve, the coroner shall fill the vacancy or vacancies. A
6 juror serving pursuant to this paragraph shall receive
7 compensation from the county at the same rate as the rate of
8 compensation that is paid to petit or grand jurors in the
9 county. The coroner shall furnish to each juror without fee at
10 the time of his discharge a certificate of the number of days
11 in attendance at an inquest, and, upon being presented with
12 such certificate, the county treasurer shall pay to the juror
13 the sum provided for his services.

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

1 county shall receive compensation from the county at the same
2 rate as the rate of compensation that is paid to petit or grand
3 jurors in the county.

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

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

25 In addition, in every case in which domestic violence is
26 determined to be a contributing factor in a death, the coroner

1 shall report the death to the Illinois State Police.

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

18 (Source: P.A. 101-13, eff. 6-12-19; 102-538, eff. 8-20-21;
19 revised 8-23-22.)

20 (Text of Section after amendment by P.A. 102-982)

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

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

8 (b) A death due to a sex crime;

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

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

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

17 shall go to the place where the dead body is, and take charge
18 of the same and shall make a preliminary investigation into
19 the circumstances of the death. In the case of death without
20 attendance by a licensed physician, the body may be moved with
21 the coroner's consent from the place of death to a mortuary in
22 the same county. Coroners in their discretion shall notify
23 such physician as is designated in accordance with Section
24 3-3014 to attempt to ascertain the cause of death, either by
25 autopsy or otherwise.

26 In cases of accidental death involving a motor vehicle in

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

23 In all other cases coming within the jurisdiction of the
24 coroner and referred to in subparagraphs (a) through (e)
25 above, blood, and, whenever possible, urine samples shall be
26 analyzed for the presence of alcohol and other drugs. When the

1 coroner suspects that drugs may have been involved in the
2 death, either directly or indirectly, a toxicological
3 examination shall be performed which may include analyses of
4 blood, urine, bile, gastric contents, and other tissues. When
5 the coroner suspects a death is due to toxic substances, other
6 than drugs, the coroner shall consult with the toxicologist
7 prior to collection of samples. Information submitted to the
8 toxicologist shall include information as to height, weight,
9 age, sex, and race of the decedent as well as medical history,
10 medications used by, and the manner of death of the decedent.

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

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

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

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

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

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

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

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

25 All deaths in State institutions and all deaths of wards
26 of the State or youth in care as defined in Section 4d of the

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

15 (Source: P.A. 101-13, eff. 6-12-19; 102-538, eff. 8-20-21;
16 102-982, eff. 7-1-23; revised 8-23-22.)

17 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

18 Sec. 3-4006. Duties of public defender. The Public
19 Defender, as directed by the court, shall act as attorney,
20 without fee, before any court within any county for all
21 persons who are held in custody or who are charged with the
22 commission of any criminal offense, and who the court finds
23 are unable to employ counsel.

24 The Public Defender shall be the attorney, without fee,
25 when so appointed by the court under Section 1-20 of the

1 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of
2 1987 or by any court under subsection (b) of Section 4-5 of the
3 Parental Notice of Abortion Act of 2023 for any party who the
4 court finds is financially unable to employ counsel.

5 In cases subject to Section 5-170 of the Juvenile Court
6 Act of 1987 involving a minor who was under 15 years of age at
7 the time of the commission of the offense, that occurs in a
8 county with a full-time public defender office, a public
9 defender, without fee or appointment, may represent and have
10 access to a minor during a custodial interrogation. In cases
11 subject to Section 5-170 of the Juvenile Court Act of 1987
12 involving a minor who was under 15 years of age at the time of
13 the commission of the offense, that occurs in a county without
14 a full-time public defender, the law enforcement agency
15 conducting the custodial interrogation shall ensure that the
16 minor is able to consult with an attorney who is under contract
17 with the county to provide public defender services.
18 Representation by the public defender shall terminate at the
19 first court appearance if the court determines that the minor
20 is not indigent.

21 Every court shall, with the consent of the defendant and
22 where the court finds that the rights of the defendant would be
23 prejudiced by the appointment of the public defender, appoint
24 counsel other than the public defender, except as otherwise
25 provided in Section 113-3 of the "Code of Criminal Procedure
26 of 1963". That counsel shall be compensated as is provided by

1 law. He shall also, in the case of the conviction of any such
2 person, prosecute any proceeding in review which in his
3 judgment the interests of justice require.

4 In counties with a population over 3,000,000, the public
5 defender, without fee or appointment and with the concurrence
6 of the county board, may act as attorney to noncitizens in
7 immigration cases. Representation by the public defender in
8 immigration cases shall be limited to those arising in
9 immigration courts located within the geographical boundaries
10 of the county where the public defender has been appointed to
11 office unless the board authorizes the public defender to
12 provide representation outside the county.

13 (Source: P.A. 102-410, eff. 1-1-22; 102-1117, eff. 1-13-23.)

14 (55 ILCS 5/5-1069.3)

15 Sec. 5-1069.3. Required health benefits. If a county,
16 including a home rule county, is a self-insurer for purposes
17 of providing health insurance coverage for its employees, the
18 coverage shall include coverage for the post-mastectomy care
19 benefits required to be covered by a policy of accident and
20 health insurance under Section 356t and the coverage required
21 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
22 ~~356z.4, 356z.4a,~~ 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
23 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
24 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
25 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,

1 356z.54, 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~ of the
2 Illinois Insurance Code. The coverage shall comply with
3 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
4 Insurance Code. The Department of Insurance shall enforce the
5 requirements of this Section. The requirement that health
6 benefits be covered as provided in this Section is an
7 exclusive power and function of the State and is a denial and
8 limitation under Article VII, Section 6, subsection (h) of the
9 Illinois Constitution. A home rule county to which this
10 Section applies must comply with every provision of this
11 Section.

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

18 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
19 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
20 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
21 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
22 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
23 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
24 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
25 102-1117, eff. 1-13-23.)

1 Section 5-30. The Illinois Municipal Code is amended by
2 changing Section 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2.3)

4 Sec. 10-4-2.3. Required health benefits. If a
5 municipality, including a home rule municipality, is a
6 self-insurer for purposes of providing health insurance
7 coverage for its employees, the coverage shall include
8 coverage for the post-mastectomy care benefits required to be
9 covered by a policy of accident and health insurance under
10 Section 356t and the coverage required under Sections 356g,
11 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, ~~356z.4, 356z.4a,~~
12 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
13 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
14 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
15 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
16 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~ of the Illinois
17 Insurance Code. The coverage shall comply with Sections
18 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
19 Code. The Department of Insurance shall enforce the
20 requirements of this Section. The requirement that health
21 benefits be covered as provided in this is an exclusive power
22 and function of the State and is a denial and limitation under
23 Article VII, Section 6, subsection (h) of the Illinois
24 Constitution. A home rule municipality to which this Section
25 applies must comply with every provision of this Section.

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

7 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
8 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
9 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
10 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
11 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
12 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
13 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
14 102-1117, eff. 1-13-23.)

15 Section 5-35. The School Code is amended by changing
16 Section 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

18 Sec. 10-22.3f. Required health benefits. Insurance
19 protection and benefits for employees shall provide the
20 post-mastectomy care benefits required to be covered by a
21 policy of accident and health insurance under Section 356t and
22 the coverage required under Sections 356g, 356g.5, 356g.5-1,
23 356q, 356u, 356w, 356x, ~~356z.4, 356z.4a,~~ 356z.6, 356z.8,
24 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,

1 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
2 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
3 356z.53, 356z.54, 356z.56, 356z.57, and 356z.59, ~~and 356z.60~~
4 of the Illinois Insurance Code. Insurance policies shall
5 comply with Section 356z.19 of the Illinois Insurance Code.
6 The coverage shall comply with Sections 155.22a, 355b, and
7 370c of the Illinois Insurance Code. The Department of
8 Insurance shall enforce the requirements of this Section.

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

15 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
16 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
17 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
18 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
19 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
20 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
21 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

22 Section 5-40. The Ambulatory Surgical Treatment Center Act
23 is amended by changing Sections 2 and 3 and by adding Section
24 6.2 as follows:

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

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

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

15 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

19 (A) "Ambulatory surgical treatment center" means any
20 institution, place or building devoted primarily to the
21 maintenance and operation of facilities for the performance of
22 surgical procedures. "Ambulatory surgical treatment center"
23 includes any place that meets and complies with the definition
24 of an ambulatory surgical treatment center under the rules
25 adopted by the Department or any facility in which a medical or

1 surgical procedure is utilized to terminate a pregnancy,
2 irrespective of whether the facility is devoted primarily to
3 this purpose. Such facility shall not provide beds or other
4 accommodations for the overnight stay of patients; however,
5 facilities devoted exclusively to the treatment of children
6 may provide accommodations and beds for their patients for up
7 to 23 hours following admission. Individual patients shall be
8 discharged in an ambulatory condition without danger to the
9 continued well being of the patients or shall be transferred
10 to a hospital.

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

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

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

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

26 (4) Hospitals or ambulatory surgical treatment centers

1 maintained by the Federal Government or agencies thereof.

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

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

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

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

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

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

26 (F) "Dentist" means a person licensed to practice

1 dentistry under the Illinois Dental Practice Act.

2 (G) "Podiatric physician" means a person licensed to
3 practice podiatry under the Podiatric Medical Practice Act of
4 1987.

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

6 (210 ILCS 5/6.2 new)

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

15 Section 5-45. The Birth Center Licensing Act is amended by
16 changing Sections 5 and 30 as follows:

17 (210 ILCS 170/5)

18 Sec. 5. Definitions. In this Act:

19 "Birth center" means a designated site, other than a
20 hospital:

21 (1) in which births are planned to occur following a
22 normal, uncomplicated, and low-risk pregnancy;

23 (2) that is not the pregnant person's usual place of

1 residence;

2 (3) that is exclusively dedicated to serving the
3 childbirth-related needs of pregnant persons and their
4 newborns, and has no more than 10 beds;

5 (4) that offers prenatal care and community education
6 services and coordinates these services with other health
7 care services available in the community; and

8 (5) that does not provide general anesthesia or
9 surgery.

10 "Certified nurse midwife" means an advanced practice
11 registered nurse licensed in Illinois under the Nurse Practice
12 Act with full practice authority or who is delegated such
13 authority as part of a written collaborative agreement with a
14 physician who is associated with the birthing center or who
15 has privileges at a nearby birthing hospital.

16 "Department" means the Illinois Department of Public
17 Health.

18 "Hospital" does not include places where pregnant females
19 are received, cared for, or treated during delivery if it is in
20 a licensed birth center, nor include any facility required to
21 be licensed as a birth center.

22 "Licensed certified professional midwife" means a person
23 who has successfully met the requirements under Section 45 of
24 the Licensed Certified Professional Midwife Practice Act and
25 holds an active license to practice as a licensed certified
26 professional midwife in Illinois.

1 "Physician" means a physician licensed to practice
2 medicine in all its branches in Illinois.

3 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23;
4 102-1117, eff. 1-13-23.)

5 (210 ILCS 170/30)

6 Sec. 30. Minimum standards.

7 ~~(a)~~ The Department's rules adopted pursuant to Section 60
8 of this Act shall contain minimum standards to protect the
9 health and safety of a patient of a birth center. In adopting
10 rules for birth centers, the Department shall consider:

11 (1) the Commission for the Accreditation of Birth
12 Centers' Standards for Freestanding Birth Centers;

13 (2) the American Academy of Pediatrics and American
14 College of Obstetricians and Gynecologists Guidelines for
15 Perinatal Care; and

16 (3) the Regionalized Perinatal Health Care Code.

17 ~~(b) Nothing in this Section shall be construed to prohibit~~
18 ~~a facility licensed as a birth center from offering other~~
19 ~~reproductive health care subject to any applicable laws,~~
20 ~~rules, regulations, or licensing requirements for those~~
21 ~~services. In this subsection, "reproductive health care" has~~
22 ~~the same meaning as used in Section 1-10 of the Reproductive~~
23 ~~Health Act.~~

24 (Source: P.A. 102-518, eff. 8-20-21; 102-813, eff. 5-13-22;
25 102-1117, eff. 1-13-23.)

1 Section 5-50. The Illinois Insurance Code is amended by
2 changing Sections 356z.3a and 356z.4 as follows:

3 (215 ILCS 5/356z.3a)

4 Sec. 356z.3a. Billing; emergency services;
5 nonparticipating providers.

6 (a) As used in this Section:

7 "Ancillary services" means:

8 (1) items and services related to emergency medicine,
9 anesthesiology, pathology, radiology, and neonatology that
10 are provided by any health care provider;

11 (2) items and services provided by assistant surgeons,
12 hospitalists, and intensivists;

13 (3) diagnostic services, including radiology and
14 laboratory services, except for advanced diagnostic
15 laboratory tests identified on the most current list
16 published by the United States Secretary of Health and
17 Human Services under 42 U.S.C. 300gg-132(b)(3);

18 (4) items and services provided by other specialty
19 practitioners as the United States Secretary of Health and
20 Human Services specifies through rulemaking under 42
21 U.S.C. 300gg-132(b)(3);

22 (5) items and services provided by a nonparticipating
23 provider if there is no participating provider who can
24 furnish the item or service at the facility. ~~and~~

1 ~~(6) items and services provided by a nonparticipating~~
2 ~~provider if there is no participating provider who will~~
3 ~~furnish the item or service because a participating~~
4 ~~provider has asserted the participating provider's rights~~
5 ~~under the Health Care Right of Conscience Act.~~

6 "Cost sharing" means the amount an insured, beneficiary,
7 or enrollee is responsible for paying for a covered item or
8 service under the terms of the policy or certificate. "Cost
9 sharing" includes copayments, coinsurance, and amounts paid
10 toward deductibles, but does not include amounts paid towards
11 premiums, balance billing by out-of-network providers, or the
12 cost of items or services that are not covered under the policy
13 or certificate.

14 "Emergency department of a hospital" means any hospital
15 department that provides emergency services, including a
16 hospital outpatient department.

17 "Emergency medical condition" has the meaning ascribed to
18 that term in Section 10 of the Managed Care Reform and Patient
19 Rights Act.

20 "Emergency medical screening examination" has the meaning
21 ascribed to that term in Section 10 of the Managed Care Reform
22 and Patient Rights Act.

23 "Emergency services" means, with respect to an emergency
24 medical condition:

25 (1) in general, an emergency medical screening
26 examination, including ancillary services routinely

1 available to the emergency department to evaluate such
2 emergency medical condition, and such further medical
3 examination and treatment as would be required to
4 stabilize the patient regardless of the department of the
5 hospital or other facility in which such further
6 examination or treatment is furnished; or

7 (2) additional items and services for which benefits
8 are provided or covered under the coverage and that are
9 furnished by a nonparticipating provider or
10 nonparticipating emergency facility regardless of the
11 department of the hospital or other facility in which such
12 items are furnished after the insured, beneficiary, or
13 enrollee is stabilized and as part of outpatient
14 observation or an inpatient or outpatient stay with
15 respect to the visit in which the services described in
16 paragraph (1) are furnished. Services after stabilization
17 cease to be emergency services only when all the
18 conditions of 42 U.S.C. 300gg-111(a)(3)(C)(ii)(II) and
19 regulations thereunder are met.

20 "Freestanding Emergency Center" means a facility licensed
21 under Section 32.5 of the Emergency Medical Services (EMS)
22 Systems Act.

23 "Health care facility" means, in the context of
24 non-emergency services, any of the following:

25 (1) a hospital as defined in 42 U.S.C. 1395x(e);

26 (2) a hospital outpatient department;

1 (3) a critical access hospital certified under 42
2 U.S.C. 1395i-4(e);

3 (4) an ambulatory surgical treatment center as defined
4 in the Ambulatory Surgical Treatment Center Act; or

5 (5) any recipient of a license under the Hospital
6 Licensing Act that is not otherwise described in this
7 definition.

8 "Health care provider" means a provider as defined in
9 subsection (d) of Section 370g. "Health care provider" does
10 not include a provider of air ambulance or ground ambulance
11 services.

12 "Health care services" has the meaning ascribed to that
13 term in subsection (a) of Section 370g.

14 "Health insurance issuer" has the meaning ascribed to that
15 term in Section 5 of the Illinois Health Insurance Portability
16 and Accountability Act.

17 "Nonparticipating emergency facility" means, with respect
18 to the furnishing of an item or service under a policy of group
19 or individual health insurance coverage, any of the following
20 facilities that does not have a contractual relationship
21 directly or indirectly with a health insurance issuer in
22 relation to the coverage:

23 (1) an emergency department of a hospital;

24 (2) a Freestanding Emergency Center;

25 (3) an ambulatory surgical treatment center as defined
26 in the Ambulatory Surgical Treatment Center Act; or

1 (4) with respect to emergency services described in
2 paragraph (2) of the definition of "emergency services", a
3 hospital.

4 "Nonparticipating provider" means, with respect to the
5 furnishing of an item or service under a policy of group or
6 individual health insurance coverage, any health care provider
7 who does not have a contractual relationship directly or
8 indirectly with a health insurance issuer in relation to the
9 coverage.

10 "Participating emergency facility" means any of the
11 following facilities that has a contractual relationship
12 directly or indirectly with a health insurance issuer offering
13 group or individual health insurance coverage setting forth
14 the terms and conditions on which a relevant health care
15 service is provided to an insured, beneficiary, or enrollee
16 under the coverage:

17 (1) an emergency department of a hospital;

18 (2) a Freestanding Emergency Center;

19 (3) an ambulatory surgical treatment center as defined
20 in the Ambulatory Surgical Treatment Center Act; or

21 (4) with respect to emergency services described in
22 paragraph (2) of the definition of "emergency services", a
23 hospital.

24 For purposes of this definition, a single case agreement
25 between an emergency facility and an issuer that is used to
26 address unique situations in which an insured, beneficiary, or

1 enrollee requires services that typically occur out-of-network
2 constitutes a contractual relationship and is limited to the
3 parties to the agreement.

4 "Participating health care facility" means any health care
5 facility that has a contractual relationship directly or
6 indirectly with a health insurance issuer offering group or
7 individual health insurance coverage setting forth the terms
8 and conditions on which a relevant health care service is
9 provided to an insured, beneficiary, or enrollee under the
10 coverage. A single case agreement between an emergency
11 facility and an issuer that is used to address unique
12 situations in which an insured, beneficiary, or enrollee
13 requires services that typically occur out-of-network
14 constitutes a contractual relationship for purposes of this
15 definition and is limited to the parties to the agreement.

16 "Participating provider" means any health care provider
17 that has a contractual relationship directly or indirectly
18 with a health insurance issuer offering group or individual
19 health insurance coverage setting forth the terms and
20 conditions on which a relevant health care service is provided
21 to an insured, beneficiary, or enrollee under the coverage.

22 "Qualifying payment amount" has the meaning given to that
23 term in 42 U.S.C. 300gg-111(a)(3)(E) and the regulations
24 promulgated thereunder.

25 "Recognized amount" means the lesser of the amount
26 initially billed by the provider or the qualifying payment

1 amount.

2 "Stabilize" means "stabilization" as defined in Section 10
3 of the Managed Care Reform and Patient Rights Act.

4 "Treating provider" means a health care provider who has
5 evaluated the individual.

6 "Visit" means, with respect to health care services
7 furnished to an individual at a health care facility, health
8 care services furnished by a provider at the facility, as well
9 as equipment, devices, telehealth services, imaging services,
10 laboratory services, and preoperative and postoperative
11 services regardless of whether the provider furnishing such
12 services is at the facility.

13 (b) Emergency services. When a beneficiary, insured, or
14 enrollee receives emergency services from a nonparticipating
15 provider or a nonparticipating emergency facility, the health
16 insurance issuer shall ensure that the beneficiary, insured,
17 or enrollee shall incur no greater out-of-pocket costs than
18 the beneficiary, insured, or enrollee would have incurred with
19 a participating provider or a participating emergency
20 facility. Any cost-sharing requirements shall be applied as
21 though the emergency services had been received from a
22 participating provider or a participating facility. Cost
23 sharing shall be calculated based on the recognized amount for
24 the emergency services. If the cost sharing for the same item
25 or service furnished by a participating provider would have
26 been a flat-dollar copayment, that amount shall be the

1 cost-sharing amount unless the provider has billed a lesser
2 total amount. In no event shall the beneficiary, insured,
3 enrollee, or any group policyholder or plan sponsor be liable
4 to or billed by the health insurance issuer, the
5 nonparticipating provider, or the nonparticipating emergency
6 facility for any amount beyond the cost sharing calculated in
7 accordance with this subsection with respect to the emergency
8 services delivered. Administrative requirements or limitations
9 shall be no greater than those applicable to emergency
10 services received from a participating provider or a
11 participating emergency facility.

12 (b-5) Non-emergency services at participating health care
13 facilities.

14 (1) When a beneficiary, insured, or enrollee utilizes
15 a participating health care facility and, due to any
16 reason, covered ancillary services are provided by a
17 nonparticipating provider during or resulting from the
18 visit, the health insurance issuer shall ensure that the
19 beneficiary, insured, or enrollee shall incur no greater
20 out-of-pocket costs than the beneficiary, insured, or
21 enrollee would have incurred with a participating provider
22 for the ancillary services. Any cost-sharing requirements
23 shall be applied as though the ancillary services had been
24 received from a participating provider. Cost sharing shall
25 be calculated based on the recognized amount for the
26 ancillary services. If the cost sharing for the same item

1 or service furnished by a participating provider would
2 have been a flat-dollar copayment, that amount shall be
3 the cost-sharing amount unless the provider has billed a
4 lesser total amount. In no event shall the beneficiary,
5 insured, enrollee, or any group policyholder or plan
6 sponsor be liable to or billed by the health insurance
7 issuer, the nonparticipating provider, or the
8 participating health care facility for any amount beyond
9 the cost sharing calculated in accordance with this
10 subsection with respect to the ancillary services
11 delivered. In addition to ancillary services, the
12 requirements of this paragraph shall also apply with
13 respect to covered items or services furnished as a result
14 of unforeseen, urgent medical needs that arise at the time
15 an item or service is furnished, regardless of whether the
16 nonparticipating provider satisfied the notice and consent
17 criteria under paragraph (2) of this subsection.

18 (2) When a beneficiary, insured, or enrollee utilizes
19 a participating health care facility and receives
20 non-emergency covered health care services other than
21 those described in paragraph (1) of this subsection from a
22 nonparticipating provider during or resulting from the
23 visit, the health insurance issuer shall ensure that the
24 beneficiary, insured, or enrollee incurs no greater
25 out-of-pocket costs than the beneficiary, insured, or
26 enrollee would have incurred with a participating provider

1 unless the nonparticipating provider or the participating
2 health care facility on behalf of the nonparticipating
3 provider satisfies the notice and consent criteria
4 provided in 42 U.S.C. 300gg-132 and regulations
5 promulgated thereunder. If the notice and consent criteria
6 are not satisfied, then:

7 (A) any cost-sharing requirements shall be applied
8 as though the health care services had been received
9 from a participating provider;

10 (B) cost sharing shall be calculated based on the
11 recognized amount for the health care services; and

12 (C) in no event shall the beneficiary, insured,
13 enrollee, or any group policyholder or plan sponsor be
14 liable to or billed by the health insurance issuer,
15 the nonparticipating provider, or the participating
16 health care facility for any amount beyond the cost
17 sharing calculated in accordance with this subsection
18 with respect to the health care services delivered.

19 (c) Notwithstanding any other provision of this Code,
20 except when the notice and consent criteria are satisfied for
21 the situation in paragraph (2) of subsection (b-5), any
22 benefits a beneficiary, insured, or enrollee receives for
23 services under the situations in subsection (b) or (b-5) are
24 assigned to the nonparticipating providers or the facility
25 acting on their behalf. Upon receipt of the provider's bill or
26 facility's bill, the health insurance issuer shall provide the

1 nonparticipating provider or the facility with a written
2 explanation of benefits that specifies the proposed
3 reimbursement and the applicable deductible, copayment, or
4 coinsurance amounts owed by the insured, beneficiary, or
5 enrollee. The health insurance issuer shall pay any
6 reimbursement subject to this Section directly to the
7 nonparticipating provider or the facility.

8 (d) For bills assigned under subsection (c), the
9 nonparticipating provider or the facility may bill the health
10 insurance issuer for the services rendered, and the health
11 insurance issuer may pay the billed amount or attempt to
12 negotiate reimbursement with the nonparticipating provider or
13 the facility. Within 30 calendar days after the provider or
14 facility transmits the bill to the health insurance issuer,
15 the issuer shall send an initial payment or notice of denial of
16 payment with the written explanation of benefits to the
17 provider or facility. If attempts to negotiate reimbursement
18 for services provided by a nonparticipating provider do not
19 result in a resolution of the payment dispute within 30 days
20 after receipt of written explanation of benefits by the health
21 insurance issuer, then the health insurance issuer or
22 nonparticipating provider or the facility may initiate binding
23 arbitration to determine payment for services provided on a
24 per-bill basis. The party requesting arbitration shall notify
25 the other party arbitration has been initiated and state its
26 final offer before arbitration. In response to this notice,

1 the nonrequesting party shall inform the requesting party of
2 its final offer before the arbitration occurs. Arbitration
3 shall be initiated by filing a request with the Department of
4 Insurance.

5 (e) The Department of Insurance shall publish a list of
6 approved arbitrators or entities that shall provide binding
7 arbitration. These arbitrators shall be American Arbitration
8 Association or American Health Lawyers Association trained
9 arbitrators. Both parties must agree on an arbitrator from the
10 Department of Insurance's or its approved entity's list of
11 arbitrators. If no agreement can be reached, then a list of 5
12 arbitrators shall be provided by the Department of Insurance
13 or the approved entity. From the list of 5 arbitrators, the
14 health insurance issuer can veto 2 arbitrators and the
15 provider or facility can veto 2 arbitrators. The remaining
16 arbitrator shall be the chosen arbitrator. This arbitration
17 shall consist of a review of the written submissions by both
18 parties. The arbitrator shall not establish a rebuttable
19 presumption that the qualifying payment amount should be the
20 total amount owed to the provider or facility by the
21 combination of the issuer and the insured, beneficiary, or
22 enrollee. Binding arbitration shall provide for a written
23 decision within 45 days after the request is filed with the
24 Department of Insurance. Both parties shall be bound by the
25 arbitrator's decision. The arbitrator's expenses and fees,
26 together with other expenses, not including attorney's fees,

1 incurred in the conduct of the arbitration, shall be paid as
2 provided in the decision.

3 (f) (Blank).

4 (g) Section 368a of this Act shall not apply during the
5 pendency of a decision under subsection (d). Upon the issuance
6 of the arbitrator's decision, Section 368a applies with
7 respect to the amount, if any, by which the arbitrator's
8 determination exceeds the issuer's initial payment under
9 subsection (c), or the entire amount of the arbitrator's
10 determination if initial payment was denied. Any interest
11 required to be paid to a provider under Section 368a shall not
12 accrue until after 30 days of an arbitrator's decision as
13 provided in subsection (d), but in no circumstances longer
14 than 150 days from the date the nonparticipating
15 facility-based provider billed for services rendered.

16 (h) Nothing in this Section shall be interpreted to change
17 the prudent layperson provisions with respect to emergency
18 services under the Managed Care Reform and Patient Rights Act.

19 (i) Nothing in this Section shall preclude a health care
20 provider from billing a beneficiary, insured, or enrollee for
21 reasonable administrative fees, such as service fees for
22 checks returned for nonsufficient funds and missed
23 appointments.

24 (j) Nothing in this Section shall preclude a beneficiary,
25 insured, or enrollee from assigning benefits to a
26 nonparticipating provider when the notice and consent criteria

1 are satisfied under paragraph (2) of subsection (b-5) or in
2 any other situation not described in subsection (b) or (b-5).

3 (k) Except when the notice and consent criteria are
4 satisfied under paragraph (2) of subsection (b-5), if an
5 individual receives health care services under the situations
6 described in subsection (b) or (b-5), no referral requirement
7 or any other provision contained in the policy or certificate
8 of coverage shall deny coverage, reduce benefits, or otherwise
9 defeat the requirements of this Section for services that
10 would have been covered with a participating provider.
11 However, this subsection shall not be construed to preclude a
12 provider contract with a health insurance issuer, or with an
13 administrator or similar entity acting on the issuer's behalf,
14 from imposing requirements on the participating provider,
15 participating emergency facility, or participating health care
16 facility relating to the referral of covered individuals to
17 nonparticipating providers.

18 (l) Except if the notice and consent criteria are
19 satisfied under paragraph (2) of subsection (b-5),
20 cost-sharing amounts calculated in conformity with this
21 Section shall count toward any deductible or out-of-pocket
22 maximum applicable to in-network coverage.

23 (m) The Department has the authority to enforce the
24 requirements of this Section in the situations described in
25 subsections (b) and (b-5), and in any other situation for
26 which 42 U.S.C. Chapter 6A, Subchapter XXV, Parts D or E and

1 regulations promulgated thereunder would prohibit an
2 individual from being billed or liable for emergency services
3 furnished by a nonparticipating provider or nonparticipating
4 emergency facility or for non-emergency health care services
5 furnished by a nonparticipating provider at a participating
6 health care facility.

7 (n) This Section does not apply with respect to air
8 ambulance or ground ambulance services. This Section does not
9 apply to any policy of excepted benefits or to short-term,
10 limited-duration health insurance coverage.

11 (Source: P.A. 102-901, eff. 7-1-22; 102-1117, eff. 1-13-23.)

12 (215 ILCS 5/356z.4)

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

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

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

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

23 (C) The General Assembly intends to build on existing
24 State and federal law to promote gender equity and women's
25 health and to ensure greater contraceptive coverage equity

1 and timely access to all federal Food and Drug
2 Administration approved methods of birth control for all
3 individuals covered by an individual or group health
4 insurance policy in Illinois.

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

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

10 "Contraceptive services" includes consultations,
11 examinations, procedures, and medical services related to the
12 use of contraceptive methods (including natural family
13 planning) to prevent an unintended pregnancy.

