



Sen. Iris Y. Martinez

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1 AMENDMENT TO SENATE BILL 2900

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2900 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of 1971  
5 is amended by changing Section 6.11A as follows:

6 (5 ILCS 375/6.11A)

7 Sec. 6.11A. Physical therapy and occupational therapy.

8 (a) The program of health benefits provided under this Act  
9 shall provide coverage for medically necessary physical  
10 therapy and occupational therapy when that therapy is ordered  
11 for the treatment of autoimmune diseases or referred for the  
12 same purpose by (i) a physician licensed under the Medical  
13 Practice Act of 1987, (ii) a physician ~~physician's~~ assistant  
14 licensed under the Physician ~~Physician's~~ Assistant Practice  
15 Act of 1987, or (iii) an advanced practice nurse licensed under  
16 the Nurse Practice Act.

1 (b) For the purpose of this Section, "medically necessary"  
2 means any care, treatment, intervention, service, or item that  
3 will or is reasonably expected to:

4 (i) prevent the onset of an illness, condition, injury,  
5 disease, or disability;

6 (ii) reduce or ameliorate the physical, mental, or  
7 developmental effects of an illness, condition, injury,  
8 disease, or disability; or

9 (iii) assist the achievement or maintenance of maximum  
10 functional activity in performing daily activities.

11 (c) The coverage required under this Section shall be  
12 subject to the same deductible, coinsurance, waiting period,  
13 cost sharing limitation, treatment limitation, calendar year  
14 maximum, or other limitations as provided for other physical or  
15 rehabilitative or occupational therapy benefits covered by the  
16 policy.

17 (d) Upon request of the reimbursing insurer, the provider  
18 of the physical therapy or occupational therapy shall furnish  
19 medical records, clinical notes, or other necessary data that  
20 substantiate that initial or continued treatment is medically  
21 necessary. When treatment is anticipated to require continued  
22 services to achieve demonstrable progress, the insurer may  
23 request a treatment plan consisting of the diagnosis, proposed  
24 treatment by type, proposed frequency of treatment,  
25 anticipated duration of treatment, anticipated outcomes stated  
26 as goals, and proposed frequency of updating the treatment

1 plan.

2 (e) When making a determination of medical necessity for  
3 treatment, an insurer must make the determination in a manner  
4 consistent with the manner in which that determination is made  
5 with respect to other diseases or illnesses covered under the  
6 policy, including an appeals process. During the appeals  
7 process, any challenge to medical necessity may be viewed as  
8 reasonable only if the review includes a licensed health care  
9 professional with the same category of license as the  
10 professional who ordered or referred the service in question  
11 and with expertise in the most current and effective treatment.  
12 (Source: P.A. 96-1227, eff. 1-1-11; 97-604, eff. 8-26-11.)

13 Section 10. The Election Code is amended by changing  
14 Sections 19-12.1 and 19-13 as follows:

15 (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

16 Sec. 19-12.1. Any qualified elector who has secured an  
17 Illinois Person with a Disability Identification Card in  
18 accordance with the Illinois Identification Card Act,  
19 indicating that the person named thereon has a Class 1A or  
20 Class 2 disability or any qualified voter who has a permanent  
21 physical incapacity of such a nature as to make it improbable  
22 that he will be able to be present at the polls at any future  
23 election, or any voter who is a resident of (i) a federally  
24 operated veterans' home, hospital, or facility located in

1 Illinois or (ii) a facility licensed or certified pursuant to  
2 the Nursing Home Care Act, the Specialized Mental Health  
3 Rehabilitation Act of 2013, the ID/DD Community Care Act, or  
4 the MC/DD Act and has a condition or disability of such a  
5 nature as to make it improbable that he will be able to be  
6 present at the polls at any future election, may secure a  
7 voter's identification card for persons with disabilities or a  
8 nursing home resident's identification card, which will enable  
9 him to vote under this Article as a physically incapacitated or  
10 nursing home voter. For the purposes of this Section,  
11 "federally operated veterans' home, hospital, or facility"  
12 means the long-term care facilities at the Jesse Brown VA  
13 Medical Center, Illiana Health Care System, Edward Hines, Jr.  
14 VA Hospital, Marion VA Medical Center, and Captain James A.  
15 Lovell Federal Health Care Center.

16 Application for a voter's identification card for persons  
17 with disabilities or a nursing home resident's identification  
18 card shall be made either: (a) in writing, with voter's sworn  
19 affidavit, to the county clerk or board of election  
20 commissioners, as the case may be, and shall be accompanied by  
21 the affidavit of the attending physician, advanced practice  
22 nurse, or a physician assistant specifically describing the  
23 nature of the physical incapacity or the fact that the voter is  
24 a nursing home resident and is physically unable to be present  
25 at the polls on election days; or (b) by presenting, in writing  
26 or otherwise, to the county clerk or board of election

1 commissioners, as the case may be, proof that the applicant has  
2 secured an Illinois Person with a Disability Identification  
3 Card indicating that the person named thereon has a Class 1A or  
4 Class 2 disability. Upon the receipt of either the sworn-to  
5 application and the physician's, advanced practice nurse's, or  
6 a physician assistant's affidavit or proof that the applicant  
7 has secured an Illinois Person with a Disability Identification  
8 Card indicating that the person named thereon has a Class 1A or  
9 Class 2 disability, the county clerk or board of election  
10 commissioners shall issue a voter's identification card for  
11 persons with disabilities or a nursing home resident's  
12 identification card. Such identification cards shall be issued  
13 for a period of 5 years, upon the expiration of which time the  
14 voter may secure a new card by making application in the same  
15 manner as is prescribed for the issuance of an original card,  
16 accompanied by a new affidavit of the attending physician,  
17 advanced practice nurse, or a physician assistant. The date of  
18 expiration of such five-year period shall be made known to any  
19 interested person by the election authority upon the request of  
20 such person. Applications for the renewal of the identification  
21 cards shall be mailed to the voters holding such cards not less  
22 than 3 months prior to the date of expiration of the cards.

23 Each voter's identification card for persons with  
24 disabilities or nursing home resident's identification card  
25 shall bear an identification number, which shall be clearly  
26 noted on the voter's original and duplicate registration record

1 cards. In the event the holder becomes physically capable of  
2 resuming normal voting, he must surrender his voter's  
3 identification card for persons with disabilities or nursing  
4 home resident's identification card to the county clerk or  
5 board of election commissioners before the next election.

