



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5202

Introduced 2/9/2024, by Rep. Brad Halbrook

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2024 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions defining "viability" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat, and defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac. Creates the Partial-birth Abortion Ban Act of 2024 and the Abortion Performance Refusal Act of 2024 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

LRB103 38453 CES 68589 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. Intent. It is the intention of the General
6 Assembly of the State of Illinois to reasonably regulate
7 abortion in conformance with the legal standards set forth in
8 the decisions of the United States Supreme Court of January
9 22, 1973.

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

14 (1) "Viability" means either:

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

21 (B) when, in the medical judgment of the attending
22 physician based on the particular facts of the case before

1 the attending physician, the unborn child has a fetal
2 heartbeat.

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

6 (3) "Department" means the Department of Public Health.

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

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

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

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

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

1 when such substance or device is employed.

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

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

21 Section 5. When fetus is viable.

22 (a) When the fetus is viable no abortion shall be
23 performed unless in the medical judgment of the attending or
24 referring physician, based on the particular facts of the case

1 before him or her, it is necessary to preserve the life or
2 health of the mother. Intentional, knowing, or reckless
3 failure to conform to the requirements of this subsection is a
4 Class 2 felony.

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

11 Section 6. Abortion methods, restrictions, and
12 requirements.

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

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

25 (c) Any physician who intentionally, knowingly, or

1 recklessly violates Section 6(1)(a) commits a Class 3 felony.

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

17 (b) Subsequent to the abortion, if a child is born alive,
18 the physician required by Section 6(2)(a) to be in attendance
19 shall exercise the same degree of professional skill, care,
20 and diligence to preserve the life and health of the child as
21 would be required of a physician providing immediate medical
22 care to a child born alive in the course of a pregnancy
23 termination which was not an abortion. Any such physician who
24 intentionally, knowingly, or recklessly violates Section
25 6(2)(b) commits a Class 3 felony.

26 (3) The law of this State shall not be construed to imply

1 that any living individual organism of the species homo
2 sapiens who has been born alive is not an individual under the
3 Criminal Code of 1961 or Criminal Code of 2012.

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

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

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

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

24 (6) When the fetus is viable and when there exists
25 reasonable medical certainty (a) that the particular method of
26 abortion to be employed will cause organic pain to the fetus,

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

1 abortion.

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

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

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

24 (1) the identification of the physician who performed
25 the abortion and the facility where the abortion was

- 1 performed and a patient identification number;
- 2 (2) the state in which the patient resides;
- 3 (3) the patient's date of birth, race, and marital
- 4 status;
- 5 (4) the number of prior pregnancies;
- 6 (5) the date of last menstrual period;
- 7 (6) the type of abortion procedure performed;
- 8 (7) complications and whether the abortion resulted in
- 9 a live birth;
- 10 (8) the date the abortion was performed;
- 11 (9) medical indications for any abortion performed
- 12 when the fetus was viable;
- 13 (10) the information required by Sections 6(1)(b) and
- 14 6(4)(b), if applicable;
- 15 (11) the basis for any medical judgment that a medical
- 16 emergency existed when required under Sections 6(2)(a) and
- 17 6(6) and when required to be reported in accordance with
- 18 this Section by any provision of this Law; and
- 19 (12) the pathologist's test results pursuant to
- 20 Section 12.

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

26 If a complication of an abortion occurs or becomes known

1 after submission of such form, a correction using the same
2 patient identification number shall be submitted to the
3 Department within 10 days of its becoming known.

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

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

21 The requirement for reporting to the General Assembly
22 shall be satisfied by filing copies of the report as required
23 by Section 3.1 of the General Assembly Organization Act, and
24 filing such additional copies with the State Government Report
25 Distribution Center for the General Assembly as is required
26 under paragraph (t) of Section 7 of the State Library Act.

1 Section 10.1. Report of complications. Any physician who
2 diagnoses a woman as having complications resulting from an
3 abortion shall report, within a reasonable period of time, the
4 diagnosis and a summary of her physical symptoms to the
5 Department in accordance with procedures and upon forms
6 required by the Department. The Department shall define the
7 complications required to be reported by rule. The
8 complications defined by rule shall be those which, according
9 to contemporary medical standards, are manifested by symptoms
10 with severity equal to or greater than hemorrhaging requiring
11 transfusion, infection, incomplete abortion, or punctured
12 organs. If the physician making the diagnosis of a
13 complication knows the name or location of the facility where
14 the abortion was performed, he or she shall report such
15 information to the Department.

16 Any physician who intentionally violates this Section
17 shall be subject to revocation of his or her license pursuant
18 to paragraph (22) of Section 22 of the Medical Practice Act of
19 1987.

20 Section 11. Violations. (1) Any person who intentionally
21 violates any provision of this Law commits a Class A
22 misdemeanor unless a specific penalty is otherwise provided.
23 Any person who intentionally falsifies any writing required by
24 this Law commits a Class A misdemeanor.

1 Intentional, knowing, reckless, or negligent violations of
2 this Law shall constitute unprofessional conduct which causes
3 public harm under Section 22 of the Medical Practice Act of
4 1987, Section 70-5 of the Nurse Practice Act, and Section 21 of
5 the Physician Assistant Practice Act of 1987.

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

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

20 (3) Any person who sells any drug, medicine, instrument,
21 or other substance which he or she knows to be an abortifacient
22 and which is in fact an abortifacient, unless upon
23 prescription of a physician, is guilty of a Class B
24 misdemeanor. Any person who prescribes or administers any
25 instrument, medicine, drug, or other substance or device,
26 which he or she knows to be an abortifacient, and which is in

1 fact an abortifacient, and intentionally, knowingly, or
2 recklessly fails to inform the person for whom it is
3 prescribed or upon whom it is administered that it is an
4 abortifacient commits a Class C misdemeanor.

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

11 Section 11.1. Referral fees.

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

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

20 Section 12. Analysis and tissue report. The dead fetus and
21 all tissue removed at the time of abortion shall be submitted
22 for a gross and microscopic analysis and tissue report to a
23 board eligible or certified pathologist as a matter of record
24 in all cases. The results of the analysis and report shall be

1 given to the physician who performed the abortion within 7
2 days of the abortion and such physician shall report any
3 complications relevant to the woman's medical condition to his
4 or her patient within 48 hours of receiving a report if
5 possible. Any evidence of live birth or of viability shall be
6 reported within 7 days, if possible, to the Department by the
7 pathologist. Intentional failure of the pathologist to report
8 any evidence of live birth or of viability to the Department is
9 a Class B misdemeanor.

