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Filed: 3/19/2015

09900HB0421ham001

LRB099 05828 AMC 31691 a

1 AMENDMENT TO HOUSE BILL 421

2 AMENDMENT NO. _____. Amend House Bill 421 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Identification Card Act is amended
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois
9 Identification Card to any natural person who is a resident of
10 the State of Illinois who applies for such card, or renewal
11 thereof, or who applies for a standard Illinois Identification
12 Card upon release as a committed person on parole, mandatory
13 supervised release, aftercare release, final discharge, or
14 pardon from the Department of Corrections or Department of
15 Juvenile Justice by submitting an identification card issued by
16 the Department of Corrections or Department of Juvenile Justice

1 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of
2 Corrections, together with the prescribed fees. No
3 identification card shall be issued to any person who holds a
4 valid foreign state identification card, license, or permit
5 unless the person first surrenders to the Secretary of State
6 the valid foreign state identification card, license, or
7 permit. The card shall be prepared and supplied by the
8 Secretary of State and shall include a photograph and signature
9 or mark of the applicant. However, the Secretary of State may
10 provide by rule for the issuance of Illinois Identification
11 Cards without photographs if the applicant has a bona fide
12 religious objection to being photographed or to the display of
13 his or her photograph. The Illinois Identification Card may be
14 used for identification purposes in any lawful situation only
15 by the person to whom it was issued. As used in this Act,
16 "photograph" means any color photograph or digitally produced
17 and captured image of an applicant for an identification card.
18 As used in this Act, "signature" means the name of a person as
19 written by that person and captured in a manner acceptable to
20 the Secretary of State.

21 (a-5) If an applicant for an identification card has a
22 current driver's license or instruction permit issued by the
23 Secretary of State, the Secretary may require the applicant to
24 utilize the same residence address and name on the
25 identification card, driver's license, and instruction permit
26 records maintained by the Secretary. The Secretary may

1 promulgate rules to implement this provision.

2 (a-10) If the applicant is a judicial officer as defined in
3 Section 1-10 of the Judicial Privacy Act or a peace officer,
4 the applicant may elect to have his or her office or work
5 address listed on the card instead of the applicant's residence
6 or mailing address. The Secretary may promulgate rules to
7 implement this provision. For the purposes of this subsection
8 (a-10), "peace officer" means any person who by virtue of his
9 or her office or public employment is vested by law with a duty
10 to maintain public order or to make arrests for a violation of
11 any penal statute of this State, whether that duty extends to
12 all violations or is limited to specific violations.

13 (b) The Secretary of State shall issue a special Illinois
14 Identification Card, which shall be known as an Illinois Person
15 with a Disability Identification Card, to any natural person
16 who is a resident of the State of Illinois, who is a person
17 with a disability as defined in Section 4A of this Act, who
18 applies for such card, or renewal thereof. No Illinois Person
19 with a Disability Identification Card shall be issued to any
20 person who holds a valid foreign state identification card,
21 license, or permit unless the person first surrenders to the
22 Secretary of State the valid foreign state identification card,
23 license, or permit. The Secretary of State shall charge no fee
24 to issue such card. The card shall be prepared and supplied by
25 the Secretary of State, and shall include a photograph and
26 signature or mark of the applicant, a designation indicating

1 that the card is an Illinois Person with a Disability
2 Identification Card, and shall include a comprehensible
3 designation of the type and classification of the applicant's
4 disability as set out in Section 4A of this Act. However, the
5 Secretary of State may provide by rule for the issuance of
6 Illinois Person with a Disability Identification Cards without
7 photographs if the applicant has a bona fide religious
8 objection to being photographed or to the display of his or her
9 photograph. If the applicant so requests, the card shall
10 include a description of the applicant's disability and any
11 information about the applicant's disability or medical
12 history which the Secretary determines would be helpful to the
13 applicant in securing emergency medical care. If a mark is used
14 in lieu of a signature, such mark shall be affixed to the card
15 in the presence of two witnesses who attest to the authenticity
16 of the mark. The Illinois Person with a Disability
17 Identification Card may be used for identification purposes in
18 any lawful situation by the person to whom it was issued.

19 The Illinois Person with a Disability Identification Card
20 may be used as adequate documentation of disability in lieu of
21 a physician's determination of disability, a determination of
22 disability from a physician assistant ~~who has been delegated~~
23 ~~the authority to make this determination by his or her~~
24 ~~supervising physician~~, a determination of disability from an
25 advanced practice nurse ~~who has a written collaborative~~
26 ~~agreement with a collaborating physician that authorizes the~~

1 ~~advanced practice nurse to make this determination,~~ or any
2 other documentation of disability whenever any State law
3 requires that a disabled person provide such documentation of
4 disability, however an Illinois Person with a Disability
5 Identification Card shall not qualify the cardholder to
6 participate in any program or to receive any benefit which is
7 not available to all persons with like disabilities.
8 Notwithstanding any other provisions of law, an Illinois Person
9 with a Disability Identification Card, or evidence that the
10 Secretary of State has issued an Illinois Person with a
11 Disability Identification Card, shall not be used by any person
12 other than the person named on such card to prove that the
13 person named on such card is a disabled person or for any other
14 purpose unless the card is used for the benefit of the person
15 named on such card, and the person named on such card consents
16 to such use at the time the card is so used.

17 An optometrist's determination of a visual disability
18 under Section 4A of this Act is acceptable as documentation for
19 the purpose of issuing an Illinois Person with a Disability
20 Identification Card.

21 When medical information is contained on an Illinois Person
22 with a Disability Identification Card, the Office of the
23 Secretary of State shall not be liable for any actions taken
24 based upon that medical information.

25 (c) The Secretary of State shall provide that each original
26 or renewal Illinois Identification Card or Illinois Person with

1 a Disability Identification Card issued to a person under the
2 age of 21 shall be of a distinct nature from those Illinois
3 Identification Cards or Illinois Person with a Disability
4 Identification Cards issued to individuals 21 years of age or
5 older. The color designated for Illinois Identification Cards
6 or Illinois Person with a Disability Identification Cards for
7 persons under the age of 21 shall be at the discretion of the
8 Secretary of State.

9 (c-1) Each original or renewal Illinois Identification
10 Card or Illinois Person with a Disability Identification Card
11 issued to a person under the age of 21 shall display the date
12 upon which the person becomes 18 years of age and the date upon
13 which the person becomes 21 years of age.

14 (c-3) The General Assembly recognizes the need to identify
15 military veterans living in this State for the purpose of
16 ensuring that they receive all of the services and benefits to
17 which they are legally entitled, including healthcare,
18 education assistance, and job placement. To assist the State in
19 identifying these veterans and delivering these vital services
20 and benefits, the Secretary of State is authorized to issue
21 Illinois Identification Cards and Illinois Person with a
22 Disability Identification Cards with the word "veteran"
23 appearing on the face of the cards. This authorization is
24 predicated on the unique status of veterans. The Secretary may
25 not issue any other identification card which identifies an
26 occupation, status, affiliation, hobby, or other unique

1 characteristics of the identification card holder which is
2 unrelated to the purpose of the identification card.

3 (c-5) Beginning on or before July 1, 2015, the Secretary of
4 State shall designate a space on each original or renewal
5 identification card where, at the request of the applicant, the
6 word "veteran" shall be placed. The veteran designation shall
7 be available to a person identified as a veteran under
8 subsection (b) of Section 5 of this Act who was discharged or
9 separated under honorable conditions.

10 (d) The Secretary of State may issue a Senior Citizen
11 discount card, to any natural person who is a resident of the
12 State of Illinois who is 60 years of age or older and who
13 applies for such a card or renewal thereof. The Secretary of
14 State shall charge no fee to issue such card. The card shall be
15 issued in every county and applications shall be made available
16 at, but not limited to, nutrition sites, senior citizen centers
17 and Area Agencies on Aging. The applicant, upon receipt of such
18 card and prior to its use for any purpose, shall have affixed
19 thereon in the space provided therefor his signature or mark.

20 (e) The Secretary of State, in his or her discretion, may
21 designate on each Illinois Identification Card or Illinois
22 Person with a Disability Identification Card a space where the
23 card holder may place a sticker or decal, issued by the
24 Secretary of State, of uniform size as the Secretary may
25 specify, that shall indicate in appropriate language that the
26 card holder has renewed his or her Illinois Identification Card

1 or Illinois Person with a Disability Identification Card.
2 (Source: P.A. 97-371, eff. 1-1-12; 97-739, eff. 1-1-13; 97-847,
3 eff. 1-1-13; 97-1064, eff. 1-1-13; 98-323, eff. 1-1-14; 98-463,
4 eff. 8-16-13; 98-558, eff. 1-1-14; 98-756, eff. 7-16-14.)

5 Section 10. The Alcoholism and Other Drug Abuse and
6 Dependency Act is amended by changing Section 5-23 as follows:

7 (20 ILCS 301/5-23)

8 Sec. 5-23. Drug Overdose Prevention Program.

9 (a) Reports of drug overdose.

10 (1) The Director of the Division of Alcoholism and
11 Substance Abuse may publish annually a report on drug
12 overdose trends statewide that reviews State death rates
13 from available data to ascertain changes in the causes or
14 rates of fatal and nonfatal drug overdose for the preceding
15 period of not less than 5 years. The report shall also
16 provide information on interventions that would be
17 effective in reducing the rate of fatal or nonfatal drug
18 overdose.

19 (2) The report may include:

20 (A) Trends in drug overdose death rates.

21 (B) Trends in emergency room utilization related
22 to drug overdose and the cost impact of emergency room
23 utilization.

24 (C) Trends in utilization of pre-hospital and

1 emergency services and the cost impact of emergency
2 services utilization.

3 (D) Suggested improvements in data collection.

4 (E) A description of other interventions effective
5 in reducing the rate of fatal or nonfatal drug
6 overdose.

7 (b) Programs; drug overdose prevention.

8 (1) The Director may establish a program to provide for
9 the production and publication, in electronic and other
10 formats, of drug overdose prevention, recognition, and
11 response literature. The Director may develop and
12 disseminate curricula for use by professionals,
13 organizations, individuals, or committees interested in
14 the prevention of fatal and nonfatal drug overdose,
15 including, but not limited to, drug users, jail and prison
16 personnel, jail and prison inmates, drug treatment
17 professionals, emergency medical personnel, hospital
18 staff, families and associates of drug users, peace
19 officers, firefighters, public safety officers, needle
20 exchange program staff, and other persons. In addition to
21 information regarding drug overdose prevention,
22 recognition, and response, literature produced by the
23 Department shall stress that drug use remains illegal and
24 highly dangerous and that complete abstinence from illegal
25 drug use is the healthiest choice. The literature shall
26 provide information and resources for substance abuse

1 treatment.

2 The Director may establish or authorize programs for
3 prescribing, dispensing, or distributing naloxone
4 hydrochloride or any other similarly acting and equally
5 safe drug approved by the U.S. Food and Drug Administration
6 for the treatment of drug overdose. Such programs may
7 include the prescribing of naloxone hydrochloride or any
8 other similarly acting and equally safe drug approved by
9 the U.S. Food and Drug Administration for the treatment of
10 drug overdose to and education about administration by
11 individuals who are not personally at risk of opioid
12 overdose.

13 (2) The Director may provide advice to State and local
14 officials on the growing drug overdose crisis, including
15 the prevalence of drug overdose incidents, trends in drug
16 overdose incidents, and solutions to the drug overdose
17 crisis.

18 (c) Grants.

19 (1) The Director may award grants, in accordance with
20 this subsection, to create or support local drug overdose
21 prevention, recognition, and response projects. Local
22 health departments, correctional institutions, hospitals,
23 universities, community-based organizations, and
24 faith-based organizations may apply to the Department for a
25 grant under this subsection at the time and in the manner
26 the Director prescribes.

1 (2) In awarding grants, the Director shall consider the
2 necessity for overdose prevention projects in various
3 settings and shall encourage all grant applicants to
4 develop interventions that will be effective and viable in
5 their local areas.

6 (3) The Director shall give preference for grants to
7 proposals that, in addition to providing life-saving
8 interventions and responses, provide information to drug
9 users on how to access drug treatment or other strategies
10 for abstaining from illegal drugs. The Director shall give
11 preference to proposals that include one or more of the
12 following elements:

13 (A) Policies and projects to encourage persons,
14 including drug users, to call 911 when they witness a
15 potentially fatal drug overdose.

16 (B) Drug overdose prevention, recognition, and
17 response education projects in drug treatment centers,
18 outreach programs, and other organizations that work
19 with, or have access to, drug users and their families
20 and communities.

21 (C) Drug overdose recognition and response
22 training, including rescue breathing, in drug
23 treatment centers and for other organizations that
24 work with, or have access to, drug users and their
25 families and communities.

26 (D) The production and distribution of targeted or

1 mass media materials on drug overdose prevention and
2 response.

3 (E) Prescription and distribution of naloxone
4 hydrochloride or any other similarly acting and
5 equally safe drug approved by the U.S. Food and Drug
6 Administration for the treatment of drug overdose.

7 (F) The institution of education and training
8 projects on drug overdose response and treatment for
9 emergency services and law enforcement personnel.

10 (G) A system of parent, family, and survivor
11 education and mutual support groups.

12 (4) In addition to moneys appropriated by the General
13 Assembly, the Director may seek grants from private
14 foundations, the federal government, and other sources to
15 fund the grants under this Section and to fund an
16 evaluation of the programs supported by the grants.

17 (d) Health care professional prescription of drug overdose
18 treatment medication.

19 (1) A health care professional who, acting in good
20 faith, directly or by standing order, prescribes or
21 dispenses an opioid antidote to a patient who, in the
22 judgment of the health care professional, is capable of
23 administering the drug in an emergency, shall not, as a
24 result of his or her acts or omissions, be subject to
25 disciplinary or other adverse action under the Medical
26 Practice Act of 1987, the Physician Assistant Practice Act

1 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,
2 or any other professional licensing statute.

3 (2) A person who is not otherwise licensed to
4 administer an opioid antidote may in an emergency
5 administer without fee an opioid antidote if the person has
6 received the patient information specified in paragraph
7 (4) of this subsection and believes in good faith that
8 another person is experiencing a drug overdose. The person
9 shall not, as a result of his or her acts or omissions, be
10 liable for any violation of the Medical Practice Act of
11 1987, the Physician Assistant Practice Act of 1987, the
12 Nurse Practice Act, the Pharmacy Practice Act, or any other
13 professional licensing statute, or subject to any criminal
14 prosecution arising from or related to the unauthorized
15 practice of medicine or the possession of an opioid
16 antidote.

17 (3) A health care professional prescribing an opioid
18 antidote to a patient shall ensure that the patient
19 receives the patient information specified in paragraph
20 (4) of this subsection. Patient information may be provided
21 by the health care professional or a community-based
22 organization, substance abuse program, or other
23 organization with which the health care professional
24 establishes a written agreement that includes a
25 description of how the organization will provide patient
26 information, how employees or volunteers providing

1 information will be trained, and standards for documenting
2 the provision of patient information to patients.
3 Provision of patient information shall be documented in the
4 patient's medical record or through similar means as
5 determined by agreement between the health care
6 professional and the organization. The Director of the
7 Division of Alcoholism and Substance Abuse, in
8 consultation with statewide organizations representing
9 physicians, advanced practice nurses, physician
10 assistants, substance abuse programs, and other interested
11 groups, shall develop and disseminate to health care
12 professionals, community-based organizations, substance
13 abuse programs, and other organizations training materials
14 in video, electronic, or other formats to facilitate the
15 provision of such patient information.

16 (4) For the purposes of this subsection:

17 "Opioid antidote" means naloxone hydrochloride or any
18 other similarly acting and equally safe drug approved by
19 the U.S. Food and Drug Administration for the treatment of
20 drug overdose.

21 "Health care professional" means a physician licensed
22 to practice medicine in all its branches, a licensed
23 physician assistant ~~who has been delegated the~~
24 ~~prescription or dispensation of an opioid antidote by his~~
25 ~~or her supervising physician, a licensed an~~ advanced
26 practice ~~registered~~ nurse ~~who has a written collaborative~~

1 ~~agreement with a collaborating physician that authorizes~~
2 ~~the prescription or dispensation of an opioid antidote, or~~
3 an advanced practice nurse who practices in a hospital or
4 ambulatory surgical treatment center and possesses
5 appropriate clinical privileges in accordance with the
6 Nurse Practice Act.

7 "Patient" includes a person who is not at risk of
8 opioid overdose but who, in the judgment of the physician,
9 may be in a position to assist another individual during an
10 overdose and who has received patient information as
11 required in paragraph (2) of this subsection on the
12 indications for and administration of an opioid antidote.

13 "Patient information" includes information provided to
14 the patient on drug overdose prevention and recognition;
15 how to perform rescue breathing and resuscitation; opioid
16 antidote dosage and administration; the importance of
17 calling 911; care for the overdose victim after
18 administration of the overdose antidote; and other issues
19 as necessary.

20 (Source: P.A. 96-361, eff. 1-1-10.)

21 Section 15. The School Code is amended by changing Sections
22 22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

23 (105 ILCS 5/22-30)

24 Sec. 22-30. Self-administration and self-carry of asthma

1 medication and epinephrine auto-injectors; administration of
2 undesignated epinephrine auto-injectors.

3 (a) For the purpose of this Section only, the following
4 terms shall have the meanings set forth below:

5 "Asthma inhaler" means a quick reliever asthma inhaler.

6 "Epinephrine auto-injector" means a single-use device used
7 for the automatic injection of a pre-measured dose of
8 epinephrine into the human body.

9 "Asthma medication" means a medicine, prescribed by (i) a
10 physician licensed to practice medicine in all its branches,
11 (ii) a licensed physician assistant ~~who has been delegated the~~
12 ~~authority to prescribe asthma medications by his or her~~
13 ~~supervising physician, or (iii) a licensed an advanced practice~~
14 ~~nurse who has a written collaborative agreement with a~~
15 ~~collaborating physician that delegates the authority to~~
16 ~~prescribe asthma medications,~~ for a pupil that pertains to the
17 pupil's asthma and that has an individual prescription label.

18 "School nurse" means a registered nurse working in a school
19 with or without licensure endorsed in school nursing.

20 "Self-administration" means a pupil's discretionary use of
21 his or her prescribed asthma medication or epinephrine
22 auto-injector.

23 "Self-carry" means a pupil's ability to carry his or her
24 prescribed asthma medication or epinephrine auto-injector.

25 "Standing protocol" may be issued by (i) a physician
26 licensed to practice medicine in all its branches, (ii) a

1 licensed physician assistant ~~who has been delegated the~~
2 ~~authority to prescribe asthma medications or epinephrine~~
3 ~~auto-injectors by his or her supervising physician,~~ or (iii) a
4 licensed ~~an~~ advanced practice nurse ~~who has a collaborative~~
5 ~~agreement with a collaborating physician that delegates~~
6 ~~authority to issue a standing protocol for asthma medications~~
7 ~~or epinephrine auto-injectors.~~

8 "Trained personnel" means any school employee or volunteer
9 personnel authorized in Sections 10-22.34, 10-22.34a, and
10 10-22.34b of this Code who has completed training under
11 subsection (g) of this Section to recognize and respond to
12 anaphylaxis.

13 "Undesignated epinephrine auto-injector" means an
14 epinephrine auto-injector prescribed in the name of a school
15 district, public school, or nonpublic school.

16 (b) A school, whether public or nonpublic, must permit the
17 self-administration and self-carry of asthma medication by a
18 pupil with asthma or the self-administration and self-carry of
19 an epinephrine auto-injector by a pupil, provided that:

20 (1) the parents or guardians of the pupil provide to
21 the school (i) written authorization from the parents or
22 guardians for (A) the self-administration and self-carry
23 of asthma medication or (B) the self-carry of asthma
24 medication or (ii) for (A) the self-administration and
25 self-carry of an epinephrine auto-injector or (B) the
26 self-carry of an epinephrine auto-injector, written

1 authorization from the pupil's physician, physician
2 assistant, or advanced practice nurse; and

3 (2) the parents or guardians of the pupil provide to
4 the school (i) the prescription label, which must contain
5 the name of the asthma medication, the prescribed dosage,
6 and the time at which or circumstances under which the
7 asthma medication is to be administered, or (ii) for the
8 self-administration or self-carry of an epinephrine
9 auto-injector, a written statement from the pupil's
10 physician, physician assistant, or advanced practice nurse
11 containing the following information:

12 (A) the name and purpose of the epinephrine
13 auto-injector;

14 (B) the prescribed dosage; and

15 (C) the time or times at which or the special
16 circumstances under which the epinephrine
17 auto-injector is to be administered.