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

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

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

26 (ii) they are pharmaceutical equivalents in that they

1 (A) contain identical amounts of the same active drug
2 ingredient in the same dosage form and route of
3 administration and (B) meet compendial or other applicable
4 standards of strength, quality, purity, and identity;

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

10 (iv) they are adequately labeled; and

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

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

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

24 (i) If the United States Food and Drug
25 Administration has approved one or more therapeutic
26 equivalent versions of a contraceptive drug, device,

1 or product, a policy is not required to include all
2 such therapeutic equivalent versions in its formulary,
3 so long as at least one is included and covered without
4 cost-sharing and in accordance with this Section.

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

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

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

22 (B) Voluntary sterilization procedures.

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

25 (D) Follow-up services related to the drugs, devices,
26 products, and procedures covered under this Section,

1 including, but not limited to, management of side effects,
2 counseling for continued adherence, and device insertion
3 and removal.

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

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

16 (6) If, at any time, the Secretary of the United States
17 Department of Health and Human Services, or its successor
18 agency, promulgates rules or regulations to be published in
19 the Federal Register or publishes a comment in the Federal
20 Register or issues an opinion, guidance, or other action that
21 would require the State, pursuant to any provision of the
22 Patient Protection and Affordable Care Act (Public Law
23 111-148), including, but not limited to, 42 U.S.C.
24 18031(d)(3)(B) or any successor provision, to defray the cost
25 of any coverage outlined in this subsection (a), then this
26 subsection (a) is inoperative with respect to all coverage

1 outlined in this subsection (a) other than that authorized
2 under Section 1902 of the Social Security Act, 42 U.S.C.
3 1396a, and the State shall not assume any obligation for the
4 cost of the coverage set forth in this subsection (a).

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

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

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

23 As used in this subsection (b), "outpatient contraceptive
24 service" means consultations, examinations, procedures, and
25 medical services, provided on an outpatient basis and related
26 to the use of contraceptive methods (including natural family

1 planning) to prevent an unintended pregnancy.

2 (c) Nothing in this Section shall be construed to require
3 an insurance company to cover services related to an abortion
4 as the term "abortion" is defined in Section 1-25 of the
5 Illinois Abortion Law of 2023. ~~(Blank).~~

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

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

15 Section 5-55. The Network Adequacy and Transparency Act is
16 amended by changing Section 10 as follows:

17 (215 ILCS 124/10)

18 Sec. 10. Network adequacy.

19 (a) An insurer providing a network plan shall file a
20 description of all of the following with the Director:

21 (1) The written policies and procedures for adding
22 providers to meet patient needs based on increases in the
23 number of beneficiaries, changes in the
24 patient-to-provider ratio, changes in medical and health

1 care capabilities, and increased demand for services.

2 (2) The written policies and procedures for making
3 referrals within and outside the network.

4 (3) The written policies and procedures on how the
5 network plan will provide 24-hour, 7-day per week access
6 to network-affiliated primary care, emergency services,
7 and women's principal health care providers.

8 An insurer shall not prohibit a preferred provider from
9 discussing any specific or all treatment options with
10 beneficiaries irrespective of the insurer's position on those
11 treatment options or from advocating on behalf of
12 beneficiaries within the utilization review, grievance, or
13 appeals processes established by the insurer in accordance
14 with any rights or remedies available under applicable State
15 or federal law.

16 (b) Insurers must file for review a description of the
17 services to be offered through a network plan. The description
18 shall include all of the following:

19 (1) A geographic map of the area proposed to be served
20 by the plan by county service area and zip code, including
21 marked locations for preferred providers.

22 (2) As deemed necessary by the Department, the names,
23 addresses, phone numbers, and specialties of the providers
24 who have entered into preferred provider agreements under
25 the network plan.

26 (3) The number of beneficiaries anticipated to be

1 covered by the network plan.

2 (4) An Internet website and toll-free telephone number
3 for beneficiaries and prospective beneficiaries to access
4 current and accurate lists of preferred providers,
5 additional information about the plan, as well as any
6 other information required by Department rule.

7 (5) A description of how health care services to be
8 rendered under the network plan are reasonably accessible
9 and available to beneficiaries. The description shall
10 address all of the following:

11 (A) the type of health care services to be
12 provided by the network plan;

13 (B) the ratio of physicians and other providers to
14 beneficiaries, by specialty and including primary care
15 physicians and facility-based physicians when
16 applicable under the contract, necessary to meet the
17 health care needs and service demands of the currently
18 enrolled population;

19 (C) the travel and distance standards for plan
20 beneficiaries in county service areas; and

21 (D) a description of how the use of telemedicine,
22 telehealth, or mobile care services may be used to
23 partially meet the network adequacy standards, if
24 applicable.

25 (6) A provision ensuring that whenever a beneficiary
26 has made a good faith effort, as evidenced by accessing

1 the provider directory, calling the network plan, and
2 calling the provider, to utilize preferred providers for a
3 covered service and it is determined the insurer does not
4 have the appropriate preferred providers due to
5 insufficient number, type, or unreasonable travel distance
6 or delay, ~~or preferred providers refusing to provide a~~
7 ~~covered service because it is contrary to the conscience~~
8 ~~of the preferred providers, as protected by the Health~~
9 ~~Care Right of Conscience Act,~~ the insurer shall ensure,
10 directly or indirectly, by terms contained in the payer
11 contract, that the beneficiary will be provided the
12 covered service at no greater cost to the beneficiary than
13 if the service had been provided by a preferred provider.
14 This paragraph (6) does not apply to: (A) a beneficiary
15 who willfully chooses to access a non-preferred provider
16 for health care services available through the panel of
17 preferred providers, or (B) a beneficiary enrolled in a
18 health maintenance organization. In these circumstances,
19 the contractual requirements for non-preferred provider
20 reimbursements shall apply unless Section 356z.3a of the
21 Illinois Insurance Code requires otherwise. In no event
22 shall a beneficiary who receives care at a participating
23 health care facility be required to search for
24 participating providers under the circumstances described
25 in subsection (b) or (b-5) of Section 356z.3a of the
26 Illinois Insurance Code except under the circumstances

1 described in paragraph (2) of subsection (b-5).

2 (7) A provision that the beneficiary shall receive
3 emergency care coverage such that payment for this
4 coverage is not dependent upon whether the emergency
5 services are performed by a preferred or non-preferred
6 provider and the coverage shall be at the same benefit
7 level as if the service or treatment had been rendered by a
8 preferred provider. For purposes of this paragraph (7),
9 "the same benefit level" means that the beneficiary is
10 provided the covered service at no greater cost to the
11 beneficiary than if the service had been provided by a
12 preferred provider. This provision shall be consistent
13 with Section 356z.3a of the Illinois Insurance Code.

14 (8) A limitation that, if the plan provides that the
15 beneficiary will incur a penalty for failing to
16 pre-certify inpatient hospital treatment, the penalty may
17 not exceed \$1,000 per occurrence in addition to the plan
18 cost sharing provisions.

19 (c) The network plan shall demonstrate to the Director a
20 minimum ratio of providers to plan beneficiaries as required
21 by the Department.

22 (1) The ratio of physicians or other providers to plan
23 beneficiaries shall be established annually by the
24 Department in consultation with the Department of Public
25 Health based upon the guidance from the federal Centers
26 for Medicare and Medicaid Services. The Department shall

1 not establish ratios for vision or dental providers who
2 provide services under dental-specific or vision-specific
3 benefits. The Department shall consider establishing
4 ratios for the following physicians or other providers:

5 (A) Primary Care;

6 (B) Pediatrics;

7 (C) Cardiology;

8 (D) Gastroenterology;

9 (E) General Surgery;

10 (F) Neurology;

11 (G) OB/GYN;

12 (H) Oncology/Radiation;

13 (I) Ophthalmology;

14 (J) Urology;

15 (K) Behavioral Health;

16 (L) Allergy/Immunology;

17 (M) Chiropractic;

18 (N) Dermatology;

19 (O) Endocrinology;

20 (P) Ears, Nose, and Throat (ENT)/Otolaryngology;

21 (Q) Infectious Disease;

22 (R) Nephrology;

23 (S) Neurosurgery;

24 (T) Orthopedic Surgery;

25 (U) Physiatry/Rehabilitative;

26 (V) Plastic Surgery;

- 1 (W) Pulmonary;
2 (X) Rheumatology;
3 (Y) Anesthesiology;
4 (Z) Pain Medicine;
5 (AA) Pediatric Specialty Services;
6 (BB) Outpatient Dialysis; and
7 (CC) HIV.

8 (2) The Director shall establish a process for the
9 review of the adequacy of these standards, along with an
10 assessment of additional specialties to be included in the
11 list under this subsection (c).

12 (d) The network plan shall demonstrate to the Director
13 maximum travel and distance standards for plan beneficiaries,
14 which shall be established annually by the Department in
15 consultation with the Department of Public Health based upon
16 the guidance from the federal Centers for Medicare and
17 Medicaid Services. These standards shall consist of the
18 maximum minutes or miles to be traveled by a plan beneficiary
19 for each county type, such as large counties, metro counties,
20 or rural counties as defined by Department rule.

21 The maximum travel time and distance standards must
22 include standards for each physician and other provider
23 category listed for which ratios have been established.

24 The Director shall establish a process for the review of
25 the adequacy of these standards along with an assessment of
26 additional specialties to be included in the list under this

1 subsection (d).

2 (d-5)(1) Every insurer shall ensure that beneficiaries
3 have timely and proximate access to treatment for mental,
4 emotional, nervous, or substance use disorders or conditions
5 in accordance with the provisions of paragraph (4) of
6 subsection (a) of Section 370c of the Illinois Insurance Code.
7 Insurers shall use a comparable process, strategy, evidentiary
8 standard, and other factors in the development and application
9 of the network adequacy standards for timely and proximate
10 access to treatment for mental, emotional, nervous, or
11 substance use disorders or conditions and those for the access
12 to treatment for medical and surgical conditions. As such, the
13 network adequacy standards for timely and proximate access
14 shall equally be applied to treatment facilities and providers
15 for mental, emotional, nervous, or substance use disorders or
16 conditions and specialists providing medical or surgical
17 benefits pursuant to the parity requirements of Section 370c.1
18 of the Illinois Insurance Code and the federal Paul Wellstone
19 and Pete Domenici Mental Health Parity and Addiction Equity
20 Act of 2008. Notwithstanding the foregoing, the network
21 adequacy standards for timely and proximate access to
22 treatment for mental, emotional, nervous, or substance use
23 disorders or conditions shall, at a minimum, satisfy the
24 following requirements:

25 (A) For beneficiaries residing in the metropolitan
26 counties of Cook, DuPage, Kane, Lake, McHenry, and Will,

1 network adequacy standards for timely and proximate access
2 to treatment for mental, emotional, nervous, or substance
3 use disorders or conditions means a beneficiary shall not
4 have to travel longer than 30 minutes or 30 miles from the
5 beneficiary's residence to receive outpatient treatment
6 for mental, emotional, nervous, or substance use disorders
7 or conditions. Beneficiaries shall not be required to wait
8 longer than 10 business days between requesting an initial
9 appointment and being seen by the facility or provider of
10 mental, emotional, nervous, or substance use disorders or
11 conditions for outpatient treatment or to wait longer than
12 20 business days between requesting a repeat or follow-up
13 appointment and being seen by the facility or provider of
14 mental, emotional, nervous, or substance use disorders or
15 conditions for outpatient treatment; however, subject to
16 the protections of paragraph (3) of this subsection, a
17 network plan shall not be held responsible if the
18 beneficiary or provider voluntarily chooses to schedule an
19 appointment outside of these required time frames.

20 (B) For beneficiaries residing in Illinois counties
21 other than those counties listed in subparagraph (A) of
22 this paragraph, network adequacy standards for timely and
23 proximate access to treatment for mental, emotional,
24 nervous, or substance use disorders or conditions means a
25 beneficiary shall not have to travel longer than 60
26 minutes or 60 miles from the beneficiary's residence to

1 receive outpatient treatment for mental, emotional,
2 nervous, or substance use disorders or conditions.
3 Beneficiaries shall not be required to wait longer than 10
4 business days between requesting an initial appointment
5 and being seen by the facility or provider of mental,
6 emotional, nervous, or substance use disorders or
7 conditions for outpatient treatment or to wait longer than
8 20 business days between requesting a repeat or follow-up
9 appointment and being seen by the facility or provider of
10 mental, emotional, nervous, or substance use disorders or
11 conditions for outpatient treatment; however, subject to
12 the protections of paragraph (3) of this subsection, a
13 network plan shall not be held responsible if the
14 beneficiary or provider voluntarily chooses to schedule an
15 appointment outside of these required time frames.

16 (2) For beneficiaries residing in all Illinois counties,
17 network adequacy standards for timely and proximate access to
18 treatment for mental, emotional, nervous, or substance use
19 disorders or conditions means a beneficiary shall not have to
20 travel longer than 60 minutes or 60 miles from the
21 beneficiary's residence to receive inpatient or residential
22 treatment for mental, emotional, nervous, or substance use
23 disorders or conditions.

24 (3) If there is no in-network facility or provider
25 available for a beneficiary to receive timely and proximate
26 access to treatment for mental, emotional, nervous, or

1 substance use disorders or conditions in accordance with the
2 network adequacy standards outlined in this subsection, the
3 insurer shall provide necessary exceptions to its network to
4 ensure admission and treatment with a provider or at a
5 treatment facility in accordance with the network adequacy
6 standards in this subsection.

7 (e) Except for network plans solely offered as a group
8 health plan, these ratio and time and distance standards apply
9 to the lowest cost-sharing tier of any tiered network.

10 (f) The network plan may consider use of other health care
11 service delivery options, such as telemedicine or telehealth,
12 mobile clinics, and centers of excellence, or other ways of
13 delivering care to partially meet the requirements set under
14 this Section.

15 (g) Except for the requirements set forth in subsection
16 (d-5), insurers who are not able to comply with the provider
17 ratios and time and distance standards established by the
18 Department may request an exception to these requirements from
19 the Department. The Department may grant an exception in the
20 following circumstances:

21 (1) if no providers or facilities meet the specific
22 time and distance standard in a specific service area and
23 the insurer (i) discloses information on the distance and
24 travel time points that beneficiaries would have to travel
25 beyond the required criterion to reach the next closest
26 contracted provider outside of the service area and (ii)

1 provides contact information, including names, addresses,
2 and phone numbers for the next closest contracted provider
3 or facility;

4 (2) if patterns of care in the service area do not
5 support the need for the requested number of provider or
6 facility type and the insurer provides data on local
7 patterns of care, such as claims data, referral patterns,
8 or local provider interviews, indicating where the
9 beneficiaries currently seek this type of care or where
10 the physicians currently refer beneficiaries, or both; or

11 (3) other circumstances deemed appropriate by the
12 Department consistent with the requirements of this Act.

13 (h) Insurers are required to report to the Director any
14 material change to an approved network plan within 15 days
15 after the change occurs and any change that would result in
16 failure to meet the requirements of this Act. Upon notice from
17 the insurer, the Director shall reevaluate the network plan's
18 compliance with the network adequacy and transparency
19 standards of this Act.

20 (Source: P.A. 102-144, eff. 1-1-22; 102-901, eff. 7-1-22;
21 102-1117, eff. 1-13-23.)

22 Section 5-60. The Health Maintenance Organization Act is
23 amended by changing Section 5-3 as follows:

24 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

1 Sec. 5-3. Insurance Code provisions.

2 (a) Health Maintenance Organizations shall be subject to
3 the provisions of Sections 133, 134, 136, 137, 139, 140,
4 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
5 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
6 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
7 356y, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5, 356z.6,
8 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
9 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
10 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
11 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
12 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
13 ~~356z.60~~, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
14 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
15 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
16 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
17 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
18 Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 adopted, for whatever reason, is unauthorized.

2 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
3 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
4 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
5 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
7 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
8 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
9 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
10 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
11 eff. 1-1-23; 102-1117, eff. 1-13-23; revised 1-22-23.)

12 Section 5-65. The Limited Health Service Organization Act
13 is amended by changing Section 4003 as follows:

14 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

15 Sec. 4003. Illinois Insurance Code provisions. Limited
16 health service organizations shall be subject to the
17 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
18 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
19 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
20 355b, 356q, 356v, ~~356z.4, 356z.4a~~, 356z.10, 356z.21, 356z.22,
21 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
22 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,
23 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
24 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII

1 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance
2 Code. ~~Nothing in this Section shall require a limited health~~
3 ~~care plan to cover any service that is not a limited health~~
4 ~~service.~~ For purposes of the Illinois Insurance Code, except
5 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
6 limited health service organizations in the following
7 categories are deemed to be domestic companies:

8 (1) a corporation under the laws of this State; or

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

15 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
16 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
17 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
18 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
19 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
20 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

21 Section 5-70. The Voluntary Health Services Plans Act is
22 amended by changing Section 10 as follows:

23 (215 ILCS 165/10) (from Ch. 32, par. 604)

24 Sec. 10. Application of Insurance Code provisions. Health

1 services plan corporations and all persons interested therein
2 or dealing therewith shall be subject to the provisions of
3 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
4 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
5 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
6 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5,
7 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
8 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
9 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
10 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
11 356z.56, 356z.57, 356z.59, ~~356z.60~~, 364.01, 364.3, 367.2,
12 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
13 paragraphs (7) and (15) of Section 367 of the Illinois
14 Insurance Code.

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

21 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
22 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
23 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
24 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
25 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
26 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,

1 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
2 102-1117, eff. 1-13-23.)

3 Section 5-75. The Behavior Analyst Licensing Act is
4 amended by changing Section 60 as follows:

5 (225 ILCS 6/60)

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

7 Sec. 60. Grounds for disciplinary action.

8 (a) The Department may refuse to issue or renew a license,
9 or may suspend, revoke, place on probation, reprimand, or take
10 any other disciplinary or nondisciplinary action deemed
11 appropriate by the Department, including the imposition of
12 fines not to exceed \$10,000 for each violation, with regard to
13 any license issued under the provisions of this Act for any one
14 or a combination of the following grounds:

15 (1) material misstatements in furnishing information
16 to the Department or to any other State agency or in
17 furnishing information to any insurance company with
18 respect to a claim on behalf of a licensee or a patient;

19 (2) violations or negligent or intentional disregard
20 of this Act or its rules;

21 (3) conviction of or entry of a plea of guilty or nolo
22 contendere, finding of guilt, jury verdict, or entry of
23 judgment or sentencing, including, but not limited to,
24 convictions, preceding sentences of supervision,

1 conditional discharge, or first offender probation, under
2 the laws of any jurisdiction of the United States that is
3 (i) a felony or (ii) a misdemeanor, an essential element
4 of which is dishonesty, or that is directly related to the
5 practice of behavior analysis;

6 (4) fraud or misrepresentation in applying for or
7 procuring a license under this Act or in connection with
8 applying for renewal or restoration of a license under
9 this Act;

10 (5) professional incompetence;

11 (6) gross negligence in practice under this Act;

12 (7) aiding or assisting another person in violating
13 any provision of this Act or its rules;

14 (8) failing to provide information within 60 days in
15 response to a written request made by the Department;

16 (9) engaging in dishonorable, unethical, or
17 unprofessional conduct of a character likely to deceive,
18 defraud, or harm the public as defined by the rules of the
19 Department or violating the rules of professional conduct
20 adopted by the Department;

21 (10) habitual or excessive use or abuse of drugs
22 defined in law as controlled substances, of alcohol, or of
23 any other substances that results in the inability to
24 practice with reasonable judgment, skill, or safety;

25 (11) adverse action taken by another state or
26 jurisdiction if at least one of the grounds for the

1 discipline is the same or substantially equivalent to
2 those set forth in this Section;

3 (12) directly or indirectly giving to or receiving
4 from any person, firm, corporation, partnership, or
5 association any fee, commission, rebate, or other form of
6 compensation for any professional service not actually
7 rendered; nothing in this paragraph affects any bona fide
8 independent contractor or employment arrangements among
9 health care professionals, health facilities, health care
10 providers, or other entities, except as otherwise
11 prohibited by law; any employment arrangements may include
12 provisions for compensation, health insurance, pension, or
13 other employment benefits for the provision of services
14 within the scope of the licensee's practice under this
15 Act; nothing in this paragraph shall be construed to
16 require an employment arrangement to receive professional
17 fees for services rendered;

18 (13) a finding by the Department that the licensee,
19 after having the license placed on probationary status,
20 has violated the terms of probation or failed to comply
21 with those terms;

22 (14) abandonment, without cause, of a client;

23 (15) willfully making or filing false records or
24 reports relating to a licensee's practice, including, but
25 not limited to, false records filed with federal or State
26 agencies or departments;

1 (16) willfully failing to report an instance of
2 suspected child abuse or neglect as required by the Abused
3 and Neglected Child Reporting Act;

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

11 (18) physical illness, mental illness, or any other
12 impairment or disability, including, but not limited to,
13 deterioration through the aging process, or loss of motor
14 skills that results in the inability to practice the
15 profession with reasonable judgment, skill, or safety;

16 (19) solicitation of professional services by using
17 false or misleading advertising;

18 (20) violation of the Health Care Worker Self-Referral
19 Act;

20 (21) willfully failing to report an instance of
21 suspected abuse, neglect, financial exploitation, or
22 self-neglect of an eligible adult as defined in and
23 required by the Adult Protective Services Act; or

24 (22) being named as an abuser in a verified report by
25 the Department on Aging under the Adult Protective
26 Services Act, and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or
2 financially exploited an eligible adult as defined in the
3 Adult Protective Services Act.

4 (b) The determination by a court that a licensee is
5 subject to involuntary admission or judicial admission as
6 provided in the Mental Health and Developmental Disabilities
7 Code shall result in an automatic suspension of the licensee's
8 license. The suspension shall end upon a finding by a court
9 that the licensee is no longer subject to involuntary
10 admission or judicial admission and issues an order so finding
11 and discharging the patient, and upon the recommendation of
12 the Board to the Secretary that the licensee be allowed to
13 resume professional practice.

14 (c) The Department shall refuse to issue or renew or may
15 suspend the license of a person who (i) fails to file a tax
16 return, pay the tax, penalty, or interest shown in a filed tax
17 return, or pay any final assessment of tax, penalty, or
18 interest, as required by any tax Act administered by the
19 Department of Revenue, until the requirements of the tax Act
20 are satisfied or (ii) has failed to pay any court-ordered
21 child support as determined by a court order or by referral
22 from the Department of Healthcare and Family Services.

23 ~~(c-1) The Department shall not revoke, suspend, place on~~
24 ~~probation, reprimand, refuse to issue or renew, or take any~~
25 ~~other disciplinary or non-disciplinary action against the~~
26 ~~license or permit issued under this Act based solely upon the~~

1 ~~licensed behavior analyst recommending, aiding, assisting,~~
2 ~~referring for, or participating in any health care service, so~~
3 ~~long as the care was not unlawful under the laws of this State,~~
4 ~~regardless of whether the patient was a resident of this State~~
5 ~~or another state.~~

6 ~~(c-2) The Department shall not revoke, suspend, place on~~
7 ~~prohibition, reprimand, refuse to issue or renew, or take any~~
8 ~~other disciplinary or non disciplinary action against the~~
9 ~~license or permit issued under this Act to practice as a~~
10 ~~licensed behavior analyst based upon the licensed behavior~~
11 ~~analyst's license being revoked or suspended, or the licensed~~
12 ~~behavior analyst being otherwise disciplined by any other~~
13 ~~state, if that revocation, suspension, or other form of~~
14 ~~discipline was based solely on the licensed behavior analyst~~
15 ~~violating another state's laws prohibiting the provision of,~~
16 ~~authorization of, recommendation of, aiding or assisting in,~~
17 ~~referring for, or participation in any health care service if~~
18 ~~that health care service as provided would not have been~~
19 ~~unlawful under the laws of this State and is consistent with~~
20 ~~the standards of conduct for a licensed behavior analyst~~
21 ~~practicing in Illinois.~~

22 ~~(c-3) The conduct specified in subsections (c-1) and (c-2)~~
23 ~~shall not constitute grounds for suspension under Section 125.~~

24 ~~(c-4) The Department shall not revoke, suspend, summarily~~
25 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
26 ~~renew, or take any other disciplinary or non disciplinary~~

1 ~~action against the license or permit issued under this Act to~~
2 ~~practice as a licensed behavior analyst based solely upon the~~
3 ~~license of a licensed behavior analyst being revoked or the~~
4 ~~licensed behavior analyst being otherwise disciplined by any~~
5 ~~other state or territory other than Illinois for the referral~~
6 ~~for or having otherwise participated in any health care~~
7 ~~service, if the revocation or disciplinary action was based~~
8 ~~solely on a violation of the other state's law prohibiting~~
9 ~~such health care services in the state, for a resident of the~~
10 ~~state, or in any other state.~~

11 (d) In enforcing this Section, the Department, upon a
12 showing of a possible violation, may compel a person licensed
13 to practice under this Act, or who has applied for licensure
14 under this Act, to submit to a mental or physical examination,
15 or both, which may include a substance abuse or sexual
16 offender evaluation, as required by and at the expense of the
17 Department.

18 (1) The Department shall specifically designate the
19 examining physician licensed to practice medicine in all
20 of its branches or, if applicable, the multidisciplinary
21 team involved in providing the mental or physical
22 examination or both. The multidisciplinary team shall be
23 led by a physician licensed to practice medicine in all of
24 its branches and may consist of one or more or a
25 combination of physicians licensed to practice medicine in
26 all of its branches, licensed clinical psychologists,

1 licensed clinical professional counselors, and other
2 professional and administrative staff. Any examining
3 physician or member of the multidisciplinary team may
4 require any person ordered to submit to an examination
5 pursuant to this Section to submit to any additional
6 supplemental testing deemed necessary to complete any
7 examination or evaluation process, including, but not
8 limited to, blood testing, urinalysis, psychological
9 testing, or neuropsychological testing.

10 (2) The Department may order the examining physician
11 or any member of the multidisciplinary team to present
12 testimony concerning this mental or physical examination
13 of the licensee or applicant. No information, report,
14 record, or other documents in any way related to the
15 examination shall be excluded by reason of any common law
16 or statutory privilege relating to communications between
17 the licensee or applicant and the examining physician or
18 any member of the multidisciplinary team. No authorization
19 is necessary from the licensee or applicant ordered to
20 undergo an examination for the examining physician or any
21 member of the multidisciplinary team to provide
22 information, reports, records, or other documents or to
23 provide any testimony regarding the examination and
24 evaluation.

25 (3) The person to be examined may have, at the
26 person's own expense, another physician of the person's

1 choice present during all aspects of the examination.
2 However, that physician shall be present only to observe
3 and may not interfere in any way with the examination.

4 (4) The failure of any person to submit to a mental or
5 physical examination without reasonable cause, when
6 ordered, shall result in an automatic suspension of the
7 person's license until the person submits to the
8 examination.

9 (e) If the Department finds a person unable to practice
10 because of the reasons set forth in this Section, the
11 Department or Board may require that person to submit to care,
12 counseling, or treatment by physicians approved or designated
13 by the Department or Board, as a condition, term, or
14 restriction for continued, reinstated, or renewed licensure to
15 practice; or, in lieu of care, counseling, or treatment, the
16 Department may file, or the Board may recommend to the
17 Department to file, a complaint to immediately suspend,
18 revoke, or otherwise discipline the license of the person. Any
19 person whose license was granted, continued, reinstated,
20 renewed, disciplined, or supervised subject to the terms,
21 conditions, or restrictions, and who fails to comply with the
22 terms, conditions, or restrictions, shall be referred to the
23 Secretary for a determination as to whether the person shall
24 have the person's license suspended immediately, pending a
25 hearing by the Department.

26 (f) All fines imposed shall be paid within 60 days after

1 the effective date of the order imposing the fine or in
2 accordance with the terms set forth in the order imposing the
3 fine.

4 If the Secretary immediately suspends a person's license
5 under this subsection, a hearing on that person's license must
6 be convened by the Department within 30 days after the
7 suspension and completed without appreciable delay. The
8 Department and Board shall have the authority to review the
9 subject person's record of treatment and counseling regarding
10 the impairment, to the extent permitted by applicable federal
11 statutes and regulations safeguarding the confidentiality of
12 medical records.

13 A person licensed under this Act and affected under this
14 Section shall be afforded an opportunity to demonstrate to the
15 Department or Board that the person can resume practice in
16 compliance with acceptable and prevailing standards under the
17 provisions of the person's license.

18 ~~(g) The Department may adopt rules to implement the~~
19 ~~changes made by this amendatory Act of the 102nd General~~
20 ~~Assembly.~~

21 (Source: P.A. 102-953, eff. 5-27-22; 102-1117, eff. 1-13-23.)

22 Section 5-80. The Clinical Psychologist Licensing Act is
23 amended by changing Section 15 as follows:

24 (225 ILCS 15/15) (from Ch. 111, par. 5365)

1 (Section scheduled to be repealed on January 1, 2027)

2 Sec. 15. Disciplinary action; grounds.

3 ~~(a)~~ The Department may refuse to issue, refuse to renew,
4 suspend, or revoke any license, or may place on probation,
5 reprimand, or take other disciplinary or non-disciplinary
6 action deemed appropriate by the Department, including the
7 imposition of fines not to exceed \$10,000 for each violation,
8 with regard to any license issued under the provisions of this
9 Act for any one or a combination of the following reasons:

10 (1) Conviction of, or entry of a plea of guilty or nolo
11 contendere to, any crime that is a felony under the laws of
12 the United States or any state or territory thereof or
13 that is a misdemeanor of which an essential element is
14 dishonesty, or any crime that is directly related to the
15 practice of the profession.

16 (2) Gross negligence in the rendering of clinical
17 psychological services.

18 (3) Using fraud or making any misrepresentation in
19 applying for a license or in passing the examination
20 provided for in this Act.

21 (4) Aiding or abetting or conspiring to aid or abet a
22 person, not a clinical psychologist licensed under this
23 Act, in representing himself or herself as so licensed or
24 in applying for a license under this Act.

25 (5) Violation of any provision of this Act or the
26 rules promulgated thereunder.

1 (6) Professional connection or association with any
2 person, firm, association, partnership or corporation
3 holding himself, herself, themselves, or itself out in any
4 manner contrary to this Act.

5 (7) Unethical, unauthorized or unprofessional conduct
6 as defined by rule. In establishing those rules, the
7 Department shall consider, though is not bound by, the
8 ethical standards for psychologists promulgated by
9 recognized national psychology associations.