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

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

1 Section 14. Severability; rules; effective dates.

2 (a) If any provision, word, phrase, or clause of this Act
3 or the application thereof to any person or circumstance shall
4 be held invalid, such invalidity shall not affect the
5 provisions, words, phrases, clauses, or application of this
6 Act which can be given effect without the invalid provision,
7 word, phrase, clause, or application, and to this end the
8 provisions, words, phrases, and clauses of this Act are
9 declared to be severable.

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

21 Section 15. Short title. This Article shall be known and
22 may be cited as the Illinois Abortion Law of 2024. References
23 in this Article to "this Act" mean this Article.

1 Article 2.

2 Section 201. Short title. This Article may be cited as the
3 Partial-birth Abortion Ban Act of 2024. References in this
4 Article to "this Act" mean this Article.

5 Section 205. Definitions. In this Act:

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

12 Section 210. 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,
20 provided that no other medical procedure would suffice for
21 that purpose.

22 Section 215. 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 220. 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 301. Short title. This Article may be cited as the
19 Abortion Performance Refusal Act of 2024. References in this
20 Article to "this Act" mean this Article.

21 Section 305. Liability; discrimination for refusal.

22 (a) No physician, nurse, or other person who refuses to

1 recommend, perform, or assist in the performance of an
2 abortion, whether such abortion be a crime or not, shall be
3 liable to any person for damages allegedly arising from such
4 refusal.

5 (b) No hospital that refuses to permit the performance of
6 an abortion upon its premises, whether such abortion be a
7 crime or not, shall be liable to any person for damages
8 allegedly 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 be a crime or not, shall be answerable in civil
16 damages equal to 3 times the amount of proved damages, but in
17 no case 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 (775 ILCS 55/Act rep.)

24 Section 405. The Reproductive Health Act is repealed.

1 Article 5.

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

4 (210 ILCS 5/6.2 new)

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

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

15 (410 ILCS 70/9.1 new)

16 Sec. 9.1. Provision of services related to abortion.
17 Nothing in this Act shall be construed to require a hospital or
18 an approved pediatric health care facility to provide any
19 services which relate to an abortion.

20 Section 515. The Code of Civil Procedure is amended by

1 adding Section 11-107.1a as follows:

2 (735 ILCS 5/11-107.1a new)

3 Sec. 11-107.1a. Injunctive relief for the father of an
4 unborn child in an abortion related decision by the mother. In
5 any case when a married woman wishes to have an abortion
6 performed upon her, and her spouse, who is the father of the
7 unborn child, is opposed to the performance of that abortion,
8 a court may hear testimony from both parties and balance the
9 rights and interests of those parties.

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

16 Article 6.

17 Section 605. The State Employees Group Insurance Act of
18 1971 is amended by changing Section 6.11 as follows:

19 (5 ILCS 375/6.11)

20 Sec. 6.11. Required health benefits; Illinois Insurance
21 Code requirements. The program of health benefits shall
22 provide the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t of the Illinois Insurance Code. The program of
3 health benefits shall provide the coverage required under
4 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
5 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
6 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
7 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
8 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
9 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60,
10 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and
11 356z.70 of the Illinois Insurance Code. The program of health
12 benefits must comply with Sections 155.22a, 155.37, 355b,
13 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
14 Insurance Code. The program of health benefits shall provide
15 the coverage required under Section 356m of the Illinois
16 Insurance Code and, for the employees of the State Employee
17 Group Insurance Program only, the coverage as also provided in
18 Section 6.11B of this Act. The Department of Insurance shall
19 enforce the requirements of this Section with respect to
20 Sections 370c and 370c.1 of the Illinois Insurance Code; all
21 other requirements of this Section shall be enforced by the
22 Department of Central Management Services.

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

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

3 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
4 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
5 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
6 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
7 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
8 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
9 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
10 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
11 8-11-23; revised 8-29-23.)

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

14 (20 ILCS 505/5)

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

19 (a) For purposes of this Section:

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

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

1 1987 and who continue under the jurisdiction of the
2 court; or

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

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

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

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

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

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

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

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

10 (E) placing children in suitable permanent family
11 arrangements, through guardianship or adoption, in
12 cases where restoration to the birth family is not
13 safe, possible, or appropriate;

14 (F) at the time of placement, conducting
15 concurrent planning, as described in subsection (1-1)
16 of this Section, so that permanency may occur at the
17 earliest opportunity. Consideration should be given so
18 that if reunification fails or is delayed, the
19 placement made is the best available placement to
20 provide permanency for the child;

21 (G) (blank);

22 (H) (blank); and

23 (I) placing and maintaining children in facilities
24 that provide separate living quarters for children
25 under the age of 18 and for children 18 years of age
26 and older, unless a child 18 years of age is in the

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

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

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

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

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

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

19 (b-5) The Department shall adopt rules to establish a
20 process for all licensed residential providers in Illinois to
21 submit data as required by the Department, if they contract or
22 receive reimbursement for children's mental health, substance
23 use, and developmental disability services from the Department
24 of Human Services, the Department of Juvenile Justice, or the
25 Department of Healthcare and Family Services. The requested
26 data must include, but is not limited to, capacity, staffing,

1 and occupancy data for the purpose of establishing State need
2 and placement availability.

3 All information collected, shared, or stored pursuant to
4 this subsection shall be handled in accordance with all State
5 and federal privacy laws and accompanying regulations and
6 rules, including without limitation the federal Health
7 Insurance Portability and Accountability Act of 1996 (Public
8 Law 104-191) and the Mental Health and Developmental
9 Disabilities Confidentiality Act.

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

15 (d) The Director may authorize advance disbursements for
16 any new program initiative to any agency contracting with the
17 Department. As a prerequisite for an advance disbursement, the
18 contractor must post a surety bond in the amount of the advance
19 disbursement and have a purchase of service contract approved
20 by the Department. The Department may pay up to 2 months
21 operational expenses in advance. The amount of the advance
22 disbursement shall be prorated over the life of the contract
23 or the remaining months of the fiscal year, whichever is less,
24 and the installment amount shall then be deducted from future
25 bills. Advance disbursement authorizations for new initiatives
26 shall not be made to any agency after that agency has operated

1 during 2 consecutive fiscal years. The requirements of this
2 Section concerning advance disbursements shall not apply with
3 respect to the following: payments to local public agencies
4 for child day care services as authorized by Section 5a of this
5 Act; and youth service programs receiving grant funds under
6 Section 17a-4.