18 The information provided shall be kept on file in the office of
19 the school nurse or, in the absence of a school nurse, the
20 school's administrator.

21 (b-5) A school district, public school, or nonpublic school
22 may authorize the provision of a student-specific or
23 undesignated epinephrine auto-injector to a student or any
24 personnel authorized under a student's Individual Health Care
25 Action Plan, Illinois Food Allergy Emergency Action Plan and
26 Treatment Authorization Form, or plan pursuant to Section 504

1 of the federal Rehabilitation Act of 1973 to administer an
2 epinephrine auto-injector to the student, that meets the
3 student's prescription on file.

4 (b-10) The school district, public school, or nonpublic
5 school may authorize a school nurse or trained personnel to do
6 the following: (i) provide an undesignated epinephrine
7 auto-injector to a student for self-administration only or any
8 personnel authorized under a student's Individual Health Care
9 Action Plan, Illinois Food Allergy Emergency Action Plan and
10 Treatment Authorization Form, or plan pursuant to Section 504
11 of the federal Rehabilitation Act of 1973 to administer to the
12 student, that meets the student's prescription on file; (ii)
13 administer an undesignated epinephrine auto-injector that
14 meets the prescription on file to any student who has an
15 Individual Health Care Action Plan, Illinois Food Allergy
16 Emergency Action Plan and Treatment Authorization Form, or plan
17 pursuant to Section 504 of the federal Rehabilitation Act of
18 1973 that authorizes the use of an epinephrine auto-injector;
19 and (iii) administer an undesignated epinephrine auto-injector
20 to any person that the school nurse or trained personnel in
21 good faith believes is having an anaphylactic reaction.

22 (c) The school district, public school, or nonpublic school
23 must inform the parents or guardians of the pupil, in writing,
24 that the school district, public school, or nonpublic school
25 and its employees and agents, including a physician, physician
26 assistant, or advanced practice nurse providing standing

1 protocol or prescription for school epinephrine
2 auto-injectors, are to incur no liability or professional
3 discipline, except for willful and wanton conduct, as a result
4 of any injury arising from the administration of asthma
5 medication or of an epinephrine auto-injector regardless of
6 whether authorization was given by the pupil's parents or
7 guardians or by the pupil's physician, physician assistant, or
8 advanced practice nurse. The parents or guardians of the pupil
9 must sign a statement acknowledging that the school district,
10 public school, or nonpublic school and its employees and agents
11 are to incur no liability, except for willful and wanton
12 conduct, as a result of any injury arising from the
13 administration of asthma medication or of an epinephrine
14 auto-injector regardless of whether authorization was given by
15 the pupil's parents or guardians or by the pupil's physician,
16 physician assistant, or advanced practice nurse and that the
17 parents or guardians must indemnify and hold harmless the
18 school district, public school, or nonpublic school and its
19 employees and agents against any claims, except a claim based
20 on willful and wanton conduct, arising out of the
21 administration of asthma medication or of an epinephrine
22 auto-injector regardless of whether authorization was given by
23 the pupil's parents or guardians or by the pupil's physician,
24 physician assistant, or advanced practice nurse.

25 (c-5) Upon the effective date of this amendatory Act of the
26 98th General Assembly, when a school nurse or trained personnel

1 administers an undesignated epinephrine auto-injector to a
2 person whom the school nurse or trained personnel in good faith
3 believes is having an anaphylactic reaction, notwithstanding
4 the lack of notice to the parents or guardians of the pupil or
5 the absence of the parents or guardians signed statement
6 acknowledging no liability, except for willful and wanton
7 conduct, the school district, public school, or nonpublic
8 school and its employees and agents, and a physician, a
9 physician assistant, or an advanced practice nurse providing
10 standing protocol or prescription for undesignated epinephrine
11 auto-injectors, are to incur no liability or professional
12 discipline, except for willful and wanton conduct, as a result
13 of any injury arising from the use of an undesignated
14 epinephrine auto-injector regardless of whether authorization
15 was given by the pupil's parents or guardians or by the pupil's
16 physician, physician assistant, or advanced practice nurse.

17 (d) The permission for self-administration and self-carry
18 of asthma medication or the self-administration and self-carry
19 of an epinephrine auto-injector is effective for the school
20 year for which it is granted and shall be renewed each
21 subsequent school year upon fulfillment of the requirements of
22 this Section.

23 (e) Provided that the requirements of this Section are
24 fulfilled, a pupil with asthma may self-administer and
25 self-carry his or her asthma medication or a pupil may
26 self-administer and self-carry an epinephrine auto-injector

1 (i) while in school, (ii) while at a school-sponsored activity,
2 (iii) while under the supervision of school personnel, or (iv)
3 before or after normal school activities, such as while in
4 before-school or after-school care on school-operated
5 property.

6 (e-5) Provided that the requirements of this Section are
7 fulfilled, a school nurse or trained personnel may administer
8 an undesignated epinephrine auto-injector to any person whom
9 the school nurse or trained personnel in good faith believes to
10 be having an anaphylactic reaction (i) while in school, (ii)
11 while at a school-sponsored activity, (iii) while under the
12 supervision of school personnel, or (iv) before or after normal
13 school activities, such as while in before-school or
14 after-school care on school-operated property. A school nurse
15 or trained personnel may carry undesignated epinephrine
16 auto-injectors on his or her person while in school or at a
17 school-sponsored activity.

18 (f) The school district, public school, or nonpublic school
19 may maintain a supply of undesignated epinephrine
20 auto-injectors in any secure location where an allergic person
21 is most at risk, including, but not limited to, classrooms and
22 lunchrooms. A physician, a physician assistant who has been
23 delegated prescriptive authority for asthma medication or
24 epinephrine auto-injectors in accordance with Section 7.5 of
25 the Physician Assistant Practice Act of 1987, or an advanced
26 practice nurse who has been delegated prescriptive authority

1 for asthma medication or epinephrine auto-injectors in
2 accordance with Section 65-40 of the Nurse Practice Act may
3 prescribe undesignated epinephrine auto-injectors in the name
4 of the school district, public school, or nonpublic school to
5 be maintained for use when necessary. Any supply of epinephrine
6 auto-injectors shall be maintained in accordance with the
7 manufacturer's instructions.

8 (f-5) Upon any administration of an epinephrine
9 auto-injector, a school district, public school, or nonpublic
10 school must immediately activate the EMS system and notify the
11 student's parent, guardian, or emergency contact, if known.

12 (f-10) Within 24 hours of the administration of an
13 undesignated epinephrine auto-injector, a school district,
14 public school, or nonpublic school must notify the physician,
15 physician assistant, or advance practice nurse who provided the
16 standing protocol or prescription for the undesignated
17 epinephrine auto-injector of its use.

18 (g) Prior to the administration of an undesignated
19 epinephrine auto-injector, trained personnel must submit to
20 his or her school's administration proof of completion of a
21 training curriculum to recognize and respond to anaphylaxis
22 that meets the requirements of subsection (h) of this Section.
23 Training must be completed annually. Trained personnel must
24 also submit to his or her school's administration proof of
25 cardiopulmonary resuscitation and automated external
26 defibrillator certification. The school district, public

1 school, or nonpublic school must maintain records related to
2 the training curriculum and trained personnel.

3 (h) A training curriculum to recognize and respond to
4 anaphylaxis, including the administration of an undesignated
5 epinephrine auto-injector, may be conducted online or in
6 person. It must include, but is not limited to:

7 (1) how to recognize symptoms of an allergic reaction;

8 (2) a review of high-risk areas within the school and
9 its related facilities;

10 (3) steps to take to prevent exposure to allergens;

11 (4) how to respond to an emergency involving an
12 allergic reaction;

13 (5) how to administer an epinephrine auto-injector;

14 (6) how to respond to a student with a known allergy as
15 well as a student with a previously unknown allergy;

16 (7) a test demonstrating competency of the knowledge
17 required to recognize anaphylaxis and administer an
18 epinephrine auto-injector; and

19 (8) other criteria as determined in rules adopted
20 pursuant to this Section.

21 In consultation with statewide professional organizations
22 representing physicians licensed to practice medicine in all of
23 its branches, registered nurses, and school nurses, the Board
24 shall make available resource materials consistent with
25 criteria in this subsection (h) for educating trained personnel
26 to recognize and respond to anaphylaxis. The Board may take

1 into consideration the curriculum on this subject developed by
2 other states, as well as any other curricular materials
3 suggested by medical experts and other groups that work on
4 life-threatening allergy issues. The Board is not required to
5 create new resource materials. The Board shall make these
6 resource materials available on its Internet website.

7 (i) Within 3 days after the administration of an
8 undesignated epinephrine auto-injector by a school nurse,
9 trained personnel, or a student at a school or school-sponsored
10 activity, the school must report to the Board in a form and
11 manner prescribed by the Board the following information:

12 (1) age and type of person receiving epinephrine
13 (student, staff, visitor);

14 (2) any previously known diagnosis of a severe allergy;

15 (3) trigger that precipitated allergic episode;

16 (4) location where symptoms developed;

17 (5) number of doses administered;

18 (6) type of person administering epinephrine (school
19 nurse, trained personnel, student); and

20 (7) any other information required by the Board.

21 (j) By October 1, 2015 and every year thereafter, the Board
22 shall submit a report to the General Assembly identifying the
23 frequency and circumstances of epinephrine administration
24 during the preceding academic year. This report shall be
25 published on the Board's Internet website on the date the
26 report is delivered to the General Assembly.

1 (k) The Board may adopt rules necessary to implement this
2 Section.

3 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

4 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

5 Sec. 24-5. Physical fitness and professional growth.

6 (a) In this Section, "employee" means any employee of a
7 school district, a student teacher, an employee of a contractor
8 that provides services to students or in schools, or any other
9 individual subject to the requirements of Section 10-21.9 or
10 34-18.5 of this Code.

11 (b) School boards shall require of new employees evidence
12 of physical fitness to perform duties assigned and freedom from
13 communicable disease. Such evidence shall consist of a physical
14 examination by a physician licensed in Illinois or any other
15 state to practice medicine and surgery in all its branches, a
16 licensed ~~an~~ advanced practice nurse ~~who has a written~~
17 ~~collaborative agreement with a collaborating physician that~~
18 ~~authorizes the advanced practice nurse to perform health~~
19 ~~examinations,~~ or a licensed physician assistant ~~who has been~~
20 ~~delegated the authority to perform health examinations by his~~
21 ~~or her supervising physician~~ not more than 90 days preceding
22 time of presentation to the board, and the cost of such
23 examination shall rest with the employee. A new or existing
24 employee may be subject to additional health examinations,
25 including screening for tuberculosis, as required by rules

1 adopted by the Department of Public Health or by order of a
2 local public health official. The board may from time to time
3 require an examination of any employee by a physician licensed
4 in Illinois to practice medicine and surgery in all its
5 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~
6 ~~written collaborative agreement with a collaborating physician~~
7 ~~that authorizes the advanced practice nurse to perform health~~
8 ~~examinations,~~ or a licensed physician assistant ~~who has been~~
9 ~~delegated the authority to perform health examinations by his~~
10 ~~or her supervising physician~~ and shall pay the expenses thereof
11 from school funds.

12 (c) School boards may require teachers in their employ to
13 furnish from time to time evidence of continued professional
14 growth.

15 (Source: P.A. 98-716, eff. 7-16-14.)

16 (105 ILCS 5/24-6)

17 Sec. 24-6. Sick leave. The school boards of all school
18 districts, including special charter districts, but not
19 including school districts in municipalities of 500,000 or
20 more, shall grant their full-time teachers, and also shall
21 grant such of their other employees as are eligible to
22 participate in the Illinois Municipal Retirement Fund under the
23 "600-Hour Standard" established, or under such other
24 eligibility participation standard as may from time to time be
25 established, by rules and regulations now or hereafter

1 promulgated by the Board of that Fund under Section 7-198 of
2 the Illinois Pension Code, as now or hereafter amended, sick
3 leave provisions not less in amount than 10 days at full pay in
4 each school year. If any such teacher or employee does not use
5 the full amount of annual leave thus allowed, the unused amount
6 shall be allowed to accumulate to a minimum available leave of
7 180 days at full pay, including the leave of the current year.
8 Sick leave shall be interpreted to mean personal illness,
9 quarantine at home, serious illness or death in the immediate
10 family or household, or birth, adoption, or placement for
11 adoption. The school board may require a certificate from a
12 physician licensed in Illinois to practice medicine and surgery
13 in all its branches, a chiropractic physician licensed under
14 the Medical Practice Act of 1987, a licensed ~~an~~ advanced
15 practice nurse ~~who has a written collaborative agreement with a~~
16 ~~collaborating physician that authorizes the advanced practice~~
17 ~~nurse to perform health examinations,~~ a licensed physician
18 assistant ~~who has been delegated the authority to perform~~
19 ~~health examinations by his or her supervising physician,~~ or, if
20 the treatment is by prayer or spiritual means, a spiritual
21 adviser or practitioner of the teacher's or employee's faith as
22 a basis for pay during leave after an absence of 3 days for
23 personal illness or 30 days for birth or as the school board
24 may deem necessary in other cases. If the school board does
25 require a certificate as a basis for pay during leave of less
26 than 3 days for personal illness, the school board shall pay,

1 from school funds, the expenses incurred by the teachers or
2 other employees in obtaining the certificate. For paid leave
3 for adoption or placement for adoption, the school board may
4 require that the teacher or other employee provide evidence
5 that the formal adoption process is underway, and such leave is
6 limited to 30 days unless a longer leave has been negotiated
7 with the exclusive bargaining representative.

8 If, by reason of any change in the boundaries of school
9 districts, or by reason of the creation of a new school
10 district, the employment of a teacher is transferred to a new
11 or different board, the accumulated sick leave of such teacher
12 is not thereby lost, but is transferred to such new or
13 different district.

14 For purposes of this Section, "immediate family" shall
15 include parents, spouse, brothers, sisters, children,
16 grandparents, grandchildren, parents-in-law, brothers-in-law,
17 sisters-in-law, and legal guardians.

18 (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;
19 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

20 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

21 Sec. 26-1. Compulsory school age-Exemptions. Whoever has
22 custody or control of any child (i) between the ages of 7 and
23 17 years (unless the child has already graduated from high
24 school) for school years before the 2014-2015 school year or
25 (ii) between the ages of 6 (on or before September 1) and 17

1 years (unless the child has already graduated from high school)
2 beginning with the 2014-2015 school year shall cause such child
3 to attend some public school in the district wherein the child
4 resides the entire time it is in session during the regular
5 school term, except as provided in Section 10-19.1, and during
6 a required summer school program established under Section
7 10-22.33B; provided, that the following children shall not be
8 required to attend the public schools:

9 1. Any child attending a private or a parochial school
10 where children are taught the branches of education taught
11 to children of corresponding age and grade in the public
12 schools, and where the instruction of the child in the
13 branches of education is in the English language;

14 2. Any child who is physically or mentally unable to
15 attend school, such disability being certified to the
16 county or district truant officer by a competent physician
17 licensed in Illinois to practice medicine and surgery in
18 all its branches, a chiropractic physician licensed under
19 the Medical Practice Act of 1987, a licensed ~~an~~ advanced
20 practice nurse ~~who has a written collaborative agreement~~
21 ~~with a collaborating physician that authorizes the~~
22 ~~advanced practice nurse to perform health examinations, a~~
23 licensed physician assistant ~~who has been delegated the~~
24 ~~authority to perform health examinations by his or her~~
25 ~~supervising physician,~~ or a Christian Science practitioner
26 residing in this State and listed in the Christian Science

1 Journal; or who is excused for temporary absence for cause
2 by the principal or teacher of the school which the child
3 attends; the exemptions in this paragraph (2) do not apply
4 to any female who is pregnant or the mother of one or more
5 children, except where a female is unable to attend school
6 due to a complication arising from her pregnancy and the
7 existence of such complication is certified to the county
8 or district truant officer by a competent physician;

9 3. Any child necessarily and lawfully employed
10 according to the provisions of the law regulating child
11 labor may be excused from attendance at school by the
12 county superintendent of schools or the superintendent of
13 the public school which the child should be attending, on
14 certification of the facts by and the recommendation of the
15 school board of the public school district in which the
16 child resides. In districts having part time continuation
17 schools, children so excused shall attend such schools at
18 least 8 hours each week;

19 4. Any child over 12 and under 14 years of age while in
20 attendance at confirmation classes;

21 5. Any child absent from a public school on a
22 particular day or days or at a particular time of day for
23 the reason that he is unable to attend classes or to
24 participate in any examination, study or work requirements
25 on a particular day or days or at a particular time of day,
26 because the tenets of his religion forbid secular activity

1 on a particular day or days or at a particular time of day.
2 Each school board shall prescribe rules and regulations
3 relative to absences for religious holidays including, but
4 not limited to, a list of religious holidays on which it
5 shall be mandatory to excuse a child; but nothing in this
6 paragraph 5 shall be construed to limit the right of any
7 school board, at its discretion, to excuse an absence on
8 any other day by reason of the observance of a religious
9 holiday. A school board may require the parent or guardian
10 of a child who is to be excused from attending school due
11 to the observance of a religious holiday to give notice,
12 not exceeding 5 days, of the child's absence to the school
13 principal or other school personnel. Any child excused from
14 attending school under this paragraph 5 shall not be
15 required to submit a written excuse for such absence after
16 returning to school; and

17 6. Any child 16 years of age or older who (i) submits
18 to a school district evidence of necessary and lawful
19 employment pursuant to paragraph 3 of this Section and (ii)
20 is enrolled in a graduation incentives program pursuant to
21 Section 26-16 of this Code or an alternative learning
22 opportunities program established pursuant to Article 13B
23 of this Code.

24 (Source: P.A. 98-544, eff. 7-1-14.)

25 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

1 Sec. 27-8.1. Health examinations and immunizations.

2 (1) In compliance with rules and regulations which the
3 Department of Public Health shall promulgate, and except as
4 hereinafter provided, all children in Illinois shall have a
5 health examination as follows: within one year prior to
6 entering kindergarten or the first grade of any public,
7 private, or parochial elementary school; upon entering the
8 sixth and ninth grades of any public, private, or parochial
9 school; prior to entrance into any public, private, or
10 parochial nursery school; and, irrespective of grade,
11 immediately prior to or upon entrance into any public, private,
12 or parochial school or nursery school, each child shall present
13 proof of having been examined in accordance with this Section
14 and the rules and regulations promulgated hereunder. Any child
15 who received a health examination within one year prior to
16 entering the fifth grade for the 2007-2008 school year is not
17 required to receive an additional health examination in order
18 to comply with the provisions of Public Act 95-422 when he or
19 she attends school for the 2008-2009 school year, unless the
20 child is attending school for the first time as provided in
21 this paragraph.

22 A tuberculosis skin test screening shall be included as a
23 required part of each health examination included under this
24 Section if the child resides in an area designated by the
25 Department of Public Health as having a high incidence of
26 tuberculosis. Additional health examinations of pupils,

1 including eye examinations, may be required when deemed
2 necessary by school authorities. Parents are encouraged to have
3 their children undergo eye examinations at the same points in
4 time required for health examinations.

5 (1.5) In compliance with rules adopted by the Department of
6 Public Health and except as otherwise provided in this Section,
7 all children in kindergarten and the second and sixth grades of
8 any public, private, or parochial school shall have a dental
9 examination. Each of these children shall present proof of
10 having been examined by a dentist in accordance with this
11 Section and rules adopted under this Section before May 15th of
12 the school year. If a child in the second or sixth grade fails
13 to present proof by May 15th, the school may hold the child's
14 report card until one of the following occurs: (i) the child
15 presents proof of a completed dental examination or (ii) the
16 child presents proof that a dental examination will take place
17 within 60 days after May 15th. The Department of Public Health
18 shall establish, by rule, a waiver for children who show an
19 undue burden or a lack of access to a dentist. Each public,
20 private, and parochial school must give notice of this dental
21 examination requirement to the parents and guardians of
22 students at least 60 days before May 15th of each school year.