10 (8) Aiding or assisting another person in violating
11 any provisions of this Act or the rules promulgated
12 thereunder.

13 (9) Failing to provide, within 60 days, information in
14 response to a written request made by the Department.

15 (10) Habitual or excessive use or addiction to
16 alcohol, narcotics, stimulants, or any other chemical
17 agent or drug that results in a clinical psychologist's
18 inability to practice with reasonable judgment, skill or
19 safety.

20 (11) Discipline by another state, territory, the
21 District of Columbia or foreign country, if at least one
22 of the grounds for the discipline is the same or
23 substantially equivalent to those set forth herein.

24 (12) Directly or indirectly giving or receiving from
25 any person, firm, corporation, association or partnership
26 any fee, commission, rebate, or other form of compensation

1 for any professional service not actually or personally
2 rendered. Nothing in this paragraph (12) affects any bona
3 fide independent contractor or employment arrangements
4 among health care professionals, health facilities, health
5 care providers, or other entities, except as otherwise
6 prohibited by law. Any employment arrangements may include
7 provisions for compensation, health insurance, pension, or
8 other employment benefits for the provision of services
9 within the scope of the licensee's practice under this
10 Act. Nothing in this paragraph (12) shall be construed to
11 require an employment arrangement to receive professional
12 fees for services rendered.

13 (13) A finding that the licensee, after having his or
14 her license placed on probationary status, has violated
15 the terms of probation.

16 (14) Willfully making or filing false records or
17 reports, including but not limited to, false records or
18 reports filed with State agencies or departments.

19 (15) Physical illness, including but not limited to,
20 deterioration through the aging process, mental illness or
21 disability that results in the inability to practice the
22 profession with reasonable judgment, skill and safety.

23 (16) Willfully failing to report an instance of
24 suspected child abuse or neglect as required by the Abused
25 and Neglected Child Reporting Act.

26 (17) Being named as a perpetrator in an indicated

1 report by the Department of Children and Family Services
2 pursuant to the Abused and Neglected Child Reporting Act,
3 and upon proof by clear and convincing evidence that the
4 licensee has caused a child to be an abused child or
5 neglected child as defined in the Abused and Neglected
6 Child Reporting Act.

7 (18) Violation of the Health Care Worker Self-Referral
8 Act.

9 (19) Making a material misstatement in furnishing
10 information to the Department, any other State or federal
11 agency, or any other entity.

12 (20) Failing to report to the Department any adverse
13 judgment, settlement, or award arising from a liability
14 claim related to an act or conduct similar to an act or
15 conduct that would constitute grounds for action as set
16 forth in this Section.

17 (21) Failing to report to the Department any adverse
18 final action taken against a licensee or applicant by
19 another licensing jurisdiction, including any other state
20 or territory of the United States or any foreign state or
21 country, or any peer review body, health care institution,
22 professional society or association related to the
23 profession, governmental agency, law enforcement agency,
24 or court for an act or conduct similar to an act or conduct
25 that would constitute grounds for disciplinary action as
26 set forth in this Section.

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

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

9 (24) Exceeding the terms of a collaborative agreement
10 or the prescriptive authority delegated to a licensee by
11 his or her collaborating physician or established under a
12 written collaborative agreement.

13 The entry of an order by any circuit court establishing
14 that any person holding a license under this Act is subject to
15 involuntary admission or judicial admission as provided for in
16 the Mental Health and Developmental Disabilities Code,
17 operates as an automatic suspension of that license. That
18 person may have his or her license restored only upon the
19 determination by a circuit court that the patient is no longer
20 subject to involuntary admission or judicial admission and the
21 issuance of an order so finding and discharging the patient
22 and upon the Board's recommendation to the Department that the
23 license be restored. Where the circumstances so indicate, the
24 Board may recommend to the Department that it require an
25 examination prior to restoring any license so automatically
26 suspended.

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

8 In enforcing this Section, the Department or Board upon a
9 showing of a possible violation may compel any person licensed
10 to practice under this Act, or who has applied for licensure or
11 certification pursuant to this Act, to submit to a mental or
12 physical examination, or both, as required by and at the
13 expense of the Department. The examining physicians or
14 clinical psychologists shall be those specifically designated
15 by the Department. The Board or the Department may order the
16 examining physician or clinical psychologist to present
17 testimony concerning this mental or physical examination of
18 the licensee or applicant. No information shall be excluded by
19 reason of any common law or statutory privilege relating to
20 communications between the licensee or applicant and the
21 examining physician or clinical psychologist. The person to be
22 examined may have, at his or her own expense, another
23 physician or clinical psychologist of his or her choice
24 present during all aspects of the examination. Failure of any
25 person to submit to a mental or physical examination, when
26 directed, shall be grounds for suspension of a license until

1 the person submits to the examination if the Department or
2 Board finds, after notice and hearing, that the refusal to
3 submit to the examination was without reasonable cause.

4 If the Department or Board finds a person unable to
5 practice because of the reasons set forth in this Section, the
6 Department or Board may require that person to submit to care,
7 counseling or treatment by physicians or clinical
8 psychologists approved or designated by the Department, as a
9 condition, term, or restriction for continued, reinstated, or
10 renewed licensure to practice; or, in lieu of care, counseling
11 or treatment, the Board may recommend to the Department to
12 file or the Department may file a complaint to immediately
13 suspend, revoke or otherwise discipline the license of the
14 person. Any person whose license was granted, continued,
15 reinstated, renewed, disciplined or supervised subject to such
16 terms, conditions or restrictions, and who fails to comply
17 with such terms, conditions or restrictions, shall be referred
18 to the Secretary for a determination as to whether the person
19 shall have his or her license suspended immediately, pending a
20 hearing by the Board.

21 In instances in which the Secretary immediately suspends a
22 person's license under this Section, a hearing on that
23 person's license must be convened by the Board within 15 days
24 after the suspension and completed without appreciable delay.
25 The Board shall have the authority to review the subject
26 person's record of treatment and counseling regarding the

1 impairment, to the extent permitted by applicable federal
2 statutes and regulations safeguarding the confidentiality of
3 medical records.

4 A person licensed under this Act and affected under this
5 Section shall be afforded an opportunity to demonstrate to the
6 Board that he or she can resume practice in compliance with
7 acceptable and prevailing standards under the provisions of
8 his or her license.

9 ~~(b) The Department shall not revoke, suspend, place on
10 probation, reprimand, refuse to issue or renew, or take any
11 other disciplinary or non-disciplinary action against the
12 license or permit issued under this Act based solely upon the
13 licensed clinical psychologist recommending, aiding,
14 assisting, referring for, or participating in any health care
15 service, so long as the care was not unlawful under the laws of
16 this State, regardless of whether the patient was a resident
17 of this State or another state.~~

18 ~~(c) The Department shall not revoke, suspend, place on
19 prohibition, reprimand, refuse to issue or renew, or take any
20 other disciplinary or non-disciplinary action against the
21 license or permit issued under this Act to practice as a
22 licensed clinical psychologist based upon the licensed
23 clinical psychologist's license being revoked or suspended, or
24 the licensed clinical psychologist being otherwise disciplined
25 by any other state, if that revocation, suspension, or other
26 form of discipline was based solely on the licensed clinical~~

1 ~~psychologist violating another state's laws prohibiting the~~
2 ~~provision of, authorization of, recommendation of, aiding or~~
3 ~~assisting in, referring for, or participation in any health~~
4 ~~care service if that health care service as provided would not~~
5 ~~have been unlawful under the laws of this State and is~~
6 ~~consistent with the standards of conduct for a licensed~~
7 ~~clinical psychologist practicing in Illinois.~~

8 ~~(d) The conduct specified in subsections (b) and (c) shall~~
9 ~~not constitute grounds for suspension under Section 21.6.~~

10 ~~(e) The Department shall not revoke, suspend, summarily~~
11 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
12 ~~renew, or take any other disciplinary or non-disciplinary~~
13 ~~action against the license or permit issued under this Act to~~
14 ~~practice as a licensed clinical psychologist based solely upon~~
15 ~~the license of a licensed clinical psychologist being revoked~~
16 ~~or the licensed clinical psychologist being otherwise~~
17 ~~disciplined by any other state or territory other than~~
18 ~~Illinois for the referral for or having otherwise participated~~
19 ~~in any health care service, if the revocation or disciplinary~~
20 ~~action was based solely on a violation of the other state's law~~
21 ~~prohibiting such health care services in the state, for a~~
22 ~~resident of the state, or in any other state.~~

23 ~~(f) The Department may adopt rules to implement the~~
24 ~~changes made by this amendatory Act of the 102nd General~~
25 ~~Assembly.~~

26 (Source: P.A. 102-1117, eff. 1-13-23.)

1 Section 5-85. The Clinical Social Work and Social Work
2 Practice Act is amended by changing Section 19 as follows:

3 (225 ILCS 20/19) (from Ch. 111, par. 6369)

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

5 Sec. 19. Grounds for disciplinary action.

6 (1) The Department may refuse to issue or renew a license,
7 or may suspend, revoke, place on probation, reprimand, or take
8 any other disciplinary or non-disciplinary action deemed
9 appropriate by the Department, including the imposition of
10 fines not to exceed \$10,000 for each violation, with regard to
11 any license issued under the provisions of this Act for any one
12 or a combination of the following grounds:

13 (a) material misstatements in furnishing information
14 to the Department or to any other State agency or in
15 furnishing information to any insurance company with
16 respect to a claim on behalf of a licensee or a patient;

17 (b) violations or negligent or intentional disregard
18 of this Act, or any of the rules promulgated hereunder;

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

1 (i) a felony or (ii) a misdemeanor, an essential element
2 of which is dishonesty, or that is directly related to the
3 practice of the clinical social work or social work
4 professions;

5 (d) fraud or misrepresentation in applying for or
6 procuring a license under this Act or in connection with
7 applying for renewal or restoration of a license under
8 this Act;

9 (e) professional incompetence;

10 (f) gross negligence in practice under this Act;

11 (g) aiding or assisting another person in violating
12 any provision of this Act or its rules;

13 (h) failing to provide information within 60 days in
14 response to a written request made by the Department;

15 (i) engaging in dishonorable, unethical or
16 unprofessional conduct of a character likely to deceive,
17 defraud or harm the public as defined by the rules of the
18 Department, or violating the rules of professional conduct
19 adopted by the Department;

20 (j) habitual or excessive use or abuse of drugs
21 defined in law as controlled substances, of alcohol, or of
22 any other substances that results in the inability to
23 practice with reasonable judgment, skill, or safety;

24 (k) adverse action taken by another state or
25 jurisdiction, if at least one of the grounds for the
26 discipline is the same or substantially equivalent to

1 those set forth in this Section;

2 (l) directly or indirectly giving to or receiving from
3 any person, firm, corporation, partnership, or association
4 any fee, commission, rebate or other form of compensation
5 for any professional service not actually rendered.
6 Nothing in this paragraph (l) affects any bona fide
7 independent contractor or employment arrangements among
8 health care professionals, health facilities, health care
9 providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the licensee's practice under this
14 Act. Nothing in this paragraph (l) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered;

17 (m) a finding by the Department that the licensee,
18 after having the license placed on probationary status,
19 has violated the terms of probation or failed to comply
20 with such terms;

21 (n) abandonment, without cause, of a client;

22 (o) willfully making or filing false records or
23 reports relating to a licensee's practice, including, but
24 not limited to, false records filed with Federal or State
25 agencies or departments;

26 (p) willfully failing to report an instance of

1 suspected child abuse or neglect as required by the Abused
2 and Neglected Child Reporting Act;

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

10 (r) physical illness, mental illness, or any other
11 impairment or disability, including, but not limited to,
12 deterioration through the aging process, or loss of motor
13 skills that results in the inability to practice the
14 profession with reasonable judgment, skill or safety;

15 (s) solicitation of professional services by using
16 false or misleading advertising;

17 (t) violation of the Health Care Worker Self-Referral
18 Act;

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

23 (v) being named as an abuser in a verified report by
24 the Department on Aging under the Adult Protective
25 Services Act, and upon proof by clear and convincing
26 evidence that the licensee abused, neglected, or

1 financially exploited an eligible adult as defined in the
2 Adult Protective Services Act.

3 (2) (Blank).

4 (3) The determination by a court that a licensee is
5 subject to involuntary admission or judicial admission as
6 provided in the Mental Health and Developmental Disabilities
7 Code, will result in an automatic suspension of his license.
8 Such suspension will end upon a finding by a court that the
9 licensee is no longer subject to involuntary admission or
10 judicial admission and issues an order so finding and
11 discharging the patient, and upon the recommendation of the
12 Board to the Secretary that the licensee be allowed to resume
13 professional practice.

14 (4) The Department shall refuse to issue or renew or may
15 suspend the license of a person who (i) fails to file a return,
16 pay the tax, penalty, or interest shown in a filed return, or
17 pay any final assessment of tax, penalty, or interest, as
18 required by any tax Act administered by the Department of
19 Revenue, until the requirements of the tax Act are satisfied
20 or (ii) has failed to pay any court-ordered child support as
21 determined by a court order or by referral from the Department
22 of Healthcare and Family Services.

23 ~~(4.5) The Department shall not revoke, suspend, summarily~~
24 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
25 ~~renew, or take any other disciplinary or non-disciplinary~~
26 ~~action against a license or permit issued under this Act based~~

1 ~~solely upon the licensed clinical social worker authorizing,~~
2 ~~recommending, aiding, assisting, referring for, or otherwise~~
3 ~~participating in any health care service, so long as the care~~
4 ~~was not unlawful under the laws of this State, regardless of~~
5 ~~whether the patient was a resident of this State or another~~
6 ~~state.~~

7 ~~(4.10) The Department shall not revoke, suspend, summarily~~
8 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
9 ~~renew, or take any other disciplinary or non disciplinary~~
10 ~~action against the license or permit issued under this Act to~~
11 ~~practice as a licensed clinical social worker based upon the~~
12 ~~licensed clinical social worker's license being revoked or~~
13 ~~suspended, or the licensed clinical social worker being~~
14 ~~otherwise disciplined by any other state, if that revocation,~~
15 ~~suspension, or other form of discipline was based solely on~~
16 ~~the licensed clinical social worker violating another state's~~
17 ~~laws prohibiting the provision of, authorization of,~~
18 ~~recommendation of, aiding or assisting in, referring for, or~~
19 ~~participation in any health care service if that health care~~
20 ~~service as provided would not have been unlawful under the~~
21 ~~laws of this State and is consistent with the standards of~~
22 ~~conduct for a licensed clinical social worker practicing in~~
23 ~~Illinois.~~

24 ~~(4.15) The conduct specified in subsections (4.5) and~~
25 ~~(4.10) shall not constitute grounds for suspension under~~
26 ~~Section 32.~~

1 ~~(4.20) An applicant seeking licensure, certification, or~~
2 ~~authorization pursuant to this Act who has been subject to~~
3 ~~disciplinary action by a duly authorized professional~~
4 ~~disciplinary agency of another jurisdiction solely on the~~
5 ~~basis of having authorized, recommended, aided, assisted,~~
6 ~~referred for, or otherwise participated in health care shall~~
7 ~~not be denied such licensure, certification, or authorization,~~
8 ~~unless the Department determines that such action would have~~
9 ~~constituted professional misconduct in this State; however,~~
10 ~~nothing in this Section shall be construed as prohibiting the~~
11 ~~Department from evaluating the conduct of such applicant and~~
12 ~~making a determination regarding the licensure, certification,~~
13 ~~or authorization to practice a profession under this Act.~~

14 (5) (a) In enforcing this Section, the Department or Board,
15 upon a showing of a possible violation, may compel a person
16 licensed to practice under this Act, or who has applied for
17 licensure under this Act, to submit to a mental or physical
18 examination, or both, which may include a substance abuse or
19 sexual offender evaluation, as required by and at the expense
20 of the Department.

21 (b) The Department shall specifically designate the
22 examining physician licensed to practice medicine in all of
23 its branches or, if applicable, the multidisciplinary team
24 involved in providing the mental or physical examination or
25 both. The multidisciplinary team shall be led by a physician
26 licensed to practice medicine in all of its branches and may

1 consist of one or more or a combination of physicians licensed
2 to practice medicine in all of its branches, licensed clinical
3 psychologists, licensed clinical social workers, licensed
4 clinical professional counselors, and other professional and
5 administrative staff. Any examining physician or member of the
6 multidisciplinary team may require any person ordered to
7 submit to an examination pursuant to this Section to submit to
8 any additional supplemental testing deemed necessary to
9 complete any examination or evaluation process, including, but
10 not limited to, blood testing, urinalysis, psychological
11 testing, or neuropsychological testing.

12 (c) The Board or the Department may order the examining
13 physician or any member of the multidisciplinary team to
14 present testimony concerning this mental or physical
15 examination of the licensee or applicant. No information,
16 report, record, or other documents in any way related to the
17 examination shall be excluded by reason of any common law or
18 statutory privilege relating to communications between the
19 licensee or applicant and the examining physician or any
20 member of the multidisciplinary team. No authorization is
21 necessary from the licensee or applicant ordered to undergo an
22 examination for the examining physician or any member of the
23 multidisciplinary team to provide information, reports,
24 records, or other documents or to provide any testimony
25 regarding the examination and evaluation.

26 (d) The person to be examined may have, at his or her own

1 expense, another physician of his or her choice present during
2 all aspects of the examination. However, that physician shall
3 be present only to observe and may not interfere in any way
4 with the examination.

5 (e) Failure of any person to submit to a mental or physical
6 examination without reasonable cause, when ordered, shall
7 result in an automatic suspension of his or her license until
8 the person submits to the examination.

9 (f) If the Department or Board finds a person unable to
10 practice because of the reasons set forth in this Section, the
11 Department or Board may require that person to submit to care,
12 counseling, or treatment by physicians approved or designated
13 by the Department or Board, as a condition, term, or
14 restriction for continued, reinstated, or renewed licensure to
15 practice; or, in lieu of care, counseling or treatment, the
16 Department may file, or the Board may recommend to the
17 Department to file, a complaint to immediately suspend,
18 revoke, or otherwise discipline the license of the person. Any
19 person whose license was granted, continued, reinstated,
20 renewed, disciplined or supervised subject to such terms,
21 conditions or restrictions, and who fails to comply with such
22 terms, conditions, or restrictions, shall be referred to the
23 Secretary for a determination as to whether the person shall
24 have his or her license suspended immediately, pending a
25 hearing by the Department.

26 (g) All fines imposed shall be paid within 60 days after

1 the effective date of the order imposing the fine or in
2 accordance with the terms set forth in the order imposing the
3 fine.

4 In instances in which the Secretary immediately suspends a
5 person's license under this Section, a hearing on that
6 person's license must be convened by the Department within 30
7 days after the suspension and completed without appreciable
8 delay. The Department and Board shall have the authority to
9 review the subject person's record of treatment and counseling
10 regarding the impairment, to the extent permitted by
11 applicable federal statutes and regulations safeguarding the
12 confidentiality of medical records.

13 A person licensed under this Act and affected under this
14 Section shall be afforded an opportunity to demonstrate to the
15 Department or Board that he or she can resume practice in
16 compliance with acceptable and prevailing standards under the
17 provisions of his or her license.

18 ~~(h) The Department may adopt rules to implement the~~
19 ~~changes made by this amendatory Act of the 102nd General~~
20 ~~Assembly.~~

21 (Source: P.A. 102-1117, eff. 1-13-23.)

22 Section 5-90. The Marriage and Family Therapy Licensing
23 Act is amended by changing Section 85 as follows:

24 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

1 (Section scheduled to be repealed on January 1, 2027)

2 Sec. 85. Refusal, revocation, or suspension.

3 (a) The Department may refuse to issue or renew a license,
4 or may revoke, suspend, reprimand, place on probation, or take
5 any other disciplinary or non-disciplinary action as the
6 Department may deem proper, including the imposition of fines
7 not to exceed \$10,000 for each violation, with regard to any
8 license issued under the provisions of this Act for any one or
9 combination of the following grounds:

10 (1) Material misstatement in furnishing information to
11 the Department.

12 (2) Violation of any provision of this Act or its
13 rules.

14 (3) Conviction of or entry of a plea of guilty or nolo
15 contendere, finding of guilt, jury verdict, or entry of
16 judgment or sentencing, including, but not limited to,
17 convictions, preceding sentences of supervision,
18 conditional discharge, or first offender probation, under
19 the laws of any jurisdiction of the United States that is
20 (i) a felony or (ii) a misdemeanor, an essential element
21 of which is dishonesty or that is directly related to the
22 practice of the profession.

23 (4) Fraud or misrepresentation in applying for or
24 procuring a license under this Act or in connection with
25 applying for renewal or restoration of a license under
26 this Act or its rules.

1 (5) Professional incompetence.

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

3 (7) Aiding or assisting another person in violating
4 any provision of this Act or its rules.

5 (8) Failing, within 60 days, to provide information in
6 response to a written request made by the Department.

7 (9) Engaging in dishonorable, unethical, or
8 unprofessional conduct of a character likely to deceive,
9 defraud or harm the public as defined by the rules of the
10 Department, or violating the rules of professional conduct
11 adopted by the Department.

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

16 (11) Discipline by another jurisdiction if at least
17 one of the grounds for the discipline is the same or
18 substantially equivalent to those set forth in this Act.

19 (12) Directly or indirectly giving to or receiving
20 from any person, firm, corporation, partnership, or
21 association any fee, commission, rebate, or other form of
22 compensation for any professional services not actually or
23 personally rendered. Nothing in this paragraph (12)
24 affects any bona fide independent contractor or employment
25 arrangements among health care professionals, health
26 facilities, health care providers, or other entities,

1 except as otherwise prohibited by law. Any employment
2 arrangements may include provisions for compensation,
3 health insurance, pension, or other employment benefits
4 for the provision of services within the scope of the
5 licensee's practice under this Act. Nothing in this
6 paragraph (12) shall be construed to require an employment
7 arrangement to receive professional fees for services
8 rendered.

9 (13) A finding by the Department that the licensee,
10 after having his or her license placed on probationary
11 status, has violated the terms of probation or failed to
12 comply with the terms.

13 (14) Abandonment of a patient without cause.

14 (15) Willfully making or filing false records or
15 reports relating to a licensee's practice, including but
16 not limited to false records filed with State agencies or
17 departments.

18 (16) Willfully failing to report an instance of
19 suspected child abuse or neglect as required by the Abused
20 and Neglected Child Reporting Act.

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

1 Child Reporting Act.

2 (18) Physical illness or mental illness or impairment,
3 including, but not limited to, deterioration through the
4 aging process or loss of motor skill that results in the
5 inability to practice the profession with reasonable
6 judgment, skill, or safety.

7 (19) Solicitation of professional services by using
8 false or misleading advertising.

9 (20) A pattern of practice or other behavior that
10 demonstrates incapacity or incompetence to practice under
11 this Act.

12 (21) Practicing under a false or assumed name, except
13 as provided by law.

14 (22) Gross, willful, and continued overcharging for
15 professional services, including filing false statements
16 for collection of fees or moneys for which services are
17 not rendered.

18 (23) Failure to establish and maintain records of
19 patient care and treatment as required by law.

20 (24) Cheating on or attempting to subvert the
21 licensing examinations administered under this Act.

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

26 (26) Being named as an abuser in a verified report by

1 the Department on Aging and under the Adult Protective
2 Services Act and upon proof by clear and convincing
3 evidence that the licensee abused, neglected, or
4 financially exploited an eligible adult as defined in the
5 Adult Protective Services Act.

6 (b) (Blank).

7 (c) The determination by a circuit court that a licensee
8 is subject to involuntary admission or judicial admission, as
9 provided in the Mental Health and Developmental Disabilities
10 Code, operates as an automatic suspension. The suspension will
11 terminate only upon a finding by a court that the patient is no
12 longer subject to involuntary admission or judicial admission
13 and the issuance of an order so finding and discharging the
14 patient, and upon the recommendation of the Board to the
15 Secretary that the licensee be allowed to resume his or her
16 practice as a licensed marriage and family therapist or an
17 associate licensed marriage and family therapist.

18 (d) The Department shall refuse to issue or may suspend
19 the license of any person who fails to file a return, pay the
20 tax, penalty, or interest shown in a filed return or pay any
21 final assessment of tax, penalty, or interest, as required by
22 any tax Act administered by the Illinois Department of
23 Revenue, until the time the requirements of the tax Act are
24 satisfied.

25 ~~(d-5) The Department shall not revoke, suspend, summarily~~
26 ~~suspend, place on prohibition, reprimand, refuse to issue or~~

1 ~~renew, or take any other disciplinary or non-disciplinary~~
2 ~~action against the license or permit issued under this Act to~~
3 ~~practice as a marriage and family therapist or associate~~
4 ~~licensed marriage and family therapist based solely upon the~~
5 ~~marriage and family therapist or associate licensed marriage~~
6 ~~and family therapist authorizing, recommending, aiding,~~
7 ~~assisting, referring for, or otherwise participating in any~~
8 ~~health care service, so long as the care was not Unlawful under~~
9 ~~the laws of this State, regardless of whether the patient was a~~
10 ~~resident of this State or another state.~~

11 ~~(d-10) The Department shall not revoke, suspend, summarily~~
12 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
13 ~~renew, or take any other disciplinary or non-disciplinary~~
14 ~~action against the license or permit issued under this Act to~~
15 ~~practice as a marriage and family therapist or associate~~
16 ~~licensed marriage and family therapist based upon the marriage~~
17 ~~and family therapist's or associate licensed marriage and~~
18 ~~family therapist's license being revoked or suspended, or the~~
19 ~~marriage and family therapist or associate licensed marriage~~
20 ~~and family therapist being otherwise disciplined by any other~~
21 ~~state, if that revocation, suspension, or other form of~~
22 ~~discipline was based solely on the marriage and family~~
23 ~~therapist or associate licensed marriage and family therapist~~
24 ~~violating another state's laws prohibiting the provision of,~~
25 ~~authorization of, recommendation of, aiding or assisting in,~~
26 ~~referring for, or participation in any health care service if~~

1 ~~that health care service as provided would not have been~~
2 ~~unlawful under the laws of this State and is consistent with~~
3 ~~the standards of conduct for a marriage and family therapist~~
4 ~~or an associate licensed marriage and family therapist~~
5 ~~practicing in Illinois.~~

6 ~~(d 15) The conduct specified in subsections (d 5) or~~
7 ~~(d 10) shall not constitute grounds for suspension under~~
8 ~~Section 145.~~

9 ~~(d 20) An applicant seeking licensure, certification, or~~
10 ~~authorization pursuant to this Act who has been subject to~~
11 ~~disciplinary action by a duly authorized professional~~
12 ~~disciplinary agency of another jurisdiction solely on the~~
13 ~~basis of having authorized, recommended, aided, assisted,~~
14 ~~referred for, or otherwise participated in health care shall~~
15 ~~not be denied such licensure, certification, or authorization,~~
16 ~~unless the Department determines that such action would have~~
17 ~~constituted professional misconduct in this State; however,~~
18 ~~nothing in this Section shall be construed as prohibiting the~~
19 ~~Department from evaluating the conduct of such applicant and~~
20 ~~making a determination regarding the licensure, certification,~~
21 ~~or authorization to practice a profession under this Act.~~

22 (e) In enforcing this Section, the Department or Board
23 upon a showing of a possible violation may compel an
24 individual licensed to practice under this Act, or who has
25 applied for licensure under this Act, to submit to a mental or
26 physical examination, or both, which may include a substance

1 abuse or sexual offender evaluation, as required by and at the
2 expense of the Department.

3 The Department shall specifically designate the examining
4 physician licensed to practice medicine in all of its branches
5 or, if applicable, the multidisciplinary team involved in
6 providing the mental or physical examination or both. The
7 multidisciplinary team shall be led by a physician licensed to
8 practice medicine in all of its branches and may consist of one
9 or more or a combination of physicians licensed to practice
10 medicine in all of its branches, licensed clinical
11 psychologists, licensed clinical social workers, licensed
12 clinical professional counselors, licensed marriage and family
13 therapists, and other professional and administrative staff.
14 Any examining physician or member of the multidisciplinary
15 team may require any person ordered to submit to an
16 examination and evaluation pursuant to this Section to submit
17 to any additional supplemental testing deemed necessary to
18 complete any examination or evaluation process, including, but
19 not limited to, blood testing, urinalysis, psychological
20 testing, or neuropsychological testing.

21 The Department may order the examining physician or any
22 member of the multidisciplinary team to provide to the
23 Department any and all records, including business records,
24 that relate to the examination and evaluation, including any
25 supplemental testing performed.

26 The Department or Board may order the examining physician

1 or any member of the multidisciplinary team to present
2 testimony concerning the mental or physical examination of the
3 licensee or applicant. No information, report, record, or
4 other documents in any way related to the examination shall be
5 excluded by reason of any common law or statutory privilege
6 relating to communications between the licensee or applicant
7 and the examining physician or any member of the
8 multidisciplinary team. No authorization is necessary from the
9 licensee or applicant ordered to undergo an examination for
10 the examining physician or any member of the multidisciplinary
11 team to provide information, reports, records, or other
12 documents or to provide any testimony regarding the
13 examination and evaluation.

14 The individual to be examined may have, at his or her own
15 expense, another physician of his or her choice present during
16 all aspects of this examination. However, that physician shall
17 be present only to observe and may not interfere in any way
18 with the examination.

19 Failure of an individual to submit to a mental or physical
20 examination, when ordered, shall result in an automatic
21 suspension of his or her license until the individual submits
22 to the examination.

23 If the Department or Board finds an individual unable to
24 practice because of the reasons set forth in this Section, the
25 Department or Board may require that individual to submit to
26 care, counseling, or treatment by physicians approved or

1 designated by the Department or Board, as a condition, term,
2 or restriction for continued, reinstated, or renewed licensure
3 to practice; or, in lieu of care, counseling, or treatment,
4 the Department may file, or the Board may recommend to the
5 Department to file, a complaint to immediately suspend,
6 revoke, or otherwise discipline the license of the individual.
7 An individual whose license was granted, continued,
8 reinstated, renewed, disciplined or supervised subject to such
9 terms, conditions, or restrictions, and who fails to comply
10 with such terms, conditions, or restrictions, shall be
11 referred to the Secretary for a determination as to whether
12 the individual shall have his or her license suspended
13 immediately, pending a hearing by the Department.