7 (e) (Blank).

8 (f) (Blank).

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

14 (1) adoption;

15 (2) foster care;

16 (3) family counseling;

17 (4) protective services;

18 (5) (blank);

19 (6) homemaker service;

20 (7) return of runaway children;

21 (8) (blank);

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

26 (10) interstate services.

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

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

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

- 24 (1) case management;
25 (2) homemakers;
26 (3) counseling;

- 1 (4) parent education;
- 2 (5) day care; and
- 3 (6) emergency assistance and advocacy.

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

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

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

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

1 subsection (j) in the interim period beginning when the
2 child's adoptive parents died and ending with the finalization
3 of the new adoption of the child by another adoptive parent or
4 parents. The Department may also provide categories of
5 financial assistance and education assistance grants, and
6 shall establish rules and regulations for the assistance and
7 grants, to persons appointed guardian of the person under
8 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
9 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
10 who were youth in care for 12 months immediately prior to the
11 appointment of the guardian.

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

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

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

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

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

1 services to facilitate achievement of the permanency goal, the
2 court hearing the action under Article II of the Juvenile
3 Court Act of 1987 may order the Department to provide the
4 services set out in the plan, if those services are not
5 provided with reasonable promptness and if those services are
6 available.

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

1 child or family after completion of a family assessment, as an
2 alternative to an investigation, as provided under the
3 "differential response program" provided for in subsection
4 (a-5) of Section 7.4 of the Abused and Neglected Child
5 Reporting Act.

6 The Department may, at its discretion except for those
7 children also adjudicated neglected or dependent, accept for
8 care and training any child who has been adjudicated addicted,
9 as a truant minor in need of supervision or as a minor
10 requiring authoritative intervention, under the Juvenile Court
11 Act or the Juvenile Court Act of 1987, but no such child shall
12 be committed to the Department by any court without the
13 approval of the Department. On and after January 1, 2015 (the
14 effective date of Public Act 98-803) and before January 1,
15 2017, a minor charged with a criminal offense under the
16 Criminal Code of 1961 or the Criminal Code of 2012 or
17 adjudicated delinquent shall not be placed in the custody of
18 or committed to the Department by any court, except (i) a minor
19 less than 16 years of age committed to the Department under
20 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
21 for whom an independent basis of abuse, neglect, or dependency
22 exists, which must be defined by departmental rule, or (iii) a
23 minor for whom the court has granted a supplemental petition
24 to reinstate wardship pursuant to subsection (2) of Section
25 2-33 of the Juvenile Court Act of 1987. On and after January 1,
26 2017, a minor charged with a criminal offense under the

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

19 As soon as is possible after August 7, 2009 (the effective
20 date of Public Act 96-134), the Department shall develop and
21 implement a special program of family preservation services to
22 support intact, foster, and adoptive families who are
23 experiencing extreme hardships due to the difficulty and
24 stress of caring for a child who has been diagnosed with a
25 pervasive developmental disorder if the Department determines
26 that those services are necessary to ensure the health and

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

21 (1-1) The General Assembly recognizes that the best
22 interests of the child require that the child be placed in the
23 most permanent living arrangement as soon as is practically
24 possible. To achieve this goal, the General Assembly directs
25 the Department of Children and Family Services to conduct
26 concurrent planning so that permanency may occur at the

1 earliest opportunity. Permanent living arrangements may
2 include prevention of placement of a child outside the home of
3 the family when the child can be cared for at home without
4 endangering the child's health or safety; reunification with
5 the family, when safe and appropriate, if temporary placement
6 is necessary; or movement of the child toward the most
7 permanent living arrangement and permanent legal status.

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

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

24 A decision to place a child in substitute care shall be
25 made with considerations of the child's health, safety, and
26 best interests. At the time of placement, consideration should

1 also be given so that if reunification fails or is delayed, the
2 placement made is the best available placement to provide
3 permanency for the child.

4 The Department shall adopt rules addressing concurrent
5 planning for reunification and permanency. The Department
6 shall consider the following factors when determining
7 appropriateness of concurrent planning:

8 (1) the likelihood of prompt reunification;

9 (2) the past history of the family;

10 (3) the barriers to reunification being addressed by
11 the family;

12 (4) the level of cooperation of the family;

13 (5) the foster parents' willingness to work with the
14 family to reunite;

15 (6) the willingness and ability of the foster family
16 to provide an adoptive home or long-term placement;

17 (7) the age of the child;

18 (8) placement of siblings.

19 (m) The Department may assume temporary custody of any
20 child if:

21 (1) it has received a written consent to such
22 temporary custody signed by the parents of the child or by
23 the parent having custody of the child if the parents are
24 not living together or by the guardian or custodian of the
25 child if the child is not in the custody of either parent,
26 or

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

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

20 The Department shall have the authority, responsibilities
21 and duties that a legal custodian of the child would have
22 pursuant to subsection (9) of Section 1-3 of the Juvenile
23 Court Act of 1987. Whenever a child is taken into temporary
24 custody pursuant to an investigation under the Abused and
25 Neglected Child Reporting Act, or pursuant to a referral and
26 acceptance under the Juvenile Court Act of 1987 of a minor in

1 limited custody, the Department, during the period of
2 temporary custody and before the child is brought before a
3 judicial officer as required by Section 2-9, 3-11, 4-8, or
4 5-415 of the Juvenile Court Act of 1987, shall have the
5 authority, responsibilities and duties that a legal custodian
6 of the child would have under subsection (9) of Section 1-3 of
7 the Juvenile Court Act of 1987.

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

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

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

15 (n) The Department may place children under 18 years of
16 age in licensed child care facilities when in the opinion of
17 the Department, appropriate services aimed at family
18 preservation have been unsuccessful and cannot ensure the
19 child's health and safety or are unavailable and such
20 placement would be for their best interest. Payment for board,
21 clothing, care, training and supervision of any child placed
22 in a licensed child care facility may be made by the
23 Department, by the parents or guardians of the estates of
24 those children, or by both the Department and the parents or
25 guardians, except that no payments shall be made by the
26 Department for any child placed in a licensed child care

1 facility for board, clothing, care, training, and supervision
2 of such a child that exceed the average per capita cost of
3 maintaining and of caring for a child in institutions for
4 dependent or neglected children operated by the Department.
5 However, such restriction on payments does not apply in cases
6 where children require specialized care and treatment for
7 problems of severe emotional disturbance, physical disability,
8 social adjustment, or any combination thereof and suitable
9 facilities for the placement of such children are not
10 available at payment rates within the limitations set forth in
11 this Section. All reimbursements for services delivered shall
12 be absolutely inalienable by assignment, sale, attachment, or
13 garnishment or otherwise.