23 (1.10) Except as otherwise provided in this Section, all
24 children enrolling in kindergarten in a public, private, or
25 parochial school on or after the effective date of this
26 amendatory Act of the 95th General Assembly and any student

1 enrolling for the first time in a public, private, or parochial
2 school on or after the effective date of this amendatory Act of
3 the 95th General Assembly shall have an eye examination. Each
4 of these children shall present proof of having been examined
5 by a physician licensed to practice medicine in all of its
6 branches or a licensed optometrist within the previous year, in
7 accordance with this Section and rules adopted under this
8 Section, before October 15th of the school year. If the child
9 fails to present proof by October 15th, the school may hold the
10 child's report card until one of the following occurs: (i) the
11 child presents proof of a completed eye examination or (ii) the
12 child presents proof that an eye examination will take place
13 within 60 days after October 15th. The Department of Public
14 Health shall establish, by rule, a waiver for children who show
15 an undue burden or a lack of access to a physician licensed to
16 practice medicine in all of its branches who provides eye
17 examinations or to a licensed optometrist. Each public,
18 private, and parochial school must give notice of this eye
19 examination requirement to the parents and guardians of
20 students in compliance with rules of the Department of Public
21 Health. Nothing in this Section shall be construed to allow a
22 school to exclude a child from attending because of a parent's
23 or guardian's failure to obtain an eye examination for the
24 child.

25 (2) The Department of Public Health shall promulgate rules
26 and regulations specifying the examinations and procedures

1 that constitute a health examination, which shall include the
2 collection of data relating to obesity (including at a minimum,
3 date of birth, gender, height, weight, blood pressure, and date
4 of exam), and a dental examination and may recommend by rule
5 that certain additional examinations be performed. The rules
6 and regulations of the Department of Public Health shall
7 specify that a tuberculosis skin test screening shall be
8 included as a required part of each health examination included
9 under this Section if the child resides in an area designated
10 by the Department of Public Health as having a high incidence
11 of tuberculosis. The Department of Public Health shall specify
12 that a diabetes screening as defined by rule shall be included
13 as a required part of each health examination. Diabetes testing
14 is not required.

15 Physicians licensed to practice medicine in all of its
16 branches, licensed advanced practice nurses ~~who have a written~~
17 ~~collaborative agreement with a collaborating physician which~~
18 ~~authorizes them to perform health examinations~~, or licensed
19 physician assistants ~~who have been delegated the performance of~~
20 ~~health examinations by their supervising physician~~ shall be
21 responsible for the performance of the health examinations,
22 other than dental examinations, eye examinations, and vision
23 and hearing screening, and shall sign all report forms required
24 by subsection (4) of this Section that pertain to those
25 portions of the health examination for which the physician,
26 advanced practice nurse, or physician assistant is

1 responsible. If a registered nurse performs any part of a
2 health examination, then a physician licensed to practice
3 medicine in all of its branches must review and sign all
4 required report forms. Licensed dentists shall perform all
5 dental examinations and shall sign all report forms required by
6 subsection (4) of this Section that pertain to the dental
7 examinations. Physicians licensed to practice medicine in all
8 its branches or licensed optometrists shall perform all eye
9 examinations required by this Section and shall sign all report
10 forms required by subsection (4) of this Section that pertain
11 to the eye examination. For purposes of this Section, an eye
12 examination shall at a minimum include history, visual acuity,
13 subjective refraction to best visual acuity near and far,
14 internal and external examination, and a glaucoma evaluation,
15 as well as any other tests or observations that in the
16 professional judgment of the doctor are necessary. Vision and
17 hearing screening tests, which shall not be considered
18 examinations as that term is used in this Section, shall be
19 conducted in accordance with rules and regulations of the
20 Department of Public Health, and by individuals whom the
21 Department of Public Health has certified. In these rules and
22 regulations, the Department of Public Health shall require that
23 individuals conducting vision screening tests give a child's
24 parent or guardian written notification, before the vision
25 screening is conducted, that states, "Vision screening is not a
26 substitute for a complete eye and vision evaluation by an eye

1 doctor. Your child is not required to undergo this vision
2 screening if an optometrist or ophthalmologist has completed
3 and signed a report form indicating that an examination has
4 been administered within the previous 12 months."

5 (3) Every child shall, at or about the same time as he or
6 she receives a health examination required by subsection (1) of
7 this Section, present to the local school proof of having
8 received such immunizations against preventable communicable
9 diseases as the Department of Public Health shall require by
10 rules and regulations promulgated pursuant to this Section and
11 the Communicable Disease Prevention Act.

12 (4) The individuals conducting the health examination,
13 dental examination, or eye examination shall record the fact of
14 having conducted the examination, and such additional
15 information as required, including for a health examination
16 data relating to obesity (including at a minimum, date of
17 birth, gender, height, weight, blood pressure, and date of
18 exam), on uniform forms which the Department of Public Health
19 and the State Board of Education shall prescribe for statewide
20 use. The examiner shall summarize on the report form any
21 condition that he or she suspects indicates a need for special
22 services, including for a health examination factors relating
23 to obesity. The individuals confirming the administration of
24 required immunizations shall record as indicated on the form
25 that the immunizations were administered.

26 (5) If a child does not submit proof of having had either

1 the health examination or the immunization as required, then
2 the child shall be examined or receive the immunization, as the
3 case may be, and present proof by October 15 of the current
4 school year, or by an earlier date of the current school year
5 established by a school district. To establish a date before
6 October 15 of the current school year for the health
7 examination or immunization as required, a school district must
8 give notice of the requirements of this Section 60 days prior
9 to the earlier established date. If for medical reasons one or
10 more of the required immunizations must be given after October
11 15 of the current school year, or after an earlier established
12 date of the current school year, then the child shall present,
13 by October 15, or by the earlier established date, a schedule
14 for the administration of the immunizations and a statement of
15 the medical reasons causing the delay, both the schedule and
16 the statement being issued by the physician, advanced practice
17 nurse, physician assistant, registered nurse, or local health
18 department that will be responsible for administration of the
19 remaining required immunizations. If a child does not comply by
20 October 15, or by the earlier established date of the current
21 school year, with the requirements of this subsection, then the
22 local school authority shall exclude that child from school
23 until such time as the child presents proof of having had the
24 health examination as required and presents proof of having
25 received those required immunizations which are medically
26 possible to receive immediately. During a child's exclusion

1 from school for noncompliance with this subsection, the child's
2 parents or legal guardian shall be considered in violation of
3 Section 26-1 and subject to any penalty imposed by Section
4 26-10. This subsection (5) does not apply to dental
5 examinations and eye examinations. If the student is an
6 out-of-state transfer student and does not have the proof
7 required under this subsection (5) before October 15 of the
8 current year or whatever date is set by the school district,
9 then he or she may only attend classes (i) if he or she has
10 proof that an appointment for the required vaccinations has
11 been scheduled with a party authorized to submit proof of the
12 required vaccinations. If the proof of vaccination required
13 under this subsection (5) is not submitted within 30 days after
14 the student is permitted to attend classes, then the student is
15 not to be permitted to attend classes until proof of the
16 vaccinations has been properly submitted. No school district or
17 employee of a school district shall be held liable for any
18 injury or illness to another person that results from admitting
19 an out-of-state transfer student to class that has an
20 appointment scheduled pursuant to this subsection (5).

21 (6) Every school shall report to the State Board of
22 Education by November 15, in the manner which that agency shall
23 require, the number of children who have received the necessary
24 immunizations and the health examination (other than a dental
25 examination or eye examination) as required, indicating, of
26 those who have not received the immunizations and examination

1 as required, the number of children who are exempt from health
2 examination and immunization requirements on religious or
3 medical grounds as provided in subsection (8). On or before
4 December 1 of each year, every public school district and
5 registered nonpublic school shall make publicly available the
6 immunization data they are required to submit to the State
7 Board of Education by November 15. The immunization data made
8 publicly available must be identical to the data the school
9 district or school has reported to the State Board of
10 Education.

11 Every school shall report to the State Board of Education
12 by June 30, in the manner that the State Board requires, the
13 number of children who have received the required dental
14 examination, indicating, of those who have not received the
15 required dental examination, the number of children who are
16 exempt from the dental examination on religious grounds as
17 provided in subsection (8) of this Section and the number of
18 children who have received a waiver under subsection (1.5) of
19 this Section.

20 Every school shall report to the State Board of Education
21 by June 30, in the manner that the State Board requires, the
22 number of children who have received the required eye
23 examination, indicating, of those who have not received the
24 required eye examination, the number of children who are exempt
25 from the eye examination as provided in subsection (8) of this
26 Section, the number of children who have received a waiver

1 under subsection (1.10) of this Section, and the total number
2 of children in noncompliance with the eye examination
3 requirement.

4 The reported information under this subsection (6) shall be
5 provided to the Department of Public Health by the State Board
6 of Education.

7 (7) Upon determining that the number of pupils who are
8 required to be in compliance with subsection (5) of this
9 Section is below 90% of the number of pupils enrolled in the
10 school district, 10% of each State aid payment made pursuant to
11 Section 18-8.05 to the school district for such year may be
12 withheld by the State Board of Education until the number of
13 students in compliance with subsection (5) is the applicable
14 specified percentage or higher.

15 (8) Parents or legal guardians who object to health,
16 dental, or eye examinations or any part thereof, or to
17 immunizations, on religious grounds shall not be required to
18 submit their children or wards to the examinations or
19 immunizations to which they so object if such parents or legal
20 guardians present to the appropriate local school authority a
21 signed statement of objection, detailing the grounds for the
22 objection. If the physical condition of the child is such that
23 any one or more of the immunizing agents should not be
24 administered, the examining physician, advanced practice
25 nurse, or physician assistant responsible for the performance
26 of the health examination shall endorse that fact upon the

1 health examination form. Exempting a child from the health,
2 dental, or eye examination does not exempt the child from
3 participation in the program of physical education training
4 provided in Sections 27-5 through 27-7 of this Code.

5 (9) For the purposes of this Section, "nursery schools"
6 means those nursery schools operated by elementary school
7 systems or secondary level school units or institutions of
8 higher learning.

9 (Source: P.A. 97-216, eff. 1-1-12; 97-910, eff. 1-1-13; 98-673,
10 eff. 6-30-14.)

11 Section 20. The Illinois Clinical Laboratory and Blood Bank
12 Act is amended by changing Section 7-101 as follows:

13 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

14 Sec. 7-101. Examination of specimens. A clinical
15 laboratory shall examine specimens only at the request of (i) a
16 licensed physician, (ii) a licensed dentist, (iii) a licensed
17 podiatric physician, (iv) a licensed optometrist, (v) a
18 licensed physician assistant ~~in accordance with the written~~
19 ~~supervision agreement required under Section 7.5 of the~~
20 ~~Physician Assistant Practice Act of 1987 or when authorized~~
21 ~~under Section 7.7 of the Physician Assistant Practice Act of~~
22 ~~1987, (v-A) a licensed an advanced practice nurse ~~in accordance~~~~
23 ~~with the written collaborative agreement required under~~
24 ~~Section 65-35 of the Nurse Practice Act or when authorized~~

1 ~~under Section 65-45 of the Nurse Practice Act,~~ (vi) an
2 authorized law enforcement agency or, in the case of blood
3 alcohol, at the request of the individual for whom the test is
4 to be performed in compliance with Sections 11-501 and 11-501.1
5 of the Illinois Vehicle Code, or (vii) a genetic counselor with
6 the specific authority from a referral to order a test or tests
7 pursuant to subsection (b) of Section 20 of the Genetic
8 Counselor Licensing Act. If the request to a laboratory is
9 oral, the physician or other authorized person shall submit a
10 written request to the laboratory within 48 hours. If the
11 laboratory does not receive the written request within that
12 period, it shall note that fact in its records. For purposes of
13 this Section, a request made by electronic mail or fax
14 constitutes a written request.

15 (Source: P.A. 97-333, eff. 8-12-11; 98-185, eff. 1-1-14;
16 98-214, eff. 8-9-13; 98-756, eff. 7-16-14; 98-767, eff.
17 1-1-15.)

18 Section 25. The Home Health, Home Services, and Home
19 Nursing Agency Licensing Act is amended by changing Section
20 2.05 as follows:

21 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

22 Sec. 2.05. "Home health services" means services provided
23 to a person at his residence according to a plan of treatment
24 for illness or infirmity prescribed by a physician licensed to

1 practice medicine in all its branches, a licensed physician
2 assistant ~~who has been delegated the authority to prescribe~~
3 ~~home health services by his or her supervising physician, or a~~
4 licensed ~~an~~ advanced practice nurse ~~who has a written~~
5 ~~collaborative agreement with a collaborating physician that~~
6 ~~delegates the authority to prescribe home health services.~~ Such
7 services include part time and intermittent nursing services
8 and other therapeutic services such as physical therapy,
9 occupational therapy, speech therapy, medical social services,
10 or services provided by a home health aide.

11 (Source: P.A. 98-261, eff. 8-9-13.)

12 Section 30. The Illinois Insurance Code is amended by
13 changing Sections 356g.5 and 356z.1 as follows:

14 (215 ILCS 5/356g.5)

15 Sec. 356g.5. Clinical breast exam.

16 (a) The General Assembly finds that clinical breast
17 examinations are a critical tool in the early detection of
18 breast cancer, while the disease is in its earlier and
19 potentially more treatable stages. Insurer reimbursement of
20 clinical breast examinations is essential to the effort to
21 reduce breast cancer deaths in Illinois.

22 (b) Every insurer shall provide, in each group or
23 individual policy, contract, or certificate of accident or
24 health insurance issued or renewed for persons who are

1 residents of Illinois, coverage for complete and thorough
2 clinical breast examinations as indicated by guidelines of
3 practice, performed by a physician licensed to practice
4 medicine in all its branches, a licensed ~~an~~ advanced practice
5 nurse ~~who has a collaborative agreement with a collaborating~~
6 ~~physician that authorizes breast examinations,~~ or a licensed
7 physician assistant ~~who has been delegated authority to provide~~
8 ~~breast examinations,~~ to check for lumps and other changes for
9 the purpose of early detection and prevention of breast cancer
10 as follows:

11 (1) at least every 3 years for women at least 20 years
12 of age but less than 40 years of age; and

13 (2) annually for women 40 years of age or older.

14 (c) Upon approval of a nationally recognized separate and
15 distinct clinical breast exam code that is compliant with all
16 State and federal laws, rules, and regulations, public and
17 private insurance plans shall take action to cover clinical
18 breast exams on a separate and distinct basis.

19 (Source: P.A. 95-189, eff. 8-16-07.)

20 (215 ILCS 5/356z.1)

21 Sec. 356z.1. Prenatal HIV testing. An individual or group
22 policy of accident and health insurance that provides maternity
23 coverage and is amended, delivered, issued, or renewed after
24 the effective date of this amendatory Act of the 92nd General
25 Assembly must provide coverage for prenatal HIV testing ordered

1 by an attending physician licensed to practice medicine in all
2 its branches, or by a physician assistant or advanced practice
3 registered nurse ~~who has a written collaborative agreement with~~
4 ~~a collaborating physician that authorizes these services,~~
5 including but not limited to orders consistent with the
6 recommendations of the American College of Obstetricians and
7 Gynecologists or the American Academy of Pediatrics.

8 (Source: P.A. 92-130, eff. 7-20-01.)

9 Section 35. The Nurse Practice Act is amended by changing
10 Sections 50-10 and 65-35 as follows:

11 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

12 (Section scheduled to be repealed on January 1, 2018)

13 Sec. 50-10. Definitions. Each of the following terms, when
14 used in this Act, shall have the meaning ascribed to it in this
15 Section, except where the context clearly indicates otherwise:

16 "Academic year" means the customary annual schedule of
17 courses at a college, university, or approved school,
18 customarily regarded as the school year as distinguished from
19 the calendar year.

20 "Advanced practice nurse" or "APN" means a person who has
21 met the qualifications for a (i) certified nurse midwife (CNM);
22 (ii) certified nurse practitioner (CNP); (iii) certified
23 registered nurse anesthetist (CRNA); or (iv) clinical nurse
24 specialist (CNS) and has been licensed by the Department. All

1 advanced practice nurses licensed and practicing in the State
2 of Illinois shall use the title APN and may use specialty
3 credentials after their name.

4 "Approved program of professional nursing education" and
5 "approved program of practical nursing education" are programs
6 of professional or practical nursing, respectively, approved
7 by the Department under the provisions of this Act.

8 "Board" means the Board of Nursing appointed by the
9 Secretary.

10 "Collaboration" means a process involving 2 or more health
11 care professionals working together, each contributing one's
12 respective area of expertise to provide more comprehensive
13 patient care.

14 "Consultation" means the process whereby an advanced
15 practice nurse seeks the advice or opinion of another health
16 care professional.

17 "Credentialed" means the process of assessing and
18 validating the qualifications of a health care professional.

19 "Current nursing practice update course" means a planned
20 nursing education curriculum approved by the Department
21 consisting of activities that have educational objectives,
22 instructional methods, content or subject matter, clinical
23 practice, and evaluation methods, related to basic review and
24 updating content and specifically planned for those nurses
25 previously licensed in the United States or its territories and
26 preparing for reentry into nursing practice.

1 "Dentist" means a person licensed to practice dentistry
2 under the Illinois Dental Practice Act.

3 "Department" means the Department of Financial and
4 Professional Regulation.

5 "Impaired nurse" means a nurse licensed under this Act who
6 is unable to practice with reasonable skill and safety because
7 of a physical or mental disability as evidenced by a written
8 determination or written consent based on clinical evidence,
9 including loss of motor skills, abuse of drugs or alcohol, or a
10 psychiatric disorder, of sufficient degree to diminish his or
11 her ability to deliver competent patient care.

12 "License-pending advanced practice nurse" means a
13 registered professional nurse who has completed all
14 requirements for licensure as an advanced practice nurse except
15 the certification examination and has applied to take the next
16 available certification exam and received a temporary license
17 from the Department.

18 "License-pending registered nurse" means a person who has
19 passed the Department-approved registered nurse licensure exam
20 and has applied for a license from the Department. A
21 license-pending registered nurse shall use the title "RN lic
22 pend" on all documentation related to nursing practice.

23 "Physician" means a person licensed to practice medicine in
24 all its branches under the Medical Practice Act of 1987.

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

1 "Practical nurse" or "licensed practical nurse" means a
2 person who is licensed as a practical nurse under this Act and
3 practices practical nursing as defined in this Act. Only a
4 practical nurse licensed under this Act is entitled to use the
5 title "licensed practical nurse" and the abbreviation
6 "L.P.N.".

7 "Practical nursing" means the performance of nursing acts
8 requiring the basic nursing knowledge, judgment ~~judgement~~, and
9 skill acquired by means of completion of an approved practical
10 nursing education program. Practical nursing includes
11 assisting in the nursing process as delegated by a registered
12 professional nurse or an advanced practice nurse. The practical
13 nurse may work under the direction of a licensed physician,
14 dentist, podiatric physician, or other health care
15 professional determined by the Department.

16 "Privileged" means the authorization granted by the
17 governing body of a healthcare facility, agency, or
18 organization to provide specific patient care services within
19 well-defined limits, based on qualifications reviewed in the
20 credentialing process.

21 "Registered Nurse" or "Registered Professional Nurse"
22 means a person who is licensed as a professional nurse under
23 this Act and practices nursing as defined in this Act. Only a
24 registered nurse licensed under this Act is entitled to use the
25 titles "registered nurse" and "registered professional nurse"
26 and the abbreviation, "R.N.".

1 "Registered professional nursing practice" is a scientific
2 process founded on a professional body of knowledge; it is a
3 learned profession based on the understanding of the human
4 condition across the life span and environment and includes all
5 nursing specialties and means the performance of any nursing
6 act based upon professional knowledge, judgment, and skills
7 acquired by means of completion of an approved professional
8 nursing education program. A registered professional nurse
9 provides holistic nursing care through the nursing process to
10 individuals, groups, families, or communities, that includes
11 but is not limited to: (1) the assessment of healthcare needs,
12 nursing diagnosis, planning, implementation, and nursing
13 evaluation; (2) the promotion, maintenance, and restoration of
14 health; (3) counseling, patient education, health education,
15 and patient advocacy; (4) the administration of medications and
16 treatments as prescribed by a physician licensed to practice
17 medicine in all of its branches, a licensed dentist, a licensed
18 podiatric physician, or a licensed optometrist or as prescribed
19 by a physician assistant in accordance with written guidelines
20 required under the Physician Assistant Practice Act of 1987 or
21 by an advanced practice nurse in accordance with Article 65 of
22 this Act; (5) the coordination and management of the nursing
23 plan of care; (6) the delegation to and supervision of
24 individuals who assist the registered professional nurse
25 implementing the plan of care; and (7) teaching nursing
26 students. The foregoing shall not be deemed to include those

1 acts of medical diagnosis or prescription of therapeutic or
2 corrective measures.