6 The holder of a voter's identification card for persons  
7 with disabilities or a nursing home resident's identification  
8 card may make application by mail for an official ballot within  
9 the time prescribed by Section 19-2. Such application shall  
10 contain the same information as is included in the form of  
11 application for ballot by a physically incapacitated elector  
12 prescribed in Section 19-3 except that it shall also include  
13 the applicant's voter's identification card for persons with  
14 disabilities card number and except that it need not be sworn  
15 to. If an examination of the records discloses that the  
16 applicant is lawfully entitled to vote, he shall be mailed a  
17 ballot as provided in Section 19-4. The ballot envelope shall  
18 be the same as that prescribed in Section 19-5 for voters with  
19 physical disabilities, and the manner of voting and returning  
20 the ballot shall be the same as that provided in this Article  
21 for other vote by mail ballots, except that a statement to be  
22 subscribed to by the voter but which need not be sworn to shall  
23 be placed on the ballot envelope in lieu of the affidavit  
24 prescribed by Section 19-5.

25 Any person who knowingly subscribes to a false statement in  
26 connection with voting under this Section shall be guilty of a

1 Class A misdemeanor.

2 For the purposes of this Section, "nursing home resident"  
3 includes a resident of (i) a federally operated veterans' home,  
4 hospital, or facility located in Illinois or (ii) a facility  
5 licensed under the ID/DD Community Care Act, the MC/DD Act, or  
6 the Specialized Mental Health Rehabilitation Act of 2013. For  
7 the purposes of this Section, "federally operated veterans'  
8 home, hospital, or facility" means the long-term care  
9 facilities at the Jesse Brown VA Medical Center, Illiana Health  
10 Care System, Edward Hines, Jr. VA Hospital, Marion VA Medical  
11 Center, and Captain James A. Lovell Federal Health Care Center.  
12 (Source: P.A. 98-104, eff. 7-22-13; 98-1171, eff. 6-1-15;  
13 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; revised 10-14-15.)

14 (10 ILCS 5/19-13) (from Ch. 46, par. 19-13)

15 Sec. 19-13. Any qualified voter who has been admitted to a  
16 hospital, nursing home, or rehabilitation center due to an  
17 illness or physical injury not more than 14 days before an  
18 election shall be entitled to personal delivery of a vote by  
19 mail ballot in the hospital, nursing home, or rehabilitation  
20 center subject to the following conditions:

21 (1) The voter completes the Application for Physically  
22 Incapacitated Elector as provided in Section 19-3, stating as  
23 reasons therein that he is a patient in ..... (name  
24 of hospital/home/center), ..... located at,  
25 ..... (address of hospital/home/center),

1 ..... (county, city/village), was admitted for  
 2 ..... (nature of illness or physical injury), on  
 3 ..... (date of admission), and does not expect to be  
 4 released from the hospital/home/center on or before the day of  
 5 election or, if released, is expected to be homebound on the  
 6 day of the election and unable to travel to the polling place.

7 (2) The voter's physician, advanced practice nurse, or  
 8 physician assistant completes a Certificate of Attending  
 9 Health Care Professional Physician in a form substantially as  
 10 follows:

11 CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL ~~PHYSICIAN~~

12 I state that I am a physician, advanced practice nurse, or  
 13 physician assistant, duly licensed to practice in the State of  
 14 .....; that ..... is a patient in ..... (name of  
 15 hospital/home/center), located at ..... (address of  
 16 hospital/home/center), ..... (county,  
 17 city/village); that such individual was admitted for  
 18 ..... (nature of illness or physical injury), on  
 19 ..... (date of admission); and that I have examined such  
 20 individual in the State in which I am licensed to practice  
 21 ~~medicine~~ and do not expect such individual to be released from  
 22 the hospital/home/center on or before the day of election or,  
 23 if released, to be able to travel to the polling place on  
 24 election day.

25 Under penalties as provided by law pursuant to Section  
 26 29-10 of The Election Code, the undersigned certifies that the



1 statements set forth in this certification are true and  
2 correct.

3 (Signature) .....

4 (Date licensed) .....

5 (3) Any person who is registered to vote in the same  
6 precinct as the admitted voter or any legal relative of the  
7 admitted voter may present such voter's vote by mail ballot  
8 application, completed as prescribed in paragraph 1,  
9 accompanied by the physician's, advanced practice nurse's, or a  
10 physician assistant's certificate, completed as prescribed in  
11 paragraph 2, to the election authority. Such precinct voter or  
12 relative shall execute and sign an affidavit furnished by the  
13 election authority attesting that he is a registered voter in  
14 the same precinct as the admitted voter or that he is a legal  
15 relative of the admitted voter and stating the nature of the  
16 relationship. Such precinct voter or relative shall further  
17 attest that he has been authorized by the admitted voter to  
18 obtain his or her vote by mail ballot from the election  
19 authority and deliver such ballot to him in the hospital, home,  
20 or center.

21 Upon receipt of the admitted voter's application,  
22 physician's, advanced practice nurse's, or a physician  
23 assistant's certificate, and the affidavit of the precinct  
24 voter or the relative, the election authority shall examine the  
25 registration records to determine if the applicant is qualified  
26 to vote and, if found to be qualified, shall provide the

1 precinct voter or the relative the vote by mail ballot for  
2 delivery to the applicant.

3       Upon receipt of the vote by mail ballot, the admitted voter  
4 shall mark the ballot in secret and subscribe to the  
5 certifications on the vote by mail ballot return envelope.  
6 After depositing the ballot in the return envelope and securely  
7 sealing the envelope, such voter shall give the envelope to the  
8 precinct voter or the relative who shall deliver it to the  
9 election authority in sufficient time for the ballot to be  
10 delivered by the election authority to the election authority's  
11 central ballot counting location before 7 p.m. on election day.

12       Upon receipt of the admitted voter's vote by mail ballot,  
13 the ballot shall be counted in the manner prescribed in this  
14 Article.

15 (Source: P.A. 98-1171, eff. 6-1-15.)

16       Section 15. The Alcoholism and Other Drug Abuse and  
17 Dependency Act is amended by changing Section 5-23 as follows:

18       (20 ILCS 301/5-23)

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

20       (a) Reports of drug overdose.