14 (n-1) The Department shall provide or authorize child
15 welfare services, aimed at assisting minors to achieve
16 sustainable self-sufficiency as independent adults, for any
17 minor eligible for the reinstatement of wardship pursuant to
18 subsection (2) of Section 2-33 of the Juvenile Court Act of
19 1987, whether or not such reinstatement is sought or allowed,
20 provided that the minor consents to such services and has not
21 yet attained the age of 21. The Department shall have
22 responsibility for the development and delivery of services
23 under this Section. An eligible youth may access services
24 under this Section through the Department of Children and
25 Family Services or by referral from the Department of Human
26 Services. Youth participating in services under this Section

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

19 (o) The Department shall establish an administrative
20 review and appeal process for children and families who
21 request or receive child welfare services from the Department.
22 Youth in care who are placed by private child welfare
23 agencies, and foster families with whom those youth are
24 placed, shall be afforded the same procedural and appeal
25 rights as children and families in the case of placement by the
26 Department, including the right to an initial review of a

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

17 (p) (Blank).

18 (q) The Department may receive and use, in their entirety,
19 for the benefit of children any gift, donation, or bequest of
20 money or other property which is received on behalf of such
21 children, or any financial benefits to which such children are
22 or may become entitled while under the jurisdiction or care of
23 the Department, except that the benefits described in Section
24 5.46 must be used and conserved consistent with the provisions
25 under Section 5.46.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 For purposes of this subsection:

11 "Background information" means all of the following:

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

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

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

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

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

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

15 (Source: P.A. 102-538, eff. 8-20-21; 102-558, eff. 8-20-21;
16 102-1014, eff. 5-27-22; 103-22, eff. 8-8-23; 103-50, eff.
17 1-1-24; 103-546, eff. 8-11-23; revised 9-25-23.)

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

20 (5 ILCS 140/7.5)

21 (Text of Section before amendment by P.A. 103-472)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (n) Defense budgets and petitions for certification of

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

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

10 (p) Security portions of system safety program plans,
11 investigation reports, surveys, schedules, lists, data, or
12 information compiled, collected, or prepared by or for the
13 Department of Transportation under Sections 2705-300 and
14 2705-616 of the Department of Transportation Law of the
15 Civil Administrative Code of Illinois, the Regional
16 Transportation Authority under Section 2.11 of the
17 Regional Transportation Authority Act, or the St. Clair
18 County Transit District under the Bi-State Transit Safety
19 Act (repealed).

20 (q) Information prohibited from being disclosed by the
21 Personnel Record Review Act.

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

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

26 (t) (Blank).

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

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

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

17 (w) Personally identifiable information which is
18 exempted from disclosure under subsection (g) of Section
19 19.1 of the Toll Highway Act.

20 (x) Information which is exempted from disclosure
21 under Section 5-1014.3 of the Counties Code or Section
22 8-11-21 of the Illinois Municipal Code.

23 (y) Confidential information under the Adult
24 Protective Services Act and its predecessor enabling
25 statute, the Elder Abuse and Neglect Act, including
26 information about the identity and administrative finding

1 against any caregiver of a verified and substantiated
2 decision of abuse, neglect, or financial exploitation of
3 an eligible adult maintained in the Registry established
4 under Section 7.5 of the Adult Protective Services Act.

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

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

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

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

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

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

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

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

26 (hh) Records that are exempt from disclosure under

1 Section 1A-16.7 of the Election Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (aaa) Information prohibited from being disclosed

1 under Section 1-167 of the Illinois Pension Code.

2 (bbb) Information that is prohibited from disclosure
3 by the Illinois Police Training Act and the Illinois State
4 Police Act.

5 (ccc) Records exempt from disclosure under Section
6 2605-304 of the Illinois State Police Law of the Civil
7 Administrative Code of Illinois.

8 (ddd) Information prohibited from being disclosed
9 under Section 35 of the Address Confidentiality for
10 Victims of Domestic Violence, Sexual Assault, Human
11 Trafficking, or Stalking Act.

12 (eee) Information prohibited from being disclosed
13 under subsection (b) of Section 75 of the Domestic
14 Violence Fatality Review Act.

15 (fff) Images from cameras under the Expressway Camera
16 Act. This subsection (fff) is inoperative on and after
17 July 1, 2025.

18 (ggg) Information prohibited from disclosure under
19 paragraph (3) of subsection (a) of Section 14 of the Nurse
20 Agency Licensing Act.

21 (hhh) Information submitted to the Illinois State
22 Police in an affidavit or application for an assault
23 weapon endorsement, assault weapon attachment endorsement,
24 .50 caliber rifle endorsement, or .50 caliber cartridge
25 endorsement under the Firearm Owners Identification Card
26 Act.

1 (iii) Data exempt from disclosure under Section 50 of
2 the School Safety Drill Act.

3 (jjj) ~~(hhh)~~ Information exempt from disclosure under
4 Section 30 of the Insurance Data Security Law.

5 (kkk) ~~(iii)~~ Confidential business information
6 prohibited from disclosure under Section 45 of the Paint
7 Stewardship Act.

8 (lll) (Reserved).

9 (mmm) ~~(iii)~~ Information prohibited from being
10 disclosed under subsection (e) of Section 1-129 of the
11 Illinois Power Agency Act.

12 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
13 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
14 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
15 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
16 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
17 eff. 1-1-24; 103-508, eff. 8-4-23; 103-580, eff. 12-8-23;
18 revised 1-2-24.)

19 (Text of Section after amendment by P.A. 103-472)

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16 health care facility resident sexual assault and death
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18 Prevention Review Team Act.

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

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24 compensation and expenses for court appointed trial
25 counsel as provided under Sections 10 and 15 of the
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22 Code.

23 (hh) Records that are exempt from disclosure under
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21 an employee of an emergency services provider or law
22 enforcement agency under the First Responders Suicide
23 Prevention Act.

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25 ~~Department of Public Health and its authorized~~
26 ~~representatives collected under the Reproductive Health~~

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9 Act.

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11 Section 50 of the Sexual Assault Evidence Submission Act.