3 "Professional assistance program for nurses" means a
4 professional assistance program that meets criteria
5 established by the Board of Nursing and approved by the
6 Secretary, which provides a non-disciplinary treatment
7 approach for nurses licensed under this Act whose ability to
8 practice is compromised by alcohol or chemical substance
9 addiction.

10 "Secretary" means the Secretary of Financial and
11 Professional Regulation.

12 "Unencumbered license" means a license issued in good
13 standing.

14 "Written collaborative agreement" means a written
15 agreement between an advanced practice nurse and a
16 collaborating physician, dentist, or podiatric physician
17 pursuant to Section 65-35.

18 (Source: P.A. 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

19 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

20 (Section scheduled to be repealed on January 1, 2018)

21 Sec. 65-35. Written collaborative agreements.

22 (a) A written collaborative agreement is required for all
23 advanced practice nurses engaged in clinical practice, except
24 for advanced practice nurses who are authorized to practice in
25 a hospital or ambulatory surgical treatment center.

1 (a-5) If an advanced practice nurse engages in clinical
2 practice outside of a hospital or ambulatory surgical treatment
3 center in which he or she is authorized to practice, the
4 advanced practice nurse must have a written collaborative
5 agreement.

6 (b) A written collaborative agreement shall describe the
7 working relationship of the advanced practice nurse with the
8 collaborating physician or podiatric physician and shall
9 authorize the categories of care, treatment, or procedures to
10 be performed by the advanced practice nurse. A collaborative
11 agreement with a dentist must be in accordance with subsection
12 (c-10) of this Section. Collaboration does not require an
13 employment relationship between the collaborating physician
14 and advanced practice nurse. Collaboration means the
15 relationship under which an advanced practice nurse works with
16 a collaborating physician or podiatric physician in an active
17 clinical practice to deliver health care services in accordance
18 with (i) the advanced practice nurse's training, education, and
19 experience and (ii) collaboration and consultation as
20 documented in a jointly developed written collaborative
21 agreement.

22 The agreement shall promote the exercise of professional
23 judgment by the advanced practice nurse commensurate with his
24 or her education and experience. The services to be provided by
25 the advanced practice nurse shall be services that the
26 collaborating physician or podiatric physician is authorized

1 to and generally provides or may provide in his or her clinical
2 medical or podiatric practice, except as set forth in
3 subsection (b-5) or (c-5) of this Section. The agreement need
4 not describe the exact steps that an advanced practice nurse
5 must take with respect to each specific condition, disease, or
6 symptom but must specify which authorized procedures require
7 the presence of the collaborating physician or podiatric
8 physician as the procedures are being performed. The
9 collaborative relationship under an agreement shall not be
10 construed to require the personal presence of a physician or
11 podiatric physician at the place where services are rendered.
12 Methods of communication shall be available for consultation
13 with the collaborating physician or podiatric physician in
14 person or by telecommunications in accordance with established
15 written guidelines as set forth in the written agreement.

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

24 (c) Collaboration and consultation under all collaboration
25 agreements shall be adequate if a collaborating physician or
26 podiatric physician does each of the following:

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

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

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

1 conditions.

2 The agreement must contain provisions detailing notice for
3 termination or change of status involving a written
4 collaborative agreement, except when such notice is given for
5 just cause.

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

23 (c-10) A certified registered nurse anesthetist who
24 provides anesthesia services in a dental office shall enter
25 into a written collaborative agreement with an
26 anesthesiologist or the physician licensed to practice

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

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

25 (e) Nothing in this Act shall be construed to limit the
26 delegation of tasks or duties by a physician to a licensed

1 practical nurse, a registered professional nurse, or other
2 persons in accordance with Section 54.2 of the Medical Practice
3 Act of 1987. Nothing in this Act shall be construed to limit
4 the method of delegation that may be authorized by any means,
5 including, but not limited to, oral, written, electronic,
6 standing orders, protocols, guidelines, or verbal orders.

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

12 (g) For the purposes of this Act, "generally provides or
13 may provide in his or her clinical medical practice" means
14 categories of care or treatment, not specific tasks or duties,
15 the physician provides individually or through delegation to
16 other persons so that the physician has the experience and
17 ability to provide collaboration and consultation. This
18 definition shall not be construed to prohibit an advanced
19 practice nurse from providing primary health treatment or care
20 within the scope of his or her training and experience,
21 including, but not limited to, health screenings, patient
22 histories, physical examinations, immunizations, women's
23 health examinations, or school physicals that may be provided
24 as part of the routine practice of an advanced practice nurse
25 or on a volunteer basis.

26 For the purposes of this Act, "generally provides or may

1 provide in his or her clinical podiatric practice" means
2 services, not specific tasks or duties, that the podiatric
3 physician routinely provides individually or through
4 delegation to other persons so that the podiatric physician has
5 the experience and ability to provide collaboration and
6 consultation.

7 (Source: P.A. 97-358, eff. 8-12-11; 98-192, eff. 1-1-14;
8 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

9 Section 40. The Illinois Occupational Therapy Practice Act
10 is amended by changing Section 3.1 as follows:

11 (225 ILCS 75/3.1)

12 (Section scheduled to be repealed on January 1, 2024)

13 Sec. 3.1. Referrals.

14 (a) A licensed occupational therapist or licensed
15 occupational therapy assistant may consult with, educate,
16 evaluate, and monitor services for individuals, groups, and
17 populations concerning occupational therapy needs. Except as
18 indicated in subsections (b) and (c) of this Section,
19 implementation of direct occupational therapy treatment to
20 individuals for their specific health care conditions shall be
21 based upon a referral from a licensed physician, dentist,
22 podiatric physician, ~~or advanced practice nurse who has a~~
23 ~~written collaborative agreement with a collaborating physician~~
24 ~~to provide or accept referrals from licensed occupational~~

1 ~~therapists, physician assistant who has been delegated~~
2 ~~authority to provide or accept referrals from or to licensed~~
3 ~~occupational therapists, or optometrist.~~

4 (b) A referral is not required for the purpose of providing
5 consultation, habilitation, screening, education, wellness,
6 prevention, environmental assessments, and work-related
7 ergonomic services to individuals, groups, or populations.

8 (c) Referral from a physician or other health care provider
9 is not required for evaluation or intervention for children and
10 youths if an occupational therapist or occupational therapy
11 assistant provides services in a school-based or educational
12 environment, including the child's home.

13 (d) An occupational therapist shall refer to a licensed
14 physician, dentist, optometrist, advanced practice nurse,
15 physician assistant, or podiatric physician any patient whose
16 medical condition should, at the time of evaluation or
17 treatment, be determined to be beyond the scope of practice of
18 the occupational therapist.

19 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;
20 98-756, eff. 7-16-14.)

21 Section 45. The Orthotics, Prosthetics, and Pedorthics
22 Practice Act is amended by changing Section 57 as follows:

23 (225 ILCS 84/57)

24 (Section scheduled to be repealed on January 1, 2020)

1 Sec. 57. Limitation on provision of care and services. A
2 licensed orthotist, prosthetist, or pedorthist may provide
3 care or services only if the care or services are provided
4 pursuant to an order from (i) a licensed physician, (ii) a
5 licensed podiatric physician, (iii) a licensed ~~an~~ advanced
6 practice nurse ~~who has a written collaborative agreement with a~~
7 ~~collaborating physician or podiatric physician that~~
8 ~~specifically authorizes ordering the services of an orthotist,~~
9 ~~prosthetist or pedorthist, or~~ (iv) an advanced practice nurse
10 ~~who practices in a hospital or ambulatory surgical treatment~~
11 ~~center and possesses clinical privileges to order services of~~
12 ~~an orthotist, prosthetist, or pedorthist, or (v) a licensed~~
13 physician assistant ~~who has been delegated the authority to~~
14 ~~order the services of an orthotist, prosthetist, or pedorthist~~
15 ~~by his or her supervising physician.~~ A licensed podiatric
16 physician or advanced practice nurse collaborating with a
17 podiatric physician may only order care or services concerning
18 the foot from a licensed prosthetist.

19 (Source: P.A. 98-214, eff. 8-9-13.)

20 Section 50. The Illinois Physical Therapy Act is amended by
21 changing Section 1 as follows:

22 (225 ILCS 90/1) (from Ch. 111, par. 4251)

23 (Section scheduled to be repealed on January 1, 2016)

24 Sec. 1. Definitions. As used in this Act:

1 (1) "Physical therapy" means all of the following:

2 (A) Examining, evaluating, and testing individuals who
3 may have mechanical, physiological, or developmental
4 impairments, functional limitations, disabilities, or
5 other health and movement-related conditions, classifying
6 these disorders, determining a rehabilitation prognosis
7 and plan of therapeutic intervention, and assessing the
8 on-going effects of the interventions.

9 (B) Alleviating impairments, functional limitations,
10 or disabilities by designing, implementing, and modifying
11 therapeutic interventions that may include, but are not
12 limited to, the evaluation or treatment of a person through
13 the use of the effective properties of physical measures
14 and heat, cold, light, water, radiant energy, electricity,
15 sound, and air and use of therapeutic massage, therapeutic
16 exercise, mobilization, and rehabilitative procedures,
17 with or without assistive devices, for the purposes of
18 preventing, correcting, or alleviating a physical or
19 mental impairment, functional limitation, or disability.

20 (C) Reducing the risk of injury, impairment,
21 functional limitation, or disability, including the
22 promotion and maintenance of fitness, health, and
23 wellness.

24 (D) Engaging in administration, consultation,
25 education, and research.

26 Physical therapy includes, but is not limited to: (a)

1 performance of specialized tests and measurements, (b)
2 administration of specialized treatment procedures, (c)
3 interpretation of referrals from physicians, dentists,
4 advanced practice nurses, physician assistants, and podiatric
5 physicians, (d) establishment, and modification of physical
6 therapy treatment programs, (e) administration of topical
7 medication used in generally accepted physical therapy
8 procedures when such medication is prescribed by the patient's
9 physician, licensed to practice medicine in all its branches,
10 the patient's physician licensed to practice podiatric
11 medicine, the patient's advanced practice nurse, the patient's
12 physician assistant, or the patient's dentist, and (f)
13 supervision or teaching of physical therapy. Physical therapy
14 does not include radiology, electrosurgery, chiropractic
15 technique or determination of a differential diagnosis;
16 provided, however, the limitation on determining a
17 differential diagnosis shall not in any manner limit a physical
18 therapist licensed under this Act from performing an evaluation
19 pursuant to such license. Nothing in this Section shall limit a
20 physical therapist from employing appropriate physical therapy
21 techniques that he or she is educated and licensed to perform.
22 A physical therapist shall refer to a licensed physician,
23 advanced practice nurse, physician assistant, dentist, or
24 podiatric physician any patient whose medical condition
25 should, at the time of evaluation or treatment, be determined
26 to be beyond the scope of practice of the physical therapist.

1 (2) "Physical therapist" means a person who practices
2 physical therapy and who has met all requirements as provided
3 in this Act.

4 (3) "Department" means the Department of Professional
5 Regulation.

6 (4) "Director" means the Director of Professional
7 Regulation.

8 (5) "Board" means the Physical Therapy Licensing and
9 Disciplinary Board approved by the Director.

10 (6) "Referral" means a written or oral authorization for
11 physical therapy services for a patient by a physician,
12 dentist, advanced practice nurse, physician assistant, or
13 podiatric physician who maintains medical supervision of the
14 patient and makes a diagnosis or verifies that the patient's
15 condition is such that it may be treated by a physical
16 therapist.

17 (7) "Documented current and relevant diagnosis" for the
18 purpose of this Act means a diagnosis, substantiated by
19 signature or oral verification of a physician, dentist,
20 advanced practice nurse, physician assistant, or podiatric
21 physician, that a patient's condition is such that it may be
22 treated by physical therapy as defined in this Act, which
23 diagnosis shall remain in effect until changed by the
24 physician, dentist, advanced practice nurse, physician
25 assistant, or podiatric physician.

26 (8) "State" includes:

1 (a) the states of the United States of America;

2 (b) the District of Columbia; and

3 (c) the Commonwealth of Puerto Rico.

4 (9) "Physical therapist assistant" means a person licensed
5 to assist a physical therapist and who has met all requirements
6 as provided in this Act and who works under the supervision of
7 a licensed physical therapist to assist in implementing the
8 physical therapy treatment program as established by the
9 licensed physical therapist. The patient care activities
10 provided by the physical therapist assistant shall not include
11 the interpretation of referrals, evaluation procedures, or the
12 planning or major modification of patient programs.

13 (10) "Physical therapy aide" means a person who has
14 received on the job training, specific to the facility in which
15 he is employed, but who has not completed an approved physical
16 therapist assistant program.

17 (11) "Advanced practice nurse" means a person licensed as
18 an advanced practice nurse under the Nurse Practice Act ~~who has~~
19 ~~a collaborative agreement with a collaborating physician that~~
20 ~~authorizes referrals to physical therapists.~~

21 (12) "Physician assistant" means a person licensed under
22 the Physician Assistant Practice Act of 1987 ~~who has been~~
23 ~~delegated authority to make referrals to physical therapists.~~

24 (Source: P.A. 98-214, eff. 8-9-13.)

25 Section 55. The Respiratory Care Practice Act is amended by

1 changing Section 10 as follows:

2 (225 ILCS 106/10)

3 (Section scheduled to be repealed on January 1, 2016)

4 Sec. 10. Definitions. In this Act:

5 "Advanced practice nurse" means an advanced practice nurse
6 licensed under the Nurse Practice Act.

7 "Board" means the Respiratory Care Board appointed by the
8 Director.

9 "Basic respiratory care activities" means and includes all
10 of the following activities:

11 (1) Cleaning, disinfecting, and sterilizing equipment
12 used in the practice of respiratory care as delegated by a
13 licensed health care professional or other authorized
14 licensed personnel.

15 (2) Assembling equipment used in the practice of
16 respiratory care as delegated by a licensed health care
17 professional or other authorized licensed personnel.

18 (3) Collecting and reviewing patient data through
19 non-invasive means, provided that the collection and
20 review does not include the individual's interpretation of
21 the clinical significance of the data. Collecting and
22 reviewing patient data includes the performance of pulse
23 oximetry and non-invasive monitoring procedures in order
24 to obtain vital signs and notification to licensed health
25 care professionals and other authorized licensed personnel

1 in a timely manner.

2 (4) Maintaining a nasal cannula or face mask for oxygen
3 therapy in the proper position on the patient's face.

4 (5) Assembling a nasal cannula or face mask for oxygen
5 therapy at patient bedside in preparation for use.

6 (6) Maintaining a patient's natural airway by
7 physically manipulating the jaw and neck, suctioning the
8 oral cavity, or suctioning the mouth or nose with a bulb
9 syringe.

10 (7) Performing assisted ventilation during emergency
11 resuscitation using a manual resuscitator.

12 (8) Using a manual resuscitator at the direction of a
13 licensed health care professional or other authorized
14 licensed personnel who is present and performing routine
15 airway suctioning. These activities do not include care of
16 a patient's artificial airway or the adjustment of
17 mechanical ventilator settings while a patient is
18 connected to the ventilator.

19 "Basic respiratory care activities" does not mean activities
20 that involve any of the following:

21 (1) Specialized knowledge that results from a course of
22 education or training in respiratory care.

23 (2) An unreasonable risk of a negative outcome for the
24 patient.

25 (3) The assessment or making of a decision concerning
26 patient care.

1 (4) The administration of aerosol medication or
2 oxygen.

3 (5) The insertion and maintenance of an artificial
4 airway.

5 (6) Mechanical ventilatory support.

6 (7) Patient assessment.

7 (8) Patient education.

8 "Department" means the Department of Professional
9 Regulation.

10 "Director" means the Director of Professional Regulation.

11 "Licensed" means that which is required to hold oneself out
12 as a respiratory care practitioner as defined in this Act.

13 "Licensed health care professional" means a physician
14 licensed to practice medicine in all its branches, a licensed
15 ~~an~~ advanced practice nurse ~~who has a written collaborative~~
16 ~~agreement with a collaborating physician that authorizes the~~
17 ~~advanced practice nurse to transmit orders to a respiratory~~
18 ~~care practitioner, or a licensed physician assistant ~~who has~~~~
19 ~~been delegated the authority to transmit orders to a~~
20 ~~respiratory care practitioner by his or her supervising~~
21 ~~physician.~~

22 "Order" means a written, oral, or telecommunicated
23 authorization for respiratory care services for a patient by
24 (i) a licensed health care professional who maintains medical
25 supervision of the patient and makes a diagnosis or verifies
26 that the patient's condition is such that it may be treated by

1 a respiratory care practitioner or (ii) a certified registered
2 nurse anesthetist in a licensed hospital or ambulatory surgical
3 treatment center.

4 "Other authorized licensed personnel" means a licensed
5 respiratory care practitioner, a licensed registered nurse, or
6 a licensed practical nurse whose scope of practice authorizes
7 the professional to supervise an individual who is not
8 licensed, certified, or registered as a health professional.

9 "Proximate supervision" means a situation in which an
10 individual is responsible for directing the actions of another
11 individual in the facility and is physically close enough to be
12 readily available, if needed, by the supervised individual.

13 "Respiratory care" and "cardiorespiratory care" mean
14 preventative services, evaluation and assessment services,
15 therapeutic services, and rehabilitative services under the
16 order of a licensed health care professional or a certified
17 registered nurse anesthetist in a licensed hospital for an
18 individual with a disorder, disease, or abnormality of the
19 cardiopulmonary system. These terms include, but are not
20 limited to, measuring, observing, assessing, and monitoring
21 signs and symptoms, reactions, general behavior, and general
22 physical response of individuals to respiratory care services,
23 including the determination of whether those signs, symptoms,
24 reactions, behaviors, or general physical responses exhibit
25 abnormal characteristics; the administration of
26 pharmacological and therapeutic agents related to respiratory

1 care services; the collection of blood specimens and other
2 bodily fluids and tissues for, and the performance of,
3 cardiopulmonary diagnostic testing procedures, including, but
4 not limited to, blood gas analysis; development,
5 implementation, and modification of respiratory care treatment
6 plans based on assessed abnormalities of the cardiopulmonary
7 system, respiratory care guidelines, referrals, and orders of a
8 licensed health care professional; application, operation, and
9 management of mechanical ventilatory support and other means of
10 life support; and the initiation of emergency procedures under
11 the rules promulgated by the Department. A respiratory care
12 practitioner shall refer to a physician licensed to practice
13 medicine in all its branches any patient whose condition, at
14 the time of evaluation or treatment, is determined to be beyond
15 the scope of practice of the respiratory care practitioner.

16 "Respiratory care education program" means a course of
17 academic study leading to eligibility for registry or
18 certification in respiratory care. The training is to be
19 approved by an accrediting agency recognized by the Board and
20 shall include an evaluation of competence through a
21 standardized testing mechanism that is determined by the Board
22 to be both valid and reliable.

23 "Respiratory care practitioner" means a person who is
24 licensed by the Department of Professional Regulation and meets
25 all of the following criteria:

- 26 (1) The person is engaged in the practice of

1 cardiorespiratory care and has the knowledge and skill
2 necessary to administer respiratory care.

3 (2) The person is capable of serving as a resource to
4 the licensed health care professional in relation to the
5 technical aspects of cardiorespiratory care and the safe
6 and effective methods for administering cardiorespiratory
7 care modalities.

8 (3) The person is able to function in situations of
9 unsupervised patient contact requiring great individual
10 judgment.

11 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

12 Section 60. The Genetic Counselor Licensing Act is amended
13 by changing Sections 10, 20, and 95 as follows:

14 (225 ILCS 135/10)

15 (Section scheduled to be repealed on January 1, 2025)

16 Sec. 10. Definitions. As used in this Act:

17 "ABGC" means the American Board of Genetic Counseling.

18 "ABMG" means the American Board of Medical Genetics.

19 "Active candidate status" is awarded to applicants who have
20 received approval from the ABGC or ABMG to sit for their
21 respective certification examinations.

22 "Address of record" means the designated address recorded
23 by the Department in the applicant's or licensee's application
24 file or license file as maintained by the Department's

1 licensure maintenance unit. It is the duty of the applicant or
2 licensee to inform the Department of any change of address, and
3 those changes must be made either through the Department's
4 website or by contacting the Department.