21             (1) The Director of the Division of Alcoholism and  
22 Substance Abuse shall publish annually a report on drug  
23 overdose trends statewide that reviews State death rates  
24 from available data to ascertain changes in the causes or

1 rates of fatal and nonfatal drug overdose. The report shall  
2 also provide information on interventions that would be  
3 effective in reducing the rate of fatal or nonfatal drug  
4 overdose and shall include an analysis of drug overdose  
5 information reported to the Department of Public Health  
6 pursuant to subsection (e) of Section 3-3013 of the  
7 Counties Code, Section 6.14g of the Hospital Licensing Act,  
8 and subsection (j) of Section 22-30 of the School Code.

9 (2) The report may include:

10 (A) Trends in drug overdose death rates.

11 (B) Trends in emergency room utilization related  
12 to drug overdose and the cost impact of emergency room  
13 utilization.

14 (C) Trends in utilization of pre-hospital and  
15 emergency services and the cost impact of emergency  
16 services utilization.

17 (D) Suggested improvements in data collection.

18 (E) A description of other interventions effective  
19 in reducing the rate of fatal or nonfatal drug  
20 overdose.

21 (F) A description of efforts undertaken to educate  
22 the public about unused medication and about how to  
23 properly dispose of unused medication, including the  
24 number of registered collection receptacles in this  
25 State, mail-back programs, and drug take-back events.

26 (b) Programs; drug overdose prevention.

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

21           The Director may establish or authorize programs for  
22 prescribing, dispensing, or distributing opioid  
23 antagonists for the treatment of drug overdose. Such  
24 programs may include the prescribing of opioid antagonists  
25 for the treatment of drug overdose to a person who is not  
26 at risk of opioid overdose but who, in the judgment of the

1 health care professional, may be in a position to assist  
2 another individual during an opioid-related drug overdose  
3 and who has received basic instruction on how to administer  
4 an opioid antagonist.

5 (2) The Director may provide advice to State and local  
6 officials on the growing drug overdose crisis, including  
7 the prevalence of drug overdose incidents, programs  
8 promoting the disposal of unused prescription drugs,  
9 trends in drug overdose incidents, and solutions to the  
10 drug overdose crisis.

11 (c) Grants.

12 (1) The Director may award grants, in accordance with  
13 this subsection, to create or support local drug overdose  
14 prevention, recognition, and response projects. Local  
15 health departments, correctional institutions, hospitals,  
16 universities, community-based organizations, and  
17 faith-based organizations may apply to the Department for a  
18 grant under this subsection at the time and in the manner  
19 the Director prescribes.

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

25 (3) The Director shall give preference for grants to  
26 proposals that, in addition to providing life-saving

1 interventions and responses, provide information to drug  
2 users on how to access drug treatment or other strategies  
3 for abstaining from illegal drugs. The Director shall give  
4 preference to proposals that include one or more of the  
5 following elements:

6 (A) Policies and projects to encourage persons,  
7 including drug users, to call 911 when they witness a  
8 potentially fatal drug overdose.

9 (B) Drug overdose prevention, recognition, and  
10 response education projects in drug treatment centers,  
11 outreach programs, and other organizations that work  
12 with, or have access to, drug users and their families  
13 and communities.

14 (C) Drug overdose recognition and response  
15 training, including rescue breathing, in drug  
16 treatment centers and for other organizations that  
17 work with, or have access to, drug users and their  
18 families and communities.

19 (D) The production and distribution of targeted or  
20 mass media materials on drug overdose prevention and  
21 response, the potential dangers of keeping unused  
22 prescription drugs in the home, and methods to properly  
23 dispose of unused prescription drugs.

24 (E) Prescription and distribution of opioid  
25 antagonists.

26 (F) The institution of education and training

1 projects on drug overdose response and treatment for  
2 emergency services and law enforcement personnel.

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

5 (4) In addition to moneys appropriated by the General  
6 Assembly, the Director may seek grants from private  
7 foundations, the federal government, and other sources to  
8 fund the grants under this Section and to fund an  
9 evaluation of the programs supported by the grants.

10 (d) Health care professional prescription of opioid  
11 antagonists.

12 (1) A health care professional who, acting in good  
13 faith, directly or by standing order, prescribes or  
14 dispenses an opioid antagonist to: (a) a patient who, in  
15 the judgment of the health care professional, is capable of  
16 administering the drug in an emergency, or (b) a person who  
17 is not at risk of opioid overdose but who, in the judgment  
18 of the health care professional, may be in a position to  
19 assist another individual during an opioid-related drug  
20 overdose and who has received basic instruction on how to  
21 administer an opioid antagonist shall not, as a result of  
22 his or her acts or omissions, be subject to: (i) any  
23 disciplinary or other adverse action under the Medical  
24 Practice Act of 1987, the Physician Assistant Practice Act  
25 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
26 or any other professional licensing statute or (ii) any

1 criminal liability, except for willful and wanton  
2 misconduct.

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

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



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

15 (4) For the purposes of this subsection:

16 "Opioid antagonist" means a drug that binds to opioid  
17 receptors and blocks or inhibits the effect of opioids  
18 acting on those receptors, including, but not limited to,  
19 naloxone hydrochloride or any other similarly acting drug  
20 approved by the U.S. Food and Drug Administration.

21 "Health care professional" means a physician licensed  
22 to practice medicine in all its branches, a licensed  
23 physician assistant with prescriptive authority, a  
24 licensed advanced practice nurse with prescriptive  
25 authority, ~~or~~ an advanced practice nurse or physician  
26 assistant who practices in a hospital, hospital affiliate,

1 or ambulatory surgical treatment center and possesses  
2 appropriate clinical privileges in accordance with the  
3 Nurse Practice Act, or a pharmacist licensed to practice  
4 pharmacy under the Pharmacy Practice Act.

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

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

19 (e) Drug overdose response policy.

20 (1) Every State and local government agency that  
21 employs a law enforcement officer or fireman as those terms  
22 are defined in the Line of Duty Compensation Act must  
23 possess opioid antagonists and must establish a policy to  
24 control the acquisition, storage, transportation, and  
25 administration of such opioid antagonists and to provide  
26 training in the administration of opioid antagonists. A

1 State or local government agency that employs a fireman as  
2 defined in the Line of Duty Compensation Act but does not  
3 respond to emergency medical calls or provide medical  
4 services shall be exempt from this subsection.