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

17 (xx) Information that is exempt from disclosure or
18 information that shall not be made public under the
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21 the Illinois Educational Labor Relations Act.

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

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

26 (bbb) Information that is prohibited from disclosure

1 by the Illinois Police Training Act and the Illinois State
2 Police Act.

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4 2605-304 of the Illinois State Police Law of the Civil
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25 (iii) Data exempt from disclosure under Section 50 of
26 the School Safety Drill Act.

1 (jjj) ~~(hhh)~~ Information exempt from disclosure under
2 Section 30 of the Insurance Data Security Law.

3 (kkk) ~~(iii)~~ Confidential business information
4 prohibited from disclosure under Section 45 of the Paint
5 Stewardship Act.

6 (lll) ~~(iii)~~ Data exempt from disclosure under Section
7 2-3.196 of the School Code.

8 (mmm) ~~(iii)~~ Information prohibited from being
9 disclosed under subsection (e) of Section 1-129 of the
10 Illinois Power Agency Act.

11 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
12 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
13 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
14 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
15 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
16 eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23;
17 103-580, eff. 12-8-23; revised 1-2-24.)

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

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

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

1 suspected of being:

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

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

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

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

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

19 shall go to the place where the dead body is and take charge of
20 the same and shall make a preliminary investigation into the
21 circumstances of the death. In the case of death without
22 attendance by a licensed physician, the body may be moved with
23 the coroner's consent from the place of death to a mortuary in
24 the same county. Coroners in their discretion shall notify
25 such physician as is designated in accordance with Section
26 3-3014 to attempt to ascertain the cause of death, either by

1 autopsy or otherwise.

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

25 In all other cases coming within the jurisdiction of the
26 coroner and referred to in subparagraphs (a) through (e)

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

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

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

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

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

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

1 rate as the rate of compensation that is paid to petit or grand
2 jurors in the county.

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

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

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

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

17 (Source: P.A. 102-538, eff. 8-20-21; 102-982, eff. 7-1-23;
18 103-154, eff. 6-30-23.)

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

21 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

22 Sec. 2. It is declared to be the public policy that the
23 State has a legitimate interest in assuring that all medical
24 procedures, including abortions, are performed under

1 circumstances that insure maximum safety. Therefore, the
2 purpose of this Act is to provide for the better protection of
3 the public health through the development, establishment, and
4 enforcement of standards (1) for the care of individuals in
5 ambulatory surgical treatment centers, and (2) for the
6 construction, maintenance and operation of ambulatory surgical
7 treatment centers, which, in light of advancing knowledge,
8 will promote safe and adequate treatment of such individuals
9 in ambulatory surgical treatment centers.

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

11 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

15 (A) "Ambulatory surgical treatment center" means any
16 institution, place or building devoted primarily to the
17 maintenance and operation of facilities for the performance of
18 surgical procedures. "Ambulatory surgical treatment center"
19 includes any place that meets and complies with the definition
20 of an ambulatory surgical treatment center under the rules
21 adopted by the Department or any facility in which a medical or
22 surgical procedure is utilized to terminate a pregnancy,
23 irrespective of whether the facility is devoted primarily to
24 this purpose. Such facility shall not provide beds or other
25 accommodations for the overnight stay of patients; however,

1 facilities devoted exclusively to the treatment of children
2 may provide accommodations and beds for their patients for up
3 to 23 hours following admission. Individual patients shall be
4 discharged in an ambulatory condition without danger to the
5 continued well being of the patients or shall be transferred
6 to a hospital.

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

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

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

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

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

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

1 procedures.

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

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

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

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

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

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

24 (G) "Podiatric physician" means a person licensed to
25 practice podiatry under the Podiatric Medical Practice Act of
26 1987.

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

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

4 (215 ILCS 5/356z.4)

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

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

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

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

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

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

1 effective contraceptive methods.

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

3 "Contraceptive services" includes consultations,
4 examinations, procedures, and medical services related to the
5 use of contraceptive methods (including natural family
6 planning) to prevent an unintended pregnancy.

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

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

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

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

24 (iii) they are bioequivalent in that (A) they do not
25 present a known or potential bioequivalence problem and
26 they meet an acceptable in vitro standard or (B) if they do

1 present such a known or potential problem, they are shown
2 to meet an appropriate bioequivalence standard;

3 (iv) they are adequately labeled; and

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

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

11 (A) All contraceptive drugs, devices, and other
12 products approved by the United States Food and Drug
13 Administration. This includes all over-the-counter
14 contraceptive drugs, devices, and products approved by the
15 United States Food and Drug Administration, excluding male
16 condoms, except as provided in the current comprehensive
17 guidelines supported by the Health Resources and Services
18 Administration. The following apply:

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

26 (ii) If an individual's attending provider

1 recommends a particular service or item approved by
2 the United States Food and Drug Administration based
3 on a determination of medical necessity with respect
4 to that individual, the plan or issuer must cover that
5 service or item without cost sharing. The plan or
6 issuer must defer to the determination of the
7 attending provider.

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

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

17 (B) Voluntary sterilization procedures.

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

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

25 (4) Except as otherwise provided in this subsection (a), a
26 policy subject to this subsection (a) shall not impose a

1 deductible, coinsurance, copayment, or any other cost-sharing
2 requirement on the coverage provided. The provisions of this
3 paragraph do not apply to coverage of voluntary male
4 sterilization procedures to the extent such coverage would
5 disqualify a high-deductible health plan from eligibility for
6 a health savings account pursuant to the federal Internal
7 Revenue Code, 26 U.S.C. 223.

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

11 (6) If, at any time, the Secretary of the United States
12 Department of Health and Human Services, or its successor
13 agency, promulgates rules or regulations to be published in
14 the Federal Register or publishes a comment in the Federal
15 Register or issues an opinion, guidance, or other action that
16 would require the State, pursuant to any provision of the
17 Patient Protection and Affordable Care Act (Public Law
18 111-148), including, but not limited to, 42 U.S.C.
19 18031(d)(3)(B) or any successor provision, to defray the cost
20 of any coverage outlined in this subsection (a), then this
21 subsection (a) is inoperative with respect to all coverage
22 outlined in this subsection (a) other than that authorized
23 under Section 1902 of the Social Security Act, 42 U.S.C.
24 1396a, and the State shall not assume any obligation for the
25 cost of the coverage set forth in this subsection (a).

26 (b) This subsection (b) shall become operative if and only

1 if subsection (a) becomes inoperative.