14 In instances in which the Secretary immediately suspends a
15 person's license under this Section, a hearing on that
16 person's license must be convened by the Department within 30
17 days after the suspension and completed without appreciable
18 delay. The Department and Board shall have the authority to
19 review the subject individual's record of treatment and
20 counseling regarding the impairment to the extent permitted by
21 applicable federal statutes and regulations safeguarding the
22 confidentiality of medical records.

23 An individual licensed under this Act and affected under
24 this Section shall be afforded an opportunity to demonstrate
25 to the Department or Board that he or she can resume practice
26 in compliance with acceptable and prevailing standards under

1 the provisions of his or her license.

2 (f) A fine shall be paid within 60 days after the effective
3 date of the order imposing the fine or in accordance with the
4 terms set forth in the order imposing the fine.

5 ~~(g) The Department may adopt rules to implement the~~
6 ~~changes made by this amendatory Act of the 102nd General~~
7 ~~Assembly.~~

8 (Source: P.A. 102-1117, eff. 1-13-23.)

9 Section 5-95. The Medical Practice Act of 1987 is amended
10 by changing Sections 2, 22, 23, 36, and 49.5 as follows:

11 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

12 (Section scheduled to be repealed on January 1, 2027)

13 Sec. 2. Definitions. For purposes of this Act, the
14 following definitions shall have the following meanings,
15 except where the context requires otherwise:

16 "Act" means the Medical Practice Act of 1987.

17 "Address of record" means the designated address recorded
18 by the Department in the applicant's or licensee's application
19 file or license file as maintained by the Department's
20 licensure maintenance unit.

21 "Chiropractic physician" means a person licensed to treat
22 human ailments without the use of drugs and without operative
23 surgery. Nothing in this Act shall be construed to prohibit a
24 chiropractic physician from providing advice regarding the use

1 of non-prescription products or from administering atmospheric
2 oxygen. Nothing in this Act shall be construed to authorize a
3 chiropractic physician to prescribe drugs.

4 "Department" means the Department of Financial and
5 Professional Regulation.

6 "Disciplinary action" means revocation, suspension,
7 probation, supervision, practice modification, reprimand,
8 required education, fines or any other action taken by the
9 Department against a person holding a license.

10 "Email address of record" means the designated email
11 address recorded by the Department in the applicant's
12 application file or the licensee's license file, as maintained
13 by the Department's licensure maintenance unit.

14 "Final determination" means the governing body's final
15 action taken under the procedure followed by a health care
16 institution, or professional association or society, against
17 any person licensed under the Act in accordance with the
18 bylaws or rules and regulations of such health care
19 institution, or professional association or society.

20 "Fund" means the Illinois State Medical Disciplinary Fund.

21 "Impaired" means the inability to practice medicine with
22 reasonable skill and safety due to physical or mental
23 disabilities as evidenced by a written determination or
24 written consent based on clinical evidence including
25 deterioration through the aging process or loss of motor
26 skill, or abuse of drugs or alcohol, of sufficient degree to

1 diminish a person's ability to deliver competent patient care.

2 "Medical Board" means the Illinois State Medical Board.

3 "Physician" means a person licensed under the Medical
4 Practice Act to practice medicine in all of its branches or a
5 chiropractic physician.

6 "Professional association" means an association or society
7 of persons licensed under this Act, and operating within the
8 State of Illinois, including but not limited to, medical
9 societies, osteopathic organizations, and chiropractic
10 organizations, but this term shall not be deemed to include
11 hospital medical staffs.

12 "Program of care, counseling, or treatment" means a
13 written schedule of organized treatment, care, counseling,
14 activities, or education, satisfactory to the Medical Board,
15 designed for the purpose of restoring an impaired person to a
16 condition whereby the impaired person can practice medicine
17 with reasonable skill and safety of a sufficient degree to
18 deliver competent patient care.

19 "Reinstate" means to change the status of a license ~~or~~
20 ~~permit~~ from inactive or nonrenewed status to active status.

21 "Restore" means to remove an encumbrance from a license
22 due to probation, suspension, or revocation.

23 "Secretary" means the Secretary of Financial and
24 Professional Regulation.

25 (Source: P.A. 102-20, eff. 1-1-22; 102-1117, eff. 1-13-23.)

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

2 (Section scheduled to be repealed on January 1, 2027)

3 Sec. 22. Disciplinary action.

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

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

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

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

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

24 (d) ambulatory surgical treatment centers,
25 hospitalization, or care facilities maintained by the
26 Federal Government; or

1 (e) ambulatory surgical treatment centers,
2 hospitalization, or care facilities maintained by any
3 university or college established under the laws of
4 this State and supported principally by public funds
5 raised by taxation.

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

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

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

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

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

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

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

1 (9) Fraud or misrepresentation in applying for, or
2 procuring, a license under this Act or in connection with
3 applying for renewal of a license under this Act.

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

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

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

22 (13) Violation of any provision of this Act or of the
23 Medical Practice Act prior to the repeal of that Act, or
24 violation of the rules, or a final administrative action
25 of the Secretary, after consideration of the
26 recommendation of the Medical Board.

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

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

8 (16) Abandonment of a patient.

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

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

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

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

1 (21) Willfully making or filing false records or
2 reports in his or her practice as a physician, including,
3 but not limited to, false records to support claims
4 against the medical assistance program of the Department
5 of Healthcare and Family Services (formerly Department of
6 Public Aid) under the Illinois Public Aid Code.

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

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

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

22 (25) Gross and willful and continued overcharging for
23 professional services, including filing false statements
24 for collection of fees for which services are not
25 rendered, including, but not limited to, filing such false
26 statements for collection of monies for services not

1 rendered from the medical assistance program of the
2 Department of Healthcare and Family Services (formerly
3 Department of Public Aid) under the Illinois Public Aid
4 Code.

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

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

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

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

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

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

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

26 (33) Violating ~~State~~ state or federal laws or

1 regulations relating to controlled substances, legend
2 drugs, or ephedra as defined in the Ephedra Prohibition
3 Act.

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

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

24 (36) Failure to report to the Department any adverse
25 judgment, settlement, or award arising from a liability
26 claim related to acts or conduct similar to acts or

1 conduct which would constitute grounds for action as
2 defined in this Section.

3 (37) Failure to provide copies of medical records as
4 required by law.

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

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

12 (40) Willful failure to provide notice when notice is
13 required under the Parental Notice of Abortion Act of
14 2023. ~~(Blank)~~.

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

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

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

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

25 (45) Entering into an excessive number of written
26 collaborative agreements with licensed prescribing

1 psychologists resulting in an inability to adequately
2 collaborate.

3 (46) Repeated failure to adequately collaborate with a
4 licensed prescribing psychologist.

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

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

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

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

21 Except for actions involving the ground numbered (26), all
22 proceedings to suspend, revoke, place on probationary status,
23 or take any other disciplinary action as the Department may
24 deem proper, with regard to a license on any of the foregoing
25 grounds, must be commenced within 5 years next after receipt
26 by the Department of a complaint alleging the commission of or

1 notice of the conviction order for any of the acts described
2 herein. Except for the grounds numbered (8), (9), (26), and
3 (29), no action shall be commenced more than 10 years after the
4 date of the incident or act alleged to have violated this
5 Section. For actions involving the ground numbered (26), a
6 pattern of practice or other behavior includes all incidents
7 alleged to be part of the pattern of practice or other behavior
8 that occurred, or a report pursuant to Section 23 of this Act
9 received, within the 10-year period preceding the filing of
10 the complaint. In the event of the settlement of any claim or
11 cause of action in favor of the claimant or the reduction to
12 final judgment of any civil action in favor of the plaintiff,
13 such claim, cause of action, or civil action being grounded on
14 the allegation that a person licensed under this Act was
15 negligent in providing care, the Department shall have an
16 additional period of 2 years from the date of notification to
17 the Department under Section 23 of this Act of such settlement
18 or final judgment in which to investigate and commence formal
19 disciplinary proceedings under Section 36 of this Act, except
20 as otherwise provided by law. The time during which the holder
21 of the license was outside the State of Illinois shall not be
22 included within any period of time limiting the commencement
23 of disciplinary action by the Department.

24 The entry of an order or judgment by any circuit court
25 establishing that any person holding a license under this Act
26 is a person in need of mental treatment operates as a

1 suspension of that license. That person may resume his or her
2 practice only upon the entry of a Departmental order based
3 upon a finding by the Medical Board that the person has been
4 determined to be recovered from mental illness by the court
5 and upon the Medical Board's recommendation that the person be
6 permitted to resume his or her practice.

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

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

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

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

23 (c) what constitutes immoral conduct in the commission
24 of any act, including, but not limited to, commission of
25 an act of sexual misconduct related to the licensee's
26 practice; and

1 (d) what constitutes gross negligence in the practice
2 of medicine.

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

6 In enforcing this Section, the Medical Board, upon a
7 showing of a possible violation, may compel any individual who
8 is licensed to practice under this Act or holds a permit to
9 practice under this Act, or any individual who has applied for
10 licensure or a permit pursuant to this Act, to submit to a
11 mental or physical examination and evaluation, or both, which
12 may include a substance abuse or sexual offender evaluation,
13 as required by the Medical Board and at the expense of the
14 Department. The Medical Board shall specifically designate the
15 examining physician licensed to practice medicine in all of
16 its branches or, if applicable, the multidisciplinary team
17 involved in providing the mental or physical examination and
18 evaluation, or both. The multidisciplinary team shall be led
19 by a physician licensed to practice medicine in all of its
20 branches and may consist of one or more or a combination of
21 physicians licensed to practice medicine in all of its
22 branches, licensed chiropractic physicians, licensed clinical
23 psychologists, licensed clinical social workers, licensed
24 clinical professional counselors, and other professional and
25 administrative staff. Any examining physician or member of the
26 multidisciplinary team may require any person ordered to

1 submit to an examination and evaluation pursuant to this
2 Section to submit to any additional supplemental testing
3 deemed necessary to complete any examination or evaluation
4 process, including, but not limited to, blood testing,
5 urinalysis, psychological testing, or neuropsychological
6 testing. The Medical Board or the Department may order the
7 examining physician or any member of the multidisciplinary
8 team to provide to the Department or the Medical Board any and
9 all records, including business records, that relate to the
10 examination and evaluation, including any supplemental testing
11 performed. The Medical Board or the Department may order the
12 examining physician or any member of the multidisciplinary
13 team to present testimony concerning this examination and
14 evaluation of the licensee, permit holder, or applicant,
15 including testimony concerning any supplemental testing or
16 documents relating to the examination and evaluation. No
17 information, report, record, or other documents in any way
18 related to the examination and evaluation shall be excluded by
19 reason of any common law or statutory privilege relating to
20 communication between the licensee, permit holder, or
21 applicant and the examining physician or any member of the
22 multidisciplinary team. No authorization is necessary from the
23 licensee, permit holder, or applicant ordered to undergo an
24 evaluation and examination for the examining physician or any
25 member of the multidisciplinary team to provide information,
26 reports, records, or other documents or to provide any

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

1 license must be convened by the Medical Board within 15 days
2 after such suspension and completed without appreciable delay.
3 The Medical Board shall have the authority to review the
4 subject physician's record of treatment and counseling
5 regarding the impairment, to the extent permitted by
6 applicable federal statutes and regulations safeguarding the
7 confidentiality of medical records.

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

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

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

25 (B) The Department shall revoke the license or permit
26 issued under this Act to practice medicine or a chiropractic

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

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

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

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

23 ~~(3) based solely upon the physician providing,~~
24 ~~authorizing, recommending, aiding, assisting, referring~~
25 ~~for, or otherwise participating in any health care~~
26 ~~service, so long as the care was not unlawful under the~~

1 ~~laws of this State, regardless of whether the patient was~~
2 ~~a resident of this State or another state; or~~

3 ~~(4) based upon the physician's license being revoked~~
4 ~~or suspended, or the physician being otherwise disciplined~~
5 ~~by any other state, if that revocation, suspension, or~~
6 ~~other form of discipline was based solely on the physician~~
7 ~~violating another state's laws prohibiting the provision~~
8 ~~of, authorization of, recommendation of, aiding or~~
9 ~~assisting in, referring for, or participation in any~~
10 ~~health care service if that health care service as~~
11 ~~provided would not have been unlawful under the laws of~~
12 ~~this State and is consistent with the standards of conduct~~
13 ~~for the physician if it occurred in Illinois.~~

14 (D) The Medical Board shall recommend to the Department
15 civil penalties and any other appropriate discipline in
16 disciplinary cases when the Medical Board finds that a
17 physician willfully performed an abortion with actual
18 knowledge that the person upon whom the abortion has been
19 performed is a minor or an incompetent person without notice
20 as required under the Parental Notice of Abortion Act of 2023.
21 Upon the Medical Board's recommendation, the Department shall
22 impose, for the first violation, a civil penalty of \$1,000 and
23 for a second or subsequent violation, a civil penalty of
24 \$5,000. (Blank).

25 ~~(E) The conduct specified in subsection (C) shall not~~
26 ~~trigger reporting requirements under Section 23, constitute~~

1 ~~grounds for suspension under Section 25, or be included on the~~
2 ~~physician's profile required under Section 10 of the Patients'~~
3 ~~Right to Know Act.~~

4 ~~(F) An applicant seeking licensure, certification, or~~
5 ~~authorization pursuant to this Act and who has been subject to~~
6 ~~disciplinary action by a duly authorized professional~~
7 ~~disciplinary agency of another jurisdiction solely on the~~
8 ~~basis of having provided, authorized, recommended, aided,~~
9 ~~assisted, referred for, or otherwise participated in health~~
10 ~~care shall not be denied such licensure, certification, or~~
11 ~~authorization, unless the Department determines that the~~
12 ~~action would have constituted professional misconduct in this~~
13 ~~State; however, nothing in this Section shall be construed as~~
14 ~~prohibiting the Department from evaluating the conduct of the~~
15 ~~applicant and making a determination regarding the licensure,~~
16 ~~certification, or authorization to practice a profession under~~
17 ~~this Act.~~

18 ~~(G) The Department may adopt rules to implement the~~
19 ~~changes made by this amendatory Act of the 102nd General~~
20 ~~Assembly.~~

21 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
22 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
23 8-20-21; 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23.)

24 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

25 (Section scheduled to be repealed on January 1, 2027)

1 Sec. 23. Reports relating to professional conduct and
2 capacity.

3 (A) Entities required to report.

4 (1) Health care institutions. The chief administrator
5 or executive officer of any health care institution
6 licensed by the Illinois Department of Public Health shall
7 report to the Medical Board when any person's clinical
8 privileges are terminated or are restricted based on a
9 final determination made in accordance with that
10 institution's by-laws or rules and regulations that a
11 person has either committed an act or acts which may
12 directly threaten patient care or that a person may have a
13 mental or physical disability that may endanger patients
14 under that person's care. Such officer also shall report
15 if a person accepts voluntary termination or restriction
16 of clinical privileges in lieu of formal action based upon
17 conduct related directly to patient care or in lieu of
18 formal action seeking to determine whether a person may
19 have a mental or physical disability that may endanger
20 patients under that person's care. The Medical Board
21 shall, by rule, provide for the reporting to it by health
22 care institutions of all instances in which a person,
23 licensed under this Act, who is impaired by reason of age,
24 drug or alcohol abuse or physical or mental impairment, is
25 under supervision and, where appropriate, is in a program
26 of rehabilitation. Such reports shall be strictly

1 confidential and may be reviewed and considered only by
2 the members of the Medical Board, or by authorized staff
3 as provided by rules of the Medical Board. Provisions
4 shall be made for the periodic report of the status of any
5 such person not less than twice annually in order that the
6 Medical Board shall have current information upon which to
7 determine the status of any such person. Such initial and
8 periodic reports of impaired physicians shall not be
9 considered records within the meaning of the State Records
10 Act and shall be disposed of, following a determination by
11 the Medical Board that such reports are no longer
12 required, in a manner and at such time as the Medical Board
13 shall determine by rule. The filing of such reports shall
14 be construed as the filing of a report for purposes of
15 subsection (C) of this Section. ~~Such health care~~
16 ~~institution shall not take any adverse action, including,~~
17 ~~but not limited to, restricting or terminating any~~
18 ~~person's clinical privileges, as a result of an adverse~~
19 ~~action against a person's license or clinical privileges~~
20 ~~or other disciplinary action by another state or health~~
21 ~~care institution that resulted from the person's provision~~
22 ~~of, authorization of, recommendation of, aiding or~~
23 ~~assistance with, referral for, or participation in any~~
24 ~~health care service if the adverse action was based solely~~
25 ~~on a violation of the other state's law prohibiting the~~
26 ~~provision of such health care and related services in the~~

1 ~~state or for a resident of the state if that health care~~
2 ~~service would not have been unlawful under the laws of~~
3 ~~this State and is consistent with the standards of conduct~~
4 ~~for physicians practicing in Illinois.~~

5 (1.5) Clinical training programs. The program director
6 of any post-graduate clinical training program shall
7 report to the Medical Board if a person engaged in a
8 post-graduate clinical training program at the
9 institution, including, but not limited to, a residency or
10 fellowship, separates from the program for any reason
11 prior to its conclusion. The program director shall
12 provide all documentation relating to the separation if,
13 after review of the report, the Medical Board determines
14 that a review of those documents is necessary to determine
15 whether a violation of this Act occurred.

16 (2) Professional associations. The President or chief
17 executive officer of any association or society, of
18 persons licensed under this Act, operating within this
19 State shall report to the Medical Board when the
20 association or society renders a final determination that
21 a person has committed unprofessional conduct related
22 directly to patient care or that a person may have a mental
23 or physical disability that may endanger patients under
24 that person's care.

25 (3) Professional liability insurers. Every insurance
26 company which offers policies of professional liability

1 insurance to persons licensed under this Act, or any other
2 entity which seeks to indemnify the professional liability
3 of a person licensed under this Act, shall report to the
4 Medical Board the settlement of any claim or cause of
5 action, or final judgment rendered in any cause of action,
6 which alleged negligence in the furnishing of medical care
7 by such licensed person when such settlement or final
8 judgment is in favor of the plaintiff. ~~Such insurance~~
9 ~~company shall not take any adverse action, including, but~~
10 ~~not limited to, denial or revocation of coverage, or rate~~
11 ~~increases, against a person licensed under this Act with~~
12 ~~respect to coverage for services provided in the State if~~
13 ~~based solely on the person providing, authorizing,~~
14 ~~recommending, aiding, assisting, referring for, or~~
15 ~~otherwise participating in health care services in this~~
16 ~~State in violation of another state's law, or a revocation~~
17 ~~or other adverse action against the person's license in~~
18 ~~another state for violation of such law if that health~~
19 ~~care service as provided would have been lawful and~~
20 ~~consistent with the standards of conduct for physicians if~~
21 ~~it occurred in the State. Notwithstanding this provision,~~
22 ~~it is against public policy to require coverage for an~~
23 ~~illegal action.~~

24 (4) State's Attorneys. The State's Attorney of each
25 county shall report to the Medical Board, within 5 days,
26 any instances in which a person licensed under this Act is

1 convicted of any felony or Class A misdemeanor. The
2 State's Attorney of each county may report to the Medical
3 Board through a verified complaint any instance in which
4 the State's Attorney believes that a physician has
5 willfully violated the notice requirements of the Parental
6 Notice of Abortion Act of 2023.

7 (5) State agencies. All agencies, boards, commissions,
8 departments, or other instrumentalities of the government
9 of the State of Illinois shall report to the Medical Board
10 any instance arising in connection with the operations of
11 such agency, including the administration of any law by
12 such agency, in which a person licensed under this Act has
13 either committed an act or acts which may be a violation of
14 this Act or which may constitute unprofessional conduct
15 related directly to patient care or which indicates that a
16 person licensed under this Act may have a mental or
17 physical disability that may endanger patients under that
18 person's care.

19 (B) Mandatory reporting. All reports required by items
20 (34), (35), and (36) of subsection (A) of Section 22 and by
21 Section 23 shall be submitted to the Medical Board in a timely
22 fashion. Unless otherwise provided in this Section, the
23 reports shall be filed in writing within 60 days after a
24 determination that a report is required under this Act. All
25 reports shall contain the following information:

26 (1) The name, address and telephone number of the

1 person making the report.

2 (2) The name, address and telephone number of the
3 person who is the subject of the report.

4 (3) The name and date of birth of any patient or
5 patients whose treatment is a subject of the report, if
6 available, or other means of identification if such
7 information is not available, identification of the
8 hospital or other healthcare facility where the care at
9 issue in the report was rendered, provided, however, no
10 medical records may be revealed.

11 (4) A brief description of the facts which gave rise
12 to the issuance of the report, including the dates of any
13 occurrences deemed to necessitate the filing of the
14 report.

15 (5) If court action is involved, the identity of the
16 court in which the action is filed, along with the docket
17 number and date of filing of the action.

18 (6) Any further pertinent information which the
19 reporting party deems to be an aid in the evaluation of the
20 report.

21 The Medical Board or Department may also exercise the
22 power under Section 38 of this Act to subpoena copies of
23 hospital or medical records in mandatory report cases alleging
24 death or permanent bodily injury. Appropriate rules shall be
25 adopted by the Department with the approval of the Medical
26 Board.

1 When the Department has received written reports
2 concerning incidents required to be reported in items (34),
3 (35), and (36) of subsection (A) of Section 22, the licensee's
4 failure to report the incident to the Department under those
5 items shall not be the sole grounds for disciplinary action.

6 Nothing contained in this Section shall act to, in any
7 way, waive or modify the confidentiality of medical reports
8 and committee reports to the extent provided by law. Any
9 information reported or disclosed shall be kept for the
10 confidential use of the Medical Board, the Medical
11 Coordinators, the Medical Board's attorneys, the medical
12 investigative staff, and authorized clerical staff, as
13 provided in this Act, and shall be afforded the same status as
14 is provided information concerning medical studies in Part 21
15 of Article VIII of the Code of Civil Procedure, except that the
16 Department may disclose information and documents to a
17 federal, State, or local law enforcement agency pursuant to a
18 subpoena in an ongoing criminal investigation or to a health
19 care licensing body or medical licensing authority of this
20 State or another state or jurisdiction pursuant to an official
21 request made by that licensing body or medical licensing
22 authority. Furthermore, information and documents disclosed to
23 a federal, State, or local law enforcement agency may be used
24 by that agency only for the investigation and prosecution of a
25 criminal offense, or, in the case of disclosure to a health
26 care licensing body or medical licensing authority, only for

1 investigations and disciplinary action proceedings with regard
2 to a license. Information and documents disclosed to the
3 Department of Public Health may be used by that Department
4 only for investigation and disciplinary action regarding the
5 license of a health care institution licensed by the
6 Department of Public Health.

7 (C) Immunity from prosecution. Any individual or
8 organization acting in good faith, and not in a wilful and
9 wanton manner, in complying with this Act by providing any
10 report or other information to the Medical Board or a peer
11 review committee, or assisting in the investigation or
12 preparation of such information, or by voluntarily reporting
13 to the Medical Board or a peer review committee information
14 regarding alleged errors or negligence by a person licensed
15 under this Act, or by participating in proceedings of the
16 Medical Board or a peer review committee, or by serving as a
17 member of the Medical Board or a peer review committee, shall
18 not, as a result of such actions, be subject to criminal
19 prosecution or civil damages.

20 (D) Indemnification. Members of the Medical Board, the
21 Medical Coordinators, the Medical Board's attorneys, the
22 medical investigative staff, physicians retained under
23 contract to assist and advise the medical coordinators in the
24 investigation, and authorized clerical staff shall be
25 indemnified by the State for any actions occurring within the
26 scope of services on the Medical Board, done in good faith and

1 not wilful and wanton in nature. The Attorney General shall
2 defend all such actions unless he or she determines either
3 that there would be a conflict of interest in such
4 representation or that the actions complained of were not in
5 good faith or were wilful and wanton.

6 Should the Attorney General decline representation, the
7 member shall have the right to employ counsel of his or her
8 choice, whose fees shall be provided by the State, after
9 approval by the Attorney General, unless there is a
10 determination by a court that the member's actions were not in
11 good faith or were wilful and wanton.

12 The member must notify the Attorney General within 7 days
13 of receipt of notice of the initiation of any action involving
14 services of the Medical Board. Failure to so notify the
15 Attorney General shall constitute an absolute waiver of the
16 right to a defense and indemnification.

17 The Attorney General shall determine within 7 days after
18 receiving such notice, whether he or she will undertake to
19 represent the member.

20 (E) Deliberations of Medical Board. Upon the receipt of
21 any report called for by this Act, other than those reports of
22 impaired persons licensed under this Act required pursuant to
23 the rules of the Medical Board, the Medical Board shall notify
24 in writing, by mail or email, the person who is the subject of
25 the report. Such notification shall be made within 30 days of
26 receipt by the Medical Board of the report.

1 The notification shall include a written notice setting
2 forth the person's right to examine the report. Included in
3 such notification shall be the address at which the file is
4 maintained, the name of the custodian of the reports, and the
5 telephone number at which the custodian may be reached. The
6 person who is the subject of the report shall submit a written
7 statement responding, clarifying, adding to, or proposing the
8 amending of the report previously filed. The person who is the
9 subject of the report shall also submit with the written
10 statement any medical records related to the report. The
11 statement and accompanying medical records shall become a
12 permanent part of the file and must be received by the Medical
13 Board no more than 30 days after the date on which the person
14 was notified by the Medical Board of the existence of the
15 original report.

16 The Medical Board shall review all reports received by it,
17 together with any supporting information and responding
18 statements submitted by persons who are the subject of
19 reports. The review by the Medical Board shall be in a timely
20 manner but in no event, shall the Medical Board's initial
21 review of the material contained in each disciplinary file be
22 less than 61 days nor more than 180 days after the receipt of
23 the initial report by the Medical Board.

24 When the Medical Board makes its initial review of the
25 materials contained within its disciplinary files, the Medical
26 Board shall, in writing, make a determination as to whether

1 there are sufficient facts to warrant further investigation or
2 action. Failure to make such determination within the time
3 provided shall be deemed to be a determination that there are
4 not sufficient facts to warrant further investigation or
5 action.

6 Should the Medical Board find that there are not
7 sufficient facts to warrant further investigation, or action,
8 the report shall be accepted for filing and the matter shall be
9 deemed closed and so reported to the Secretary. The Secretary
10 shall then have 30 days to accept the Medical Board's decision
11 or request further investigation. The Secretary shall inform
12 the Medical Board of the decision to request further
13 investigation, including the specific reasons for the
14 decision. The individual or entity filing the original report
15 or complaint and the person who is the subject of the report or
16 complaint shall be notified in writing by the Secretary of any
17 final action on their report or complaint. The Department
18 shall disclose to the individual or entity who filed the
19 original report or complaint, on request, the status of the
20 Medical Board's review of a specific report or complaint. Such
21 request may be made at any time, including prior to the Medical
22 Board's determination as to whether there are sufficient facts
23 to warrant further investigation or action.

24 (F) Summary reports. The Medical Board shall prepare, on a
25 timely basis, but in no event less than once every other month,
26 a summary report of final disciplinary actions taken upon

1 disciplinary files maintained by the Medical Board. The
2 summary reports shall be made available to the public upon
3 request and payment of the fees set by the Department. This
4 publication may be made available to the public on the
5 Department's website. Information or documentation relating to
6 any disciplinary file that is closed without disciplinary
7 action taken shall not be disclosed and shall be afforded the
8 same status as is provided by Part 21 of Article VIII of the
9 Code of Civil Procedure.

10 (G) Any violation of this Section shall be a Class A
11 misdemeanor.

12 (H) If any such person violates the provisions of this
13 Section an action may be brought in the name of the People of
14 the State of Illinois, through the Attorney General of the
15 State of Illinois, for an order enjoining such violation or
16 for an order enforcing compliance with this Section. Upon
17 filing of a verified petition in such court, the court may
18 issue a temporary restraining order without notice or bond and
19 may preliminarily or permanently enjoin such violation, and if
20 it is established that such person has violated or is
21 violating the injunction, the court may punish the offender
22 for contempt of court. Proceedings under this paragraph shall
23 be in addition to, and not in lieu of, all other remedies and
24 penalties provided for by this Section.

25 ~~(I) The Department may adopt rules to implement the~~
26 ~~changes made by this amendatory Act of the 102nd General~~

1 ~~Assembly.~~

2 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21;
3 102-1117, eff. 1-13-23.)

4 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

5 (Section scheduled to be repealed on January 1, 2027)

6 Sec. 36. Investigation; notice.

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

15 (b) The Department shall, before suspending, revoking,
16 placing on probationary status, or taking any other
17 disciplinary action as the Department may deem proper with
18 regard to any license at least 30 days prior to the date set
19 for the hearing, notify the accused in writing of any charges
20 made and the time and place for a hearing of the charges before
21 the Medical Board, direct him or her to file his or her written
22 answer thereto to the Medical Board under oath within 20 days
23 after the service on him or her of such notice and inform him
24 or her that if he or she fails to file such answer default will
25 be taken against him or her and his or her license may be

1 suspended, revoked, placed on probationary status, or have
2 other disciplinary action, including limiting the scope,
3 nature or extent of his or her practice, as the Department may
4 deem proper taken with regard thereto. The Department shall,
5 at least 14 days prior to the date set for the hearing, notify
6 in writing any person who filed a complaint against the
7 accused of the time and place for the hearing of the charges
8 against the accused before the Medical Board and inform such
9 person whether he or she may provide testimony at the hearing.

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

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

21 (e) All information gathered by the Department during its
22 investigation including information subpoenaed under Section
23 23 or 38 of this Act and the investigative file shall be kept
24 for the confidential use of the Secretary, the Medical Board,
25 the Medical Coordinators, persons employed by contract to
26 advise the Medical Coordinator or the Department, the Medical

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

17 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
18 102-20, eff. 1-1-22; 102-558, eff. 8-20-21.)

19 (225 ILCS 60/49.5)

20 (Section scheduled to be repealed on January 1, 2027)

21 Sec. 49.5. Telemedicine.

22 (a) The General Assembly finds and declares that because
23 of technological advances and changing practice patterns the
24 practice of medicine is occurring with increasing frequency
25 across state lines and across increasing geographical

1 distances within the State of Illinois and that certain
2 technological advances in the practice of medicine are in the
3 public interest. The General Assembly further finds and
4 declares that the practice of medicine is a privilege and that
5 the licensure by this State of practitioners outside this
6 State engaging in medical practice within this State and the
7 ability to discipline those practitioners is necessary for the
8 protection of the public health, welfare, and safety.