5 "Department" means the Department of Financial and
6 Professional Regulation.

7 "Genetic anomaly" means a variation in an individual's DNA
8 that has been shown to confer a genetically influenced disease
9 or predisposition to a genetically influenced disease or makes
10 a person a carrier of such variation. A "carrier" of a genetic
11 anomaly means a person who may or may not have a predisposition
12 or risk of incurring a genetically influenced condition and who
13 is at risk of having offspring with a genetically influenced
14 condition.

15 "Genetic counseling" means the provision of services,
16 which may include the ordering of genetic tests, pursuant to a
17 referral, to individuals, couples, groups, families, and
18 organizations by one or more appropriately trained individuals
19 to address the physical and psychological issues associated
20 with the occurrence or risk of occurrence or recurrence of a
21 genetic disorder, birth defect, disease, or potentially
22 inherited or genetically influenced condition in an individual
23 or a family. "Genetic counseling" consists of the following:

24 (A) Estimating the likelihood of occurrence or
25 recurrence of a birth defect or of any potentially
26 inherited or genetically influenced condition. This

1 assessment may involve:

2 (i) obtaining and analyzing a complete health
3 history of the person and his or her family;

4 (ii) reviewing pertinent medical records;

5 (iii) evaluating the risks from exposure to
6 possible mutagens or teratogens;

7 (iv) recommending genetic testing or other
8 evaluations to diagnose a condition or determine the
9 carrier status of one or more family members;

10 (B) Helping the individual, family, health care
11 provider, or health care professional (i) appreciate the
12 medical, psychological and social implications of a
13 disorder, including its features, variability, usual
14 course and management options, (ii) learn how genetic
15 factors contribute to the disorder and affect the chance
16 for recurrence of the condition in other family members,
17 and (iii) understand available options for coping with,
18 preventing, or reducing the chance of occurrence or
19 recurrence of a condition.

20 (C) Facilitating an individual's or family's (i)
21 exploration of the perception of risk and burden associated
22 with the disorder and (ii) adjustment and adaptation to the
23 condition or their genetic risk by addressing needs for
24 psychological, social, and medical support.

25 "Genetic counselor" means a person licensed under this Act
26 to engage in the practice of genetic counseling.

1 "Genetic testing" and "genetic test" mean a test or
2 analysis of human genes, gene products, DNA, RNA, chromosomes,
3 proteins, or metabolites that detects genotypes, mutations,
4 chromosomal changes, abnormalities, or deficiencies, including
5 carrier status, that (i) are linked to physical or mental
6 disorders or impairments, (ii) indicate a susceptibility to
7 illness, disease, impairment, or other disorders, whether
8 physical or mental, or (iii) demonstrate genetic or chromosomal
9 damage due to environmental factors. "Genetic testing" and
10 "genetic tests" do not include routine physical measurements;
11 chemical, blood and urine analyses that are widely accepted and
12 in use in clinical practice; tests for use of drugs; tests for
13 the presence of the human immunodeficiency virus; analyses of
14 proteins or metabolites that do not detect genotypes,
15 mutations, chromosomal changes, abnormalities, or
16 deficiencies; or analyses of proteins or metabolites that are
17 directly related to a manifested disease, disorder, or
18 pathological condition that could reasonably be detected by a
19 health care professional with appropriate training and
20 expertise in the field of medicine involved.

21 "Person" means an individual, association, partnership, or
22 corporation.

23 "Qualified supervisor" means any person who is a licensed
24 genetic counselor, as defined by rule, or a physician licensed
25 to practice medicine in all its branches. A qualified
26 supervisor may be provided at the applicant's place of work, or

1 may be contracted by the applicant to provide supervision. The
2 qualified supervisor shall file written documentation with the
3 Department of employment, discharge, or supervisory control of
4 a genetic counselor at the time of employment, discharge, or
5 assumption of supervision of a genetic counselor.

6 "Referral" means a written or telecommunicated
7 authorization for genetic counseling services from a physician
8 licensed to practice medicine in all its branches, a licensed
9 ~~an advanced practice nurse who has a collaborative agreement~~
10 ~~with a collaborating physician that authorizes referrals to a~~
11 ~~genetic counselor,~~ or a licensed physician assistant ~~who has a~~
12 ~~supervision agreement with a supervising physician that~~
13 ~~authorizes referrals to a genetic counselor.~~

14 "Secretary" means the Secretary of Financial and
15 Professional Regulation.

16 "Supervision" means review of aspects of genetic
17 counseling and case management in a bimonthly meeting with the
18 person under supervision.

19 (Source: P.A. 98-813, eff. 1-1-15.)

20 (225 ILCS 135/20)

21 (Section scheduled to be repealed on January 1, 2025)

22 Sec. 20. Restrictions and limitations.

23 (a) Except as provided in Section 15, no person shall,
24 without a valid license as a genetic counselor issued by the
25 Department (i) in any manner hold himself or herself out to the

1 public as a genetic counselor under this Act; (ii) use in
2 connection with his or her name or place of business the title
3 "genetic counselor", "licensed genetic counselor", "gene
4 counselor", "genetic consultant", or "genetic associate" or
5 any words, letters, abbreviations, or insignia indicating or
6 implying a person has met the qualifications for or has the
7 license issued under this Act; or (iii) offer to render or
8 render to individuals, corporations, or the public genetic
9 counseling services if the words "genetic counselor" or
10 "licensed genetic counselor" are used to describe the person
11 offering to render or rendering them, or "genetic counseling"
12 is used to describe the services rendered or offered to be
13 rendered.

14 (b) No licensed genetic counselor may provide genetic
15 counseling to individuals, couples, groups, or families
16 without a referral from a physician licensed to practice
17 medicine in all its branches, a licensed ~~an~~ advanced practice
18 nurse ~~who has a collaborative agreement with a collaborating~~
19 ~~physician that authorizes referrals to a genetic counselor,~~ or
20 a licensed physician assistant ~~who has been delegated authority~~
21 ~~to make referrals to genetic counselors.~~ The physician,
22 advanced practice nurse, or physician assistant shall maintain
23 supervision of the patient and be provided timely written
24 reports on the services, including genetic testing results,
25 provided by the licensed genetic counselor. Genetic testing
26 shall be ordered by a physician licensed to practice medicine

1 in all its branches or a genetic counselor pursuant to a
2 referral that gives the specific authority to order genetic
3 tests. Genetic test results and reports shall be provided to
4 the referring physician, advanced practice nurse, or physician
5 assistant. General seminars or talks to groups or organizations
6 on genetic counseling that do not include individual, couple,
7 or family specific counseling may be conducted without a
8 referral. In clinical settings, genetic counselors who serve as
9 a liaison between family members of a patient and a genetic
10 research project, may, with the consent of the patient, provide
11 information to family members for the purpose of gathering
12 additional information, as it relates to the patient, without a
13 referral. In non-clinical settings where no patient is being
14 treated, genetic counselors who serve as a liaison between a
15 genetic research project and participants in that genetic
16 research project may provide information to the participants,
17 without a referral.

18 (c) No association or partnership shall practice genetic
19 counseling unless every member, partner, and employee of the
20 association or partnership who practices genetic counseling or
21 who renders genetic counseling services holds a valid license
22 issued under this Act. No license shall be issued to a
23 corporation, the stated purpose of which includes or which
24 practices or which holds itself out as available to practice
25 genetic counseling, unless it is organized under the
26 Professional Service Corporation Act.

1 (d) Nothing in this Act shall be construed as permitting
2 persons licensed as genetic counselors to engage in any manner
3 in the practice of medicine in all its branches as defined by
4 law in this State.

5 (e) Nothing in this Act shall be construed to authorize a
6 licensed genetic counselor to diagnose, test (unless
7 authorized in a referral), or treat any genetic or other
8 disease or condition.

9 (f) When, in the course of providing genetic counseling
10 services to any person, a genetic counselor licensed under this
11 Act finds any indication of a disease or condition that in his
12 or her professional judgment requires professional service
13 outside the scope of practice as defined in this Act, he or she
14 shall refer that person to a physician licensed to practice
15 medicine in all of its branches.

16 (Source: P.A. 98-813, eff. 1-1-15.)

17 (225 ILCS 135/95)

18 (Section scheduled to be repealed on January 1, 2025)

19 Sec. 95. Grounds for discipline.

20 (a) The Department may refuse to issue, renew, or may
21 revoke, suspend, place on probation, reprimand, or take other
22 disciplinary or non-disciplinary action as the Department
23 deems appropriate, including the issuance of fines not to
24 exceed \$10,000 for each violation, with regard to any license
25 for any one or more of the following:

1 (1) Material misstatement in furnishing information to
2 the Department or to any other State agency.

3 (2) Violations or negligent or intentional disregard
4 of this Act, or any of its rules.

5 (3) Conviction by plea of guilty or nolo contendere,
6 finding of guilt, jury verdict, or entry of judgment or
7 sentencing, including, but not limited to, convictions,
8 preceding sentences of supervision, conditional discharge,
9 or first offender probation, under the laws of any
10 jurisdiction of the United States: (i) that is a felony or
11 (ii) that is a misdemeanor, an essential element of which
12 is dishonesty, or that is directly related to the practice
13 of genetic counseling.

14 (4) Making any misrepresentation for the purpose of
15 obtaining a license, or violating any provision of this Act
16 or its rules.

17 (5) Negligence in the rendering of genetic counseling
18 services.

19 (6) Failure to provide genetic testing results and any
20 requested information to a referring physician licensed to
21 practice medicine in all its branches, advanced practice
22 nurse, or physician assistant.

23 (7) Aiding or assisting another person in violating any
24 provision of this Act or any rules.

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

1 (9) Engaging in dishonorable, unethical, or
2 unprofessional conduct of a character likely to deceive,
3 defraud, or harm the public and violating the rules of
4 professional conduct adopted by the Department.

5 (10) Failing to maintain the confidentiality of any
6 information received from a client, unless otherwise
7 authorized or required by law.

8 (10.5) Failure to maintain client records of services
9 provided and provide copies to clients upon request.

10 (11) Exploiting a client for personal advantage,
11 profit, or interest.

12 (12) Habitual or excessive use or addiction to alcohol,
13 narcotics, stimulants, or any other chemical agent or drug
14 which results in inability to practice with reasonable
15 skill, judgment, or safety.

16 (13) Discipline by another governmental agency or unit
17 of government, by any jurisdiction of the United States, or
18 by a foreign nation, if at least one of the grounds for the
19 discipline is the same or substantially equivalent to those
20 set forth in this Section.

21 (14) Directly or indirectly giving to or receiving from
22 any person, firm, corporation, partnership, or association
23 any fee, commission, rebate, or other form of compensation
24 for any professional service not actually rendered.
25 Nothing in this paragraph (14) affects any bona fide
26 independent contractor or employment arrangements among

1 health care professionals, health facilities, health care
2 providers, or other entities, except as otherwise
3 prohibited by law. Any employment arrangements may include
4 provisions for compensation, health insurance, pension, or
5 other employment benefits for the provision of services
6 within the scope of the licensee's practice under this Act.
7 Nothing in this paragraph (14) shall be construed to
8 require an employment arrangement to receive professional
9 fees for services rendered.

10 (15) A finding by the Department that the licensee,
11 after having the license placed on probationary status has
12 violated the terms of probation.

13 (16) Failing to refer a client to other health care
14 professionals when the licensee is unable or unwilling to
15 adequately support or serve the client.

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

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

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

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

4 (20) Physical or mental disability, including
5 deterioration through the aging process or loss of
6 abilities and skills which results in the inability to
7 practice the profession with reasonable judgment, skill,
8 or safety.

9 (21) Solicitation of professional services by using
10 false or misleading advertising.

11 (22) Failure to file a return, or to pay the tax,
12 penalty of interest shown in a filed return, or to pay any
13 final assessment of tax, penalty or interest, as required
14 by any tax Act administered by the Illinois Department of
15 Revenue or any successor agency or the Internal Revenue
16 Service or any successor agency.

17 (23) Fraud or making any misrepresentation in applying
18 for or procuring a license under this Act or in connection
19 with applying for renewal of a license under this Act.

20 (24) Practicing or attempting to practice under a name
21 other than the full name as shown on the license or any
22 other legally authorized name.

23 (25) Gross overcharging for professional services,
24 including filing statements for collection of fees or
25 monies for which services are not rendered.

26 (26) Providing genetic counseling services to

1 individuals, couples, groups, or families without a
2 referral from either a physician licensed to practice
3 medicine in all its branches, a licensed ~~an~~ advanced
4 practice nurse ~~who has a collaborative agreement with a~~
5 ~~collaborating physician that authorizes the advanced~~
6 ~~practice nurse to make referrals to a genetic counselor, or~~
7 a licensed physician assistant ~~who has been delegated~~
8 ~~authority to make referrals to genetic counselors.~~

9 (27) Charging for professional services not rendered,
10 including filing false statements for the collection of
11 fees for which services are not rendered.

12 (28) Allowing one's license under this Act to be used
13 by an unlicensed person in violation of this Act.

14 (b) The Department shall deny, without hearing, any
15 application or renewal for a license under this Act to any
16 person who has defaulted on an educational loan guaranteed by
17 the Illinois State Assistance Commission; however, the
18 Department may issue a license or renewal if the person in
19 default has established a satisfactory repayment record as
20 determined by the Illinois Student Assistance Commission.

21 (c) The determination by a court that a licensee is subject
22 to involuntary admission or judicial admission as provided in
23 the Mental Health and Developmental Disabilities Code will
24 result in an automatic suspension of his or her license. The
25 suspension will end upon a finding by a court that the licensee
26 is no longer subject to involuntary admission or judicial

1 admission, the issuance of an order so finding and discharging
2 the patient, and the determination of the Secretary that the
3 licensee be allowed to resume professional practice.

4 (d) The Department may refuse to issue or renew or may
5 suspend without hearing the license of any person who fails to
6 file a return, to pay the tax penalty or interest shown in a
7 filed return, or to pay any final assessment of the tax,
8 penalty, or interest as required by any Act regarding the
9 payment of taxes administered by the Illinois Department of
10 Revenue until the requirements of the Act are satisfied in
11 accordance with subsection (g) of Section 2105-15 of the Civil
12 Administrative Code of Illinois.

13 (e) In cases where the Department of Healthcare and Family
14 Services has previously determined that a licensee or a
15 potential licensee is more than 30 days delinquent in the
16 payment of child support and has subsequently certified the
17 delinquency to the Department, the Department may refuse to
18 issue or renew or may revoke or suspend that person's license
19 or may take other disciplinary action against that person based
20 solely upon the certification of delinquency made by the
21 Department of Healthcare and Family Services in accordance with
22 item (5) of subsection (a) of Section 2105-15 of the Department
23 of Professional Regulation Law of the Civil Administrative Code
24 of Illinois.

25 (f) All fines or costs imposed under this Section shall be
26 paid within 60 days after the effective date of the order

1 imposing the fine or costs or in accordance with the terms set
2 forth in the order imposing the fine.

3 (Source: P.A. 97-813, eff. 7-13-12; 98-813, eff. 1-1-15.)

4 Section 65. The Perinatal Mental Health Disorders
5 Prevention and Treatment Act is amended by changing Section 10
6 as follows:

7 (405 ILCS 95/10)

8 Sec. 10. Definitions. In this Act:

9 "Hospital" has the meaning given to that term in the
10 Hospital Licensing Act.

11 "Licensed health care professional" means a physician
12 licensed to practice medicine in all its branches, a licensed
13 ~~an~~ advanced practice nurse ~~who has a collaborative agreement~~
14 ~~with a collaborating physician that authorizes care,~~ or a
15 licensed physician ~~physician's~~ assistant ~~who has been~~
16 ~~delegated authority to provide care.~~

17 "Postnatal care" means an office visit to a licensed health
18 care professional occurring after birth, with reference to the
19 infant or mother.

20 "Prenatal care" means an office visit to a licensed health
21 care professional for pregnancy-related care occurring before
22 birth.

23 "Questionnaire" means an assessment tool administered by a
24 licensed health care professional to detect perinatal mental

1 health disorders, such as the Edinburgh Postnatal Depression
2 Scale, the Postpartum Depression Screening Scale, the Beck
3 Depression Inventory, the Patient Health Questionnaire, or
4 other validated assessment methods.

5 (Source: P.A. 95-469, eff. 1-1-08.)

6 Section 70. The Lead Poisoning Prevention Act is amended by
7 changing Section 6.2 as follows:

8 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

9 Sec. 6.2. Testing children and pregnant persons.

10 (a) Any physician licensed to practice medicine in all its
11 branches or health care provider who sees or treats children 6
12 years of age or younger shall test those children for lead
13 poisoning when those children reside in an area defined as high
14 risk by the Department. Children residing in areas defined as
15 low risk by the Department shall be evaluated for risk by the
16 Childhood Lead Risk Questionnaire developed by the Department
17 and tested if indicated. Children shall be evaluated in
18 accordance with rules adopted by the Department.

19 (b) Each licensed, registered, or approved health care
20 facility serving children 6 years of age or younger, including,
21 but not limited to, health departments, hospitals, clinics, and
22 health maintenance organizations approved, registered, or
23 licensed by the Department, shall take the appropriate steps to
24 ensure that children 6 years of age or younger be evaluated for

1 risk or tested for lead poisoning or both.

2 (c) Children 7 years and older and pregnant persons may
3 also be tested by physicians or health care providers, in
4 accordance with rules adopted by the Department. Physicians and
5 health care providers shall also evaluate children for lead
6 poisoning in conjunction with the school health examination, as
7 required under the School Code, when, in the medical judgment
8 ~~judgement~~ of the physician, advanced practice nurse ~~who has a~~
9 ~~written collaborative agreement with a collaborating physician~~
10 ~~that authorizes the advance practice nurse to perform health~~
11 ~~examinations,~~ or physician assistant ~~who has been delegated to~~
12 ~~perform health examinations by the supervising physician,~~ the
13 child is potentially at high risk of lead poisoning.

14 (d) (Blank).

15 (Source: P.A. 98-690, eff. 1-1-15; revised 12-10-14.)

16 Section 75. The Sexual Assault Survivors Emergency
17 Treatment Act is amended by changing Sections 2.2, 5, and 5.5
18 as follows:

19 (410 ILCS 70/2.2)

20 Sec. 2.2. Emergency contraception.

21 (a) The General Assembly finds:

22 (1) Crimes of sexual assault and sexual abuse cause
23 significant physical, emotional, and psychological trauma
24 to the victims. This trauma is compounded by a victim's

1 fear of becoming pregnant and bearing a child as a result
2 of the sexual assault.

3 (2) Each year over 32,000 women become pregnant in the
4 United States as the result of rape and approximately 50%
5 of these pregnancies end in abortion.

6 (3) As approved for use by the Federal Food and Drug
7 Administration (FDA), emergency contraception can
8 significantly reduce the risk of pregnancy if taken within
9 72 hours after the sexual assault.

10 (4) By providing emergency contraception to rape
11 victims in a timely manner, the trauma of rape can be
12 significantly reduced.

13 (b) Within 120 days after the effective date of this
14 amendatory Act of the 92nd General Assembly, every hospital
15 providing services to sexual assault survivors in accordance
16 with a plan approved under Section 2 must develop a protocol
17 that ensures that each survivor of sexual assault will receive
18 medically and factually accurate and written and oral
19 information about emergency contraception; the indications and
20 counter-indications and risks associated with the use of
21 emergency contraception; and a description of how and when
22 victims may be provided emergency contraception upon the
23 written order of a physician licensed to practice medicine in
24 all its branches, a licensed an advanced practice nurse ~~who has~~
25 ~~a written collaborative agreement with a collaborating~~
26 ~~physician that authorizes prescription of emergency~~

1 ~~contraception~~, or a licensed physician assistant ~~who has been~~
2 ~~delegated authority to prescribe emergency contraception~~. The
3 Department shall approve the protocol if it finds that the
4 implementation of the protocol would provide sufficient
5 protection for survivors of sexual assault.

6 The hospital shall implement the protocol upon approval by
7 the Department. The Department shall adopt rules and
8 regulations establishing one or more safe harbor protocols and
9 setting minimum acceptable protocol standards that hospitals
10 may develop and implement. The Department shall approve any
11 protocol that meets those standards. The Department may provide
12 a sample acceptable protocol upon request.

13 (Source: P.A. 95-432, eff. 1-1-08.)