5 (2) Every publicly or privately owned ambulance,  
6 special emergency medical services vehicle, non-transport  
7 vehicle, or ambulance assist vehicle, as described in the  
8 Emergency Medical Services (EMS) Systems Act, which  
9 responds to requests for emergency services or transports  
10 patients between hospitals in emergency situations must  
11 possess opioid antagonists.

12 (3) Entities that are required under paragraphs (1) and  
13 (2) to possess opioid antagonists may also apply to the  
14 Department for a grant to fund the acquisition of opioid  
15 antagonists and training programs on the administration of  
16 opioid antagonists.

17 (Source: P.A. 99-173, eff. 7-29-15; 99-480, eff. 9-9-15;  
18 revised 10-19-15.)

19 Section 20. The Department of Central Management Services  
20 Law of the Civil Administrative Code of Illinois is amended by  
21 changing Section 405-105 as follows:

22 (20 ILCS 405/405-105) (was 20 ILCS 405/64.1)

23 Sec. 405-105. Fidelity, surety, property, and casualty  
24 insurance. The Department shall establish and implement a

1 program to coordinate the handling of all fidelity, surety,  
2 property, and casualty insurance exposures of the State and the  
3 departments, divisions, agencies, branches, and universities  
4 of the State. In performing this responsibility, the Department  
5 shall have the power and duty to do the following:

6 (1) Develop and maintain loss and exposure data on all  
7 State property.

8 (2) Study the feasibility of establishing a  
9 self-insurance plan for State property and prepare  
10 estimates of the costs of reinsurance for risks beyond the  
11 realistic limits of the self-insurance.

12 (3) Prepare a plan for centralizing the purchase of  
13 property and casualty insurance on State property under a  
14 master policy or policies and purchase the insurance  
15 contracted for as provided in the Illinois Purchasing Act.

16 (4) Evaluate existing provisions for fidelity bonds  
17 required of State employees and recommend changes that are  
18 appropriate commensurate with risk experience and the  
19 determinations respecting self-insurance or reinsurance so  
20 as to permit reduction of costs without loss of coverage.

21 (5) Investigate procedures for inclusion of school  
22 districts, public community college districts, and other  
23 units of local government in programs for the centralized  
24 purchase of insurance.

25 (6) Implement recommendations of the State Property  
26 Insurance Study Commission that the Department finds

1 necessary or desirable in the performance of its powers and  
2 duties under this Section to achieve efficient and  
3 comprehensive risk management.

4 (7) Prepare and, in the discretion of the Director,  
5 implement a plan providing for the purchase of public  
6 liability insurance or for self-insurance for public  
7 liability or for a combination of purchased insurance and  
8 self-insurance for public liability (i) covering the State  
9 and drivers of motor vehicles owned, leased, or controlled  
10 by the State of Illinois pursuant to the provisions and  
11 limitations contained in the Illinois Vehicle Code, (ii)  
12 covering other public liability exposures of the State and  
13 its employees within the scope of their employment, and  
14 (iii) covering drivers of motor vehicles not owned, leased,  
15 or controlled by the State but used by a State employee on  
16 State business, in excess of liability covered by an  
17 insurance policy obtained by the owner of the motor vehicle  
18 or in excess of the dollar amounts that the Department  
19 shall determine to be reasonable. Any contract of insurance  
20 let under this Law shall be by bid in accordance with the  
21 procedure set forth in the Illinois Purchasing Act. Any  
22 provisions for self-insurance shall conform to subdivision  
23 (11).

24 The term "employee" as used in this subdivision (7) and  
25 in subdivision (11) means a person while in the employ of  
26 the State who is a member of the staff or personnel of a

1 State agency, bureau, board, commission, committee,  
2 department, university, or college or who is a State  
3 officer, elected official, commissioner, member of or ex  
4 officio member of a State agency, bureau, board,  
5 commission, committee, department, university, or college,  
6 or a member of the National Guard while on active duty  
7 pursuant to orders of the Governor of the State of  
8 Illinois, or any other person while using a licensed motor  
9 vehicle owned, leased, or controlled by the State of  
10 Illinois with the authorization of the State of Illinois,  
11 provided the actual use of the motor vehicle is within the  
12 scope of that authorization and within the course of State  
13 service.

14 Subsequent to payment of a claim on behalf of an  
15 employee pursuant to this Section and after reasonable  
16 advance written notice to the employee, the Director may  
17 exclude the employee from future coverage or limit the  
18 coverage under the plan if (i) the Director determines that  
19 the claim resulted from an incident in which the employee  
20 was grossly negligent or had engaged in willful and wanton  
21 misconduct or (ii) the Director determines that the  
22 employee is no longer an acceptable risk based on a review  
23 of prior accidents in which the employee was at fault and  
24 for which payments were made pursuant to this Section.

25 The Director is authorized to promulgate  
26 administrative rules that may be necessary to establish and

1 administer the plan.

2 Appropriations from the Road Fund shall be used to pay  
3 auto liability claims and related expenses involving  
4 employees of the Department of Transportation, the  
5 Illinois State Police, and the Secretary of State.

6 (8) Charge, collect, and receive from all other  
7 agencies of the State government fees or monies equivalent  
8 to the cost of purchasing the insurance.

9 (9) Establish, through the Director, charges for risk  
10 management services rendered to State agencies by the  
11 Department. The State agencies so charged shall reimburse  
12 the Department by vouchers drawn against their respective  
13 appropriations. The reimbursement shall be determined by  
14 the Director as amounts sufficient to reimburse the  
15 Department for expenditures incurred in rendering the  
16 service.

17 The Department shall charge the employing State agency  
18 or university for workers' compensation payments for  
19 temporary total disability paid to any employee after the  
20 employee has received temporary total disability payments  
21 for 120 days if the employee's treating physician, advanced  
22 practice nurse, or physician assistant has issued a release  
23 to return to work with restrictions and the employee is  
24 able to perform modified duty work but the employing State  
25 agency or university does not return the employee to work  
26 at modified duty. Modified duty shall be duties assigned

1 that may or may not be delineated as part of the duties  
2 regularly performed by the employee. Modified duties shall  
3 be assigned within the prescribed restrictions established  
4 by the treating physician and the physician who performed  
5 the independent medical examination. The amount of all  
6 reimbursements shall be deposited into the Workers'  
7 Compensation Revolving Fund which is hereby created as a  
8 revolving fund in the State treasury. In addition to any  
9 other purpose authorized by law, moneys in the Fund shall  
10 be used, subject to appropriation, to pay these or other  
11 temporary total disability claims of employees of State  
12 agencies and universities.