9 (b) A person who engages in the practice of telemedicine
10 without a license ~~or permit~~ issued under this Act shall be
11 subject to penalties provided in Section 59. ~~A person with a~~
12 ~~temporary permit for health care may treat a patient located~~
13 ~~in this State through telehealth services in a manner~~
14 ~~consistent with the person's scope of practice and agreement~~
15 ~~with a sponsoring entity.~~

16 (c) For purposes of this Act, "telemedicine" means the
17 performance of any of the activities listed in Section 49,
18 including, but not limited to, rendering written or oral
19 opinions concerning diagnosis or treatment of a patient in
20 Illinois by a person in a different location than the patient
21 as a result of transmission of individual patient data by
22 telephonic, electronic, or other means of communication.
23 "Telemedicine" does not include the following:

24 (1) periodic consultations between a person licensed
25 under this Act and a person outside the State of Illinois;

26 (2) a second opinion provided to a person licensed

1 under this Act;

2 (3) diagnosis or treatment services provided to a
3 patient in Illinois following care or treatment originally
4 provided to the patient in the state in which the provider
5 is licensed to practice medicine; and

6 (4) health care services provided to an existing
7 patient while the person licensed under this Act or
8 patient is traveling.

9 (d) Whenever the Department has reason to believe that a
10 person has violated this Section, the Department may issue a
11 rule to show cause why an order to cease and desist should not
12 be entered against that person. The rule shall clearly set
13 forth the grounds relied upon by the Department and shall
14 provide a period of 7 days from the date of the rule to file an
15 answer to the satisfaction of the Department. Failure to
16 answer to the satisfaction of the Department shall cause an
17 order to cease and desist to be issued immediately.

18 (e) An out-of-state person providing a service listed in
19 Section 49 to a patient residing in Illinois through the
20 practice of telemedicine submits himself or herself to the
21 jurisdiction of the courts of this State.

22 (Source: P.A. 102-1117, eff. 1-13-23.)

23 Section 5-100. The Nurse Practice Act is amended by
24 changing Sections 65-35, 65-43, 65-65, and 70-5 as follows:

1 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)
2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 65-35. Written collaborative agreements.

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

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

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

1 employment relationship between the collaborating physician
2 and the advanced practice registered nurse.

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

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

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

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

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

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

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

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

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

14 (e-5) Nothing in this Act shall be construed to authorize
15 an advanced practice registered nurse to provide health care
16 services required by law or rule to be performed by a
17 physician, including those acts to be performed by a physician
18 in Section 1-10 of the Illinois Abortion Law of 2023. ~~The scope~~
19 ~~of practice of an advanced practice registered nurse does not~~
20 ~~include operative surgery. Nothing in this Section shall be~~
21 ~~construed to preclude an advanced practice registered nurse~~
22 ~~from assisting in surgery.~~

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

1 dentist, or podiatric physician upon request.

2 (g) (Blank).

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

5 (225 ILCS 65/65-43)

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

7 Sec. 65-43. Full practice authority.

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

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

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

25 The clinical experience must be in the advanced practice

1 registered nurse's area of certification. The clinical
2 experience shall be in collaboration with a physician or
3 physicians. Completion of the clinical experience must be
4 attested to by the collaborating physician or physicians or
5 employer and the advanced practice registered nurse. If the
6 collaborating physician or physicians or employer is unable to
7 attest to the completion of the clinical experience, the
8 Department may accept other evidence of clinical experience as
9 established by rule.

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

12 (1) all matters included in subsection (c) of Section
13 65-30 of this Act;

14 (2) practicing without a written collaborative
15 agreement in all practice settings consistent with
16 national certification;

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

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

21 (5) authority to obtain an Illinois controlled
22 substance license and a federal Drug Enforcement
23 Administration number; and

24 (6) use of only local anesthetic.

25 The scope of practice of an advanced practice registered
26 nurse does not include operative surgery. ~~Nothing in this~~

1 ~~Section shall be construed to preclude an advanced practice~~
2 ~~registered nurse from assisting in surgery.~~

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

6 (e) Nothing in this Act shall be construed to authorize an
7 advanced practice registered nurse with full practice
8 authority to provide health care services required by law or
9 rule to be performed by a physician, including, but not
10 limited to, those acts to be performed by a physician in
11 Section 3.1 of the Illinois Abortion Law of 2023.

12 (Source: P.A. 101-13, eff. 6-12-19; 102-75, eff. 1-1-22.)

13 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

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

15 Sec. 65-65. Reports relating to APRN professional conduct
16 and capacity.

17 (a) Entities Required to Report.

18 (1) Health Care Institutions. The chief administrator
19 or executive officer of a health care institution licensed
20 by the Department of Public Health, which provides the
21 minimum due process set forth in Section 10.4 of the
22 Hospital Licensing Act, shall report to the Board when an
23 advanced practice registered nurse's organized
24 professional staff clinical privileges are terminated or
25 are restricted based on a final determination, in

1 accordance with that institution's bylaws or rules and
2 regulations, that (i) a person has either committed an act
3 or acts that may directly threaten patient care and that
4 are not of an administrative nature or (ii) that a person
5 may have a mental or physical disability that may endanger
6 patients under that person's care. The chief administrator
7 or officer shall also report if an advanced practice
8 registered nurse accepts voluntary termination or
9 restriction of clinical privileges in lieu of formal
10 action based upon conduct related directly to patient care
11 and not of an administrative nature, or in lieu of formal
12 action seeking to determine whether a person may have a
13 mental or physical disability that may endanger patients
14 under that person's care. The Department shall provide by
15 rule for the reporting to it of all instances in which a
16 person licensed under this Article, who is impaired by
17 reason of age, drug, or alcohol abuse or physical or
18 mental impairment, is under supervision and, where
19 appropriate, is in a program of rehabilitation. Reports
20 submitted under this subsection shall be strictly
21 confidential and may be reviewed and considered only by
22 the members of the Board or authorized staff as provided
23 by rule of the Department. Provisions shall be made for
24 the periodic report of the status of any such reported
25 person not less than twice annually in order that the
26 Board shall have current information upon which to

1 determine the status of that person. Initial and periodic
2 reports of impaired advanced practice registered nurses
3 shall not be considered records within the meaning of the
4 State Records Act and shall be disposed of, following a
5 determination by the Board that such reports are no longer
6 required, in a manner and at an appropriate time as the
7 Board shall determine by rule. The filing of reports
8 submitted under this subsection shall be construed as the
9 filing of a report for purposes of subsection (c) of this
10 Section. ~~Such health care institution shall not take any
11 adverse action, including, but not limited to, restricting
12 or terminating any person's clinical privileges, as a
13 result of an adverse action against a person's license or
14 clinical privileges or other disciplinary action by
15 another state or health care institution that resulted
16 from the person's provision of, authorization of,
17 recommendation of, aiding or assistance with, referral
18 for, or participation in any health care service if the
19 adverse action was based solely on a violation of the
20 other state's law prohibiting the provision of such health
21 care and related services in the state or for a resident of
22 the state if that health care service would not have been
23 unlawful under the laws of this State and is consistent
24 with the standards of conduct for advanced practice
25 registered nurses practicing in Illinois.~~

26 (2) Professional Associations. The President or chief

1 executive officer of an association or society of persons
2 licensed under this Article, operating within this State,
3 shall report to the Board when the association or society
4 renders a final determination that a person licensed under
5 this Article has committed unprofessional conduct related
6 directly to patient care or that a person may have a mental
7 or physical disability that may endanger patients under
8 the person's care.

9 (3) Professional Liability Insurers. Every insurance
10 company that offers policies of professional liability
11 insurance to persons licensed under this Article, or any
12 other entity that seeks to indemnify the professional
13 liability of a person licensed under this Article, shall
14 report to the Board the settlement of any claim or cause of
15 action, or final judgment rendered in any cause of action,
16 that alleged negligence in the furnishing of patient care
17 by the licensee when the settlement or final judgment is
18 in favor of the plaintiff. ~~Such insurance company shall~~
19 ~~not take any adverse action, including, but not limited~~
20 ~~to, denial or revocation of coverage, or rate increases,~~
21 ~~against a person licensed under this Act with respect to~~
22 ~~coverage for services provided in Illinois if based solely~~
23 ~~on the person providing, authorizing, recommending,~~
24 ~~aiding, assisting, referring for, or otherwise~~
25 ~~participating in health care services this State in~~
26 ~~violation of another state's law, or a revocation or other~~

1 ~~adverse action against the person's license in another~~
2 ~~state for violation of such law if that health care~~
3 ~~service as provided would have been lawful and consistent~~
4 ~~with the standards of conduct for registered nurses and~~
5 ~~advanced practice registered nurses if it occurred in~~
6 ~~Illinois. Notwithstanding this provision, it is against~~
7 ~~public policy to require coverage for an illegal action.~~

8 (4) State's Attorneys. The State's Attorney of each
9 county shall report to the Board all instances in which a
10 person licensed under this Article is convicted or
11 otherwise found guilty of the commission of a felony.

12 (5) State Agencies. All agencies, boards, commissions,
13 departments, or other instrumentalities of the government
14 of this State shall report to the Board any instance
15 arising in connection with the operations of the agency,
16 including the administration of any law by the agency, in
17 which a person licensed under this Article has either
18 committed an act or acts that may constitute a violation
19 of this Article, that may constitute unprofessional
20 conduct related directly to patient care, or that
21 indicates that a person licensed under this Article may
22 have a mental or physical disability that may endanger
23 patients under that person's care.

24 (b) Mandatory Reporting. All reports required under items
25 (16) and (17) of subsection (a) of Section 70-5 shall be
26 submitted to the Board in a timely fashion. The reports shall

1 be filed in writing within 60 days after a determination that a
2 report is required under this Article. All reports shall
3 contain the following information:

4 (1) The name, address, and telephone number of the
5 person making the report.

6 (2) The name, address, and telephone number of the
7 person who is the subject of the report.

8 (3) The name or other means of identification of any
9 patient or patients whose treatment is a subject of the
10 report, except that no medical records may be revealed
11 without the written consent of the patient or patients.

12 (4) A brief description of the facts that gave rise to
13 the issuance of the report, including, but not limited to,
14 the dates of any occurrences deemed to necessitate the
15 filing of the report.

16 (5) If court action is involved, the identity of the
17 court in which the action is filed, the docket number, and
18 date of filing of the action.

19 (6) Any further pertinent information that the
20 reporting party deems to be an aid in the evaluation of the
21 report.

22 Nothing contained in this Section shall be construed to in
23 any way waive or modify the confidentiality of medical reports
24 and committee reports to the extent provided by law. Any
25 information reported or disclosed shall be kept for the
26 confidential use of the Board, the Board's attorneys, the

1 investigative staff, and authorized clerical staff and shall
2 be afforded the same status as is provided information
3 concerning medical studies in Part 21 of Article VIII of the
4 Code of Civil Procedure.

5 (c) Immunity from Prosecution. An individual or
6 organization acting in good faith, and not in a willful and
7 wanton manner, in complying with this Section by providing a
8 report or other information to the Board, by assisting in the
9 investigation or preparation of a report or information, by
10 participating in proceedings of the Board, or by serving as a
11 member of the Board shall not, as a result of such actions, be
12 subject to criminal prosecution or civil damages.

13 (d) Indemnification. Members of the Board, the Board's
14 attorneys, the investigative staff, advanced practice
15 registered nurses or physicians retained under contract to
16 assist and advise in the investigation, and authorized
17 clerical staff shall be indemnified by the State for any
18 actions (i) occurring within the scope of services on the
19 Board, (ii) performed in good faith, and (iii) not willful and
20 wanton in nature. The Attorney General shall defend all
21 actions taken against those persons unless he or she
22 determines either that there would be a conflict of interest
23 in the representation or that the actions complained of were
24 not performed in good faith or were willful and wanton in
25 nature. If the Attorney General declines representation, the
26 member shall have the right to employ counsel of his or her

1 choice, whose fees shall be provided by the State, after
2 approval by the Attorney General, unless there is a
3 determination by a court that the member's actions were not
4 performed in good faith or were willful and wanton in nature.
5 The member shall notify the Attorney General within 7 days of
6 receipt of notice of the initiation of an action involving
7 services of the Board. Failure to so notify the Attorney
8 General shall constitute an absolute waiver of the right to a
9 defense and indemnification. The Attorney General shall
10 determine within 7 days after receiving the notice whether he
11 or she will undertake to represent the member.

12 (e) Deliberations of Board. Upon the receipt of a report
13 called for by this Section, other than those reports of
14 impaired persons licensed under this Article required pursuant
15 to the rules of the Board, the Board shall notify in writing by
16 certified or registered mail or by email to the email address
17 of record the person who is the subject of the report. The
18 notification shall be made within 30 days of receipt by the
19 Board of the report. The notification shall include a written
20 notice setting forth the person's right to examine the report.
21 Included in the notification shall be the address at which the
22 file is maintained, the name of the custodian of the reports,
23 and the telephone number at which the custodian may be
24 reached. The person who is the subject of the report shall
25 submit a written statement responding to, clarifying, adding
26 to, or proposing to amend the report previously filed. The

1 statement shall become a permanent part of the file and shall
2 be received by the Board no more than 30 days after the date on
3 which the person was notified of the existence of the original
4 report. The Board shall review all reports received by it and
5 any supporting information and responding statements submitted
6 by persons who are the subject of reports. The review by the
7 Board shall be in a timely manner but in no event shall the
8 Board's initial review of the material contained in each
9 disciplinary file be less than 61 days nor more than 180 days
10 after the receipt of the initial report by the Board. When the
11 Board makes its initial review of the materials contained
12 within its disciplinary files, the Board shall, in writing,
13 make a determination as to whether there are sufficient facts
14 to warrant further investigation or action. Failure to make
15 that determination within the time provided shall be deemed to
16 be a determination that there are not sufficient facts to
17 warrant further investigation or action. Should the Board find
18 that there are not sufficient facts to warrant further
19 investigation or action, the report shall be accepted for
20 filing and the matter shall be deemed closed and so reported.
21 The individual or entity filing the original report or
22 complaint and the person who is the subject of the report or
23 complaint shall be notified in writing by the Board of any
24 final action on their report or complaint.

25 (f) (Blank).

26 (g) Any violation of this Section shall constitute a Class

1 A misdemeanor.

2 (h) If a person violates the provisions of this Section,
3 an action may be brought in the name of the People of the State
4 of Illinois, through the Attorney General of the State of
5 Illinois, for an order enjoining the violation or for an order
6 enforcing compliance with this Section. Upon filing of a
7 petition in court, the court may issue a temporary restraining
8 order without notice or bond and may preliminarily or
9 permanently enjoin the violation, and if it is established
10 that the person has violated or is violating the injunction,
11 the court may punish the offender for contempt of court.
12 Proceedings under this subsection shall be in addition to, and
13 not in lieu of, all other remedies and penalties provided for
14 by this Section.

15 ~~(i) The Department may adopt rules to implement the~~
16 ~~changes made by this amendatory Act of the 102nd General~~
17 ~~Assembly.~~

18 (Source: P.A. 102-1117, eff. 1-13-23.)

19 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

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

21 Sec. 70-5. Grounds for disciplinary action.

22 (a) The Department may refuse to issue or to renew, or may
23 revoke, suspend, place on probation, reprimand, or take other
24 disciplinary or non-disciplinary action as the Department may
25 deem appropriate, including fines not to exceed \$10,000 per

1 violation, with regard to a license for any one or combination
2 of the causes set forth in subsection (b) below. All fines
3 collected under this Section shall be deposited in the Nursing
4 Dedicated and Professional Fund.

5 (b) Grounds for disciplinary action include the following:

6 (1) Material deception in furnishing information to
7 the Department.

8 (2) Material violations of any provision of this Act
9 or violation of the rules of or final administrative
10 action of the Secretary, after consideration of the
11 recommendation of the Board.

12 (3) Conviction by plea of guilty or nolo contendere,
13 finding of guilt, jury verdict, or entry of judgment or by
14 sentencing of any crime, including, but not limited to,
15 convictions, preceding sentences of supervision,
16 conditional discharge, or first offender probation, under
17 the laws of any jurisdiction of the United States: (i)
18 that is a felony; or (ii) that is a misdemeanor, an
19 essential element of which is dishonesty, or that is
20 directly related to the practice of the profession.

21 (4) A pattern of practice or other behavior which
22 demonstrates incapacity or incompetency to practice under
23 this Act.

24 (5) Knowingly aiding or assisting another person in
25 violating any provision of this Act or rules.

26 (6) Failing, within 90 days, to provide a response to

1 a request for information in response to a written request
2 made by the Department by certified or registered mail or
3 by email to the email address of record.

4 (7) Engaging in dishonorable, unethical, or
5 unprofessional conduct of a character likely to deceive,
6 defraud, or harm the public, as defined by rule.

7 (8) Unlawful taking, theft, selling, distributing, or
8 manufacturing of any drug, narcotic, or prescription
9 device.

10 (9) Habitual or excessive use or addiction to alcohol,
11 narcotics, stimulants, or any other chemical agent or drug
12 that could result in a licensee's inability to practice
13 with reasonable judgment, skill, or safety.

14 (10) Discipline by another U.S. jurisdiction or
15 foreign nation, if at least one of the grounds for the
16 discipline is the same or substantially equivalent to
17 those set forth in this Section.

18 (11) A finding that the licensee, after having her or
19 his license placed on probationary status or subject to
20 conditions or restrictions, has violated the terms of
21 probation or failed to comply with such terms or
22 conditions.

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

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

4 (13) Willful omission to file or record, or willfully
5 impeding the filing or recording or inducing another
6 person to omit to file or record medical reports as
7 required by law.

8 (13.5) Willfully failing to report an instance of
9 suspected child abuse or neglect as required by the Abused
10 and Neglected Child Reporting Act.

11 (14) Gross negligence in the practice of practical,
12 professional, or advanced practice registered nursing.

13 (15) Holding oneself out to be practicing nursing
14 under any name other than one's own.

15 (16) Failure of a licensee to report to the Department
16 any adverse final action taken against him or her by
17 another licensing jurisdiction of the United States or any
18 foreign state or country, any peer review body, any health
19 care institution, any professional or nursing society or
20 association, any governmental agency, any law enforcement
21 agency, or any court or a nursing liability claim related
22 to acts or conduct similar to acts or conduct that would
23 constitute grounds for action as defined in this Section.

24 (17) Failure of a licensee to report to the Department
25 surrender by the licensee of a license or authorization to
26 practice nursing or advanced practice registered nursing

1 in another state or jurisdiction or current surrender by
2 the licensee of membership on any nursing staff or in any
3 nursing or advanced practice registered nursing or
4 professional association or society while under
5 disciplinary investigation by any of those authorities or
6 bodies for acts or conduct similar to acts or conduct that
7 would constitute grounds for action as defined by this
8 Section.

9 (18) Failing, within 60 days, to provide information
10 in response to a written request made by the Department.

11 (19) Failure to establish and maintain records of
12 patient care and treatment as required by law.

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

16 (21) Allowing another person or organization to use
17 the licensee's license to deceive the public.

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

24 (23) Attempting to subvert or cheat on a licensing
25 examination administered under this Act.

26 (24) Immoral conduct in the commission of an act,

1 including, but not limited to, sexual abuse, sexual
2 misconduct, or sexual exploitation, related to the
3 licensee's practice.

4 (25) Willfully or negligently violating the
5 confidentiality between nurse and patient except as
6 required by law.

7 (26) Practicing under a false or assumed name, except
8 as provided by law.

9 (27) The use of any false, fraudulent, or deceptive
10 statement in any document connected with the licensee's
11 practice.

12 (28) Directly or indirectly giving to or receiving
13 from a person, firm, corporation, partnership, or
14 association a fee, commission, rebate, or other form of
15 compensation for professional services not actually or
16 personally rendered. Nothing in this paragraph (28)
17 affects any bona fide independent contractor or employment
18 arrangements among health care professionals, health
19 facilities, health care providers, or other entities,
20 except as otherwise prohibited by law. Any employment
21 arrangements may include provisions for compensation,
22 health insurance, pension, or other employment benefits
23 for the provision of services within the scope of the
24 licensee's practice under this Act. Nothing in this
25 paragraph (28) shall be construed to require an employment
26 arrangement to receive professional fees for services

1 rendered.

2 (29) A violation of the Health Care Worker
3 Self-Referral Act.

4 (30) Physical illness, mental illness, or disability
5 that results in the inability to practice the profession
6 with reasonable judgment, skill, or safety.

7 (31) Exceeding the terms of a collaborative agreement
8 or the prescriptive authority delegated to a licensee by
9 his or her collaborating physician or podiatric physician
10 in guidelines established under a written collaborative
11 agreement.

12 (32) Making a false or misleading statement regarding
13 a licensee's skill or the efficacy or value of the
14 medicine, treatment, or remedy prescribed by him or her in
15 the course of treatment.

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

21 (34) Promotion of the sale of drugs, devices,
22 appliances, or goods provided for a patient in a manner to
23 exploit the patient for financial gain.

24 (35) Violating State or federal laws, rules, or
25 regulations relating to controlled substances.

26 (36) Willfully or negligently violating the

1 confidentiality between an advanced practice registered
2 nurse, collaborating physician, dentist, or podiatric
3 physician and a patient, except as required by law.

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

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

14 (39) A violation of any provision of this Act or any
15 rules adopted under this Act.

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

18 ~~(b 5) The Department shall not revoke, suspend, summarily~~
19 ~~suspend, place on probation, reprimand, refuse to issue or~~
20 ~~renew, or take any other disciplinary or non-disciplinary~~
21 ~~action against the license or permit issued under this Act to~~
22 ~~practice as a registered nurse or an advanced practice~~
23 ~~registered nurse based solely upon the registered nurse or~~
24 ~~advanced practice registered nurse providing, authorizing,~~
25 ~~recommending, aiding, assisting, referring for, or otherwise~~
26 ~~participating in any health care service, so long as the care~~

1 ~~was not unlawful under the laws of this State, regardless of~~
2 ~~whether the patient was a resident of this State or another~~
3 ~~state.~~

4 ~~(b-10) The Department shall not revoke, suspend, summarily~~
5 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
6 ~~renew, or take any other disciplinary or non disciplinary~~
7 ~~action against the license or permit issued under this Act to~~
8 ~~practice as a registered nurse or an advanced practice~~
9 ~~registered nurse based upon the registered nurse's or advanced~~
10 ~~practice registered nurse's license being revoked or~~
11 ~~suspended, or the registered nurse or advanced practice~~
12 ~~registered nurse being otherwise disciplined by any other~~
13 ~~state, if that revocation, suspension, or other form of~~
14 ~~discipline was based solely on the registered nurse or~~
15 ~~advanced practice registered nurse violating another state's~~
16 ~~laws prohibiting the provision of, authorization of,~~
17 ~~recommendation of, aiding or assisting in, referring for, or~~
18 ~~participation in any health care service if that health care~~
19 ~~service as provided would not have been unlawful under the~~
20 ~~laws of this State and is consistent with the standards of~~
21 ~~conduct for the registered nurse or advanced practice~~
22 ~~registered nurse practicing in Illinois.~~

23 ~~(b-15) The conduct specified in subsections (b-5) and~~
24 ~~(b-10) shall not trigger reporting requirements under Section~~
25 ~~65-65 or constitute grounds for suspension under Section~~
26 ~~70-60.~~

1 ~~(b-20) An applicant seeking licensure, certification, or~~
2 ~~authorization under this Act who has been subject to~~
3 ~~disciplinary action by a duly authorized professional~~
4 ~~disciplinary agency of another jurisdiction solely on the~~
5 ~~basis of having provided, authorized, recommended, aided,~~
6 ~~assisted, referred for, or otherwise participated in health~~
7 ~~care shall not be denied such licensure, certification, or~~
8 ~~authorization, unless the Department determines that such~~
9 ~~action would have constituted professional misconduct in this~~
10 ~~State; however, nothing in this Section shall be construed as~~
11 ~~prohibiting the Department from evaluating the conduct of such~~
12 ~~applicant and making a determination regarding the licensure,~~
13 ~~certification, or authorization to practice a profession under~~
14 ~~this Act.~~

15 (c) The determination by a circuit court that a licensee
16 is subject to involuntary admission or judicial admission as
17 provided in the Mental Health and Developmental Disabilities
18 Code, as amended, operates as an automatic suspension. The
19 suspension will end only upon a finding by a court that the
20 patient is no longer subject to involuntary admission or
21 judicial admission and issues an order so finding and
22 discharging the patient; and upon the recommendation of the
23 Board to the Secretary that the licensee be allowed to resume
24 his or her practice.

25 (d) The Department may refuse to issue or may suspend or
26 otherwise discipline the license of any person who fails to

1 file a return, or to pay the tax, penalty or interest shown in
2 a filed return, or to pay any final assessment of the tax,
3 penalty, or interest as required by any tax Act administered
4 by the Department of Revenue, until such time as the
5 requirements of any such tax Act are satisfied.

6 (e) In enforcing this Act, the Department, upon a showing
7 of a possible violation, may compel an individual licensed to
8 practice under this Act or who has applied for licensure under
9 this Act, to submit to a mental or physical examination, or
10 both, as required by and at the expense of the Department. The
11 Department may order the examining physician to present
12 testimony concerning the mental or physical examination of the
13 licensee or applicant. No information shall be excluded by
14 reason of any common law or statutory privilege relating to
15 communications between the licensee or applicant and the
16 examining physician. The examining physicians shall be
17 specifically designated by the Department. The individual to
18 be examined may have, at his or her own expense, another
19 physician of his or her choice present during all aspects of
20 this examination. Failure of an individual to submit to a
21 mental or physical examination, when directed, shall result in
22 an automatic suspension without hearing.

23 All substance-related violations shall mandate an
24 automatic substance abuse assessment. Failure to submit to an
25 assessment by a licensed physician who is certified as an
26 addictionist or an advanced practice registered nurse with

1 specialty certification in addictions may be grounds for an
2 automatic suspension, as defined by rule.

3 If the Department finds an individual unable to practice
4 or unfit for duty because of the reasons set forth in this
5 subsection (e), the Department may require that individual to
6 submit to a substance abuse evaluation or treatment by
7 individuals or programs approved or designated by the
8 Department, as a condition, term, or restriction for
9 continued, restored, or renewed licensure to practice; or, in
10 lieu of evaluation or treatment, the Department may file, or
11 the Board may recommend to the Department to file, a complaint
12 to immediately suspend, revoke, or otherwise discipline the
13 license of the individual. An individual whose license was
14 granted, continued, restored, renewed, disciplined, or
15 supervised subject to such terms, conditions, or restrictions,
16 and who fails to comply with such terms, conditions, or
17 restrictions, shall be referred to the Secretary for a
18 determination as to whether the individual shall have his or
19 her license suspended immediately, pending a hearing by the
20 Department.

21 In instances in which the Secretary immediately suspends a
22 person's license under this subsection (e), a hearing on that
23 person's license must be convened by the Department within 15
24 days after the suspension and completed without appreciable
25 delay. The Department and Board shall have the authority to
26 review the subject individual's record of treatment and

1 counseling regarding the impairment to the extent permitted by
2 applicable federal statutes and regulations safeguarding the
3 confidentiality of medical records.

4 An individual licensed under this Act and affected under
5 this subsection (e) shall be afforded an opportunity to
6 demonstrate to the Department that he or she can resume
7 practice in compliance with nursing standards under the
8 provisions of his or her license.

9 ~~(f) The Department may adopt rules to implement the~~
10 ~~changes made by this amendatory Act of the 102nd General~~
11 ~~Assembly.~~

12 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;
13 102-1117, eff. 1-13-23.)

14 Section 5-105. The Pharmacy Practice Act is amended by
15 changing Sections 30, 30.1, and 43 as follows:

16 (225 ILCS 85/30) (from Ch. 111, par. 4150)

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

18 Sec. 30. Refusal, revocation, suspension, or other
19 discipline.

20 (a) The Department may refuse to issue or renew, or may
21 revoke a license, or may suspend, place on probation, fine, or
22 take any disciplinary or non-disciplinary action as the
23 Department may deem proper, including fines not to exceed
24 \$10,000 for each violation, with regard to any licensee for

1 any one or combination of the following causes:

2 1. Material misstatement in furnishing information to
3 the Department.

4 2. Violations of this Act, or the rules promulgated
5 hereunder.

6 3. Making any misrepresentation for the purpose of
7 obtaining licenses.

8 4. A pattern of conduct which demonstrates
9 incompetence or unfitness to practice.

10 5. Aiding or assisting another person in violating any
11 provision of this Act or rules.

12 6. Failing, within 60 days, to respond to a written
13 request made by the Department for information.

14 7. Engaging in unprofessional, dishonorable, or
15 unethical conduct of a character likely to deceive,
16 defraud or harm the public as defined by rule.

17 8. Adverse action taken by another state or
18 jurisdiction against a license or other authorization to
19 practice as a pharmacy, pharmacist, registered certified
20 pharmacy technician, or registered pharmacy technician
21 that is the same or substantially equivalent to those set
22 forth in this Section, a certified copy of the record of
23 the action taken by the other state or jurisdiction being
24 prima facie evidence thereof.

25 9. Directly or indirectly giving to or receiving from
26 any person, firm, corporation, partnership, or association

1 any fee, commission, rebate or other form of compensation
2 for any professional services not actually or personally
3 rendered. Nothing in this item 9 affects any bona fide
4 independent contractor or employment arrangements among
5 health care professionals, health facilities, health care
6 providers, or other entities, except as otherwise
7 prohibited by law. Any employment arrangements may include
8 provisions for compensation, health insurance, pension, or
9 other employment benefits for the provision of services
10 within the scope of the licensee's practice under this
11 Act. Nothing in this item 9 shall be construed to require
12 an employment arrangement to receive professional fees for
13 services rendered.

14 10. A finding by the Department that the licensee,
15 after having his license placed on probationary status,
16 has violated the terms of probation.

17 11. Selling or engaging in the sale of drug samples
18 provided at no cost by drug manufacturers.