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

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

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

23 (c) Nothing in this Section shall be construed to require
24 an insurance company to cover services related to an abortion
25 as the term "abortion" is defined in the Illinois Abortion Law
26 of 2024. (Blank).

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

9 (Source: P.A. 103-551, eff. 8-11-23.)

10 (215 ILCS 5/356z.4a rep.)

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

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

15 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

16 Sec. 5-3. Insurance Code provisions.

17 (a) Health Maintenance Organizations shall be subject to
18 the provisions of Sections 133, 134, 136, 137, 139, 140,
19 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
20 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
21 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356v,
22 356w, 356x, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5, 356z.6,
23 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,

1 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,
2 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, ~~356z.30,~~
3 356z.30a, 356z.31, ~~356z.32,~~ 356z.33, 356z.34, 356z.35,
4 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,
5 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,
6 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,
7 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,
8 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
9 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
10 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
11 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
12 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
13 Insurance Code.

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

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

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

22 (3) a corporation organized under the laws of another
23 state, 30% or more of the enrollees of which are residents
24 of this State, except a corporation subject to
25 substantially the same requirements in its state of
26 organization as is a "domestic company" under Article VIII

1 1/2 of the Illinois Insurance Code.

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

5 (1) the Director shall give primary consideration to
6 the continuation of benefits to enrollees and the
7 financial conditions of the acquired Health Maintenance
8 Organization after the merger, consolidation, or other
9 acquisition of control takes effect;

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

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

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

22 (B) pro forma financial statements reflecting the
23 combined balance sheets of the acquiring company and
24 the Health Maintenance Organization sought to be
25 acquired as of the end of the preceding year and as of
26 a date 90 days prior to the acquisition, as well as pro

1 forma financial statements reflecting projected
2 combined operation for a period of 2 years;

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

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

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

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

25 (f) Except for small employer groups as defined in the
26 Small Employer Rating, Renewability and Portability Health

1 Insurance Act and except for medicare supplement policies as
2 defined in Section 363 of the Illinois Insurance Code, a
3 Health Maintenance Organization may by contract agree with a
4 group or other enrollment unit to effect refunds or charge
5 additional premiums under the following terms and conditions:

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

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

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

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

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

23 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
25 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
26 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;

1 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
2 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
3 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
4 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
5 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
6 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

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

9 (215 ILCS 165/10) (from Ch. 32, par. 604)

10 Sec. 10. Application of Insurance Code provisions. Health
11 services plan corporations and all persons interested therein
12 or dealing therewith shall be subject to the provisions of
13 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
14 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
15 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
16 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, ~~356z.4a~~, 356z.5,
17 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
18 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
19 356z.26, 356z.29, ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33,
20 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
21 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,
22 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401, 401.1, 402,
23 403, 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of
24 Section 367 of the Illinois Insurance Code.

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

7 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
8 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
9 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
10 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
11 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
12 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
13 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
14 103-551, eff. 8-11-23; revised 8-29-23.)

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

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

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

19 Sec. 22. Disciplinary action.

20 (A) The Department may revoke, suspend, place on
21 probation, reprimand, refuse to issue or renew, or take any
22 other disciplinary or non-disciplinary action as the
23 Department may deem proper with regard to the license or
24 permit of any person issued under this Act, including imposing

1 fines not to exceed \$10,000 for each violation, upon any of the
2 following grounds:

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

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

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

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

16 (d) ambulatory surgical treatment centers,
17 hospitalization, or care facilities maintained by the
18 federal government; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (16) Abandonment of a patient.

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

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

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

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

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

25 (22) Willful omission to file or record, or willfully
26 impeding the filing or recording, or inducing another

1 person to omit to file or record, medical reports as
2 required by law, or willfully failing to report an
3 instance of suspected abuse or neglect as required by law.

4 (23) 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 (24) Solicitation of professional patronage by any
12 corporation, agents, or persons, or profiting from those
13 representing themselves to be agents of the licensee.

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

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

26 (27) Mental illness or disability which results in the

1 inability to practice under this Act with reasonable
2 judgment, skill, or safety.

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

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

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

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

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

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

21 (34) Failure to report to the Department any adverse
22 final action taken against them by another licensing
23 jurisdiction (any other state or any territory of the
24 United States or any foreign state or country), by any
25 peer review body, by any health care institution, by any
26 professional society or association related to practice

1 under this Act, by any governmental agency, by any law
2 enforcement agency, or by any court for acts or conduct
3 similar to acts or conduct which would constitute grounds
4 for action as defined in this Section.

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

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

20 (37) Failure to provide copies of medical records as
21 required by law.

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

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

3 (40) (Blank).

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

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

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

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

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

18 (46) Repeated failure to adequately collaborate with a
19 licensed prescribing psychologist.

20 (47) 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 (48) 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 (49) Entering into an excessive number of written
5 collaborative agreements with licensed physician
6 assistants resulting in an inability to adequately
7 collaborate.

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

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

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

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

22 The Department may refuse to issue or take disciplinary
23 action concerning the license of any person who fails to file a
24 return, or to pay the tax, penalty, or interest shown in a
25 filed return, or to pay any final assessment of tax, penalty,
26 or interest, as required by any tax Act administered by the

1 Illinois Department of Revenue, until such time as the
2 requirements of any such tax Act are satisfied as determined
3 by the Illinois Department of Revenue.

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

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

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

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

16 (d) what constitutes gross negligence in the practice
17 of medicine.

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

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

1 may include a substance abuse or sexual offender evaluation,
2 as required by the Medical Board and at the expense of the
3 Department. The Medical Board shall specifically designate the
4 examining physician licensed to practice medicine in all of
5 its branches or, if applicable, the multidisciplinary team
6 involved in providing the mental or physical examination and
7 evaluation, or both. The multidisciplinary team shall be led
8 by a physician licensed to practice medicine in all of its
9 branches and may consist of one or more or a combination of
10 physicians licensed to practice medicine in all of its
11 branches, licensed chiropractic physicians, licensed clinical
12 psychologists, licensed clinical social workers, licensed
13 clinical 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. The Medical Board or the Department may order the
22 examining physician or any member of the multidisciplinary
23 team to provide to the Department or the Medical Board any and
24 all records, including business records, that relate to the
25 examination and evaluation, including any supplemental testing
26 performed. The Medical Board or 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 licensee, permit holder, or applicant,
4 including testimony concerning any supplemental testing or
5 documents relating to the examination and evaluation. No
6 information, report, record, or other documents in any way
7 related to the examination and evaluation shall be excluded by
8 reason of any common law or statutory privilege relating to
9 communication between the licensee, permit holder, or
10 applicant and the examining physician or any member of the
11 multidisciplinary team. No authorization is necessary from the
12 licensee, permit holder, or applicant ordered to undergo an
13 evaluation and examination for the examining physician or any
14 member of the multidisciplinary team to provide information,
15 reports, records, or other documents or to provide any
16 testimony regarding the examination and evaluation. The
17 individual to be examined may have, at his or her own expense,
18 another physician of his or her choice present during all
19 aspects of the examination. Failure of any individual to
20 submit to mental or physical examination and evaluation, or
21 both, when directed, shall result in an automatic suspension,
22 without hearing, until such time as the individual submits to
23 the examination. If the Medical Board finds a physician unable
24 to practice following an examination and evaluation because of
25 the reasons set forth in this Section, the Medical Board shall
26 require such physician to submit to care, counseling, or