14 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

15 Sec. 5. Minimum requirements for hospitals providing
16 hospital emergency services and forensic services to sexual
17 assault survivors.

18 (a) Every hospital providing hospital emergency services
19 and forensic services to sexual assault survivors under this
20 Act shall, as minimum requirements for such services, provide,
21 with the consent of the sexual assault survivor, and as ordered
22 by the attending physician, an advanced practice nurse ~~who has~~
23 ~~a written collaborative agreement with a collaborating~~
24 ~~physician that authorizes provision of emergency services~~, or a
25 physician assistant ~~who has been delegated authority to provide~~

1 ~~hospital emergency services and forensic services,~~ the
2 following:

3 (1) appropriate medical examinations and laboratory
4 tests required to ensure the health, safety, and welfare of
5 a sexual assault survivor or which may be used as evidence
6 in a criminal proceeding against a person accused of the
7 sexual assault, or both; and records of the results of such
8 examinations and tests shall be maintained by the hospital
9 and made available to law enforcement officials upon the
10 request of the sexual assault survivor;

11 (2) appropriate oral and written information
12 concerning the possibility of infection, sexually
13 transmitted disease and pregnancy resulting from sexual
14 assault;

15 (3) appropriate oral and written information
16 concerning accepted medical procedures, medication, and
17 possible contraindications of such medication available
18 for the prevention or treatment of infection or disease
19 resulting from sexual assault;

20 (4) an amount of medication for treatment at the
21 hospital and after discharge as is deemed appropriate by
22 the attending physician, an advanced practice nurse, or a
23 physician assistant and consistent with the hospital's
24 current approved protocol for sexual assault survivors;

25 (5) an evaluation of the sexual assault survivor's risk
26 of contracting human immunodeficiency virus (HIV) from the

1 sexual assault;

2 (6) written and oral instructions indicating the need
3 for follow-up examinations and laboratory tests after the
4 sexual assault to determine the presence or absence of
5 sexually transmitted disease;

6 (7) referral by hospital personnel for appropriate
7 counseling; and

8 (8) when HIV prophylaxis is deemed appropriate, an
9 initial dose or doses of HIV prophylaxis, along with
10 written and oral instructions indicating the importance of
11 timely follow-up healthcare.

12 (b) Any person who is a sexual assault survivor who seeks
13 emergency hospital services and forensic services or follow-up
14 healthcare under this Act shall be provided such services
15 without the consent of any parent, guardian, custodian,
16 surrogate, or agent.

17 (c) Nothing in this Section creates a physician-patient
18 relationship that extends beyond discharge from the hospital
19 emergency department.

20 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

21 (410 ILCS 70/5.5)

22 Sec. 5.5. Minimum reimbursement requirements for follow-up
23 healthcare.

24 (a) Every hospital, health care professional, laboratory,
25 or pharmacy that provides follow-up healthcare to a sexual

1 assault survivor, with the consent of the sexual assault
2 survivor and as ordered by the attending physician, an advanced
3 practice nurse ~~who has a written collaborative agreement with a~~
4 ~~collaborating physician,~~ or physician assistant ~~who has been~~
5 ~~delegated authority by a supervising physician~~ shall be
6 reimbursed for the follow-up healthcare services provided.
7 Follow-up healthcare services include, but are not limited to,
8 the following:

9 (1) a physical examination;

10 (2) laboratory tests to determine the presence or
11 absence of sexually transmitted disease; and

12 (3) appropriate medications, including HIV
13 prophylaxis.

14 (b) Reimbursable follow-up healthcare is limited to office
15 visits with a physician, advanced practice nurse, or physician
16 assistant within 90 days after an initial visit for hospital
17 emergency services.

18 (c) Nothing in this Section requires a hospital, health
19 care professional, laboratory, or pharmacy to provide
20 follow-up healthcare to a sexual assault survivor.

21 (Source: P.A. 95-432, eff. 1-1-08.)

22 Section 80. The Consent by Minors to Medical Procedures Act
23 is amended by changing Sections 1, 1.5, 2, and 3 as follows:

24 (410 ILCS 210/1) (from Ch. 111, par. 4501)

1 Sec. 1. Consent by minor. The consent to the performance of
2 a medical or surgical procedure by a physician licensed to
3 practice medicine and surgery, a licensed ~~an~~ advanced practice
4 nurse ~~who has a written collaborative agreement with a~~
5 ~~collaborating physician that authorizes provision of services~~
6 ~~for minors~~, or a licensed physician assistant ~~who has been~~
7 ~~delegated authority to provide services for minors~~ executed by
8 a married person who is a minor, by a parent who is a minor, by
9 a pregnant woman who is a minor, or by any person 18 years of
10 age or older, is not voidable because of such minority, and,
11 for such purpose, a married person who is a minor, a parent who
12 is a minor, a pregnant woman who is a minor, or any person 18
13 years of age or older, is deemed to have the same legal
14 capacity to act and has the same powers and obligations as has
15 a person of legal age.

16 (Source: P.A. 93-962, eff. 8-20-04.)

17 (410 ILCS 210/1.5)

18 Sec. 1.5. Consent by minor seeking care for primary care
19 services.

20 (a) The consent to the performance of primary care services
21 by a physician licensed to practice medicine in all its
22 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~
23 ~~written collaborative agreement with a collaborating physician~~
24 ~~that authorizes provision of services for minors~~, or a licensed
25 physician assistant ~~who has been delegated authority to provide~~

1 ~~services for minors~~ executed by a minor seeking care is not
2 voidable because of such minority, and for such purpose, a
3 minor seeking care is deemed to have the same legal capacity to
4 act and has the same powers and obligations as has a person of
5 legal age under the following circumstances:

6 (1) the health care professional reasonably believes
7 that the minor seeking care understands the benefits and
8 risks of any proposed primary care or services; and

9 (2) the minor seeking care is identified in writing as
10 a minor seeking care by:

11 (A) an adult relative;

12 (B) a representative of a homeless service agency
13 that receives federal, State, county, or municipal
14 funding to provide those services or that is otherwise
15 sanctioned by a local continuum of care;

16 (C) an attorney licensed to practice law in this
17 State;

18 (D) a public school homeless liaison or school
19 social worker;

20 (E) a social service agency providing services to
21 at risk, homeless, or runaway youth; or

22 (F) a representative of a religious organization.

23 (b) A health care professional rendering primary care
24 services under this Section shall not incur civil or criminal
25 liability for failure to obtain valid consent or professional
26 discipline for failure to obtain valid consent if he or she

1 relied in good faith on the representations made by the minor
2 or the information provided under paragraph (2) of subsection
3 (a) of this Section. Under such circumstances, good faith shall
4 be presumed.

5 (c) The confidential nature of any communication between a
6 health care professional described in Section 1 of this Act and
7 a minor seeking care is not waived (1) by the presence, at the
8 time of communication, of any additional persons present at the
9 request of the minor seeking care, (2) by the health care
10 professional's disclosure of confidential information to the
11 additional person with the consent of the minor seeking care,
12 when reasonably necessary to accomplish the purpose for which
13 the additional person is consulted, or (3) by the health care
14 professional billing a health benefit insurance or plan under
15 which the minor seeking care is insured, is enrolled, or has
16 coverage for the services provided.

17 (d) Nothing in this Section shall be construed to limit or
18 expand a minor's existing powers and obligations under any
19 federal, State, or local law. Nothing in this Section shall be
20 construed to affect the Parental Notice of Abortion Act of
21 1995. Nothing in this Section affects the right or authority of
22 a parent or legal guardian to verbally, in writing, or
23 otherwise authorize health care services to be provided for a
24 minor in their absence.

25 (e) For the purposes of this Section:

26 "Minor seeking care" means a person at least 14 years

1 of age but less than 18 years of age who is living separate
2 and apart from his or her parents or legal guardian,
3 whether with or without the consent of a parent or legal
4 guardian who is unable or unwilling to return to the
5 residence of a parent, and managing his or her own personal
6 affairs. "Minor seeking care" does not include minors who
7 are under the protective custody, temporary custody, or
8 guardianship of the Department of Children and Family
9 Services.

10 "Primary care services" means health care services
11 that include screening, counseling, immunizations,
12 medication, and treatment of illness and conditions
13 customarily provided by licensed health care professionals
14 in an out-patient setting. "Primary care services" does not
15 include invasive care, beyond standard injections,
16 laceration care, or non-surgical fracture care.

17 (Source: P.A. 98-671, eff. 10-1-14.)

18 (410 ILCS 210/2) (from Ch. 111, par. 4502)

19 Sec. 2. Any parent, including a parent who is a minor, may
20 consent to the performance upon his or her child of a medical
21 or surgical procedure by a physician licensed to practice
22 medicine and surgery, a licensed ~~an~~ advanced practice nurse ~~who~~
23 ~~has a written collaborative agreement with a collaborating~~
24 ~~physician that authorizes provision of services for minors, or~~
25 a licensed physician assistant ~~who has been delegated authority~~

1 ~~to provide services for minors~~ or a dental procedure by a
2 licensed dentist. The consent of a parent who is a minor shall
3 not be voidable because of such minority, but, for such
4 purpose, a parent who is a minor shall be deemed to have the
5 same legal capacity to act and shall have the same powers and
6 obligations as has a person of legal age.

7 (Source: P.A. 93-962, eff. 8-20-04.)

8 (410 ILCS 210/3) (from Ch. 111, par. 4503)

9 Sec. 3. (a) Where a hospital, a physician licensed to
10 practice medicine or surgery, a licensed ~~an~~ advanced practice
11 nurse ~~who has a written collaborative agreement with a~~
12 ~~collaborating physician that authorizes provision of services~~
13 ~~for minors~~, or a licensed physician assistant ~~who has been~~
14 ~~delegated authority to provide services for minors~~ renders
15 emergency treatment or first aid or a licensed dentist renders
16 emergency dental treatment to a minor, consent of the minor's
17 parent or legal guardian need not be obtained if, in the sole
18 opinion of the physician, advanced practice nurse, physician
19 assistant, dentist, or hospital, the obtaining of consent is
20 not reasonably feasible under the circumstances without
21 adversely affecting the condition of such minor's health.

22 (b) Where a minor is the victim of a predatory criminal
23 sexual assault of a child, aggravated criminal sexual assault,
24 criminal sexual assault, aggravated criminal sexual abuse or
25 criminal sexual abuse, as provided in Sections 11-1.20 through

1 11-1.60 of the Criminal Code of 2012, the consent of the
2 minor's parent or legal guardian need not be obtained to
3 authorize a hospital, physician, advanced practice nurse,
4 physician assistant, or other medical personnel to furnish
5 medical care or counseling related to the diagnosis or
6 treatment of any disease or injury arising from such offense.
7 The minor may consent to such counseling, diagnosis or
8 treatment as if the minor had reached his or her age of
9 majority. Such consent shall not be voidable, nor subject to
10 later disaffirmance, because of minority.

11 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

12 Section 85. The Prenatal and Newborn Care Act is amended by
13 changing Section 2 as follows:

14 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

17 "Advanced practice nurse" or "APN" means an advanced
18 practice nurse licensed under the Nurse Practice Act ~~who has a~~
19 ~~written collaborative agreement with a collaborating physician~~
20 ~~that authorizes the provision of prenatal and newborn care.~~

21 "Department" means the Illinois Department of Human
22 Services.

23 "Early and Periodic Screening, Diagnosis and Treatment
24 (EPSDT)" means the provision of preventative health care under

1 42 C.F.R. 441.50 et seq., including medical and dental
2 services, needed to assess growth and development and detect
3 and treat health problems.

4 "Hospital" means a hospital as defined under the Hospital
5 Licensing Act.

6 "Local health authority" means the full-time official
7 health department or board of health, as recognized by the
8 Illinois Department of Public Health, having jurisdiction over
9 a particular area.

10 "Nurse" means a nurse licensed under the Nurse Practice
11 Act.

12 "Physician" means a physician licensed to practice
13 medicine in all of its branches.

14 "Physician assistant" means a physician assistant licensed
15 under the Physician Assistant Practice Act of 1987 ~~who has been~~
16 ~~delegated authority to provide prenatal and newborn care.~~

17 "Postnatal visit" means a visit occurring after birth, with
18 reference to the newborn.

19 "Prenatal visit" means a visit occurring before birth.

20 "Program" means the Prenatal and Newborn Care Program
21 established pursuant to this Act.

22 (Source: P.A. 95-639, eff. 10-5-07.)

23 Section 90. The AIDS Confidentiality Act is amended by
24 changing Section 3 as follows:

1 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

2 Sec. 3. When used in this Act:

3 (a) "AIDS" means acquired immunodeficiency syndrome.

4 (b) "Authority" means the Illinois Health Information
5 Exchange Authority established pursuant to the Illinois Health
6 Information Exchange and Technology Act.

7 (c) "Business associate" has the meaning ascribed to it
8 under HIPAA, as specified in 45 CFR 160.103.

9 (d) "Covered entity" has the meaning ascribed to it under
10 HIPAA, as specified in 45 CFR 160.103.

11 (e) "De-identified information" means health information
12 that is not individually identifiable as described under HIPAA,
13 as specified in 45 CFR 164.514(b).

14 (f) "Department" means the Illinois Department of Public
15 Health or its designated agents.

16 (g) "Disclosure" has the meaning ascribed to it under
17 HIPAA, as specified in 45 CFR 160.103.

18 (h) "Health care operations" has the meaning ascribed to it
19 under HIPAA, as specified in 45 CFR 164.501.

20 (i) "Health care professional" means (i) a licensed
21 physician, (ii) a licensed physician assistant ~~to whom the~~
22 ~~physician assistant's supervising physician has delegated the~~
23 ~~provision of AIDS and HIV-related health services,~~ (iii) a
24 licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has a~~
25 ~~written collaborative agreement with a collaborating physician~~
26 ~~which authorizes the provision of AIDS and HIV-related health~~

1 ~~services~~, (iv) a licensed dentist, (v) a licensed podiatric
2 physician, or (vi) an individual certified to provide HIV
3 testing and counseling by a state or local public health
4 department.

5 (j) "Health care provider" has the meaning ascribed to it
6 under HIPAA, as specified in 45 CFR 160.103.

7 (k) "Health facility" means a hospital, nursing home, blood
8 bank, blood center, sperm bank, or other health care
9 institution, including any "health facility" as that term is
10 defined in the Illinois Finance Authority Act.

11 (l) "Health information exchange" or "HIE" means a health
12 information exchange or health information organization that
13 oversees and governs the electronic exchange of health
14 information that (i) is established pursuant to the Illinois
15 Health Information Exchange and Technology Act, or any
16 subsequent amendments thereto, and any administrative rules
17 adopted thereunder; (ii) has established a data sharing
18 arrangement with the Authority; or (iii) as of August 16, 2013,
19 was designated by the Authority Board as a member of, or was
20 represented on, the Authority Board's Regional Health
21 Information Exchange Workgroup; provided that such designation
22 shall not require the establishment of a data sharing
23 arrangement or other participation with the Illinois Health
24 Information Exchange or the payment of any fee. In certain
25 circumstances, in accordance with HIPAA, an HIE will be a
26 business associate.

1 (m) "Health oversight agency" has the meaning ascribed to
2 it under HIPAA, as specified in 45 CFR 164.501.

3 (n) "HIPAA" means the Health Insurance Portability and
4 Accountability Act of 1996, Public Law 104-191, as amended by
5 the Health Information Technology for Economic and Clinical
6 Health Act of 2009, Public Law 111-05, and any subsequent
7 amendments thereto and any regulations promulgated thereunder.

8 (o) "HIV" means the human immunodeficiency virus.

9 (p) "HIV-related information" means the identity of a
10 person upon whom an HIV test is performed, the results of an
11 HIV test, as well as diagnosis, treatment, and prescription
12 information that reveals a patient is HIV-positive, including
13 such information contained in a limited data set. "HIV-related
14 information" does not include information that has been
15 de-identified in accordance with HIPAA.

16 (q) "Informed consent" means a written or verbal agreement
17 by the subject of a test or the subject's legally authorized
18 representative without undue inducement or any element of
19 force, fraud, deceit, duress, or other form of constraint or
20 coercion, which entails at least the following pre-test
21 information:

22 (1) a fair explanation of the test, including its
23 purpose, potential uses, limitations, and the meaning of
24 its results;

25 (2) a fair explanation of the procedures to be
26 followed, including the voluntary nature of the test, the

1 right to withdraw consent to the testing process at any
2 time, the right to anonymity to the extent provided by law
3 with respect to participation in the test and disclosure of
4 test results, and the right to confidential treatment of
5 information identifying the subject of the test and the
6 results of the test, to the extent provided by law; and

7 (3) where the person providing informed consent is a
8 participant in an HIE, a fair explanation that the results
9 of the patient's HIV test will be accessible through an HIE
10 and meaningful disclosure of the patient's opt-out right
11 under Section 9.6 of this Act.

12 Pre-test information may be provided in writing, verbally,
13 or by video, electronic, or other means. The subject must be
14 offered an opportunity to ask questions about the HIV test and
15 decline testing. Nothing in this Act shall prohibit a health
16 care provider or health care professional from combining a form
17 used to obtain informed consent for HIV testing with forms used
18 to obtain written consent for general medical care or any other
19 medical test or procedure provided that the forms make it clear
20 that the subject may consent to general medical care, tests, or
21 medical procedures without being required to consent to HIV
22 testing and clearly explain how the subject may opt out of HIV
23 testing.

24 (r) "Limited data set" has the meaning ascribed to it under
25 HIPAA, as described in 45 CFR 164.514(e) (2).

26 (s) "Minimum necessary" means the HIPAA standard for using,

1 disclosing, and requesting protected health information found
2 in 45 CFR 164.502(b) and 164.514(d).

3 (t) "Organized health care arrangement" has the meaning
4 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

5 (u) "Patient safety activities" has the meaning ascribed to
6 it under 42 CFR 3.20.

7 (v) "Payment" has the meaning ascribed to it under HIPAA,
8 as specified in 45 CFR 164.501.

9 (w) "Person" includes any natural person, partnership,
10 association, joint venture, trust, governmental entity, public
11 or private corporation, health facility, or other legal entity.

12 (x) "Protected health information" has the meaning
13 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

14 (y) "Research" has the meaning ascribed to it under HIPAA,
15 as specified in 45 CFR 164.501.

16 (z) "State agency" means an instrumentality of the State of
17 Illinois and any instrumentality of another state that,
18 pursuant to applicable law or a written undertaking with an
19 instrumentality of the State of Illinois, is bound to protect
20 the privacy of HIV-related information of Illinois persons.

21 (aa) "Test" or "HIV test" means a test to determine the
22 presence of the antibody or antigen to HIV, or of HIV
23 infection.

24 (bb) "Treatment" has the meaning ascribed to it under
25 HIPAA, as specified in 45 CFR 164.501.

26 (cc) "Use" has the meaning ascribed to it under HIPAA, as

1 specified in 45 CFR 160.103, where context dictates.

2 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15.)

3 Section 95. The Illinois Sexually Transmissible Disease
4 Control Act is amended by changing Sections 3 and 4 as follows:

5 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

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

8 (1) "Department" means the Department of Public Health.

9 (2) "Local health authority" means the full-time official
10 health department or board of health, as recognized by the
11 Department, having jurisdiction over a particular area.

12 (3) "Sexually transmissible disease" means a bacterial,
13 viral, fungal or parasitic disease, determined by rule of the
14 Department to be sexually transmissible, to be a threat to the
15 public health and welfare, and to be a disease for which a
16 legitimate public interest will be served by providing for
17 regulation and treatment. In considering which diseases are to
18 be designated sexually transmissible diseases, the Department
19 shall consider such diseases as chancroid, gonorrhea,
20 granuloma inguinale, lymphogranuloma venereum, genital herpes
21 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic
22 inflammatory disease (PID)/Acute Salpingitis, syphilis,
23 Acquired Immunodeficiency Syndrome (AIDS), and Human
24 Immunodeficiency Virus (HIV) for designation, and shall

1 consider the recommendations and classifications of the
2 Centers for Disease Control and other nationally recognized
3 medical authorities. Not all diseases that are sexually
4 transmissible need be designated for purposes of this Act.