19 12. Physical illness, including, but not limited to,
20 deterioration through the aging process, or loss of motor
21 skill which results in the inability to practice the
22 profession with reasonable judgment, skill or safety.

23 13. A finding that licensure or registration has been
24 applied for or obtained by fraudulent means.

25 14. Conviction by plea of guilty or nolo contendere,
26 finding of guilt, jury verdict, or entry of judgment or

1 sentencing, including, but not limited to, convictions,
2 preceding sentences of supervision, conditional discharge,
3 or first offender probation, under the laws of any
4 jurisdiction of the United States that is (i) a felony or
5 (ii) a misdemeanor, an essential element of which is
6 dishonesty, or that is directly related to the practice of
7 pharmacy or involves controlled substances.

8 15. Habitual or excessive use or addiction to alcohol,
9 narcotics, stimulants or any other chemical agent or drug
10 which results in the inability to practice with reasonable
11 judgment, skill or safety.

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

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

26 18. Dispensing prescription drugs without receiving a

1 written or oral prescription in violation of law.

2 19. Upon a finding of a substantial discrepancy in a
3 Department audit of a prescription drug, including
4 controlled substances, as that term is defined in this Act
5 or in the Illinois Controlled Substances Act.

6 20. Physical or mental illness or any other impairment
7 or disability, including, without limitation: (A)
8 deterioration through the aging process or loss of motor
9 skills that results in the inability to practice with
10 reasonable judgment, skill or safety; or (B) mental
11 incompetence, as declared by a court of competent
12 jurisdiction.

13 21. Violation of the Health Care Worker Self-Referral
14 Act.

15 22. Failing to sell or dispense any drug, medicine, or
16 poison in good faith. "Good faith", for the purposes of
17 this Section, has the meaning ascribed to it in subsection
18 (u) of Section 102 of the Illinois Controlled Substances
19 Act. "Good faith", as used in this item (22), shall not be
20 limited to the sale or dispensing of controlled
21 substances, but shall apply to all prescription drugs.

22 23. Interfering with the professional judgment of a
23 pharmacist by any licensee under this Act, or the
24 licensee's agents or employees.

25 24. Failing to report within 60 days to the Department
26 any adverse final action taken against a pharmacy,

1 pharmacist, registered pharmacy technician, or registered
2 certified pharmacy technician by another licensing
3 jurisdiction in any other state or any territory of the
4 United States or any foreign jurisdiction, any
5 governmental agency, any law enforcement agency, or any
6 court for acts or conduct similar to acts or conduct that
7 would constitute grounds for discipline as defined in this
8 Section.

9 25. Failing to comply with a subpoena issued in
10 accordance with Section 35.5 of this Act.

11 26. Disclosing protected health information in
12 violation of any State or federal law.

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

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

23 29. Using advertisements or making solicitations that
24 may jeopardize the health, safety, or welfare of patients,
25 including, but not limited to, the use of advertisements
26 or solicitations that:

1 (A) are false, fraudulent, deceptive, or
2 misleading; or

3 (B) include any claim regarding a professional
4 service or product or the cost or price thereof that
5 cannot be substantiated by the licensee.

6 30. Requiring a pharmacist to participate in the use
7 or distribution of advertisements or in making
8 solicitations that may jeopardize the health, safety, or
9 welfare of patients.

10 31. Failing to provide a working environment for all
11 pharmacy personnel that protects the health, safety, and
12 welfare of a patient, which includes, but is not limited
13 to, failing to:

14 (A) employ sufficient personnel to prevent
15 fatigue, distraction, or other conditions that
16 interfere with a pharmacist's ability to practice with
17 competency and safety or creates an environment that
18 jeopardizes patient care;

19 (B) provide appropriate opportunities for
20 uninterrupted rest periods and meal breaks;

21 (C) provide adequate time for a pharmacist to
22 complete professional duties and responsibilities,
23 including, but not limited to:

24 (i) drug utilization review;

25 (ii) immunization;

26 (iii) counseling;

1 (iv) verification of the accuracy of a
2 prescription; and

3 (v) all other duties and responsibilities of a
4 pharmacist as listed in the rules of the
5 Department.

6 32. Introducing or enforcing external factors, such as
7 productivity or production quotas or other programs
8 against pharmacists, student pharmacists or pharmacy
9 technicians, to the extent that they interfere with the
10 ability of those individuals to provide appropriate
11 professional services to the public.

12 33. Providing an incentive for or inducing the
13 transfer of a prescription for a patient absent a
14 professional rationale.

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

22 (c) The Department shall revoke any license issued under
23 the provisions of this Act or any prior Act of this State of
24 any person who has been convicted a second time of committing
25 any felony under the Illinois Controlled Substances Act, or
26 who has been convicted a second time of committing a Class 1

1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid
2 Code. A person whose license issued under the provisions of
3 this Act or any prior Act of this State is revoked under this
4 subsection (c) shall be prohibited from engaging in the
5 practice of pharmacy in this State.

6 ~~(c 5) The Department shall not revoke, suspend, summarily~~
7 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
8 ~~renew, or take any other disciplinary or non disciplinary~~
9 ~~action against the license or permit issued under this Act to~~
10 ~~practice as a pharmacist, registered pharmacy technician, or~~
11 ~~registered certified pharmacy technician based solely upon the~~
12 ~~pharmacist, registered pharmacy technician, or registered~~
13 ~~certified pharmacy technician providing, authorizing,~~
14 ~~recommending, aiding, assisting, referring for, or otherwise~~
15 ~~participating in any health care service, so long as the care~~
16 ~~was not unlawful under the laws of this State, regardless of~~
17 ~~whether the patient was a resident of this State or another~~
18 ~~state.~~

19 ~~(c 10) The Department shall not revoke, suspend, summarily~~
20 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
21 ~~renew, or take any other disciplinary or non disciplinary~~
22 ~~action against the license or permit issued under this Act to~~
23 ~~practice as a pharmacist, registered pharmacy technician, or~~
24 ~~registered certified pharmacy technician based upon the~~
25 ~~pharmacist's, registered pharmacy technician's, or registered~~
26 ~~certified pharmacy technician's license being revoked or~~

1 ~~suspended, or the pharmacist being otherwise disciplined by~~
2 ~~any other state, if that revocation, suspension, or other form~~
3 ~~of discipline was based solely on the pharmacist, registered~~
4 ~~pharmacy technician, or registered certified pharmacy~~
5 ~~technician violating another state's laws prohibiting the~~
6 ~~provision of, authorization of, recommendation of, aiding or~~
7 ~~assisting in, referring for, or participation in any health~~
8 ~~care service if that health care service as provided would not~~
9 ~~have been unlawful under the laws of this State and is~~
10 ~~consistent with the standards of conduct for a pharmacist,~~
11 ~~registered pharmacy technician, or registered certified~~
12 ~~pharmacy technician practicing in Illinois.~~

13 ~~(c-15) The conduct specified in subsections (c-5) and~~
14 ~~(c-10) shall not constitute grounds for suspension under~~
15 ~~Section 35.16.~~

16 ~~(c-20) An applicant seeking licensure, certification, or~~
17 ~~authorization pursuant to this Act who has been subject to~~
18 ~~disciplinary action by a duly authorized professional~~
19 ~~disciplinary agency of another jurisdiction solely on the~~
20 ~~basis of having provided, authorized, recommended, aided,~~
21 ~~assisted, referred for, or otherwise participated in health~~
22 ~~care shall not be denied such licensure, certification, or~~
23 ~~authorization, unless the Department determines that such~~
24 ~~action would have constituted professional misconduct in this~~
25 ~~State; however, nothing in this Section shall be construed as~~
26 ~~prohibiting the Department from evaluating the conduct of such~~

1 ~~applicant and making a determination regarding the licensure,~~
2 ~~certification, or authorization to practice a profession under~~
3 ~~this Act.~~

4 (d) Fines may be imposed in conjunction with other forms
5 of disciplinary action, but shall not be the exclusive
6 disposition of any disciplinary action arising out of conduct
7 resulting in death or injury to a patient. Fines shall be paid
8 within 60 days or as otherwise agreed to by the Department. Any
9 funds collected from such fines shall be deposited in the
10 Illinois State Pharmacy Disciplinary Fund.

11 (e) The entry of an order or judgment by any circuit court
12 establishing that any person holding a license or certificate
13 under this Act is a person in need of mental treatment operates
14 as a suspension of that license. A licensee may resume his or
15 her practice only upon the entry of an order of the Department
16 based upon a finding by the Board that he or she has been
17 determined to be recovered from mental illness by the court
18 and upon the Board's recommendation that the licensee be
19 permitted to resume his or her practice.

20 (f) The Department shall issue quarterly to the Board a
21 status of all complaints related to the profession received by
22 the Department.

23 (g) In enforcing this Section, the Board or the
24 Department, upon a showing of a possible violation, may compel
25 any licensee or applicant for licensure under this Act to
26 submit to a mental or physical examination or both, as

1 required by and at the expense of the Department. The
2 examining physician, or multidisciplinary team involved in
3 providing physical and mental examinations led by a physician
4 consisting of one or a combination of licensed physicians,
5 licensed clinical psychologists, licensed clinical social
6 workers, licensed clinical professional counselors, and other
7 professional and administrative staff, shall be those
8 specifically designated by the Department. The Board or the
9 Department may order the examining physician or any member of
10 the multidisciplinary team to present testimony concerning
11 this mental or physical examination of the licensee or
12 applicant. No information, report, or other documents in any
13 way related to the examination shall be excluded by reason of
14 any common law or statutory privilege relating to
15 communication between the licensee or applicant and the
16 examining physician or any member of the multidisciplinary
17 team. The individual to be examined may have, at his or her own
18 expense, another physician of his or her choice present during
19 all aspects of the examination. Failure of any individual to
20 submit to a mental or physical examination when directed shall
21 result in the automatic suspension of his or her license until
22 such time as the individual submits to the examination. If the
23 Board or Department finds a pharmacist, registered certified
24 pharmacy technician, or registered pharmacy technician unable
25 to practice because of the reasons set forth in this Section,
26 the Board or Department shall require such pharmacist,

1 registered certified pharmacy technician, or registered
2 pharmacy technician to submit to care, counseling, or
3 treatment by physicians or other appropriate health care
4 providers approved or designated by the Department as a
5 condition for continued, restored, or renewed licensure to
6 practice. Any pharmacist, registered certified pharmacy
7 technician, or registered pharmacy technician whose license
8 was granted, continued, restored, renewed, disciplined, or
9 supervised, subject to such terms, conditions, or
10 restrictions, and who fails to comply with such terms,
11 conditions, or restrictions or to complete a required program
12 of care, counseling, or treatment, as determined by the chief
13 pharmacy coordinator, shall be referred to the Secretary for a
14 determination as to whether the licensee shall have his or her
15 license suspended immediately, pending a hearing by the Board.
16 In instances in which the Secretary immediately suspends a
17 license under this subsection (g), a hearing upon such
18 person's license must be convened by the Board within 15 days
19 after such suspension and completed without appreciable delay.
20 The Department and Board shall have the authority to review
21 the subject pharmacist's, registered certified pharmacy
22 technician's, or registered pharmacy technician's record of
23 treatment and counseling regarding the impairment.

24 (h) An individual or organization acting in good faith,
25 and not in a willful and wanton manner, in complying with this
26 Section by providing a report or other information to the

1 Board, by assisting in the investigation or preparation of a
2 report or information, by participating in proceedings of the
3 Board, or by serving as a member of the Board shall not, as a
4 result of such actions, be subject to criminal prosecution or
5 civil damages. Any person who reports a violation of this
6 Section to the Department is protected under subsection (b) of
7 Section 15 of the Whistleblower Act.

8 (i) Members of the Board shall have no liability in any
9 action based upon any disciplinary proceedings or other
10 activity performed in good faith as a member of the Board. The
11 Attorney General shall defend all such actions unless he or
12 she determines either that there would be a conflict of
13 interest in such representation or that the actions complained
14 of were not in good faith or were willful and wanton.

15 If the Attorney General declines representation, the
16 member shall have the right to employ counsel of his or her
17 choice, whose fees shall be provided by the State, after
18 approval by the Attorney General, unless there is a
19 determination by a court that the member's actions were not in
20 good faith or were willful and wanton.

21 The member must notify the Attorney General within 7 days
22 of receipt of notice of the initiation of any action involving
23 services of the Board. Failure to so notify the Attorney
24 General shall constitute an absolute waiver of the right to a
25 defense and indemnification.

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 ~~(j) The Department may adopt rules to implement the~~
4 ~~changes made by this amendatory Act of the 102nd General~~
5 ~~Assembly.~~

6 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;
7 102-1117, eff. 1-13-23.)

8 (225 ILCS 85/30.1)

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

10 Sec. 30.1. Reporting.

11 (a) When a pharmacist, registered certified pharmacy
12 technician, or a registered pharmacy technician licensed by
13 the Department is terminated for actions which may have
14 threatened patient safety, the pharmacy or
15 pharmacist-in-charge, pursuant to the policies and procedures
16 of the pharmacy at which he or she is employed, shall report
17 the termination to the chief pharmacy coordinator. Such
18 reports shall be strictly confidential and may be reviewed and
19 considered only by the members of the Board or by authorized
20 Department staff. Such reports, and any records associated
21 with such reports, are exempt from public disclosure and the
22 Freedom of Information Act. Although the reports are exempt
23 from disclosure, any formal complaint filed against a licensee
24 or registrant by the Department or any order issued by the
25 Department against a licensee, registrant, or applicant shall

1 be a public record, except as otherwise prohibited by law. A
2 ~~pharmacy shall not take any adverse action, including, but not~~
3 ~~limited to, disciplining or terminating a pharmacist,~~
4 ~~registered certified pharmacy technician, or registered~~
5 ~~pharmacy technician, as a result of an adverse action against~~
6 ~~the person's license or clinical privileges or other~~
7 ~~disciplinary action by another state or health care~~
8 ~~institution that resulted from the pharmacist's, registered~~
9 ~~certified pharmacy technician's, or registered pharmacy~~
10 ~~technician's provision of, authorization of, recommendation~~
11 ~~of, aiding or assistance with, referral for, or participation~~
12 ~~in any health care service, if the adverse action was based~~
13 ~~solely on a violation of the other state's law prohibiting the~~
14 ~~provision such health care and related services in the state~~
15 ~~or for a resident of the state.~~

16 (b) The report shall be submitted to the chief pharmacy
17 coordinator in a timely fashion. Unless otherwise provided in
18 this Section, the reports shall be filed in writing, on forms
19 provided by the Department, within 60 days after a pharmacy's
20 determination that a report is required under this Act. All
21 reports shall contain only the following information:

22 (1) The name, address, and telephone number of the
23 person making the report.

24 (2) The name, license number, and last known address
25 and telephone number of the person who is the subject of
26 the report.

1 (3) A brief description of the facts which gave rise
2 to the issuance of the report, including dates of
3 occurrence.

4 (c) The contents of any report and any records associated
5 with such report shall be strictly confidential and may only
6 be reviewed by:

7 (1) members of the Board of Pharmacy;

8 (2) the Board of Pharmacy's designated attorney;

9 (3) administrative personnel assigned to open mail
10 containing reports, to process and distribute reports to
11 authorized persons, and to communicate with senders of
12 reports;

13 (4) Department investigators and Department
14 prosecutors; or

15 (5) attorneys from the Office of the Illinois Attorney
16 General representing the Department in litigation in
17 response to specific disciplinary action the Department
18 has taken or initiated against a specific individual
19 pursuant to this Section.

20 (d) Whenever a pharmacy or pharmacist-in-charge makes a
21 report and provides any records associated with that report to
22 the Department, acts in good faith, and not in a willful and
23 wanton manner, the person or entity making the report and the
24 pharmacy or health care institution employing him or her shall
25 not, as a result of such actions, be subject to criminal
26 prosecution or civil damages.

1 ~~(e) The Department may adopt rules to implement the~~
2 ~~changes made by this amendatory Act of the 102nd General~~
3 ~~Assembly.~~

4 (Source: P.A. 102-1117, eff. 1-13-23.)

5 (225 ILCS 85/43)

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

7 Sec. 43. Dispensation of hormonal contraceptives.

8 (a) The dispensing of hormonal contraceptives to a patient
9 shall be pursuant to a valid prescription, ~~or pursuant to a~~
10 standing order by a physician licensed to practice medicine in
11 all its branches or, ~~a standing order by~~ the medical director
12 of a local health department, ~~or a standing order by the~~
13 ~~Department of Public Health~~ pursuant to the following:

14 (1) a pharmacist may dispense no more than a 12-month
15 supply of hormonal contraceptives to a patient;

16 (2) a pharmacist must complete an educational training
17 program accredited by the Accreditation Council for
18 Pharmacy Education and approved by the Department that is
19 related to the patient self-screening risk assessment,
20 patient assessment contraceptive counseling and education,
21 and dispensation of hormonal contraceptives;

22 (3) a pharmacist shall have the patient complete the
23 self-screening risk assessment tool; the self-screening
24 risk assessment tool is to be based on the most current
25 version of the United States Medical Eligibility Criteria

1 for Contraceptive Use published by the federal Centers for
2 Disease Control and Prevention;

3 (4) based upon the results of the self-screening risk
4 assessment and the patient assessment, the pharmacist
5 shall use his or her professional and clinical judgment as
6 to when a patient should be referred to the patient's
7 physician or another health care provider;

8 (5) a pharmacist shall provide, during the patient
9 assessment and consultation, counseling and education
10 about all methods of contraception, including methods not
11 covered under the standing order, and their proper use and
12 effectiveness;

13 (6) the patient consultation shall take place in a
14 private manner; and

15 (7) a pharmacist and pharmacy must maintain
16 appropriate records.

17 (b) The Department may adopt rules to implement this
18 Section.

19 (c) Nothing in this Section shall be interpreted to
20 require a pharmacist to dispense hormonal contraception under
21 a standing order issued by a physician licensed to practice
22 medicine in all its branches or the medical director of a local
23 health department.

24 ~~(d) Notwithstanding any other provision of the law to the~~
25 ~~contrary, a pharmacist may dispense hormonal contraceptives in~~
26 ~~conformance with standing orders issued pursuant to this~~

1 ~~Section without prior establishment of a relationship between~~
2 ~~the pharmacist and the person receiving hormonal~~
3 ~~contraception.~~

4 ~~(c) No employee of the Department of Public Health issuing~~
5 ~~a standing order pursuant to this Section shall, as a result of~~
6 ~~the employee's acts or omissions in issuing the standing order~~
7 ~~pursuant to this Section, be subject to (i) any disciplinary~~
8 ~~or other adverse action under the Medical Practice Act of~~
9 ~~1987, (ii) any civil liability, or (iii) any criminal~~
10 ~~liability.~~

11 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22;
12 102-1117, eff. 1-13-23.)

13 Section 5-110. The Physician Assistant Practice Act of
14 1987 is amended by changing Sections 7.5 and 21 as follows:

15 (225 ILCS 95/7.5)

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

17 Sec. 7.5. Written collaborative agreements; prescriptive
18 authority.

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

22 (1) A written collaborative agreement shall describe
23 the working relationship of the physician assistant with
24 the collaborating physician and shall describe the

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

1 other persons so that the physician has the experience and
2 ability to collaborate and provide consultation.

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

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

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

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

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

20 (b) A collaborating physician may, but is not required to,
21 delegate prescriptive authority to a physician assistant as
22 part of a written collaborative agreement. This authority may,
23 but is not required to, include prescription of, selection of,
24 orders for, administration of, storage of, acceptance of
25 samples of, and dispensing medical devices, over the counter
26 medications, legend drugs, medical gases, and controlled

1 substances categorized as Schedule II through V controlled
2 substances, as defined in Article II of the Illinois
3 Controlled Substances Act, and other preparations, including,
4 but not limited to, botanical and herbal remedies. The
5 collaborating physician must have a valid, current Illinois
6 controlled substance license and federal registration with the
7 Drug Enforcement Administration to delegate the authority to
8 prescribe controlled substances.

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

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

1 54.2 of the Medical Practice Act of 1987.

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

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

16 (B) (Blank).

17 (C) Any prescription must be limited to no more
18 than a 30-day supply, with any continuation authorized
19 only after prior approval of the collaborating
20 physician.

21 (D) The physician assistant must discuss the
22 condition of any patients for whom a controlled
23 substance is prescribed monthly with the collaborating
24 physician.

25 (E) The physician assistant meets the education
26 requirements of Section 303.05 of the Illinois

1 Controlled Substances Act.

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

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

21 (d) (Blank).

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

24 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

25 (225 ILCS 95/21) (from Ch. 111, par. 4621)

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

2 Sec. 21. Grounds for disciplinary action.

3 (a) The Department may refuse to issue or to renew, or may
4 revoke, suspend, place on probation, reprimand, or take other
5 disciplinary or non-disciplinary action with regard to any
6 license issued under this Act as the Department may deem
7 proper, including the issuance of fines not to exceed \$10,000
8 for each violation, for any one or combination of the
9 following causes:

10 (1) Material misstatement in furnishing information to
11 the Department.

12 (2) Violations of this Act, or the rules adopted under
13 this Act.

14 (3) Conviction by plea of guilty or nolo contendere,
15 finding of guilt, jury verdict, or entry of judgment or
16 sentencing, including, but not limited to, convictions,
17 preceding sentences of supervision, conditional discharge,
18 or first offender probation, under the laws of any
19 jurisdiction of the United States that is: (i) a felony;
20 or (ii) a misdemeanor, an essential element of which is
21 dishonesty, or that is directly related to the practice of
22 the profession.

23 (4) Making any misrepresentation for the purpose of
24 obtaining licenses.

25 (5) Professional incompetence.

26 (6) Aiding or assisting another person in violating

1 any provision of this Act or its rules.

2 (7) Failing, within 60 days, to provide information in
3 response to a written request made by the Department.

4 (8) Engaging in dishonorable, unethical, or
5 unprofessional conduct, as defined by rule, of a character
6 likely to deceive, defraud, or harm the public.

7 (9) Habitual or excessive use or addiction to alcohol,
8 narcotics, stimulants, or any other chemical agent or drug
9 that results in a physician assistant's inability to
10 practice with reasonable judgment, skill, or safety.

11 (10) Discipline by another U.S. jurisdiction or
12 foreign nation, if at least one of the grounds for
13 discipline is the same or substantially equivalent to
14 those set forth in this Section.

15 (11) Directly or indirectly giving to or receiving
16 from any person, firm, corporation, partnership, or
17 association any fee, commission, rebate or other form of
18 compensation for any professional services not actually or
19 personally rendered. Nothing in this paragraph (11)
20 affects any bona fide independent contractor or employment
21 arrangements, which may include provisions for
22 compensation, health insurance, pension, or other
23 employment benefits, with persons or entities authorized
24 under this Act for the provision of services within the
25 scope of the licensee's practice under this Act.

26 (12) A finding by the Board that the licensee, after

1 having his or her license placed on probationary status,
2 has violated the terms of probation.

3 (13) Abandonment of a patient.

4 (14) Willfully making or filing false records or
5 reports in his or her practice, including but not limited
6 to false records filed with ~~State~~ state agencies or
7 departments.

8 (15) Willfully failing to report an instance of
9 suspected child abuse or neglect as required by the Abused
10 and Neglected Child Reporting Act.

11 (16) Physical illness, or mental illness or impairment
12 that results in the inability to practice the profession
13 with reasonable judgment, skill, or safety, including, but
14 not limited to, deterioration through the aging process or
15 loss of motor skill.

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

23 (18) (Blank).

24 (19) Gross negligence resulting in permanent injury or
25 death of a patient.

26 (20) Employment of fraud, deception or any unlawful

1 means in applying for or securing a license as a physician
2 assistant.

3 (21) Exceeding the authority delegated to him or her
4 by his or her collaborating physician in a written
5 collaborative agreement.

6 (22) Immoral conduct in the commission of any act,
7 such as sexual abuse, sexual misconduct, or sexual
8 exploitation related to the licensee's practice.

9 (23) Violation of the Health Care Worker Self-Referral
10 Act.

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

13 (25) Making a false or misleading statement regarding
14 his or her skill or the efficacy or value of the medicine,
15 treatment, or remedy prescribed by him or her in the
16 course of treatment.

17 (26) Allowing another person to use his or her license
18 to practice.

19 (27) Prescribing, selling, administering,
20 distributing, giving, or self-administering a drug
21 classified as a controlled substance for other than
22 medically accepted therapeutic purposes.

23 (28) Promotion of the sale of drugs, devices,
24 appliances, or goods provided for a patient in a manner to
25 exploit the patient for financial gain.

26 (29) A pattern of practice or other behavior that

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

3 (30) Violating State or federal laws or regulations
4 relating to controlled substances or other legend drugs or
5 ephedra as defined in the Ephedra Prohibition Act.

6 (31) Exceeding the prescriptive authority delegated by
7 the collaborating physician or violating the written
8 collaborative agreement delegating that authority.

9 (32) Practicing without providing to the Department a
10 notice of collaboration or delegation of prescriptive
11 authority.

12 (33) Failure to establish and maintain records of
13 patient care and treatment as required by law.

14 (34) Attempting to subvert or cheat on the examination
15 of the National Commission on Certification of Physician
16 Assistants or its successor agency.

17 (35) Willfully or negligently violating the
18 confidentiality between physician assistant and patient,
19 except as required by law.

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

24 (37) Being named as an abuser in a verified report by
25 the Department on Aging under the Adult Protective
26 Services Act and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or
2 financially exploited an eligible adult as defined in the
3 Adult Protective Services Act.

4 (38) Failure to report to the Department an adverse
5 final action taken against him or her by another licensing
6 jurisdiction of the United States or a foreign state or
7 country, a peer review body, a health care institution, a
8 professional society or association, a governmental
9 agency, a law enforcement agency, or a court acts or
10 conduct similar to acts or conduct that would constitute
11 grounds for action under this Section.

12 (39) Failure to provide copies of records of patient
13 care or treatment, except as required by law.

14 (40) Entering into an excessive number of written
15 collaborative agreements with licensed physicians
16 resulting in an inability to adequately collaborate.

17 (41) Repeated failure to adequately collaborate with a
18 collaborating physician.

19 (42) Violating the Compassionate Use of Medical
20 Cannabis Program Act.

21 (b) The Department may, without a hearing, refuse to issue
22 or renew or may suspend the license of any person who fails to
23 file a return, or to pay the tax, penalty or interest shown in
24 a filed return, or to pay any final assessment of the tax,
25 penalty, or interest as required by any tax Act administered
26 by the Illinois Department of Revenue, until such time as the

1 requirements of any such tax Act are satisfied.

2 ~~(b-5) The Department shall not revoke, suspend, summarily~~
3 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
4 ~~renew, or take any other disciplinary or non-disciplinary~~
5 ~~action against the license or permit issued under this Act to~~
6 ~~practice as a physician assistant based solely upon the~~
7 ~~physician assistant providing, authorizing, recommending,~~
8 ~~aiding, assisting, referring for, or otherwise participating~~
9 ~~in any health care service, so long as the care was not~~
10 ~~unlawful under the laws of this State, regardless of whether~~
11 ~~the patient was a resident of this State or another state.~~

12 ~~(b-10) The Department shall not revoke, suspend, summarily~~
13 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
14 ~~renew, or take any other disciplinary or non-disciplinary~~
15 ~~action against the license or permit issued under this Act to~~
16 ~~practice as a physician assistant based upon the physician~~
17 ~~assistant's license being revoked or suspended, or the~~
18 ~~physician assistant being otherwise disciplined by any other~~
19 ~~state, if that revocation, suspension, or other form of~~
20 ~~discipline was based solely on the physician assistant~~
21 ~~violating another state's laws prohibiting the provision of,~~
22 ~~authorization of, recommendation of, aiding or assisting in,~~
23 ~~referring for, or participation in any health care service if~~
24 ~~that health care service as provided would not have been~~
25 ~~unlawful under the laws of this State and is consistent with~~
26 ~~the standards of conduct for a physician assistant practicing~~

1 ~~in Illinois.~~

2 ~~(b-15) The conduct specified in subsections (b-5) and~~
3 ~~(b-10) shall not constitute grounds for suspension under~~
4 ~~Section 22.13.~~

5 ~~(b-20) An applicant seeking licensure, certification, or~~
6 ~~authorization pursuant to this Act who has been subject to~~
7 ~~disciplinary action by a duly authorized professional~~
8 ~~disciplinary agency of another jurisdiction solely on the~~
9 ~~basis of having provided, authorized, recommended, aided,~~
10 ~~assisted, referred for, or otherwise participated in health~~
11 ~~care shall not be denied such licensure, certification, or~~
12 ~~authorization, unless the Department determines that such~~
13 ~~action would have constituted professional misconduct in this~~
14 ~~State; however, nothing in this Section shall be construed as~~
15 ~~prohibiting the Department from evaluating the conduct of such~~
16 ~~applicant and making a determination regarding the licensure,~~
17 ~~certification, or authorization to practice a profession under~~
18 ~~this Act.~~

19 (c) The determination by a circuit court that a licensee
20 is subject to involuntary admission or judicial admission as
21 provided in the Mental Health and Developmental Disabilities
22 Code operates as an automatic suspension. The suspension will
23 end only upon a finding by a court that the patient is no
24 longer subject to involuntary admission or judicial admission
25 and issues an order so finding and discharging the patient,
26 and upon the recommendation of the Board to the Secretary that

1 the licensee be allowed to resume his or her practice.

2 (d) In enforcing this Section, the Department upon a
3 showing of a possible violation may compel an individual
4 licensed to practice under this Act, or who has applied for
5 licensure under this Act, to submit to a mental or physical
6 examination, or both, which may include a substance abuse or
7 sexual offender evaluation, as required by and at the expense
8 of the Department.

9 The Department shall specifically designate the examining
10 physician licensed to practice medicine in all of its branches
11 or, if applicable, the multidisciplinary team involved in
12 providing the mental or physical examination or both. The
13 multidisciplinary team shall be led by a physician licensed to
14 practice medicine in all of its branches and may consist of one
15 or more or a combination of physicians licensed to practice
16 medicine in all of its branches, licensed clinical
17 psychologists, licensed clinical social workers, licensed
18 clinical professional counselors, and other professional and
19 administrative staff. Any examining physician or member of the
20 multidisciplinary team may require any person ordered to
21 submit to an examination pursuant to this Section to submit to
22 any additional supplemental testing deemed necessary to
23 complete any examination or evaluation process, including, but
24 not limited to, blood testing, urinalysis, psychological
25 testing, or neuropsychological testing.