13 Beginning with fiscal year 1996, all amounts recovered  
14 by the Department through subrogation in workers'  
15 compensation and workers' occupational disease cases shall  
16 be deposited into the Workers' Compensation Revolving Fund  
17 created under this subdivision (9).

18 (10) Establish rules, procedures, and forms to be used  
19 by State agencies in the administration and payment of  
20 workers' compensation claims. For claims filed prior to  
21 July 1, 2013, the Department shall initially evaluate and  
22 determine the compensability of any injury that is the  
23 subject of a workers' compensation claim and provide for  
24 the administration and payment of such a claim for all  
25 State agencies. For claims filed on or after July 1, 2013,  
26 the Department shall retain responsibility for certain



1 administrative payments including, but not limited to,  
2 payments to the private vendor contracted to perform  
3 services under subdivision (10b) of this Section, payments  
4 related to travel expenses for employees of the Office of  
5 the Attorney General, and payments to internal Department  
6 staff responsible for the oversight and management of any  
7 contract awarded pursuant to subdivision (10b) of this  
8 Section. Through December 31, 2012, the Director may  
9 delegate to any agency with the agreement of the agency  
10 head the responsibility for evaluation, administration,  
11 and payment of that agency's claims. Neither the Department  
12 nor the private vendor contracted to perform services under  
13 subdivision (10b) of this Section shall be responsible for  
14 providing workers' compensation services to the Illinois  
15 State Toll Highway Authority or to State universities that  
16 maintain self-funded workers' compensation liability  
17 programs.

18 (10a) By April 1 of each year prior to calendar year  
19 2013, the Director must report and provide information to  
20 the State Workers' Compensation Program Advisory Board  
21 concerning the status of the State workers' compensation  
22 program for the next fiscal year. Information that the  
23 Director must provide to the State Workers' Compensation  
24 Program Advisory Board includes, but is not limited to,  
25 documents, reports of negotiations, bid invitations,  
26 requests for proposals, specifications, copies of proposed

1 and final contracts or agreements, and any other materials  
2 concerning contracts or agreements for the program. By the  
3 first of each month prior to calendar year 2013, the  
4 Director must provide updated, and any new, information to  
5 the State Workers' Compensation Program Advisory Board  
6 until the State workers' compensation program for the next  
7 fiscal year is determined.

8 (10b) No later than January 1, 2013, the chief  
9 procurement officer appointed under paragraph (4) of  
10 subsection (a) of Section 10-20 of the Illinois Procurement  
11 Code (hereinafter "chief procurement officer"), in  
12 consultation with the Department of Central Management  
13 Services, shall procure one or more private vendors to  
14 administer the program providing payments for workers'  
15 compensation liability with respect to the employees of all  
16 State agencies. The chief procurement officer may procure a  
17 single contract applicable to all State agencies or  
18 multiple contracts applicable to one or more State  
19 agencies. If the chief procurement officer procures a  
20 single contract applicable to all State agencies, then the  
21 Department of Central Management Services shall be  
22 designated as the agency that enters into the contract and  
23 shall be responsible for the contract. If the chief  
24 procurement officer procures multiple contracts applicable  
25 to one or more State agencies, each agency to which the  
26 contract applies shall be designated as the agency that

1 shall enter into the contract and shall be responsible for  
2 the contract. If the chief procurement officer procures  
3 contracts applicable to an individual State agency, the  
4 agency subject to the contract shall be designated as the  
5 agency responsible for the contract.

6 (10c) The procurement of private vendors for the  
7 administration of the workers' compensation program for  
8 State employees is subject to the provisions of the  
9 Illinois Procurement Code and administration by the chief  
10 procurement officer.

11 (10d) Contracts for the procurement of private vendors  
12 for the administration of the workers' compensation  
13 program for State employees shall be based upon, but  
14 limited to, the following criteria: (i) administrative  
15 cost, (ii) service capabilities of the vendor, and (iii)  
16 the compensation (including premiums, fees, or other  
17 charges). A vendor for the administration of the workers'  
18 compensation program for State employees shall provide  
19 services, including, but not limited to:

20 (A) providing a web-based case management system  
21 and provide access to the Office of the Attorney  
22 General;

23 (B) ensuring claims adjusters are available to  
24 provide testimony or information as requested by the  
25 Office of the Attorney General;

26 (C) establishing a preferred provider program for

1 all State agencies and facilities; and

2 (D) authorizing the payment of medical bills at the  
3 preferred provider discount rate.

4 (10e) By September 15, 2012, the Department of Central  
5 Management Services shall prepare a plan to effectuate the  
6 transfer of responsibility and administration of the  
7 workers' compensation program for State employees to the  
8 selected private vendors. The Department shall submit a  
9 copy of the plan to the General Assembly.

10 (11) Any plan for public liability self-insurance  
11 implemented under this Section shall provide that (i) the  
12 Department shall attempt to settle and may settle any  
13 public liability claim filed against the State of Illinois  
14 or any public liability claim filed against a State  
15 employee on the basis of an occurrence in the course of the  
16 employee's State employment; (ii) any settlement of such a  
17 claim is not subject to fiscal year limitations and must be  
18 approved by the Director and, in cases of settlements  
19 exceeding \$100,000, by the Governor; and (iii) a settlement  
20 of any public liability claim against the State or a State  
21 employee shall require an unqualified release of any right  
22 of action against the State and the employee for acts  
23 within the scope of the employee's employment giving rise  
24 to the claim.

25 Whenever and to the extent that a State employee  
26 operates a motor vehicle or engages in other activity

1 covered by self-insurance under this Section, the State of  
2 Illinois shall defend, indemnify, and hold harmless the  
3 employee against any claim in tort filed against the  
4 employee for acts or omissions within the scope of the  
5 employee's employment in any proper judicial forum and not  
6 settled pursuant to this subdivision (11), provided that  
7 this obligation of the State of Illinois shall not exceed a  
8 maximum liability of \$2,000,000 for any single occurrence  
9 in connection with the operation of a motor vehicle or  
10 \$100,000 per person per occurrence for any other single  
11 occurrence, or \$500,000 for any single occurrence in  
12 connection with the provision of medical care by a licensed  
13 physician, advanced practice nurse, or physician assistant  
14 employee.