5 (4) "Health care professional" means a physician licensed
6 to practice medicine in all its branches, a licensed physician
7 assistant ~~who has been delegated the provision of sexually~~
8 ~~transmissible disease therapy services or expedited partner~~
9 ~~therapy services by his or her supervising physician, or a~~
10 licensed ~~an~~ advanced practice nurse ~~who has a written~~
11 ~~collaborative agreement with a collaborating physician that~~
12 ~~authorizes the provision of sexually transmissible disease~~
13 ~~therapy services or expedited partner therapy services, or an~~
14 ~~advanced practice nurse who practices in a hospital or~~
15 ~~ambulatory surgical treatment center and possesses appropriate~~
16 ~~clinical privileges in accordance with the Nurse Practice Act.~~

17 (5) "Expedited partner therapy" means to prescribe,
18 dispense, furnish, or otherwise provide prescription
19 antibiotic drugs to the partner or partners of persons
20 clinically diagnosed as infected with a sexually transmissible
21 disease, without physical examination of the partner or
22 partners.

23 (Source: P.A. 96-613, eff. 1-1-10.)

24 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

25 Sec. 4. Reporting required.

1 (a) A physician licensed under the provisions of the
2 Medical Practice Act of 1987, an advanced practice nurse
3 licensed under the provisions of the Nurse Practice Act ~~who has~~
4 ~~a written collaborative agreement with a collaborating~~
5 ~~physician that authorizes the provision of services for a~~
6 ~~sexually transmissible disease~~, or a physician assistant
7 licensed under the provisions of the Physician Assistant
8 Practice Act of 1987 ~~who has been delegated authority to~~
9 ~~provide services for a sexually transmissible disease~~ who makes
10 a diagnosis of or treats a person with a sexually transmissible
11 disease and each laboratory that performs a test for a sexually
12 transmissible disease which concludes with a positive result
13 shall report such facts as may be required by the Department by
14 rule, within such time period as the Department may require by
15 rule, but in no case to exceed 2 weeks.

16 (b) The Department shall adopt rules specifying the
17 information required in reporting a sexually transmissible
18 disease, the method of reporting and specifying a minimum time
19 period for reporting. In adopting such rules, the Department
20 shall consider the need for information, protections for the
21 privacy and confidentiality of the patient, and the practical
22 abilities of persons and laboratories to report in a reasonable
23 fashion.

24 (c) Any person who knowingly or maliciously disseminates
25 any false information or report concerning the existence of any
26 sexually transmissible disease under this Section is guilty of

1 a Class A misdemeanor.

2 (d) Any person who violates the provisions of this Section
3 or the rules adopted hereunder may be fined by the Department
4 up to \$500 for each violation. The Department shall report each
5 violation of this Section to the regulatory agency responsible
6 for licensing a health care professional or a laboratory to
7 which these provisions apply.

8 (Source: P.A. 95-639, eff. 10-5-07.)

9 Section 100. The Perinatal HIV Prevention Act is amended by
10 changing Section 5 as follows:

11 (410 ILCS 335/5)

12 Sec. 5. Definitions. In this Act:

13 "Department" means the Department of Public Health.

14 "Health care professional" means a physician licensed to
15 practice medicine in all its branches, a licensed physician
16 assistant ~~who has been delegated the provision of health~~
17 ~~services by his or her supervising physician, or a licensed an~~
18 ~~advanced practice registered nurse who has a written~~
19 ~~collaborative agreement with a collaborating physician that~~
20 ~~authorizes the provision of health services.~~

21 "Health care facility" or "facility" means any hospital or
22 other institution that is licensed or otherwise authorized to
23 deliver health care services.

24 "Health care services" means any prenatal medical care or

1 labor or delivery services to a pregnant woman and her newborn
2 infant, including hospitalization.

3 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

4 Section 105. The Genetic Information Privacy Act is amended
5 by changing Section 10 as follows:

6 (410 ILCS 513/10)

7 Sec. 10. Definitions. As used in this Act:

8 "Authority" means the Illinois Health Information Exchange
9 Authority established pursuant to the Illinois Health
10 Information Exchange and Technology Act.

11 "Business associate" has the meaning ascribed to it under
12 HIPAA, as specified in 45 CFR 160.103.

13 "Covered entity" has the meaning ascribed to it under
14 HIPAA, as specified in 45 CFR 160.103.

15 "De-identified information" means health information that
16 is not individually identifiable as described under HIPAA, as
17 specified in 45 CFR 164.514(b).

18 "Disclosure" has the meaning ascribed to it under HIPAA, as
19 specified in 45 CFR 160.103.

20 "Employer" means the State of Illinois, any unit of local
21 government, and any board, commission, department,
22 institution, or school district, any party to a public
23 contract, any joint apprenticeship or training committee
24 within the State, and every other person employing employees

1 within the State.

2 "Employment agency" means both public and private
3 employment agencies and any person, labor organization, or
4 labor union having a hiring hall or hiring office regularly
5 undertaking, with or without compensation, to procure
6 opportunities to work, or to procure, recruit, refer, or place
7 employees.

8 "Family member" means, with respect to an individual, (i)
9 the spouse of the individual; (ii) a dependent child of the
10 individual, including a child who is born to or placed for
11 adoption with the individual; (iii) any other person qualifying
12 as a covered dependent under a managed care plan; and (iv) all
13 other individuals related by blood or law to the individual or
14 the spouse or child described in subsections (i) through (iii)
15 of this definition.

16 "Genetic information" has the meaning ascribed to it under
17 HIPAA, as specified in 45 CFR 160.103.

18 "Genetic monitoring" means the periodic examination of
19 employees to evaluate acquired modifications to their genetic
20 material, such as chromosomal damage or evidence of increased
21 occurrence of mutations that may have developed in the course
22 of employment due to exposure to toxic substances in the
23 workplace in order to identify, evaluate, and respond to
24 effects of or control adverse environmental exposures in the
25 workplace.

26 "Genetic services" has the meaning ascribed to it under

1 HIPAA, as specified in 45 CFR 160.103.

2 "Genetic testing" and "genetic test" have the meaning
3 ascribed to "genetic test" under HIPAA, as specified in 45 CFR
4 160.103.

5 "Health care operations" has the meaning ascribed to it
6 under HIPAA, as specified in 45 CFR 164.501.

7 "Health care professional" means (i) a licensed physician,
8 (ii) a licensed physician assistant ~~to whom the physician~~
9 ~~assistant's supervising physician has delegated the provision~~
10 ~~of genetic testing or genetic counseling related services,~~
11 (iii) a licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has~~
12 ~~a written collaborative agreement with a collaborating~~
13 ~~physician which authorizes the provision of genetic testing or~~
14 ~~genetic counseling related health services,~~ (iv) a licensed
15 dentist, (v) a licensed podiatrist, (vi) a licensed genetic
16 counselor, or (vii) an individual certified to provide genetic
17 testing by a state or local public health department.

18 "Health care provider" has the meaning ascribed to it under
19 HIPAA, as specified in 45 CFR 160.103.

20 "Health facility" means a hospital, blood bank, blood
21 center, sperm bank, or other health care institution, including
22 any "health facility" as that term is defined in the Illinois
23 Finance Authority Act.

24 "Health information exchange" or "HIE" means a health
25 information exchange or health information organization that
26 exchanges health information electronically that (i) is

1 established pursuant to the Illinois Health Information
2 Exchange and Technology Act, or any subsequent amendments
3 thereto, and any administrative rules promulgated thereunder;
4 (ii) has established a data sharing arrangement with the
5 Authority; or (iii) as of August 16, 2013, was designated by
6 the Authority Board as a member of, or was represented on, the
7 Authority Board's Regional Health Information Exchange
8 Workgroup; provided that such designation shall not require the
9 establishment of a data sharing arrangement or other
10 participation with the Illinois Health Information Exchange or
11 the payment of any fee. In certain circumstances, in accordance
12 with HIPAA, an HIE will be a business associate.

13 "Health oversight agency" has the meaning ascribed to it
14 under HIPAA, as specified in 45 CFR 164.501.

15 "HIPAA" means the Health Insurance Portability and
16 Accountability Act of 1996, Public Law 104-191, as amended by
17 the Health Information Technology for Economic and Clinical
18 Health Act of 2009, Public Law 111-05, and any subsequent
19 amendments thereto and any regulations promulgated thereunder.

20 "Insurer" means (i) an entity that is subject to the
21 jurisdiction of the Director of Insurance and (ii) a managed
22 care plan.

23 "Labor organization" includes any organization, labor
24 union, craft union, or any voluntary unincorporated
25 association designed to further the cause of the rights of
26 union labor that is constituted for the purpose, in whole or in

1 part, of collective bargaining or of dealing with employers
2 concerning grievances, terms or conditions of employment, or
3 apprenticeships or applications for apprenticeships, or of
4 other mutual aid or protection in connection with employment,
5 including apprenticeships or applications for apprenticeships.

6 "Licensing agency" means a board, commission, committee,
7 council, department, or officers, except a judicial officer, in
8 this State or any political subdivision authorized to grant,
9 deny, renew, revoke, suspend, annul, withdraw, or amend a
10 license or certificate of registration.

11 "Limited data set" has the meaning ascribed to it under
12 HIPAA, as described in 45 CFR 164.514(e)(2).

13 "Managed care plan" means a plan that establishes,
14 operates, or maintains a network of health care providers that
15 have entered into agreements with the plan to provide health
16 care services to enrollees where the plan has the ultimate and
17 direct contractual obligation to the enrollee to arrange for
18 the provision of or pay for services through:

19 (1) organizational arrangements for ongoing quality
20 assurance, utilization review programs, or dispute
21 resolution; or

22 (2) financial incentives for persons enrolled in the
23 plan to use the participating providers and procedures
24 covered by the plan.

25 A managed care plan may be established or operated by any
26 entity including a licensed insurance company, hospital or

1 medical service plan, health maintenance organization, limited
2 health service organization, preferred provider organization,
3 third party administrator, or an employer or employee
4 organization.

5 "Minimum necessary" means HIPAA's standard for using,
6 disclosing, and requesting protected health information found
7 in 45 CFR 164.502(b) and 164.514(d).

8 "Nontherapeutic purpose" means a purpose that is not
9 intended to improve or preserve the life or health of the
10 individual whom the information concerns.

11 "Organized health care arrangement" has the meaning
12 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

13 "Patient safety activities" has the meaning ascribed to it
14 under 42 CFR 3.20.

15 "Payment" has the meaning ascribed to it under HIPAA, as
16 specified in 45 CFR 164.501.

17 "Person" includes any natural person, partnership,
18 association, joint venture, trust, governmental entity, public
19 or private corporation, health facility, or other legal entity.

20 "Protected health information" has the meaning ascribed to
21 it under HIPAA, as specified in 45 CFR 164.103.

22 "Research" has the meaning ascribed to it under HIPAA, as
23 specified in 45 CFR 164.501.

24 "State agency" means an instrumentality of the State of
25 Illinois and any instrumentality of another state which
26 pursuant to applicable law or a written undertaking with an

1 instrumentality of the State of Illinois is bound to protect
2 the privacy of genetic information of Illinois persons.

3 "Treatment" has the meaning ascribed to it under HIPAA, as
4 specified in 45 CFR 164.501.

5 "Use" has the meaning ascribed to it under HIPAA, as
6 specified in 45 CFR 160.103, where context dictates.

7 (Source: P.A. 98-1046, eff. 1-1-15.)

8 Section 110. The Home Health and Hospice Drug Dispensation
9 and Administration Act is amended by changing Section 10 as
10 follows:

11 (410 ILCS 642/10)

12 Sec. 10. Definitions. In this Act:

13 "Authorized nursing employee" means a registered nurse or
14 advanced practice nurse, as defined in the Nurse Practice Act,
15 who is employed by a home health agency or hospice licensed in
16 this State.

17 "Health care professional" means a physician licensed to
18 practice medicine in all its branches, a licensed ~~an~~ advanced
19 practice nurse ~~who has a written collaborative agreement with a~~
20 ~~collaborating physician that authorizes services under this~~
21 ~~Act,~~ or a licensed physician assistant ~~who has been delegated~~
22 ~~the authority to perform services under this Act by his or her~~
23 ~~supervising physician.~~

24 "Home health agency" has the meaning ascribed to it in

1 Section 2.04 of the Home Health, Home Services, and Home
2 Nursing Agency Licensing Act.

3 "Hospice" means a full hospice, as defined in Section 3 of
4 the Hospice Program Licensing Act.

5 "Physician" means a physician licensed under the Medical
6 Practice Act of 1987 to practice medicine in all its branches.
7 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;
8 95-639, eff. 10-5-07.)

9 Section 115. The Illinois Vehicle Code is amended by
10 changing Sections 1-159.1, 3-616, 6-103, 6-106.1, and 6-901 as
11 follows:

12 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

13 Sec. 1-159.1. Person with disabilities. A natural person
14 who, as determined by a licensed physician, by a licensed
15 physician assistant ~~who has been delegated the authority to~~
16 ~~make this determination by his or her supervising physician,~~ or
17 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~
18 ~~collaborative agreement with a collaborating physician that~~
19 ~~authorizes the advanced practice nurse to make this~~
20 ~~determination:~~ (1) cannot walk without the use of, or
21 assistance from, a brace, cane, crutch, another person,
22 prosthetic device, wheelchair, or other assistive device; (2)
23 is restricted by lung disease to such an extent that his or her
24 forced (respiratory) expiratory volume for one second, when

1 measured by spirometry, is less than one liter, or the arterial
2 oxygen tension is less than 60 mm/hg on room air at rest; (3)
3 uses portable oxygen; (4) has a cardiac condition to the extent
4 that the person's functional limitations are classified in
5 severity as Class III or Class IV, according to standards set
6 by the American Heart Association; (5) is severely limited in
7 the person's ability to walk due to an arthritic, neurological,
8 oncological, or orthopedic condition; (6) cannot walk 200 feet
9 without stopping to rest because of one of the above 5
10 conditions; or (7) is missing a hand or arm or has permanently
11 lost the use of a hand or arm.

12 (Source: P.A. 98-405, eff. 1-1-14.)

13 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

14 Sec. 3-616. Disability license plates.

15 (a) Upon receiving an application for a certificate of
16 registration for a motor vehicle of the first division or for a
17 motor vehicle of the second division weighing no more than
18 8,000 pounds, accompanied with payment of the registration fees
19 required under this Code from a person with disabilities or a
20 person who is deaf or hard of hearing, the Secretary of State,
21 if so requested, shall issue to such person registration plates
22 as provided for in Section 3-611, provided that the person with
23 disabilities or person who is deaf or hard of hearing must not
24 be disqualified from obtaining a driver's license under
25 subsection 8 of Section 6-103 of this Code, and further

1 provided that any person making such a request must submit a
2 statement, certified by a licensed physician, by a licensed
3 physician assistant ~~who has been delegated the authority to~~
4 ~~make this certification by his or her supervising physician,~~ or
5 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~
6 ~~collaborative agreement with a collaborating physician that~~
7 ~~authorizes the advanced practice nurse to make this~~
8 ~~certification,~~ to the effect that such person is a person with
9 disabilities as defined by Section 1-159.1 of this Code, or
10 alternatively provide adequate documentation that such person
11 has a Class 1A, Class 2A or Type Four disability under the
12 provisions of Section 4A of the Illinois Identification Card
13 Act. For purposes of this Section, an Illinois Person with a
14 Disability Identification Card issued pursuant to the Illinois
15 Identification Card Act indicating that the person thereon
16 named has a disability shall be adequate documentation of such
17 a disability.

18 (b) The Secretary shall issue plates under this Section to
19 a parent or legal guardian of a person with disabilities if the
20 person with disabilities has a Class 1A or Class 2A disability
21 as defined in Section 4A of the Illinois Identification Card
22 Act or is a person with disabilities as defined by Section
23 1-159.1 of this Code, and does not possess a vehicle registered
24 in his or her name, provided that the person with disabilities
25 relies frequently on the parent or legal guardian for
26 transportation. Only one vehicle per family may be registered

1 under this subsection, unless the applicant can justify in
2 writing the need for one additional set of plates. Any person
3 requesting special plates under this subsection shall submit
4 such documentation or such physician's, physician assistant's,
5 or advanced practice nurse's statement as is required in
6 subsection (a) and a statement describing the circumstances
7 qualifying for issuance of special plates under this
8 subsection. An optometrist may certify a Class 2A Visual
9 Disability, as defined in Section 4A of the Illinois
10 Identification Card Act, for the purpose of qualifying a person
11 with disabilities for special plates under this subsection.

12 (c) The Secretary may issue a parking decal or device to a
13 person with disabilities as defined by Section 1-159.1 without
14 regard to qualification of such person with disabilities for a
15 driver's license or registration of a vehicle by such person
16 with disabilities or such person's immediate family, provided
17 such person with disabilities making such a request has been
18 issued an Illinois Person with a Disability Identification Card
19 indicating that the person named thereon has a Class 1A or
20 Class 2A disability, or alternatively, submits a statement
21 certified by a licensed physician, or by a licensed physician
22 assistant or a licensed ~~an~~ advanced practice nurse as provided
23 in subsection (a), to the effect that such person is a person
24 with disabilities as defined by Section 1-159.1. An optometrist
25 may certify a Class 2A Visual Disability as defined in Section
26 4A of the Illinois Identification Card Act for the purpose of

1 qualifying a person with disabilities for a parking decal or
2 device under this subsection.

3 (d) The Secretary shall prescribe by rules and regulations
4 procedures to certify or re-certify as necessary the
5 eligibility of persons whose disabilities are other than
6 permanent for special plates or parking decals or devices
7 issued under subsections (a), (b) and (c). Except as provided
8 under subsection (f) of this Section, no such special plates,
9 decals or devices shall be issued by the Secretary of State to
10 or on behalf of any person with disabilities unless such person
11 is certified as meeting the definition of a person with
12 disabilities pursuant to Section 1-159.1 or meeting the
13 requirement of a Type Four disability as provided under Section
14 4A of the Illinois Identification Card Act for the period of
15 time that the physician, or the physician assistant or advanced
16 practice nurse as provided in subsection (a), determines the
17 applicant will have the disability, but not to exceed 6 months
18 from the date of certification or recertification.

19 (e) Any person requesting special plates under this Section
20 may also apply to have the special plates personalized, as
21 provided under Section 3-405.1.

22 (f) The Secretary of State, upon application, shall issue
23 disability registration plates or a parking decal to
24 corporations, school districts, State or municipal agencies,
25 limited liability companies, nursing homes, convalescent
26 homes, or special education cooperatives which will transport

1 persons with disabilities. The Secretary shall prescribe by
2 rule a means to certify or re-certify the eligibility of
3 organizations to receive disability plates or decals and to
4 designate which of the 2 person with disabilities emblems shall
5 be placed on qualifying vehicles.

6 (g) The Secretary of State, or his designee, may enter into
7 agreements with other jurisdictions, including foreign
8 jurisdictions, on behalf of this State relating to the
9 extension of parking privileges by such jurisdictions to
10 permanently disabled residents of this State who display a
11 special license plate or parking device that contains the
12 International symbol of access on his or her motor vehicle, and
13 to recognize such plates or devices issued by such other
14 jurisdictions. This State shall grant the same parking
15 privileges which are granted to disabled residents of this
16 State to any non-resident whose motor vehicle is licensed in
17 another state, district, territory or foreign country if such
18 vehicle displays the international symbol of access or a
19 distinguishing insignia on license plates or parking device
20 issued in accordance with the laws of the non-resident's state,
21 district, territory or foreign country.

22 (Source: P.A. 97-1064, eff. 1-1-13.)