26 The Department may order the examining physician or any

1 member of the multidisciplinary team to provide to the
2 Department any and all records, including business records,
3 that relate to the examination and evaluation, including any
4 supplemental testing performed.

5 The Department may order the examining physician or any
6 member of the multidisciplinary team to present testimony
7 concerning the mental or physical examination of the licensee
8 or applicant. No information, report, record, or other
9 documents in any way related to the examination shall be
10 excluded by reason of any common law or statutory privilege
11 relating to communications between the licensee or applicant
12 and the examining physician or any member of the
13 multidisciplinary team. No authorization is necessary from the
14 licensee or applicant ordered to undergo an examination for
15 the examining physician or any member of the multidisciplinary
16 team to provide information, reports, records, or other
17 documents or to provide any testimony regarding the
18 examination and evaluation.

19 The individual to be examined may have, at his or her own
20 expense, another physician of his or her choice present during
21 all aspects of this examination. However, that physician shall
22 be present only to observe and may not interfere in any way
23 with the examination.

24 Failure of an individual to submit to a mental or physical
25 examination, when ordered, shall result in an automatic
26 suspension of his or her license until the individual submits

1 to the examination.

2 If the Department finds an individual unable to practice
3 because of the reasons set forth in this Section, the
4 Department may require that individual to submit to care,
5 counseling, or treatment by physicians approved or designated
6 by the Department, as a condition, term, or restriction for
7 continued, reinstated, or renewed licensure to practice; or,
8 in lieu of care, counseling, or treatment, the Department may
9 file a complaint to immediately suspend, revoke, or otherwise
10 discipline the license of the individual. An individual whose
11 license was granted, continued, reinstated, renewed,
12 disciplined, or supervised subject to such terms, conditions,
13 or restrictions, and who fails to comply with such terms,
14 conditions, or restrictions, shall be referred to the
15 Secretary for a determination as to whether the individual
16 shall have his or her license suspended immediately, pending a
17 hearing by the Department.

18 In instances in which the Secretary immediately suspends a
19 person's license under this Section, a hearing on that
20 person's license must be convened by the Department within 30
21 days after the suspension and completed without appreciable
22 delay. The Department shall have the authority to review the
23 subject individual's record of treatment and counseling
24 regarding the impairment to the extent permitted by applicable
25 federal statutes and regulations safeguarding the
26 confidentiality of medical records.

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

6 (e) An individual or organization acting in good faith,
7 and not in a willful and wanton manner, in complying with this
8 Section by providing a report or other information to the
9 Board, by assisting in the investigation or preparation of a
10 report or information, by participating in proceedings of the
11 Board, or by serving as a member of the Board, shall not be
12 subject to criminal prosecution or civil damages as a result
13 of such actions.

14 (f) Members of the Board shall be indemnified by the State
15 for any actions occurring within the scope of services on the
16 Board, done in good faith and not willful and wanton in nature.
17 The Attorney General shall defend all such actions unless he
18 or she determines either that there would be a conflict of
19 interest in such representation or that the actions complained
20 of were not in good faith or were willful and wanton.

21 If the Attorney General declines representation, the
22 member has the right to employ counsel of his or her choice,
23 whose fees shall be provided by the State, after approval by
24 the Attorney General, unless there is a determination by a
25 court that the member's actions were not in good faith or were
26 willful and wanton.

1 The member must notify the Attorney General within 7 days
2 after receipt of notice of the initiation of any action
3 involving services of the Board. Failure to so notify the
4 Attorney General constitutes an absolute waiver of the right
5 to a defense and indemnification.

6 The Attorney General shall determine, within 7 days after
7 receiving such notice, whether he or she will undertake to
8 represent the member.

9 ~~(g) The Department may adopt rules to implement the~~
10 ~~changes made by this amendatory Act of the 102nd General~~
11 ~~Assembly.~~

12 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21;
13 102-1117, eff. 1-13-23.)

14 Section 5-115. The Professional Counselor and Clinical
15 Professional Counselor Licensing and Practice Act is amended
16 by changing Section 80 as follows:

17 (225 ILCS 107/80)

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

19 Sec. 80. Grounds for discipline.

20 (a) The Department may refuse to issue, renew, or may
21 revoke, suspend, place on probation, reprimand, or take other
22 disciplinary or non-disciplinary action as the Department
23 deems appropriate, including the issuance of fines not to
24 exceed \$10,000 for each violation, with regard to any license

1 for any one or more of the following:

2 (1) Material misstatement in furnishing information to
3 the Department or to any other State agency.

4 (2) Violations or negligent or intentional disregard
5 of this Act or rules adopted under this Act.

6 (3) Conviction by plea of guilty or nolo contendere,
7 finding of guilt, jury verdict, or entry of judgment or by
8 sentencing of any crime, including, but not limited to,
9 convictions, preceding sentences of supervision,
10 conditional discharge, or first offender probation, under
11 the laws of any jurisdiction of the United States: (i)
12 that is a felony or (ii) that is a misdemeanor, an
13 essential element of which is dishonesty, or that is
14 directly related to the practice of the profession.

15 (4) Fraud or any misrepresentation in applying for or
16 procuring a license under this Act or in connection with
17 applying for renewal of a license under this Act.

18 (5) Professional incompetence or gross negligence in
19 the rendering of professional counseling or clinical
20 professional counseling services.

21 (6) Malpractice.

22 (7) Aiding or assisting another person in violating
23 any provision of this Act or any rules.

24 (8) Failing to provide information within 60 days in
25 response to a written request made by the Department.

26 (9) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public and violating the rules of
3 professional conduct adopted by the Department.

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

8 (11) Discipline by another jurisdiction, the District
9 of Columbia, territory, county, or governmental agency, if
10 at least one of the grounds for the discipline is the same
11 or substantially equivalent to those set forth in this
12 Section.

13 (12) Directly or indirectly giving to or receiving
14 from any person, firm, corporation, partnership, or
15 association any fee, commission, rebate or other form of
16 compensation for any professional service not actually
17 rendered. Nothing in this paragraph (12) affects any bona
18 fide independent contractor or employment arrangements
19 among health care professionals, health facilities, health
20 care providers, or other entities, except as otherwise
21 prohibited by law. Any employment arrangements may include
22 provisions for compensation, health insurance, pension, or
23 other employment benefits for the provision of services
24 within the scope of the licensee's practice under this
25 Act. Nothing in this paragraph (12) shall be construed to
26 require an employment arrangement to receive professional

1 fees for services rendered.

2 (13) A finding by the Board that the licensee, after
3 having the license placed on probationary status, has
4 violated the terms of probation.

5 (14) Abandonment of a client.

6 (15) Willfully filing false reports relating to a
7 licensee's practice, including but not limited to false
8 records filed with federal or State agencies or
9 departments.

10 (16) Willfully failing to report an instance of
11 suspected child abuse or neglect as required by the Abused
12 and Neglected Child Reporting Act and in matters
13 pertaining to suspected abuse, neglect, financial
14 exploitation, or self-neglect of adults with disabilities
15 and older adults as set forth in the Adult Protective
16 Services Act.

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

24 (18) Physical or mental illness or disability,
25 including, but not limited to, deterioration through the
26 aging process or loss of abilities and skills which

1 results in the inability to practice the profession with
2 reasonable judgment, skill, or safety.

3 (19) Solicitation of professional services by using
4 false or misleading advertising.

5 (20) Allowing one's license under this Act to be used
6 by an unlicensed person in violation of this Act.

7 (21) A finding that licensure has been applied for or
8 obtained by fraudulent means.

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

11 (23) Gross and willful overcharging for professional
12 services including filing statements for collection of
13 fees or monies for which services are not rendered.

14 (24) Rendering professional counseling or clinical
15 professional counseling services without a license or
16 practicing outside the scope of a license.

17 (25) Clinical supervisors failing to adequately and
18 responsibly monitor supervisees.

19 All fines imposed under this Section shall be paid within
20 60 days after the effective date of the order imposing the
21 fine.

22 (b) (Blank).

23 (b-5) The Department may refuse to issue or may suspend
24 without hearing, as provided for in the Code of Civil
25 Procedure, the license of any person who fails to file a
26 return, pay the tax, penalty, or interest shown in a filed

1 return, or pay any final assessment of the tax, penalty, or
2 interest as required by any tax Act administered by the
3 Illinois Department of Revenue, until such time as the
4 requirements of any such tax Act are satisfied in accordance
5 with subsection (g) of Section 2105-15 of the Department of
6 Professional Regulation Law of the Civil Administrative Code
7 of Illinois.

8 (b-10) In cases where the Department of Healthcare and
9 Family Services has previously determined a licensee or a
10 potential licensee is more than 30 days delinquent in the
11 payment of child support and has subsequently certified the
12 delinquency to the Department, the Department may refuse to
13 issue or renew or may revoke or suspend that person's license
14 or may take other disciplinary action against that person
15 based solely upon the certification of delinquency made by the
16 Department of Healthcare and Family Services in accordance
17 with item (5) of subsection (a) of Section 2105-15 of the
18 Department of Professional Regulation Law of the Civil
19 Administrative Code of Illinois.

20 (c) The determination by a court that a licensee is
21 subject to involuntary admission or judicial admission as
22 provided in the Mental Health and Developmental Disabilities
23 Code will result in an automatic suspension of his or her
24 license. The suspension will end upon a finding by a court that
25 the licensee is no longer subject to involuntary admission or
26 judicial admission, the issuance of an order so finding and

1 discharging the patient, and the recommendation of the Board
2 to the Secretary that the licensee be allowed to resume
3 professional practice.

4 ~~(c-1) The Department shall not revoke, suspend, summarily~~
5 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
6 ~~renew, or take any other disciplinary or non disciplinary~~
7 ~~action against the license or permit issued under this Act to~~
8 ~~practice as a professional counselor or clinical professional~~
9 ~~counselor based solely upon the professional counselor or~~
10 ~~clinical professional counselor authorizing, recommending,~~
11 ~~aiding, assisting, referring for, or otherwise participating~~
12 ~~in any health care service, so long as the care was not~~
13 ~~unlawful under the laws of this State, regardless of whether~~
14 ~~the patient was a resident of this State or another state.~~

15 ~~(c-2) The Department shall not revoke, suspend, summarily~~
16 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
17 ~~renew, or take any other disciplinary or non disciplinary~~
18 ~~action against the license or permit issued under this Act to~~
19 ~~practice as a professional counselor or clinical professional~~
20 ~~counselor based upon the professional counselor's or clinical~~
21 ~~professional counselor's license being revoked or suspended,~~
22 ~~or the professional counselor or clinical professional~~
23 ~~counselor being otherwise disciplined by any other state, if~~
24 ~~that revocation, suspension, or other form of discipline was~~
25 ~~based solely on the professional counselor or clinical~~
26 ~~professional counselor violating another state's laws~~

1 ~~prohibiting the provision of, authorization of, recommendation~~
2 ~~of, aiding or assisting in, referring for, or participation in~~
3 ~~any health care service if that health care service as~~
4 ~~provided would not have been unlawful under the laws of this~~
5 ~~State and is consistent with the standards of conduct for a~~
6 ~~professional counselor or clinical professional counselor~~
7 ~~practicing in Illinois.~~

8 ~~(c-3) The conduct specified in subsections (c-1) and (c-2)~~
9 ~~shall not constitute grounds for suspension under Section 145.~~

10 ~~(c-4) An applicant seeking licensure, certification, or~~
11 ~~authorization pursuant to this Act who has been subject to~~
12 ~~disciplinary action by a duly authorized professional~~
13 ~~disciplinary agency of another jurisdiction solely on the~~
14 ~~basis of having authorized, recommended, aided, assisted,~~
15 ~~referred for, or otherwise participated in health care shall~~
16 ~~not be denied such licensure, certification, or authorization,~~
17 ~~unless the Department determines that such action would have~~
18 ~~constituted professional misconduct in this State; however,~~
19 ~~nothing in this Section shall be construed as prohibiting the~~
20 ~~Department from evaluating the conduct of such applicant and~~
21 ~~making a determination regarding the licensure, certification,~~
22 ~~or authorization to practice a profession under this Act.~~

23 (c-5) In enforcing this Act, the Department, upon a
24 showing of a possible violation, may compel an individual
25 licensed to practice under this Act, or who has applied for
26 licensure under this Act, to submit to a mental or physical

1 examination, or both, as required by and at the expense of the
2 Department. The Department may order the examining physician
3 to present testimony concerning the mental or physical
4 examination of the licensee or applicant. No information shall
5 be excluded by reason of any common law or statutory privilege
6 relating to communications between the licensee or applicant
7 and the examining physician. The examining physicians shall be
8 specifically designated by the Department. The individual to
9 be examined may have, at his or her own expense, another
10 physician of his or her choice present during all aspects of
11 this examination. The examination shall be performed by a
12 physician licensed to practice medicine in all its branches.
13 Failure of an individual to submit to a mental or physical
14 examination, when directed, shall result in an automatic
15 suspension without hearing.

16 All substance-related violations shall mandate an
17 automatic substance abuse assessment. Failure to submit to an
18 assessment by a licensed physician who is certified as an
19 addictionist or an advanced practice registered nurse with
20 specialty certification in addictions may be grounds for an
21 automatic suspension.

22 If the Department finds an individual unable to practice
23 or unfit for duty because of the reasons set forth in this
24 subsection (c-5), the Department may require that individual
25 to submit to a substance abuse evaluation or treatment by
26 individuals or programs approved or designated by the

1 Department, as a condition, term, or restriction for
2 continued, restored, or renewed licensure to practice; or, in
3 lieu of evaluation or treatment, the Department may file, or
4 the Board may recommend to the Department to file, a complaint
5 to immediately suspend, revoke, or otherwise discipline the
6 license of the individual. An individual whose license was
7 granted, continued, restored, renewed, disciplined, or
8 supervised subject to such terms, conditions, or restrictions,
9 and who fails to comply with such terms, conditions, or
10 restrictions, shall be referred to the Secretary for a
11 determination as to whether the individual shall have his or
12 her license suspended immediately, pending a hearing by the
13 Department.

14 A person holding a license under this Act or who has
15 applied for a license under this Act who, because of a physical
16 or mental illness or disability, including, but not limited
17 to, deterioration through the aging process or loss of motor
18 skill, is unable to practice the profession with reasonable
19 judgment, skill, or safety, may be required by the Department
20 to submit to care, counseling, or treatment by physicians
21 approved or designated by the Department as a condition, term,
22 or restriction for continued, reinstated, or renewed licensure
23 to practice. Submission to care, counseling, or treatment as
24 required by the Department shall not be considered discipline
25 of a license. If the licensee refuses to enter into a care,
26 counseling, or treatment agreement or fails to abide by the

1 terms of the agreement, the Department may file a complaint to
2 revoke, suspend, or otherwise discipline the license of the
3 individual. The Secretary may order the license suspended
4 immediately, pending a hearing by the Department. Fines shall
5 not be assessed in disciplinary actions involving physical or
6 mental illness or impairment.

7 In instances in which the Secretary immediately suspends a
8 person's license under this Section, a hearing on that
9 person's license must be convened by the Department within 15
10 days after the suspension and completed without appreciable
11 delay. The Department shall have the authority to review the
12 subject individual's record of treatment and counseling
13 regarding the impairment to the extent permitted by applicable
14 federal statutes and regulations safeguarding the
15 confidentiality of medical records.

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

21 (d) (Blank).

22 ~~(e) The Department may adopt rules to implement the~~
23 ~~changes made by this amendatory Act of the 102nd General~~
24 ~~Assembly.~~

25 (Source: P.A. 102-878, eff. 1-1-23; 102-1117, eff. 1-13-23.)

1 Section 5-120. The Registered Surgical Assistant and
2 Registered Surgical Technologist Title Protection Act is
3 amended by changing Section 75 as follows:

4 (225 ILCS 130/75)

5 (Section scheduled to be repealed on January 1, 2024)

6 Sec. 75. Grounds for disciplinary action.

7 (a) The Department may refuse to issue, renew, or restore
8 a registration, may revoke or suspend a registration, or may
9 place on probation, reprimand, or take other disciplinary or
10 non-disciplinary action with regard to a person registered
11 under this Act, including but not limited to the imposition of
12 fines not to exceed \$10,000 for each violation and the
13 assessment of costs as provided for in Section 90, for any one
14 or combination of the following causes:

15 (1) Making a material misstatement in furnishing
16 information to the Department.

17 (2) Violating a provision of this Act or rules adopted
18 under this Act.

19 (3) Conviction by plea of guilty or nolo contendere,
20 finding of guilt, jury verdict, or entry of judgment or by
21 sentencing of any crime, including, but not limited to,
22 convictions, preceding sentences of supervision,
23 conditional discharge, or first offender probation, under
24 the laws of any jurisdiction of the United States that is
25 (i) a felony or (ii) a misdemeanor, an essential element

1 of which is dishonesty, or that is directly related to the
2 practice of the profession.

3 (4) Fraud or misrepresentation in applying for,
4 renewing, restoring, reinstating, or procuring a
5 registration under this Act.

6 (5) Aiding or assisting another person in violating a
7 provision of this Act or its rules.

8 (6) Failing to provide information within 60 days in
9 response to a written request made by the Department.

10 (7) Engaging in dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud, or harm the public, as defined by rule of the
13 Department.

14 (8) Discipline by another United States jurisdiction,
15 governmental agency, unit of government, or foreign
16 nation, if at least one of the grounds for discipline is
17 the same or substantially equivalent to those set forth in
18 this Section.

19 (9) Directly or indirectly giving to or receiving from
20 a person, firm, corporation, partnership, or association a
21 fee, commission, rebate, or other form of compensation for
22 professional services not actually or personally rendered.
23 Nothing in this paragraph (9) affects any bona fide
24 independent contractor or employment arrangements among
25 health care professionals, health facilities, health care
26 providers, or other entities, except as otherwise

1 prohibited by law. Any employment arrangements may include
2 provisions for compensation, health insurance, pension, or
3 other employment benefits for the provision of services
4 within the scope of the registrant's practice under this
5 Act. Nothing in this paragraph (9) shall be construed to
6 require an employment arrangement to receive professional
7 fees for services rendered.

8 (10) A finding by the Department that the registrant,
9 after having his or her registration placed on
10 probationary status, has violated the terms of probation.

11 (11) Willfully making or filing false records or
12 reports in his or her practice, including but not limited
13 to false records or reports filed with State agencies.

14 (12) Willfully making or signing a false statement,
15 certificate, or affidavit to induce payment.

16 (13) Willfully failing to report an instance of
17 suspected child abuse or neglect as required under the
18 Abused and Neglected Child Reporting Act.

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

26 (15) (Blank).

1 (16) Failure to report to the Department (A) any
2 adverse final action taken against the registrant by
3 another registering or licensing jurisdiction, government
4 agency, law enforcement agency, or any court or (B)
5 liability for conduct that would constitute grounds for
6 action as set forth in this Section.

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

11 (18) Physical or mental illness, including but not
12 limited to deterioration through the aging process or loss
13 of motor skills, which results in the inability to
14 practice the profession for which he or she is registered
15 with reasonable judgment, skill, or safety.

16 (19) Gross malpractice.

17 (20) Immoral conduct in the commission of an act
18 related to the registrant's practice, including but not
19 limited to sexual abuse, sexual misconduct, or sexual
20 exploitation.

21 (21) Violation of the Health Care Worker Self-Referral
22 Act.

23 (b) The Department may refuse to issue or may suspend
24 without hearing the registration of a person who fails to file
25 a return, to pay the tax, penalty, or interest shown in a filed
26 return, or to pay a final assessment of the tax, penalty, or

1 interest as required by a tax Act administered by the
2 Department of Revenue, until the requirements of the tax Act
3 are satisfied in accordance with subsection (g) of Section
4 2105-15 of the Department of Regulation Law of the Civil
5 Administrative Code of Illinois.

6 ~~(b 1) The Department shall not revoke, suspend, summarily~~
7 ~~suspend, place on probation, reprimand, refuse to issue or~~
8 ~~renew, or take any other disciplinary or non disciplinary~~
9 ~~action against the license issued under this Act to practice~~
10 ~~as a registered surgical assistant or registered surgical~~
11 ~~technologist based solely upon the registered surgical~~
12 ~~assistant or registered surgical technologist providing,~~
13 ~~authorizing, recommending, aiding, assisting, referring for,~~
14 ~~or otherwise participating in any health care service, so long~~
15 ~~as the care was not unlawful under the laws of this State,~~
16 ~~regardless of whether the patient was a resident of this State~~
17 ~~or another state.~~

18 ~~(b 2) The Department shall not revoke, suspend, summarily~~
19 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
20 ~~renew, or take any other disciplinary or non disciplinary~~
21 ~~action against the license issued under this Act to practice~~
22 ~~as a registered surgical assistant or registered surgical~~
23 ~~technologist based upon the registered surgical assistant's or~~
24 ~~registered surgical technologist's license being revoked or~~
25 ~~suspended, or the registered surgical assistant's or~~
26 ~~registered surgical technologist's being otherwise disciplined~~

1 ~~by any other state, if that revocation, suspension, or other~~
2 ~~form of discipline was based solely on the registered surgical~~
3 ~~assistant or registered surgical technologist violating~~
4 ~~another state's laws prohibiting the provision of,~~
5 ~~authorization of, recommendation of, aiding or assisting in,~~
6 ~~referring for, or participation in any health care service if~~
7 ~~that health care service as provided would not have been~~
8 ~~unlawful under the laws of this State and is consistent with~~
9 ~~the standards of conduct for the registered surgical assistant~~
10 ~~or registered surgical technologist practicing in this State.~~

11 ~~(b-3) The conduct specified in subsection (b-1) or (b-2)~~
12 ~~shall not constitute grounds for suspension under Section 145.~~

13 ~~(b-4) An applicant seeking licensure, certification, or~~
14 ~~authorization pursuant to this Act who has been subject to~~
15 ~~disciplinary action by a duly authorized professional~~
16 ~~disciplinary agency of another jurisdiction solely on the~~
17 ~~basis of having provided, authorized, recommended, aided,~~
18 ~~assisted, referred for, or otherwise participated in health~~
19 ~~care shall not be denied such licensure, certification, or~~
20 ~~authorization, unless the Department determines that such~~
21 ~~action would have constituted professional misconduct in this~~
22 ~~State. Nothing in this Section shall be construed as~~
23 ~~prohibiting the Department from evaluating the conduct of such~~
24 ~~applicant and making a determination regarding the licensure,~~
25 ~~certification, or authorization to practice a profession under~~
26 ~~this Act.~~

1 (c) The determination by a circuit court that a registrant
2 is subject to involuntary admission or judicial admission as
3 provided in the Mental Health and Developmental Disabilities
4 Code operates as an automatic suspension. The suspension will
5 end only upon (1) a finding by a court that the patient is no
6 longer subject to involuntary admission or judicial admission,
7 (2) issuance of an order so finding and discharging the
8 patient, and (3) filing of a petition for restoration
9 demonstrating fitness to practice.

10 (d) (Blank).

11 (e) In cases where the Department of Healthcare and Family
12 Services has previously determined a registrant or a potential
13 registrant is more than 30 days delinquent in the payment of
14 child support and has subsequently certified the delinquency
15 to the Department, the Department may refuse to issue or renew
16 or may revoke or suspend that person's registration or may
17 take other disciplinary action against that person based
18 solely upon the certification of delinquency made by the
19 Department of Healthcare and Family Services in accordance
20 with paragraph (5) of subsection (a) of Section 2105-15 of the
21 Department of Professional Regulation Law of the Civil
22 Administrative Code of Illinois.

23 (f) In enforcing this Section, the Department, upon a
24 showing of a possible violation, may compel any individual
25 registered under this Act or any individual who has applied
26 for registration to submit to a mental or physical examination

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

22 The Department may order the examining physician or any
23 member of the multidisciplinary team to provide to the
24 Department any and all records, including business records,
25 that relate to the examination and evaluation, including any
26 supplemental testing performed. The Department may order the

1 examining physician or any member of the multidisciplinary
2 team to present testimony concerning this examination and
3 evaluation of the registrant or applicant, including testimony
4 concerning any supplemental testing or documents relating to
5 the examination and evaluation. No information, report,
6 record, or other documents in any way related to the
7 examination and evaluation shall be excluded by reason of any
8 common law or statutory privilege relating to communication
9 between the registrant or applicant and the examining
10 physician or any member of the multidisciplinary team. No
11 authorization is necessary from the registrant or applicant
12 ordered to undergo an evaluation and examination for the
13 examining physician or any member of the multidisciplinary
14 team to provide information, reports, records, or other
15 documents or to provide any testimony regarding the
16 examination and evaluation. The individual to be examined may
17 have, at his or her own expense, another physician of his or
18 her choice present during all aspects of the examination.

19 Failure of any individual to submit to mental or physical
20 examination and evaluation, or both, when directed, shall
21 result in an automatic suspension without a hearing until such
22 time as the individual submits to the examination. If the
23 Department finds a registrant unable to practice because of
24 the reasons set forth in this Section, the Department shall
25 require such registrant to submit to care, counseling, or
26 treatment by physicians approved or designated by the

1 Department as a condition for continued, reinstated, or
2 renewed registration.

3 When the Secretary immediately suspends a registration
4 under this Section, a hearing upon such person's registration
5 must be convened by the Department within 15 days after such
6 suspension and completed without appreciable delay. The
7 Department shall have the authority to review the registrant's
8 record of treatment and counseling regarding the impairment to
9 the extent permitted by applicable federal statutes and
10 regulations safeguarding the confidentiality of medical
11 records.

12 Individuals registered under this Act and affected under
13 this Section shall be afforded an opportunity to demonstrate
14 to the Department that they can resume practice in compliance
15 with acceptable and prevailing standards under the provisions
16 of their registration.

17 (g) All fines imposed under this Section shall be paid
18 within 60 days after the effective date of the order imposing
19 the fine or in accordance with the terms set forth in the order
20 imposing the fine.

21 ~~(f) The Department may adopt rules to implement the~~
22 ~~changes made by this amendatory Act of the 102nd General~~
23 ~~Assembly.~~

24 (Source: P.A. 102-1117, eff. 1-13-23.)

25 Section 5-125. The Genetic Counselor Licensing Act is

1 amended by changing Section 95 as follows:

2 (225 ILCS 135/95)

3 (Section scheduled to be repealed on January 1, 2025)

4 Sec. 95. Grounds for discipline.

5 (a) The Department may refuse to issue, renew, or may
6 revoke, suspend, place on probation, reprimand, or take other
7 disciplinary or non-disciplinary action as the Department
8 deems appropriate, including the issuance of fines not to
9 exceed \$10,000 for each violation, with regard to any license
10 for any one or more of the following:

11 (1) Material misstatement in furnishing information to
12 the Department or to any other State agency.

13 (2) Violations or negligent or intentional disregard
14 of this Act, or any of its rules.

15 (3) Conviction by plea of guilty or nolo contendere,
16 finding of guilt, jury verdict, or entry of judgment or
17 sentencing, including, but not limited to, convictions,
18 preceding sentences of supervision, conditional discharge,
19 or first offender probation, under the laws of any
20 jurisdiction of the United States: (i) that is a felony or
21 (ii) that is a misdemeanor, an essential element of which
22 is dishonesty, or that is directly related to the practice
23 of genetic counseling.

24 (4) Making any misrepresentation for the purpose of
25 obtaining a license, or violating any provision of this

1 Act or its rules.

2 (5) Negligence in the rendering of genetic counseling
3 services.

4 (6) Failure to provide genetic testing results and any
5 requested information to a referring physician licensed to
6 practice medicine in all its branches, advanced practice
7 registered nurse, or physician assistant.

8 (7) Aiding or assisting another person in violating
9 any provision of this Act or any rules.

10 (8) Failing to provide information within 60 days in
11 response to a written request made by the Department.

12 (9) Engaging in dishonorable, unethical, or
13 unprofessional conduct of a character likely to deceive,
14 defraud, or harm the public and violating the rules of
15 professional conduct adopted by the Department.

16 (10) Failing to maintain the confidentiality of any
17 information received from a client, unless otherwise
18 authorized or required by law.

19 (10.5) Failure to maintain client records of services
20 provided and provide copies to clients upon request.

21 (11) Exploiting a client for personal advantage,
22 profit, or interest.

23 (12) Habitual or excessive use or addiction to
24 alcohol, narcotics, stimulants, or any other chemical
25 agent or drug which results in inability to practice with
26 reasonable skill, judgment, or safety.

1 (13) Discipline by another governmental agency or unit
2 of government, by any jurisdiction of the United States,
3 or by a foreign nation, if at least one of the grounds for
4 the discipline is the same or substantially equivalent to
5 those set forth in this Section.

6 (14) Directly or indirectly giving to or receiving
7 from any person, firm, corporation, partnership, or
8 association any fee, commission, rebate, or other form of
9 compensation for any professional service not actually
10 rendered. Nothing in this paragraph (14) affects any bona
11 fide independent contractor or employment arrangements
12 among health care professionals, health facilities, health
13 care providers, or other entities, except as otherwise
14 prohibited by law. Any employment arrangements may include
15 provisions for compensation, health insurance, pension, or
16 other employment benefits for the provision of services
17 within the scope of the licensee's practice under this
18 Act. Nothing in this paragraph (14) shall be construed to
19 require an employment arrangement to receive professional
20 fees for services rendered.

21 (15) A finding by the Department that the licensee,
22 after having the license placed on probationary status,
23 has violated the terms of probation.

24 (16) Failing to refer a client to other health care
25 professionals when the licensee is unable or unwilling to
26 adequately support or serve the client.

1 (17) Willfully filing false reports relating to a
2 licensee's practice, including but not limited to false
3 records filed with federal or State agencies or
4 departments.

5 (18) Willfully failing to report an instance of
6 suspected child abuse or neglect as required by the Abused
7 and Neglected Child Reporting Act.

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

15 (20) Physical or mental disability, including
16 deterioration through the aging process or loss of
17 abilities and skills which results in the inability to
18 practice the profession with reasonable judgment, skill,
19 or safety.