1 treatment by physicians, or other health care professionals,
2 approved or designated by the Medical Board, as a condition
3 for issued, continued, reinstated, or renewed licensure to
4 practice. Any physician, whose license was granted pursuant to
5 Section 9, 17, or 19 of this Act, or, continued, reinstated,
6 renewed, disciplined, or supervised, subject to such terms,
7 conditions, or restrictions who shall fail to comply with such
8 terms, conditions, or restrictions, or to complete a required
9 program of care, counseling, or treatment, as determined by
10 the Chief Medical Coordinator or Deputy Medical Coordinators,
11 shall be referred to the Secretary for a determination as to
12 whether the licensee shall have his or her license suspended
13 immediately, pending a hearing by the Medical Board. In
14 instances in which the Secretary immediately suspends a
15 license under this Section, a hearing upon such person's
16 license must be convened by the Medical Board within 15 days
17 after such suspension and completed without appreciable delay.
18 The Medical Board shall have the authority to review the
19 subject physician's record of treatment and counseling
20 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, affected under this
24 Section, shall be afforded an opportunity to demonstrate to
25 the Medical Board that he or she can resume practice in
26 compliance with acceptable and prevailing standards under the

1 provisions of his or her license.

2 The Medical Board, in determining mental capacity of an
3 individual licensed under this Act, shall consider the latest
4 recommendations of the Federation of State Medical Boards.

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

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

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

1 operative surgery.

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

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

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

15 (3) based solely upon the physician providing,
16 authorizing, recommending, aiding, assisting, referring
17 for, or otherwise participating in any health care
18 service, so long as the care was not unlawful under the
19 laws of this State, regardless of whether the patient was
20 a resident of this State or another state; or

21 (4) based upon the physician's license being revoked
22 or suspended, or the physician being otherwise disciplined
23 by any other state, if that revocation, suspension, or
24 other form of discipline was based solely on the physician
25 violating another state's laws prohibiting the provision
26 of, authorization of, recommendation of, aiding or

1 assisting in, referring for, or participation in any
2 health care service if that health care service as
3 provided would not have been unlawful under the laws of
4 this State and is consistent with the standards of conduct
5 for the physician if it occurred in Illinois.

6 (D) (Blank).

7 (E) The conduct specified in subsection (C) shall not
8 trigger reporting requirements under Section 23, constitute
9 grounds for suspension under Section 25, or be included on the
10 physician's profile required under Section 10 of the Patients'
11 Right to Know Act.

12 (F) An applicant seeking licensure, certification, or
13 authorization pursuant to this Act and who has been subject to
14 disciplinary action by a duly authorized professional
15 disciplinary agency of another jurisdiction solely on the
16 basis of having provided, authorized, recommended, aided,
17 assisted, referred for, or otherwise participated in health
18 care shall not be denied such licensure, certification, or
19 authorization, unless the Department determines that the
20 action would have constituted professional misconduct in this
21 State; however, nothing in this Section shall be construed as
22 prohibiting the Department from evaluating the conduct of the
23 applicant and making a determination regarding the licensure,
24 certification, or authorization to practice a profession under
25 this Act.

26 (G) The Department may adopt rules to implement the

1 changes made by this amendatory Act of the 102nd General
2 Assembly.

3 (Source: P.A. 102-20, eff. 1-1-22; 102-558, eff. 8-20-21;
4 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23; 103-442, eff.
5 1-1-24.)

6 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

8 Sec. 36. Investigation; notice.

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

17 (b) The Department shall, before suspending, revoking,
18 placing on probationary status, or taking any other
19 disciplinary action as the Department may deem proper with
20 regard to any license at least 30 days prior to the date set
21 for the hearing, notify the accused in writing of any charges
22 made and the time and place for a hearing of the charges before
23 the Medical Board, direct him or her to file his or her written
24 answer thereto to the Medical Board under oath within 20 days
25 after the service on him or her of such notice and inform him

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

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

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

23 (e) All information gathered by the Department during its
24 investigation including information subpoenaed under Section
25 23 or 38 of this Act and the investigative file shall be kept
26 for the confidential use of the Secretary, the Medical Board,

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

19 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
20 102-20, eff. 1-1-22; 102-558, eff. 8-20-21.)

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

23 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

1 Sec. 65-35. Written collaborative agreements.

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

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

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

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

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

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

25 (c-5) A certified registered nurse anesthetist, who
26 provides anesthesia services outside of a hospital or

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

16 (c-10) A certified registered nurse anesthetist who
17 provides anesthesia services in a dental office shall enter
18 into a written collaborative agreement with an
19 anesthesiologist or the physician licensed to practice
20 medicine in all its branches or the operating dentist
21 performing the procedure. The agreement shall describe the
22 working relationship of the certified registered nurse
23 anesthetist and dentist and shall authorize the categories of
24 care, treatment, or procedures to be performed by the
25 certified registered nurse anesthetist. In a collaborating
26 dentist's office, the certified registered nurse anesthetist

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

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

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

1 advanced practice registered nurse and the collaborating
2 physician, dentist, or podiatric physician.

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

12 (e-5) Nothing in this Act shall be construed to authorize
13 an advanced practice registered nurse to provide health care
14 services required by law or rule to be performed by a
15 physician, including those acts to be performed by a physician
16 in Section 3.1 of the Illinois Abortion Law of 2024. ~~The scope~~
17 ~~of practice of an advanced practice registered nurse does not~~
18 ~~include operative surgery.~~ Nothing in this Section shall be
19 ~~construed to preclude an advanced practice registered nurse~~
20 ~~from assisting in surgery.~~

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

26 (g) (Blank).