23 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

24 Sec. 6-103. What persons shall not be licensed as drivers
25 or granted permits. The Secretary of State shall not issue,

1 renew, or allow the retention of any driver's license nor issue
2 any permit under this Code:

3 1. To any person, as a driver, who is under the age of
4 18 years except as provided in Section 6-107, and except
5 that an instruction permit may be issued under Section
6 6-107.1 to a child who is not less than 15 years of age if
7 the child is enrolled in an approved driver education
8 course as defined in Section 1-103 of this Code and
9 requires an instruction permit to participate therein,
10 except that an instruction permit may be issued under the
11 provisions of Section 6-107.1 to a child who is 17 years
12 and 3 months of age without the child having enrolled in an
13 approved driver education course and except that an
14 instruction permit may be issued to a child who is at least
15 15 years and 3 months of age, is enrolled in school, meets
16 the educational requirements of the Driver Education Act,
17 and has passed examinations the Secretary of State in his
18 or her discretion may prescribe;

19 1.5. To any person at least 18 years of age but less
20 than 21 years of age unless the person has, in addition to
21 any other requirements of this Code, successfully
22 completed an adult driver education course as provided in
23 Section 6-107.5 of this Code;

24 2. To any person who is under the age of 18 as an
25 operator of a motorcycle other than a motor driven cycle
26 unless the person has, in addition to meeting the

1 provisions of Section 6-107 of this Code, successfully
2 completed a motorcycle training course approved by the
3 Illinois Department of Transportation and successfully
4 completes the required Secretary of State's motorcycle
5 driver's examination;

6 3. To any person, as a driver, whose driver's license
7 or permit has been suspended, during the suspension, nor to
8 any person whose driver's license or permit has been
9 revoked, except as provided in Sections 6-205, 6-206, and
10 6-208;

11 4. To any person, as a driver, who is a user of alcohol
12 or any other drug to a degree that renders the person
13 incapable of safely driving a motor vehicle;

14 5. To any person, as a driver, who has previously been
15 adjudged to be afflicted with or suffering from any mental
16 or physical disability or disease and who has not at the
17 time of application been restored to competency by the
18 methods provided by law;

19 6. To any person, as a driver, who is required by the
20 Secretary of State to submit an alcohol and drug evaluation
21 or take an examination provided for in this Code unless the
22 person has successfully passed the examination and
23 submitted any required evaluation;

24 7. To any person who is required under the provisions
25 of the laws of this State to deposit security or proof of
26 financial responsibility and who has not deposited the

1 security or proof;

2 8. To any person when the Secretary of State has good
3 cause to believe that the person by reason of physical or
4 mental disability would not be able to safely operate a
5 motor vehicle upon the highways, unless the person shall
6 furnish to the Secretary of State a verified written
7 statement, acceptable to the Secretary of State, from a
8 competent medical specialist, a licensed physician
9 assistant ~~who has been delegated the performance of medical~~
10 ~~examinations by his or her supervising physician,~~ or a
11 licensed advanced practice nurse ~~who has a written~~
12 ~~collaborative agreement with a collaborating physician~~
13 ~~which authorizes him or her to perform medical~~
14 ~~examinations,~~ to the effect that the operation of a motor
15 vehicle by the person would not be inimical to the public
16 safety;

17 9. To any person, as a driver, who is 69 years of age
18 or older, unless the person has successfully complied with
19 the provisions of Section 6-109;

20 10. To any person convicted, within 12 months of
21 application for a license, of any of the sexual offenses
22 enumerated in paragraph 2 of subsection (b) of Section
23 6-205;

24 11. To any person who is under the age of 21 years with
25 a classification prohibited in paragraph (b) of Section
26 6-104 and to any person who is under the age of 18 years

1 with a classification prohibited in paragraph (c) of
2 Section 6-104;

3 12. To any person who has been either convicted of or
4 adjudicated under the Juvenile Court Act of 1987 based upon
5 a violation of the Cannabis Control Act, the Illinois
6 Controlled Substances Act, or the Methamphetamine Control
7 and Community Protection Act while that person was in
8 actual physical control of a motor vehicle. For purposes of
9 this Section, any person placed on probation under Section
10 10 of the Cannabis Control Act, Section 410 of the Illinois
11 Controlled Substances Act, or Section 70 of the
12 Methamphetamine Control and Community Protection Act shall
13 not be considered convicted. Any person found guilty of
14 this offense, while in actual physical control of a motor
15 vehicle, shall have an entry made in the court record by
16 the judge that this offense did occur while the person was
17 in actual physical control of a motor vehicle and order the
18 clerk of the court to report the violation to the Secretary
19 of State as such. The Secretary of State shall not issue a
20 new license or permit for a period of one year;

21 13. To any person who is under the age of 18 years and
22 who has committed the offense of operating a motor vehicle
23 without a valid license or permit in violation of Section
24 6-101 or a similar out of state offense;

25 14. To any person who is 90 days or more delinquent in
26 court ordered child support payments or has been

1 adjudicated in arrears in an amount equal to 90 days'
2 obligation or more and who has been found in contempt of
3 court for failure to pay the support, subject to the
4 requirements and procedures of Article VII of Chapter 7 of
5 the Illinois Vehicle Code;

6 14.5. To any person certified by the Illinois
7 Department of Healthcare and Family Services as being 90
8 days or more delinquent in payment of support under an
9 order of support entered by a court or administrative body
10 of this or any other State, subject to the requirements and
11 procedures of Article VII of Chapter 7 of this Code
12 regarding those certifications;

13 15. To any person released from a term of imprisonment
14 for violating Section 9-3 of the Criminal Code of 1961 or
15 the Criminal Code of 2012, or a similar provision of a law
16 of another state relating to reckless homicide or for
17 violating subparagraph (F) of paragraph (1) of subsection
18 (d) of Section 11-501 of this Code relating to aggravated
19 driving under the influence of alcohol, other drug or
20 drugs, intoxicating compound or compounds, or any
21 combination thereof, if the violation was the proximate
22 cause of a death, within 24 months of release from a term
23 of imprisonment;

24 16. To any person who, with intent to influence any act
25 related to the issuance of any driver's license or permit,
26 by an employee of the Secretary of State's Office, or the

1 owner or employee of any commercial driver training school
2 licensed by the Secretary of State, or any other individual
3 authorized by the laws of this State to give driving
4 instructions or administer all or part of a driver's
5 license examination, promises or tenders to that person any
6 property or personal advantage which that person is not
7 authorized by law to accept. Any persons promising or
8 tendering such property or personal advantage shall be
9 disqualified from holding any class of driver's license or
10 permit for 120 consecutive days. The Secretary of State
11 shall establish by rule the procedures for implementing
12 this period of disqualification and the procedures by which
13 persons so disqualified may obtain administrative review
14 of the decision to disqualify;

15 17. To any person for whom the Secretary of State
16 cannot verify the accuracy of any information or
17 documentation submitted in application for a driver's
18 license; or

19 18. To any person who has been adjudicated under the
20 Juvenile Court Act of 1987 based upon an offense that is
21 determined by the court to have been committed in
22 furtherance of the criminal activities of an organized
23 gang, as provided in Section 5-710 of that Act, and that
24 involved the operation or use of a motor vehicle or the use
25 of a driver's license or permit. The person shall be denied
26 a license or permit for the period determined by the court.

1 The Secretary of State shall retain all conviction
2 information, if the information is required to be held
3 confidential under the Juvenile Court Act of 1987.

4 (Source: P.A. 97-185, eff. 7-22-11; 97-1150, eff. 1-25-13;
5 98-167, eff. 7-1-14; 98-756, eff. 7-16-14.)

6 (625 ILCS 5/6-106.1)

7 Sec. 6-106.1. School bus driver permit.

8 (a) The Secretary of State shall issue a school bus driver
9 permit to those applicants who have met all the requirements of
10 the application and screening process under this Section to
11 insure the welfare and safety of children who are transported
12 on school buses throughout the State of Illinois. Applicants
13 shall obtain the proper application required by the Secretary
14 of State from their prospective or current employer and submit
15 the completed application to the prospective or current
16 employer along with the necessary fingerprint submission as
17 required by the Department of State Police to conduct
18 fingerprint based criminal background checks on current and
19 future information available in the state system and current
20 information available through the Federal Bureau of
21 Investigation's system. Applicants who have completed the
22 fingerprinting requirements shall not be subjected to the
23 fingerprinting process when applying for subsequent permits or
24 submitting proof of successful completion of the annual
25 refresher course. Individuals who on the effective date of this

1 Act possess a valid school bus driver permit that has been
2 previously issued by the appropriate Regional School
3 Superintendent are not subject to the fingerprinting
4 provisions of this Section as long as the permit remains valid
5 and does not lapse. The applicant shall be required to pay all
6 related application and fingerprinting fees as established by
7 rule including, but not limited to, the amounts established by
8 the Department of State Police and the Federal Bureau of
9 Investigation to process fingerprint based criminal background
10 investigations. All fees paid for fingerprint processing
11 services under this Section shall be deposited into the State
12 Police Services Fund for the cost incurred in processing the
13 fingerprint based criminal background investigations. All
14 other fees paid under this Section shall be deposited into the
15 Road Fund for the purpose of defraying the costs of the
16 Secretary of State in administering this Section. All
17 applicants must:

- 18 1. be 21 years of age or older;
- 19 2. possess a valid and properly classified driver's
20 license issued by the Secretary of State;
- 21 3. possess a valid driver's license, which has not been
22 revoked, suspended, or canceled for 3 years immediately
23 prior to the date of application, or have not had his or
24 her commercial motor vehicle driving privileges
25 disqualified within the 3 years immediately prior to the
26 date of application;

1 4. successfully pass a written test, administered by
2 the Secretary of State, on school bus operation, school bus
3 safety, and special traffic laws relating to school buses
4 and submit to a review of the applicant's driving habits by
5 the Secretary of State at the time the written test is
6 given;

7 5. demonstrate ability to exercise reasonable care in
8 the operation of school buses in accordance with rules
9 promulgated by the Secretary of State;

10 6. demonstrate physical fitness to operate school
11 buses by submitting the results of a medical examination,
12 including tests for drug use for each applicant not subject
13 to such testing pursuant to federal law, conducted by a
14 licensed physician, a licensed ~~an~~ advanced practice nurse
15 ~~who has a written collaborative agreement with a~~
16 ~~collaborating physician which authorizes him or her to~~
17 ~~perform medical examinations,~~ or a licensed physician
18 assistant ~~who has been delegated the performance of medical~~
19 ~~examinations by his or her supervising physician~~ within 90
20 days of the date of application according to standards
21 promulgated by the Secretary of State;

22 7. affirm under penalties of perjury that he or she has
23 not made a false statement or knowingly concealed a
24 material fact in any application for permit;

25 8. have completed an initial classroom course,
26 including first aid procedures, in school bus driver safety

1 as promulgated by the Secretary of State; and after
2 satisfactory completion of said initial course an annual
3 refresher course; such courses and the agency or
4 organization conducting such courses shall be approved by
5 the Secretary of State; failure to complete the annual
6 refresher course, shall result in cancellation of the
7 permit until such course is completed;

8 9. not have been under an order of court supervision
9 for or convicted of 2 or more serious traffic offenses, as
10 defined by rule, within one year prior to the date of
11 application that may endanger the life or safety of any of
12 the driver's passengers within the duration of the permit
13 period;

14 10. not have been under an order of court supervision
15 for or convicted of reckless driving, aggravated reckless
16 driving, driving while under the influence of alcohol,
17 other drug or drugs, intoxicating compound or compounds or
18 any combination thereof, or reckless homicide resulting
19 from the operation of a motor vehicle within 3 years of the
20 date of application;

21 11. not have been convicted of committing or attempting
22 to commit any one or more of the following offenses: (i)
23 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,
24 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,
25 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,
26 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,

1 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,
2 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,
3 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,
4 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,
5 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,
6 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,
7 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,
8 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,
9 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,
10 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,
11 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,
12 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,
13 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section
14 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),
15 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and
16 in subsection (a) and subsection (b), clause (1), of
17 Section 12-4, and in subsection (A), clauses (a) and (b),
18 of Section 24-3, and those offenses contained in Article
19 29D of the Criminal Code of 1961 or the Criminal Code of
20 2012; (ii) those offenses defined in the Cannabis Control
21 Act except those offenses defined in subsections (a) and
22 (b) of Section 4, and subsection (a) of Section 5 of the
23 Cannabis Control Act; (iii) those offenses defined in the
24 Illinois Controlled Substances Act; (iv) those offenses
25 defined in the Methamphetamine Control and Community
26 Protection Act; (v) any offense committed or attempted in

1 any other state or against the laws of the United States,
2 which if committed or attempted in this State would be
3 punishable as one or more of the foregoing offenses; (vi)
4 the offenses defined in Section 4.1 and 5.1 of the Wrongs
5 to Children Act or Section 11-9.1A of the Criminal Code of
6 1961 or the Criminal Code of 2012; (vii) those offenses
7 defined in Section 6-16 of the Liquor Control Act of 1934;
8 and (viii) those offenses defined in the Methamphetamine
9 Precursor Control Act;

10 12. not have been repeatedly involved as a driver in
11 motor vehicle collisions or been repeatedly convicted of
12 offenses against laws and ordinances regulating the
13 movement of traffic, to a degree which indicates lack of
14 ability to exercise ordinary and reasonable care in the
15 safe operation of a motor vehicle or disrespect for the
16 traffic laws and the safety of other persons upon the
17 highway;

18 13. not have, through the unlawful operation of a motor
19 vehicle, caused an accident resulting in the death of any
20 person;

21 14. not have, within the last 5 years, been adjudged to
22 be afflicted with or suffering from any mental disability
23 or disease; and

24 15. consent, in writing, to the release of results of
25 reasonable suspicion drug and alcohol testing under
26 Section 6-106.1c of this Code by the employer of the

1 applicant to the Secretary of State.

2 (b) A school bus driver permit shall be valid for a period
3 specified by the Secretary of State as set forth by rule. It
4 shall be renewable upon compliance with subsection (a) of this
5 Section.

6 (c) A school bus driver permit shall contain the holder's
7 driver's license number, legal name, residence address, zip
8 code, and date of birth, a brief description of the holder and
9 a space for signature. The Secretary of State may require a
10 suitable photograph of the holder.

11 (d) The employer shall be responsible for conducting a
12 pre-employment interview with prospective school bus driver
13 candidates, distributing school bus driver applications and
14 medical forms to be completed by the applicant, and submitting
15 the applicant's fingerprint cards to the Department of State
16 Police that are required for the criminal background
17 investigations. The employer shall certify in writing to the
18 Secretary of State that all pre-employment conditions have been
19 successfully completed including the successful completion of
20 an Illinois specific criminal background investigation through
21 the Department of State Police and the submission of necessary
22 fingerprints to the Federal Bureau of Investigation for
23 criminal history information available through the Federal
24 Bureau of Investigation system. The applicant shall present the
25 certification to the Secretary of State at the time of
26 submitting the school bus driver permit application.

1 (e) Permits shall initially be provisional upon receiving
2 certification from the employer that all pre-employment
3 conditions have been successfully completed, and upon
4 successful completion of all training and examination
5 requirements for the classification of the vehicle to be
6 operated, the Secretary of State shall provisionally issue a
7 School Bus Driver Permit. The permit shall remain in a
8 provisional status pending the completion of the Federal Bureau
9 of Investigation's criminal background investigation based
10 upon fingerprinting specimens submitted to the Federal Bureau
11 of Investigation by the Department of State Police. The Federal
12 Bureau of Investigation shall report the findings directly to
13 the Secretary of State. The Secretary of State shall remove the
14 bus driver permit from provisional status upon the applicant's
15 successful completion of the Federal Bureau of Investigation's
16 criminal background investigation.

17 (f) A school bus driver permit holder shall notify the
18 employer and the Secretary of State if he or she is issued an
19 order of court supervision for or convicted in another state of
20 an offense that would make him or her ineligible for a permit
21 under subsection (a) of this Section. The written notification
22 shall be made within 5 days of the entry of the order of court
23 supervision or conviction. Failure of the permit holder to
24 provide the notification is punishable as a petty offense for a
25 first violation and a Class B misdemeanor for a second or
26 subsequent violation.

1 (g) Cancellation; suspension; notice and procedure.

2 (1) The Secretary of State shall cancel a school bus
3 driver permit of an applicant whose criminal background
4 investigation discloses that he or she is not in compliance
5 with the provisions of subsection (a) of this Section.

6 (2) The Secretary of State shall cancel a school bus
7 driver permit when he or she receives notice that the
8 permit holder fails to comply with any provision of this
9 Section or any rule promulgated for the administration of
10 this Section.

11 (3) The Secretary of State shall cancel a school bus
12 driver permit if the permit holder's restricted commercial
13 or commercial driving privileges are withdrawn or
14 otherwise invalidated.

15 (4) The Secretary of State may not issue a school bus
16 driver permit for a period of 3 years to an applicant who
17 fails to obtain a negative result on a drug test as
18 required in item 6 of subsection (a) of this Section or
19 under federal law.

20 (5) The Secretary of State shall forthwith suspend a
21 school bus driver permit for a period of 3 years upon
22 receiving notice that the holder has failed to obtain a
23 negative result on a drug test as required in item 6 of
24 subsection (a) of this Section or under federal law.

25 (6) The Secretary of State shall suspend a school bus
26 driver permit for a period of 3 years upon receiving notice

1 from the employer that the holder failed to perform the
2 inspection procedure set forth in subsection (a) or (b) of
3 Section 12-816 of this Code.

4 (7) The Secretary of State shall suspend a school bus
5 driver permit for a period of 3 years upon receiving notice
6 from the employer that the holder refused to submit to an
7 alcohol or drug test as required by Section 6-106.1c or has
8 submitted to a test required by that Section which
9 disclosed an alcohol concentration of more than 0.00 or
10 disclosed a positive result on a National Institute on Drug
11 Abuse five-drug panel, utilizing federal standards set
12 forth in 49 CFR 40.87.

13 The Secretary of State shall notify the State
14 Superintendent of Education and the permit holder's
15 prospective or current employer that the applicant has (1) has
16 failed a criminal background investigation or (2) is no longer
17 eligible for a school bus driver permit; and of the related
18 cancellation of the applicant's provisional school bus driver
19 permit. The cancellation shall remain in effect pending the
20 outcome of a hearing pursuant to Section 2-118 of this Code.
21 The scope of the hearing shall be limited to the issuance
22 criteria contained in subsection (a) of this Section. A
23 petition requesting a hearing shall be submitted to the
24 Secretary of State and shall contain the reason the individual
25 feels he or she is entitled to a school bus driver permit. The
26 permit holder's employer shall notify in writing to the

1 Secretary of State that the employer has certified the removal
2 of the offending school bus driver from service prior to the
3 start of that school bus driver's next workshift. An employing
4 school board that fails to remove the offending school bus
5 driver from service is subject to the penalties defined in
6 Section 3-14.23 of the School Code. A school bus contractor who
7 violates a provision of this Section is subject to the
8 penalties defined in Section 6-106.11.

9 All valid school bus driver permits issued under this
10 Section prior to January 1, 1995, shall remain effective until
11 their expiration date unless otherwise invalidated.

12 (h) When a school bus driver permit holder who is a service
13 member is called to active duty, the employer of the permit
14 holder shall notify the Secretary of State, within 30 days of
15 notification from the permit holder, that the permit holder has
16 been called to active duty. Upon notification pursuant to this
17 subsection, (i) the Secretary of State shall characterize the
18 permit as inactive until a permit holder renews the permit as
19 provided in subsection (i) of this Section, and (ii) if a
20 permit holder fails to comply with the requirements of this
21 Section while called to active duty, the Secretary of State
22 shall not characterize the permit as invalid.

23 (i) A school bus driver permit holder who is a service
24 member returning from active duty must, within 90 days, renew a
25 permit characterized as inactive pursuant to subsection (h) of
26 this Section by complying with the renewal requirements of

1 subsection (b) of this Section.

2 (j) For purposes of subsections (h) and (i) of this
3 Section:

4 "Active duty" means active duty pursuant to an executive
5 order of the President of the United States, an act of the
6 Congress of the United States, or an order of the Governor.

7 "Service member" means a member of the Armed Services or
8 reserve forces of the United States or a member of the Illinois
9 National Guard.

10 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;
11 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.
12 7-22-10; 96-1551, Article 1, Section 950, eff. 7-1-11; 96-1551,
13 Article 2, Section 1025, eff. 7-1-11; 97-224, eff. 7-28-11;
14 97-229, eff. 7-28-11; 97-333, eff. 8-12-11; 97-466, eff.
15 1-1-12; 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150,
16 eff. 1-25-13.)

17 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)
18 Sec. 6-901. Definitions. For the purposes of this Article:

19 "Board" means the Driver's License Medical Advisory Board.

20 "Medical examiner" or "medical practitioner" means:

21 (i) any person licensed to practice medicine in all its
22 branches in the State of Illinois or any other state;

23 (ii) a licensed physician assistant ~~who has been~~
24 ~~delegated the performance of medical examinations by his or~~
25 ~~her supervising physician; or~~

1 (iii) a licensed advanced practice nurse ~~who has a~~
2 ~~written collaborative agreement with a collaborating~~
3 ~~physician which authorizes him or her to perform medical~~
4 ~~examinations.~~

5 (Source: P.A. 96-962, eff. 7-2-10; 97-185, eff. 7-22-11.)

6 Section 999. Effective date. This Act takes effect upon
7 becoming law."