15 Any claims against the State of Illinois under a  
16 self-insurance plan that are not settled pursuant to this  
17 subdivision (11) shall be heard and determined by the Court  
18 of Claims and may not be filed or adjudicated in any other  
19 forum. The Attorney General of the State of Illinois or the  
20 Attorney General's designee shall be the attorney with  
21 respect to all public liability self-insurance claims that  
22 are not settled pursuant to this subdivision (11) and  
23 therefore result in litigation. The payment of any award of  
24 the Court of Claims entered against the State relating to  
25 any public liability self-insurance claim shall act as a  
26 release against any State employee involved in the

1 occurrence.

2 (12) Administer a plan the purpose of which is to make  
3 payments on final settlements or final judgments in  
4 accordance with the State Employee Indemnification Act.  
5 The plan shall be funded through appropriations from the  
6 General Revenue Fund specifically designated for that  
7 purpose, except that indemnification expenses for  
8 employees of the Department of Transportation, the  
9 Illinois State Police, and the Secretary of State shall be  
10 paid from the Road Fund. The term "employee" as used in  
11 this subdivision (12) has the same meaning as under  
12 subsection (b) of Section 1 of the State Employee  
13 Indemnification Act. Subject to sufficient appropriation,  
14 the Director shall approve payment of any claim, without  
15 regard to fiscal year limitations, presented to the  
16 Director that is supported by a final settlement or final  
17 judgment when the Attorney General and the chief officer of  
18 the public body against whose employee the claim or cause  
19 of action is asserted certify to the Director that the  
20 claim is in accordance with the State Employee  
21 Indemnification Act and that they approve of the payment.  
22 In no event shall an amount in excess of \$150,000 be paid  
23 from this plan to or for the benefit of any claimant.

24 (13) Administer a plan the purpose of which is to make  
25 payments on final settlements or final judgments for  
26 employee wage claims in situations where there was an

1       appropriation relevant to the wage claim, the fiscal year  
2       and lapse period have expired, and sufficient funds were  
3       available to pay the claim. The plan shall be funded  
4       through appropriations from the General Revenue Fund  
5       specifically designated for that purpose.

6       Subject to sufficient appropriation, the Director is  
7       authorized to pay any wage claim presented to the Director  
8       that is supported by a final settlement or final judgment  
9       when the chief officer of the State agency employing the  
10      claimant certifies to the Director that the claim is a  
11      valid wage claim and that the fiscal year and lapse period  
12      have expired. Payment for claims that are properly  
13      submitted and certified as valid by the Director shall  
14      include interest accrued at the rate of 7% per annum from  
15      the forty-fifth day after the claims are received by the  
16      Department or 45 days from the date on which the amount of  
17      payment is agreed upon, whichever is later, until the date  
18      the claims are submitted to the Comptroller for payment.  
19      When the Attorney General has filed an appearance in any  
20      proceeding concerning a wage claim settlement or judgment,  
21      the Attorney General shall certify to the Director that the  
22      wage claim is valid before any payment is made. In no event  
23      shall an amount in excess of \$150,000 be paid from this  
24      plan to or for the benefit of any claimant.

25      Nothing in Public Act 84-961 shall be construed to  
26      affect in any manner the jurisdiction of the Court of

1 Claims concerning wage claims made against the State of  
2 Illinois.

3 (14) Prepare and, in the discretion of the Director,  
4 implement a program for self-insurance for official  
5 fidelity and surety bonds for officers and employees as  
6 authorized by the Official Bond Act.

7 (Source: P.A. 96-928, eff. 6-15-10; 97-18, eff. 6-28-11;  
8 97-895, eff. 8-3-12; 97-1143, eff. 12-28-12.)

9 Section 25. The Foster Parent Law is amended by changing  
10 Section 1-15 as follows:

11 (20 ILCS 520/1-15)

12 Sec. 1-15. Foster parent rights. A foster parent's rights  
13 include, but are not limited to, the following:

14 (1) The right to be treated with dignity, respect, and  
15 consideration as a professional member of the child welfare  
16 team.

17 (2) The right to be given standardized pre-service  
18 training and appropriate ongoing training to meet mutually  
19 assessed needs and improve the foster parent's skills.

20 (3) The right to be informed as to how to contact the  
21 appropriate child placement agency in order to receive  
22 information and assistance to access supportive services  
23 for children in the foster parent's care.

24 (4) The right to receive timely financial



1 reimbursement commensurate with the care needs of the child  
2 as specified in the service plan.

3 (5) The right to be provided a clear, written  
4 understanding of a placement agency's plan concerning the  
5 placement of a child in the foster parent's home. Inherent  
6 in this right is the foster parent's responsibility to  
7 support activities that will promote the child's right to  
8 relationships with his or her own family and cultural  
9 heritage.

10 (6) The right to be provided a fair, timely, and  
11 impartial investigation of complaints concerning the  
12 foster parent's licensure, to be provided the opportunity  
13 to have a person of the foster parent's choosing present  
14 during the investigation, and to be provided due process  
15 during the investigation; the right to be provided the  
16 opportunity to request and receive mediation or an  
17 administrative review of decisions that affect licensing  
18 parameters, or both mediation and an administrative  
19 review; and the right to have decisions concerning a  
20 licensing corrective action plan specifically explained  
21 and tied to the licensing standards violated.

22 (7) The right, at any time during which a child is  
23 placed with the foster parent, to receive additional or  
24 necessary information that is relevant to the care of the  
25 child.

26 (7.5) The right to be given information concerning a

1 child (i) from the Department as required under subsection  
2 (u) of Section 5 of the Children and Family Services Act  
3 and (ii) from a child welfare agency as required under  
4 subsection (c-5) of Section 7.4 of the Child Care Act of  
5 1969.

6 (8) The right to be notified of scheduled meetings and  
7 staffings concerning the foster child in order to actively  
8 participate in the case planning and decision-making  
9 process regarding the child, including individual service  
10 planning meetings, administrative case reviews,  
11 interdisciplinary staffings, and individual educational  
12 planning meetings; the right to be informed of decisions  
13 made by the courts or the child welfare agency concerning  
14 the child; the right to provide input concerning the plan  
15 of services for the child and to have that input given full  
16 consideration in the same manner as information presented  
17 by any other professional on the team; and the right to  
18 communicate with other professionals who work with the  
19 foster child within the context of the team, including  
20 therapists, physicians, attending health care  
21 professionals, and teachers.