20 (21) Solicitation of professional services by using
21 false or misleading advertising.

22 (22) Failure to file a return, or to pay the tax,
23 penalty of interest shown in a filed return, or to pay any
24 final assessment of tax, penalty or interest, as required
25 by any tax Act administered by the Illinois Department of
26 Revenue or any successor agency or the Internal Revenue

1 Service or any successor agency.

2 (23) Fraud or making any misrepresentation in applying
3 for or procuring a license under this Act or in connection
4 with applying for renewal of a license under this Act.

5 (24) Practicing or attempting to practice under a name
6 other than the full name as shown on the license or any
7 other legally authorized name.

8 (25) Gross overcharging for professional services,
9 including filing statements for collection of fees or
10 monies for which services are not rendered.

11 (26) (Blank).

12 (27) Charging for professional services not rendered,
13 including filing false statements for the collection of
14 fees for which services are not rendered.

15 (28) Allowing one's license under this Act to be used
16 by an unlicensed person in violation of this Act.

17 (b) (Blank).

18 ~~(b 5) The Department shall not revoke, suspend, summarily~~
19 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
20 ~~renew, or take any other disciplinary or non-disciplinary~~
21 ~~action against the license or permit issued under this Act to~~
22 ~~practice as a genetic counselor based solely upon the genetic~~
23 ~~counselor authorizing, recommending, aiding, assisting,~~
24 ~~referring for, or otherwise participating in any health care~~
25 ~~service, so long as the care was not unlawful under the laws of~~
26 ~~this State, regardless of whether the patient was a resident~~

1 ~~of this State or another state.~~

2 ~~(b-10) The Department shall not revoke, suspend, summarily~~
3 ~~suspend, place on prohibition, reprimand, refuse to issue or~~
4 ~~renew, or take any other disciplinary or non-disciplinary~~
5 ~~action against the license or permit issued under this Act to~~
6 ~~practice as a genetic counselor based upon the genetic~~
7 ~~counselor's license being revoked or suspended, or the genetic~~
8 ~~counselor being otherwise disciplined by any other state, if~~
9 ~~that revocation, suspension, or other form of discipline was~~
10 ~~based solely on the genetic counselor violating another~~
11 ~~state's laws prohibiting the provision of, authorization of,~~
12 ~~recommendation of, aiding or assisting in, referring for, or~~
13 ~~participation in any health care service if that health care~~
14 ~~service as provided would not have been unlawful under the~~
15 ~~laws of this State and is consistent with the standards of~~
16 ~~conduct for the genetic counselor if it occurred in Illinois.~~

17 ~~(b-15) The conduct specified in subsections (b-5) and~~
18 ~~(b-10) shall not constitute grounds for suspension under~~
19 ~~Section 160.~~

20 ~~(b-20) An applicant seeking licensure, certification, or~~
21 ~~authorization pursuant to this Act who has been subject to~~
22 ~~disciplinary action by a duly authorized professional~~
23 ~~disciplinary agency of another jurisdiction solely on the~~
24 ~~basis of having authorized, recommended, aided, assisted,~~
25 ~~referred for, or otherwise participated in health care shall~~
26 ~~not be denied such licensure, certification, or authorization,~~

1 ~~unless the Department determines that such action would have~~
2 ~~constituted professional misconduct in this State; however,~~
3 ~~nothing in this Section shall be construed as prohibiting the~~
4 ~~Department from evaluating the conduct of such applicant and~~
5 ~~making a determination regarding the licensure, certification,~~
6 ~~or authorization to practice a profession under this Act.~~

7 (c) The determination by a court that a licensee is
8 subject to involuntary admission or judicial admission as
9 provided in the Mental Health and Developmental Disabilities
10 Code will result in an automatic suspension of his or her
11 license. The suspension will end upon a finding by a court that
12 the licensee is no longer subject to involuntary admission or
13 judicial admission, the issuance of an order so finding and
14 discharging the patient, and the determination of the
15 Secretary that the licensee be allowed to resume professional
16 practice.

17 (d) The Department may refuse to issue or renew or may
18 suspend without hearing the license of any person who fails to
19 file a return, to pay the tax penalty or interest shown in a
20 filed return, or to pay any final assessment of the tax,
21 penalty, or interest as required by any Act regarding the
22 payment of taxes administered by the Illinois Department of
23 Revenue until the requirements of the Act are satisfied in
24 accordance with subsection (g) of Section 2105-15 of the Civil
25 Administrative Code of Illinois.

26 (e) In cases where the Department of Healthcare and Family

1 Services has previously determined that a licensee or a
2 potential licensee is more than 30 days delinquent in the
3 payment of child support and has subsequently certified the
4 delinquency to the Department, the Department may refuse to
5 issue or renew or may revoke or suspend that person's license
6 or may take other disciplinary action against that person
7 based solely upon the certification of delinquency made by the
8 Department of Healthcare and Family Services in accordance
9 with item (5) of subsection (a) of Section 2105-15 of the
10 Department of Professional Regulation Law of the Civil
11 Administrative Code of Illinois.

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

16 ~~(g) The Department may adopt rules to implement the~~
17 ~~changes made by this amendatory Act of the 102nd General~~
18 ~~Assembly.~~

19 (Source: P.A. 102-1117, eff. 1-13-23.)

20 Section 5-130. The Telehealth Act is amended by changing
21 Sections 10 and 15 as follows:

22 (225 ILCS 150/10)

23 Sec. 10. Practice authority. A health care professional
24 treating a patient located in this State through telehealth

1 services must be licensed or authorized to practice in
2 Illinois. ~~A health care professional with a temporary permit
3 for full practice advanced practice registered nurse for
4 health care, a temporary permit for advanced practice
5 registered nurse for health care, or a temporary permit for
6 health care may treat a patient located in this State through
7 telehealth services in a manner consistent with the health
8 care professional's scope of practice and agreement with a
9 sponsoring entity.~~

10 (Source: P.A. 102-104, eff. 7-22-21; 102-1117, eff. 1-13-23.)

11 (225 ILCS 150/15)

12 Sec. 15. Use of telehealth services.

13 (a) A health care professional may engage in the practice
14 of telehealth services in Illinois to the extent of his or her
15 scope of practice as established in his or her respective
16 licensing Act consistent with the standards of care for
17 in-person services. This Act shall not be construed to alter
18 the scope of practice of any health care professional or
19 authorize the delivery of health care services in a setting or
20 in a manner not otherwise authorized by the laws of this State.

21 (b) Telehealth services provided pursuant to this Section
22 shall be consistent with all federal and State privacy,
23 security, and confidentiality laws, rules, or regulations.

24 ~~(c) A health care professional with a temporary permit for
25 full practice advanced practice registered nurse for health~~

1 ~~care, a temporary permit for advanced practice registered~~
2 ~~nurse for health care, or a temporary permit for health care~~
3 ~~may treat a patient located in this State through telehealth~~
4 ~~services in a manner consistent with the health care~~
5 ~~professional's scope of practice and agreement with a~~
6 ~~sponsoring entity.~~

7 (Source: P.A. 102-104, eff. 7-22-21; 102-1117, eff. 1-13-23.)

8 Section 5-135. The Illinois Public Aid Code is amended by
9 changing Section 5-16.8 as follows:

10 (305 ILCS 5/5-16.8)

11 Sec. 5-16.8. Required health benefits. The medical
12 assistance program shall (i) provide the post-mastectomy care
13 benefits required to be covered by a policy of accident and
14 health insurance under Section 356t and the coverage required
15 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
16 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
17 356z.47, 356z.51, 356z.53, 356z.56, and 356z.59, ~~and 356z.60~~
18 of the Illinois Insurance Code, (ii) be subject to the
19 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
20 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
21 subject to the provisions of subsection (d-5) of Section 10 of
22 the Network Adequacy and Transparency Act.

23 The Department, by rule, shall adopt a model similar to
24 the requirements of Section 356z.39 of the Illinois Insurance

1 Code.

2 On and after July 1, 2012, the Department shall reduce any
3 rate of reimbursement for services or other payments or alter
4 any methodologies authorized by this Code to reduce any rate
5 of reimbursement for services or other payments in accordance
6 with Section 5-5e.

7 To ensure full access to the benefits set forth in this
8 Section, on and after January 1, 2016, the Department shall
9 ensure that provider and hospital reimbursement for
10 post-mastectomy care benefits required under this Section are
11 no lower than the Medicare reimbursement rate.

12 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
13 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
14 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
15 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
16 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
17 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
18 eff. 1-1-23; 102-1117, eff. 1-13-23.)

19 Section 5-140. The Sexual Assault Survivors Emergency
20 Treatment Act is amended by adding Section 9.1 as follows:

21 (410 ILCS 70/9.1 new)

22 Sec. 9.1. No abortion services required. Nothing in this
23 Act shall be construed to require a hospital or an approved
24 pediatric health care facility to provide any services which

1 relate to an abortion.

2 Section 5-145. The Consent by Minors to Health Care
3 Services Act is amended by changing Section 1.5 as follows:

4 (410 ILCS 210/1.5)

5 Sec. 1.5. Consent by minor seeking care for limited
6 primary care services.

7 (a) The consent to the performance of primary care
8 services by a physician licensed to practice medicine in all
9 its branches, a licensed advanced practice registered nurse, a
10 licensed physician assistant, a chiropractic physician, or a
11 licensed optometrist executed by a minor seeking care is not
12 voidable because of such minority, and for such purpose, a
13 minor seeking care is deemed to have the same legal capacity to
14 act and has the same powers and obligations as has a person of
15 legal age under the following circumstances:

16 (1) the health care professional reasonably believes
17 that the minor seeking care understands the benefits and
18 risks of any proposed primary care or services; and

19 (2) the minor seeking care is identified in writing as
20 a minor seeking care by:

21 (A) an adult relative;

22 (B) a representative of a homeless service agency
23 that receives federal, State, county, or municipal
24 funding to provide those services or that is otherwise

1 sanctioned by a local continuum of care;

2 (C) an attorney licensed to practice law in this
3 State;

4 (D) a public school homeless liaison or school
5 social worker;

6 (E) a social service agency providing services to
7 at risk, homeless, or runaway youth; or

8 (F) a representative of a religious organization.

9 (b) A health care professional rendering primary care
10 services under this Section shall not incur civil or criminal
11 liability for failure to obtain valid consent or professional
12 discipline for failure to obtain valid consent if he or she
13 relied in good faith on the representations made by the minor
14 or the information provided under paragraph (2) of subsection
15 (a) of this Section. Under such circumstances, good faith
16 shall be presumed.

17 (c) The confidential nature of any communication between a
18 health care professional described in Section 1 of this Act
19 and a minor seeking care is not waived (1) by the presence, at
20 the time of communication, of any additional persons present
21 at the request of the minor seeking care, (2) by the health
22 care professional's disclosure of confidential information to
23 the additional person with the consent of the minor seeking
24 care, when reasonably necessary to accomplish the purpose for
25 which the additional person is consulted, or (3) by the health
26 care professional billing a health benefit insurance or plan

1 under which the minor seeking care is insured, is enrolled, or
2 has coverage for the services provided.

3 (d) Nothing in this Section shall be construed to limit or
4 expand a minor's existing powers and obligations under any
5 federal, State, or local law. Nothing in this Section shall be
6 construed to affect the Parental Notice of Abortion Act of
7 2023. Nothing in this Section affects the right or authority
8 of a parent or legal guardian to verbally, in writing, or
9 otherwise authorize health care services to be provided for a
10 minor in their absence.

11 (e) For the purposes of this Section:

12 "Minor seeking care" means a person at least 14 years of
13 age but less than 18 years of age who is living separate and
14 apart from his or her parents or legal guardian, whether with
15 or without the consent of a parent or legal guardian who is
16 unable or unwilling to return to the residence of a parent, and
17 managing his or her own personal affairs. "Minor seeking care"
18 does not include minors who are under the protective custody,
19 temporary custody, or guardianship of the Department of
20 Children and Family Services.

21 "Primary care services" means health care services that
22 include screening, counseling, immunizations, medication, and
23 treatment of illness and conditions customarily provided by
24 licensed health care professionals in an out-patient setting,
25 eye care services, excluding advanced optometric procedures,
26 provided by optometrists, and services provided by

1 chiropractic physicians according to the scope of practice of
2 chiropractic physicians under the Medical Practice Act of
3 1987. "Primary care services" does not include invasive care,
4 beyond standard injections, laceration care, or non-surgical
5 fracture care.

6 (Source: P.A. 102-1117, eff. 1-13-23.)

7 Section 5-150. The Vital Records Act is amended by
8 changing Section 1 as follows:

9 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

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

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

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

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

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

1 Act, of births, deaths, fetal deaths, adoptions, marriages, or
2 dissolution of marriages.

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

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

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

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

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

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

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

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

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

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

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

25 (16) "Homeless person" means an individual who meets the
26 definition of "homeless" under Section 103 of the federal

1 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an
2 individual residing in any of the living situations described
3 in 42 U.S.C. 11434a(2).

4 (17) "Advanced practice registered nurse" means: (i) an
5 advanced practice registered nurse with full practice
6 authority; or (ii) an advanced practice registered nurse with
7 a collaborative agreement with a physician who has delegated
8 the completion of death certificates.

9 (18) "Certifying health care professional" means a
10 physician, physician assistant, or advanced practice
11 registered nurse.

12 (19) "Physician assistant" means a physician assistant who
13 practices in accordance with a written collaborative agreement
14 that includes the completion of death certificates.

15 (Source: P.A. 101-13, eff. 6-12-19; 102-257, eff. 1-1-22;
16 102-844, eff. 1-1-23.)

17 Section 5-155. The Environmental Protection Act is amended
18 by changing Section 56.1 as follows:

19 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

20 Sec. 56.1. Acts prohibited.

21 (A) No person shall:

22 (a) Cause or allow the disposal of any potentially
23 infectious medical waste. Sharps may be disposed in any
24 landfill permitted by the Agency under Section 21 of this

1 Act to accept municipal waste for disposal, if both:

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

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

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

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

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

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

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

26 (e) Cause or allow the acceptance of any potentially

1 infectious medical waste for purposes of transport,
2 storage, treatment, or transfer except in accordance with
3 Board regulations.

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

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

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

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

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

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

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

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

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

25 (1) without a permit issued by the Agency that
26 specifically authorizes the treatment, storage, or

1 transfer of potentially infectious medical waste. No
2 permit is required under this subsection (g) or
3 subsection (d) (1) of Section 21 for any:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 Section 5-160. The Criminal Code of 2012 is amended by
24 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

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

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

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

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

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

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

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

20 (c) This Section shall not apply to acts which cause the
21 death of an unborn child if those acts were committed during
22 any abortion, as defined in Section 1-5 of the Illinois
23 Abortion Law of 2023 ~~1-10 of the Reproductive Health Act~~, to
24 which the pregnant woman individual has consented. This
25 Section shall not apply to acts which were committed pursuant
26 to usual and customary standards of medical practice during

1 diagnostic testing or therapeutic treatment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (e) This Section shall not apply to acts which cause the
22 death of an unborn child if those acts were committed during
23 any abortion, as defined in Section Section 1-5 of the
24 Illinois Abortion Law of 2023 ~~1-10 of the Reproductive Health~~
25 ~~Act~~, to which the pregnant woman ~~individual~~ has consented.
26 This Section shall not apply to acts which were committed

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

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

4 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

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

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

15 (b) Sentence.

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

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

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

25 (d) This Section shall not apply to acts which cause the

1 death of an unborn child if those acts were committed during
2 any abortion, as defined in Section 1-5 of the Illinois
3 Abortion Law of 2023 ~~1-10 of the Reproductive Health Act~~, to
4 which the pregnant woman ~~individual~~ has consented. This
5 Section shall not apply to acts which were committed pursuant
6 to usual and customary standards of medical practice during
7 diagnostic testing or therapeutic treatment.

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

12 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

13 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

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

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

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

23 (b) For purposes of this Section, (1) "unborn child" shall
24 mean any individual of the human species from fertilization
25 ~~the implantation of an embryo~~ until birth, and (2) "person"

1 shall not include the pregnant woman ~~individual~~ whose unborn
2 child is harmed.

3 (c) Sentence. Battery of an unborn child is a Class A
4 misdemeanor. Aggravated battery of an unborn child is a Class
5 2 felony.

6 (d) This Section shall not apply to acts which cause
7 bodily harm to an unborn child if those acts were committed
8 during any abortion, as defined in Section 1-5 of the Illinois
9 Abortion Law of 2023 ~~1-10 of the Reproductive Health Act~~, to
10 which the pregnant woman ~~individual~~ has consented. This
11 Section shall not apply to acts which were committed pursuant
12 to usual and customary standards of medical practice during
13 diagnostic testing or therapeutic treatment.

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

15 Section 5-165. The Uniform Act to Secure the Attendance of
16 Witnesses from Within or Without a State in Criminal
17 Proceedings is amended by changing Section 2 as follows:

18 (725 ILCS 220/2) (from Ch. 38, par. 156-2)

19 Sec. 2. Summoning witness in this state to testify in
20 another state.

21 If a judge of a court of record in any state which by its
22 laws has made provision for commanding persons within that
23 state to attend and testify in this state certifies under the
24 seal of such court that there is a criminal prosecution

1 pending in such court, or that a grand jury investigation has
2 commenced or is about to commence, that a person being within
3 this state is a material witness in such prosecution, or grand
4 jury investigation, and his presence will be required for a
5 specified number of days, upon presentation of such
6 certificate to any judge of a court in the county in which such
7 person is, such judge shall fix a time and place for a hearing,
8 and shall make an order directing the witness to appear at a
9 time and place certain for the hearing.

10 If at a hearing the judge determines that the witness is
11 material and necessary, that it will not cause undue hardship
12 to the witness to be compelled to attend and testify in the
13 prosecution or a grand jury investigation in the other state,
14 and that the laws of the state in which the prosecution is
15 pending, or grand jury investigation has commenced or is about
16 to commence (and of any other state through which the witness
17 may be required to pass by ordinary course of travel), will
18 give to him protection from arrest and the service of civil and
19 criminal process, he shall issue a summons, with a copy of the
20 certificate attached, directing the witness to attend and
21 testify in the court where the prosecution is pending, or
22 where a grand jury investigation has commenced or is about to
23 commence at a time and place specified in the summons. In any
24 such hearing the certificate shall be prima facie evidence of
25 all the facts stated therein.

26 If said certificate recommends that the witness be taken

1 into immediate custody and delivered to an officer of the
2 requesting state to assure his attendance in the requesting
3 state, such judge may, in lieu of notification of the hearing,
4 direct that such witness be forthwith brought before him for
5 said hearing; and the judge at the hearing being satisfied of
6 the desirability of such custody and delivery, for which
7 determination the certificate shall be prima facie proof of
8 such desirability may, in lieu of issuing subpoena or summons,
9 order that said witness be forthwith taken into custody and
10 delivered to an officer of the requesting state.

11 ~~No subpoena, summons, or order shall be issued for a~~
12 ~~witness to provide information or testimony in relation to any~~
13 ~~proceeding if the charge is based on conduct that involves~~
14 ~~lawful health care activity, as defined by the Lawful Health~~
15 ~~Care Activity Act, that is not unlawful under the laws of this~~
16 ~~State. This limitation does not apply for the purpose of~~
17 ~~complying with obligations under Brady v. Maryland (373 U.S.~~
18 ~~83) or Giglio v. United States (405 U.S. 150).~~

19 If the witness, who is summoned as above provided, after
20 being paid or tendered by some properly authorized person the
21 sum of 10 cents a mile for each mile by the ordinary travel
22 route to and from the court where the prosecution is pending
23 and five dollars for each day that he is required to travel and
24 attend as a witness, fails without good cause to attend and
25 testify as directed in the summons, he shall be punished in the
26 manner provided for the punishment of any witness who disobeys

1 a summons issued from a court in this state.

2 (Source: P.A. 102-1117, eff. 1-13-23.)

3 Section 5-170. The Uniform Criminal Extradition Act is
4 amended by changing Section 6 as follows:

5 (725 ILCS 225/6) (from Ch. 60, par. 23)

6 Sec. 6. Extradition of persons not present in demanding
7 state at time of commission of crime.

8 The Governor of this State may also surrender, on demand
9 of the Executive Authority of any other state, any person in
10 this State charged in such other state in the manner provided
11 in Section 3 with committing an act in this State, or in a
12 third state, intentionally resulting in a crime in the state
13 whose Executive Authority is making the demand. ~~However, the~~
14 ~~Governor of this State shall not surrender such a person if the~~
15 ~~charge is based on conduct that involves seeking, providing,~~
16 ~~receiving, assisting in seeking, providing, or receiving,~~
17 ~~providing material support for, or traveling to obtain lawful~~
18 ~~health care, as defined by Section 28-10 of the Lawful Health~~
19 ~~Care Activity Act, that is not unlawful under the laws of this~~
20 ~~State, including a charge based on any theory of vicarious,~~
21 ~~joint, several, or conspiracy liability.~~

22 (Source: P.A. 102-1117, eff. 1-13-23.)

23 Section 5-175. The Code of Civil Procedure is amended by

1 changing Section 8-802 and by adding Section 11-107.1a as
2 follows:

3 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

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

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

24 Upon disclosure under item (13) of this Section, in any
25 criminal action where the charge is domestic battery,
26 aggravated domestic battery, or an offense under Article 11 of

1 the Criminal Code of 2012 or where the patient is under the age
2 of 18 years or upon the request of the patient, the State's
3 Attorney shall petition the court for a protective order
4 pursuant to Supreme Court Rule 415.

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

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

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

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

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

1 Section 5-180. The Uniform Interstate Depositions and
2 Discovery Act is amended by changing Section 3 as follows:

3 (735 ILCS 35/3)

4 Sec. 3. Issuance of subpoena.

5 (a) To request issuance of a subpoena under this Section,
6 a party must submit a foreign subpoena to a clerk of court in
7 the county in which discovery is sought to be conducted in this
8 State. A request for the issuance of a subpoena under this Act
9 does not constitute an appearance in the courts of this State.

10 (b) When a party submits a foreign subpoena to a clerk of
11 court in this State, the clerk, in accordance with that
12 court's procedure, shall promptly issue a subpoena for service
13 upon the person to which the foreign subpoena is directed
14 ~~unless issuance is prohibited by Section 3.5.~~

15 (c) A subpoena under subsection (b) must:

16 (A) incorporate the terms used in the foreign
17 subpoena; and

18 (B) contain or be accompanied by the names, addresses,
19 and telephone numbers of all counsel of record in the
20 proceeding to which the subpoena relates and of any party
21 not represented by counsel.

22 (Source: P.A. 102-1117, eff. 1-13-23.)

23 Section 5-185. The Wrongful Death Act is amended by
24 changing Section 2.2 as follows:

1 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

2 Sec. 2.2. The state of gestation or development of a human
3 being when an injury is caused, when an injury takes effect, or
4 at death, shall not foreclose maintenance of any cause of
5 action under the law of this State arising from the death of a
6 human being caused by wrongful act, neglect or default.

7 There shall be no cause of action against a physician or a
8 medical institution ~~health care professional, a medical~~
9 ~~institution, or the pregnant person~~ for the wrongful death of
10 a fetus caused by an abortion where the abortion was permitted
11 by law and the requisite consent was lawfully given. Provided,
12 however, that a cause of action is not prohibited where the
13 fetus is live-born but subsequently dies.

14 There shall be no cause of action against a physician or a
15 medical institution for the wrongful death of a fetus based on
16 the alleged misconduct of the physician or medical institution
17 where the defendant did not know and, under the applicable
18 standard of good medical care, had no medical reason to know of
19 the pregnancy of the mother of the fetus.

20 (Source: P.A. 102-1117, eff. 1-13-23.)

21 Section 5-190. The Health Care Right of Conscience Act is
22 amended by changing Section 3 as follows:

23 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

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

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

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

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

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

1 including physician organizations and associations,
2 networks, joint ventures, and all other combinations of
3 those organizations;

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

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

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

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

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

21 Section 5-195. The Illinois Parentage Act of 2015 is
22 amended by changing Sections 704 and 709 as follows:

23 (750 ILCS 46/704)

24 Sec. 704. Withdrawal of consent of intended parent or

1 donor. An intended parent or donor may withdraw consent to use
2 his or her gametes in a writing or legal pleading with notice
3 to the other participants. An intended parent who withdraws
4 consent under this Section prior to the insemination or embryo
5 transfer is not a parent of any resulting child. If a donor
6 withdraws consent to his or her donation prior to the
7 insemination or the combination of gametes, the intended
8 parent is not the parent of any resulting child. ~~If the~~
9 ~~intended parent or parents no longer wish to use any remaining~~
10 ~~eryopreserved fertilized ovum for medical purposes, the terms~~
11 ~~of the most recent informed consent of the intended parent or~~
12 ~~parents executed at the fertility center or a marital~~
13 ~~settlement agreement under a judgment of dissolution of~~
14 ~~marriage, judgment of legal separation, or judgment of~~
15 ~~dissolution of civil union governs the disposition of the~~
16 ~~fertilized ovum.~~

17 (Source: P.A. 102-1117, eff. 1-13-23.)

18 (750 ILCS 46/709)

19 Sec. 709. Establishment of parentage; requirements of
20 Gestational Surrogacy Act.

21 (a) In the event of gestational surrogacy, in addition to
22 the requirements of the Gestational Surrogacy Act, a
23 parent-child relationship is established between a person and
24 a child if all of the following conditions are met prior to the
25 birth of the child:

1 (1) The gestational surrogate certifies that she did
2 not provide a gamete for the child, and that she is
3 carrying the child for the intended parents.

4 (2) The spouse, if any, of the gestational surrogate
5 certifies that he or she did not provide a gamete for the
6 child.

7 (3) Each intended parent, ~~or the parent's legally~~
8 ~~authorized designee if an intended parent dies,~~ certifies
9 that the child being carried by the gestational surrogate
10 was conceived using at least one of the intended parents'
11 gametes.

12 (4) A physician ~~licensed in the state in which the~~
13 ~~fertilized ovum was inseminated or transferred to the~~
14 ~~gestational surrogate~~ certifies that the child being
15 carried by the gestational surrogate was conceived using
16 the gamete or gametes of at least one of the intended
17 parents, and that neither the gestational surrogate nor
18 the gestational surrogate's spouse, if any, provided
19 gametes for the child being carried by the gestational
20 surrogate.

21 (5) The attorneys for the intended parents and the
22 gestational surrogate each certify that the parties
23 entered into a gestational surrogacy agreement intended to
24 satisfy the requirements of the Gestational Surrogacy Act.

25 (b) All certifications under this Section shall be in
26 writing and witnessed by 2 competent adults who are not the

1 gestational surrogate, gestational surrogate's spouse, if any,
2 or an intended parent. Certifications shall be on forms
3 prescribed by the Illinois Department of Public Health and
4 shall be executed prior to the birth of the child. All
5 certifications shall be provided, prior to the birth of the
6 child, to both the hospital where the gestational surrogate
7 anticipates the delivery will occur and to the Illinois
8 Department of Public Health.

9 (c) Parentage established in accordance with this Section
10 has the full force and effect of a judgment entered under this
11 Act.

12 (d) The Illinois Department of Public Health shall adopt
13 rules to implement this Section.

14 (Source: P.A. 102-1117, eff. 1-13-23.)

15 Section 5-200. The Rights of Married Persons Act is
16 amended by changing Section 15 as follows:

17 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

23 (2) No creditor, who has a claim against a spouse or former
24 spouse for an expense incurred by that spouse or former spouse

1 which is not a family expense, shall maintain an action
2 against the other spouse or former spouse for that expense
3 except:

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

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

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

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

26 (b) No spouse shall be liable for any expense incurred by

1 the other spouse when an abortion is performed on such spouse,
2 without the consent of such other spouse, unless the physician
3 who performed the abortion certifies that such abortion is
4 necessary to preserve the life of the spouse who obtained such
5 abortion. (Blank).

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

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

15 Article 6.

16 (5 ILCS 100/5-45.35

17 Section 6-5. The Illinois Administrative Procedure Act is
18 amended by repealing Section 5-45.35 (as added by Public Act
19 102-1117).

20 (20 ILCS 4111/Act rep.)

21 Section 6-10. The Youth Health and Safety Act is repealed.

22 (30 ILCS 105/5.990 rep.)

1 Section 6-15. The State Finance Act is amended by
2 repealing Section 5.990.

3 (215 ILCS 5/356z.4a rep.)

4 Section 6-20. The Illinois Insurance Code is amended by
5 repealing Section 356z.4a.

6 (215 ILCS 5/356z.60 rep.)

7 Section 6-25. The Illinois Insurance Code is amended by
8 repealing Section 356z.60.

9 (225 ILCS 95/9.7 rep.)

10 Section 6-30. The Physician Assistant Practice Act of 1987
11 is amended by repealing Section 9.7.

12 (225 ILCS 60/66 rep.)

13 Section 6-35. The Medical Practice Act of 1987 is amended
14 by repealing Section 66.

15 (225 ILCS 65/65-11 rep.)

16 (225 ILCS 65/65-11.5 rep.)

17 Section 6-40. The Nurse Practice Act is amended by
18 repealing Sections 65-11 and 65-11.5.

19 (410 ILCS 185/Act rep.)

20 Section 6-45. The Abortion Care Clinical Training Program

1 Act is repealed.

2 (735 ILCS 35/3.5 rep.)

3 Section 6-50. The Uniform Interstate Depositions and
4 Discovery Act is amended by repealing Section 3.5.

5 (735 ILCS 40/Act rep.)

6 Section 6-55. The Lawful Health Care Activity Act is
7 repealed.

8 (740 ILCS 126/Act rep.)

9 Section 6-60. The Protecting Reproductive Health Care
10 Services Act is repealed.

11 (775 ILCS 55/Act rep.)

12 Section 6-65. The Reproductive Health Act is repealed.

13 Article 99.

14 Section 99-95. No acceleration or delay. Where this Act
15 makes changes in a statute that is represented in this Act by
16 text that is not yet or no longer in effect (for example, a
17 Section represented by multiple versions), the use of that
18 text does not accelerate or delay the taking effect of (i) the
19 changes made by this Act or (ii) provisions derived from any
20 other Public Act.

1 Section 99-99. Effective date. This Act takes effect upon
2 becoming law.

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