1 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
2 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

3 (225 ILCS 65/65-43)

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

5 Sec. 65-43. Full practice authority.

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

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

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

23 The clinical experience must be in the advanced practice
24 registered nurse's area of certification. The clinical
25 experience shall be in collaboration with a physician or

1 physicians. Completion of the clinical experience must be
2 attested to by the collaborating physician or physicians or
3 employer and the advanced practice registered nurse. If the
4 collaborating physician or physicians or employer is unable to
5 attest to the completion of the clinical experience, the
6 Department may accept other evidence of clinical experience as
7 established by rule.

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

10 (1) all matters included in subsection (c) of Section
11 65-30 of this Act;

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

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

25 (4) prescribing Schedule II narcotic drugs, such as
26 opioids, only in a consultation relationship with a

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

19 (4.5) prescribing up to a 120-day supply of
20 benzodiazepines without a consultation relationship with a
21 physician; thereafter, continued prescription of
22 benzodiazepines shall require a consultation with a
23 physician; nothing in this subsection shall be construed
24 to require a prescription by an advanced practice
25 registered nurse with full practice authority to require a
26 physician name;

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

4 (6) use of only local anesthetic.

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

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

12 (e) Nothing in this Act shall be construed to authorize an
13 advanced practice registered nurse with full practice
14 authority to provide health care services required by law or
15 rule to be performed by a physician, including, but not
16 limited to, those acts to be performed by a physician in
17 Section 3.1 of the Illinois Abortion Law of 2024.

18 (Source: P.A. 102-75, eff. 1-1-22; 103-60, eff. 1-1-24.)

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

21 (225 ILCS 95/7.5)

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

23 Sec. 7.5. Written collaborative agreements; prescriptive
24 authority.

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

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

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

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

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

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

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

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

26 (b) A collaborating physician may, but is not required to,

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

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

21 (2) The collaborating physician shall file with the
22 Department notice of delegation of prescriptive authority
23 to a physician assistant and termination of delegation,
24 specifying the authority delegated or terminated. Upon
25 receipt of this notice delegating authority to prescribe
26 controlled substances, the physician assistant shall be

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

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

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

22 (B) (Blank).

23 (C) Any prescription must be limited to no more
24 than a 30-day supply, with any continuation authorized
25 only after prior approval of the collaborating
26 physician.

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

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

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

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

1 Section 7.7 of this Act.

2 (d) (Blank).

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

5 (Source: P.A. 102-558, eff. 8-20-21; 103-65, eff. 1-1-24;
6 revised 1-2-24.)

7 Section 655. The Vital Records Act is amended by changing
8 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 660. 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 665. The Criminal Code of 2012 is amended by
24 changing Sections 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 2 of the Illinois Abortion
23 Law of 2024 ~~Section 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) (blank);

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. 103-51, eff. 1-1-24.)

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 ~~the implantation~~
18 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
19 not include the pregnant ~~individual~~ woman whose unborn child
20 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 1-10 of the Reproductive~~
24 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2024, to
25 which the pregnant ~~individual~~ woman has consented. This
26 Section shall not apply to acts which were committed pursuant

1 to usual and customary standards of medical practice during
2 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 2 of the Illinois Abortion
3 Law of 2024 1-10 of the Reproductive Health Act, to which the
4 pregnant woman individual has consented. This Section shall
5 not apply to acts which were committed pursuant to usual and
6 customary standards of medical practice during diagnostic
7 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 ~~the implantation~~
25 ~~of an embryo~~ fertilization until birth, and (2) "person" shall

1 not include the pregnant ~~individual~~ woman whose unborn child
2 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 1-10 of the~~
9 ~~Reproductive Health Act,~~ Section 2 of the Illinois Abortion
10 Law of 2024, to which the pregnant ~~individual~~ woman has
11 consented. This Section shall not apply to acts which were
12 committed pursuant to usual and customary standards of medical
13 practice during diagnostic testing or therapeutic treatment.
14 (Source: P.A. 101-13, eff. 6-12-19.)

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

17 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

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

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

1 issuance of a subpoena pursuant to Section 38 of the Medical
2 Practice Act of 1987; the issuance of a subpoena pursuant to
3 Section 25.1 of the Illinois Dental Practice Act; the issuance
4 of a subpoena pursuant to Section 22 of the Nursing Home
5 Administrators Licensing and Disciplinary Act; or the issuance
6 of a subpoena pursuant to Section 25.5 of the Workers'
7 Compensation Act, (13) upon the issuance of a grand jury
8 subpoena pursuant to Article 112 of the Code of Criminal
9 Procedure of 1963, or (14) to or through a health information
10 exchange, as that term is defined in Section 2 of the Mental
11 Health and Developmental Disabilities Confidentiality Act, in
12 accordance with State or federal law.

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

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

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

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

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

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

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

17 (b) "Physician" means any person who is licensed by
18 the State of Illinois under the Medical Practice Act of
19 1987;

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

24 (d) "Health care facility" means any public or private
25 hospital, clinic, center, medical school, medical training

1 institution, laboratory or diagnostic facility,
2 physician's office, infirmary, dispensary, ambulatory
3 surgical treatment center or other institution or location
4 wherein health care services are provided to any person,
5 including physician organizations and associations,
6 networks, joint ventures, and all other combinations of
7 those organizations;

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

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

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

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

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

25 Section 675. The Rights of Married Persons Act is amended

1 by changing Section 15 as follows:

2 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

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

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

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

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

24 (4) No creditor shall, with respect to any claim against a
25 spouse or former spouse for which the creditor is prohibited

1 under this subsection (a) from maintaining an action against
2 the other spouse or former spouse, engage in any collection
3 efforts against the other spouse or former spouse, including,
4 but not limited to, informal or formal collection attempts,
5 referral of the claim to a collector or collection agency for
6 collection from the other spouse or former spouse, or making
7 any representation to a credit reporting agency that the other
8 spouse or former spouse is any way liable for payment of the
9 claim.

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

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

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

1 Section 9995. No acceleration or delay. Where this Act
2 makes changes in a statute that is represented in this Act by
3 text that is not yet or no longer in effect (for example, a
4 Section represented by multiple versions), the use of that
5 text does not accelerate or delay the taking effect of (i) the
6 changes made by this Act or (ii) provisions derived from any
7 other Public Act.

8 Section 9999. Effective date. This Act takes effect upon
9 becoming law.

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