22 (9) The right to be given, in a timely and consistent  
23 manner, any information a case worker has regarding the  
24 child and the child's family which is pertinent to the care  
25 and needs of the child and to the making of a permanency  
26 plan for the child. Disclosure of information concerning

1 the child's family shall be limited to that information  
2 that is essential for understanding the needs of and  
3 providing care to the child in order to protect the rights  
4 of the child's family. When a positive relationship exists  
5 between the foster parent and the child's family, the  
6 child's family may consent to disclosure of additional  
7 information.

8 (10) The right to be given reasonable written notice of  
9 (i) any change in a child's case plan, (ii) plans to  
10 terminate the placement of the child with the foster  
11 parent, and (iii) the reasons for the change or termination  
12 in placement. The notice shall be waived only in cases of a  
13 court order or when the child is determined to be at  
14 imminent risk of harm.

15 (11) The right to be notified in a timely and complete  
16 manner of all court hearings, including notice of the date  
17 and time of the court hearing, the name of the judge or  
18 hearing officer hearing the case, the location of the  
19 hearing, and the court docket number of the case; and the  
20 right to intervene in court proceedings or to seek mandamus  
21 under the Juvenile Court Act of 1987.

22 (12) The right to be considered as a placement option  
23 when a foster child who was formerly placed with the foster  
24 parent is to be re-entered into foster care, if that  
25 placement is consistent with the best interest of the child  
26 and other children in the foster parent's home.

1           (13) The right to have timely access to the child  
2 placement agency's existing appeals process and the right  
3 to be free from acts of harassment and retaliation by any  
4 other party when exercising the right to appeal.

5           (14) The right to be informed of the Foster Parent  
6 Hotline established under Section 35.6 of the Children and  
7 Family Services Act and all of the rights accorded to  
8 foster parents concerning reports of misconduct by  
9 Department employees, service providers, or contractors,  
10 confidential handling of those reports, and investigation  
11 by the Inspector General appointed under Section 35.5 of  
12 the Children and Family Services Act.

13 (Source: P.A. 94-1010, eff. 10-1-06.)

14           Section 30. The Regional Integrated Behavioral Health  
15 Networks Act is amended by changing Section 20 as follows:

16           (20 ILCS 1340/20)

17           Sec. 20. Steering Committee and Networks.

18           (a) To achieve these goals, the Department of Human  
19 Services shall convene a Regional Integrated Behavioral Health  
20 Networks Steering Committee (hereinafter "Steering Committee")  
21 comprised of State agencies involved in the provision,  
22 regulation, or financing of health, mental health, substance  
23 abuse, rehabilitation, and other services. These include, but  
24 shall not be limited to, the following agencies:

1 (1) The Department of Healthcare and Family Services.

2 (2) The Department of Human Services and its Divisions  
3 of Mental Illness and Alcoholism and Substance Abuse  
4 Services.

5 (3) The Department of Public Health, including its  
6 Center for Rural Health.

7 The Steering Committee shall include a representative from  
8 each Network. The agencies of the Steering Committee are  
9 directed to work collaboratively to provide consultation,  
10 advice, and leadership to the Networks in facilitating  
11 communication within and across multiple agencies and in  
12 removing regulatory barriers that may prevent Networks from  
13 accomplishing the goals. The Steering Committee collectively  
14 or through one of its member Agencies shall also provide  
15 technical assistance to the Networks.

16 (b) There also shall be convened Networks in each of the  
17 Department of Human Services' regions comprised of  
18 representatives of community stakeholders represented in the  
19 Network, including when available, but not limited to, relevant  
20 trade and professional associations representing hospitals,  
21 community providers, public health care, hospice care, long  
22 term care, law enforcement, emergency medical service,  
23 physicians, advanced practice nurses, and physician assistants  
24 trained in psychiatry; an organization that advocates on behalf  
25 of federally qualified health centers, an organization that  
26 advocates on behalf of persons suffering with mental illness

1 and substance abuse disorders, an organization that advocates  
2 on behalf of persons with disabilities, an organization that  
3 advocates on behalf of persons who live in rural areas, an  
4 organization that advocates on behalf of persons who live in  
5 medically underserved areas; and others designated by the  
6 Steering Committee or the Networks. A member from each Network  
7 may choose a representative who may serve on the Steering  
8 Committee.

9 (Source: P.A. 97-381, eff. 1-1-12.)

10 Section 35. The Mental Health and Developmental  
11 Disabilities Administrative Act is amended by changing  
12 Sections 5.1, 14, and 15.4 as follows:

13 (20 ILCS 1705/5.1) (from Ch. 91 1/2, par. 100-5.1)

14 Sec. 5.1. The Department shall develop, by rule, the  
15 procedures and standards by which it shall approve medications  
16 for clinical use in its facilities. A list of those drugs  
17 approved pursuant to these procedures shall be distributed to  
18 all Department facilities.

19 Drugs not listed by the Department may not be administered  
20 in facilities under the jurisdiction of the Department,  
21 provided that an unlisted drug may be administered as part of  
22 research with the prior written consent of the Secretary  
23 specifying the nature of the permitted use and the physicians  
24 authorized to prescribe the drug. Drugs, as used in this

1 Section, mean psychotropic and narcotic drugs.

2 No physician, advanced practice nurse, or physician  
3 assistant in the Department shall sign a prescription in blank,  
4 nor permit blank prescription forms to circulate out of his  
5 possession or control.

6 (Source: P.A. 89-507, eff. 7-1-97.)

7 (20 ILCS 1705/14) (from Ch. 91 1/2, par. 100-14)

8 Sec. 14. Chester Mental Health Center. To maintain and  
9 operate a facility for the care, custody, and treatment of  
10 persons with mental illness or habilitation of persons with  
11 developmental disabilities hereinafter designated, to be known  
12 as the Chester Mental Health Center.

13 Within the Chester Mental Health Center there shall be  
14 confined the following classes of persons, whose history, in  
15 the opinion of the Department, discloses dangerous or violent  
16 tendencies and who, upon examination under the direction of the  
17 Department, have been found a fit subject for confinement in  
18 that facility:

19 (a) Any male person who is charged with the commission  
20 of a crime but has been acquitted by reason of insanity as  
21 provided in Section 5-2-4 of the Unified Code of  
22 Corrections.

23 (b) Any male person who is charged with the commission  
24 of a crime but has been found unfit under Article 104 of  
25 the Code of Criminal Procedure of 1963.

1           (c) Any male person with mental illness or  
2           developmental disabilities or person in need of mental  
3           treatment now confined under the supervision of the  
4           Department or hereafter admitted to any facility thereof or  
5           committed thereto by any court of competent jurisdiction.

6           If and when it shall appear to the facility director of the  
7           Chester Mental Health Center that it is necessary to confine  
8           persons in order to maintain security or provide for the  
9           protection and safety of recipients and staff, the Chester  
10          Mental Health Center may confine all persons on a unit to their  
11          rooms. This period of confinement shall not exceed 10 hours in  
12          a 24 hour period, including the recipient's scheduled hours of  
13          sleep, unless approved by the Secretary of the Department.  
14          During the period of confinement, the persons confined shall be  
15          observed at least every 15 minutes. A record shall be kept of  
16          the observations. This confinement shall not be considered  
17          seclusion as defined in the Mental Health and Developmental  
18          Disabilities Code.

19          The facility director of the Chester Mental Health Center  
20          may authorize the temporary use of handcuffs on a recipient for  
21          a period not to exceed 10 minutes when necessary in the course  
22          of transport of the recipient within the facility to maintain  
23          custody or security. Use of handcuffs is subject to the  
24          provisions of Section 2-108 of the Mental Health and  
25          Developmental Disabilities Code. The facility shall keep a  
26          monthly record listing each instance in which handcuffs are



1 used, circumstances indicating the need for use of handcuffs,  
2 and time of application of handcuffs and time of release  
3 therefrom. The facility director shall allow the Illinois  
4 Guardianship and Advocacy Commission, the agency designated by  
5 the Governor under Section 1 of the Protection and Advocacy for  
6 Persons with Developmental Disabilities Act, and the  
7 Department to examine and copy such record upon request.

8 The facility director of the Chester Mental Health Center  
9 may authorize the temporary use of transport devices on a civil  
10 recipient when necessary in the course of transport of the  
11 civil recipient outside the facility to maintain custody or  
12 security. The decision whether to use any transport devices  
13 shall be reviewed and approved on an individualized basis by a  
14 physician, an advanced practice nurse, or a physician assistant  
15 based upon a determination of the civil recipient's: (1)  
16 history of violence, (2) history of violence during transports,  
17 (3) history of escapes and escape attempts, (4) history of  
18 trauma, (5) history of incidents of restraint or seclusion and  
19 use of involuntary medication, (6) current functioning level  
20 and medical status, and (7) prior experience during similar  
21 transports, and the length, duration, and purpose of the  
22 transport. The least restrictive transport device consistent  
23 with the individual's need shall be used. Staff transporting  
24 the individual shall be trained in the use of the transport  
25 devices, recognizing and responding to a person in distress,  
26 and shall observe and monitor the individual while being

1 transported. The facility shall keep a monthly record listing  
2 all transports, including those transports for which use of  
3 transport devices was not sought, those for which use of  
4 transport devices was sought but denied, and each instance in  
5 which transport devices are used, circumstances indicating the  
6 need for use of transport devices, time of application of  
7 transport devices, time of release from those devices, and any  
8 adverse events. The facility director shall allow the Illinois  
9 Guardianship and Advocacy Commission, the agency designated by  
10 the Governor under Section 1 of the Protection and Advocacy for  
11 Persons with Developmental Disabilities Act, and the  
12 Department to examine and copy the record upon request. This  
13 use of transport devices shall not be considered restraint as  
14 defined in the Mental Health and Developmental Disabilities  
15 Code. For the purpose of this Section "transport device" means  
16 ankle cuffs, handcuffs, waist chains or wrist-waist devices  
17 designed to restrict an individual's range of motion while  
18 being transported. These devices must be approved by the  
19 Division of Mental Health, used in accordance with the  
20 manufacturer's instructions, and used only by qualified staff  
21 members who have completed all training required to be eligible  
22 to transport patients and all other required training relating  
23 to the safe use and application of transport devices, including  
24 recognizing and responding to signs of distress in an  
25 individual whose movement is being restricted by a transport  
26 device.

1           If and when it shall appear to the satisfaction of the  
2 Department that any person confined in the Chester Mental  
3 Health Center is not or has ceased to be such a source of  
4 danger to the public as to require his subjection to the  
5 regimen of the center, the Department is hereby authorized to  
6 transfer such person to any State facility for treatment of  
7 persons with mental illness or habilitation of persons with  
8 developmental disabilities, as the nature of the individual  
9 case may require.

10           Subject to the provisions of this Section, the Department,  
11 except where otherwise provided by law, shall, with respect to  
12 the management, conduct and control of the Chester Mental  
13 Health Center and the discipline, custody and treatment of the  
14 persons confined therein, have and exercise the same rights and  
15 powers as are vested by law in the Department with respect to  
16 any and all of the State facilities for treatment of persons  
17 with mental illness or habilitation of persons with  
18 developmental disabilities, and the recipients thereof, and  
19 shall be subject to the same duties as are imposed by law upon  
20 the Department with respect to such facilities and the  
21 recipients thereof.

22           The Department may elect to place persons who have been  
23 ordered by the court to be detained under the Sexually Violent  
24 Persons Commitment Act in a distinct portion of the Chester  
25 Mental Health Center. The persons so placed shall be separated  
26 and shall not comingle with the recipients of the Chester

1 Mental Health Center. The portion of Chester Mental Health  
2 Center that is used for the persons detained under the Sexually  
3 Violent Persons Commitment Act shall not be a part of the  
4 mental health facility for the enforcement and implementation  
5 of the Mental Health and Developmental Disabilities Code nor  
6 shall their care and treatment be subject to the provisions of  
7 the Mental Health and Developmental Disabilities Code. The  
8 changes added to this Section by this amendatory Act of the  
9 98th General Assembly are inoperative on and after June 30,  
10 2015.

11 (Source: P.A. 98-79, eff. 7-15-13; 98-356, eff. 8-16-13;  
12 98-756, eff. 7-16-14; 99-143, eff. 7-27-15.)

13 (20 ILCS 1705/15.4)

14 Sec. 15.4. Authorization for nursing delegation to permit  
15 direct care staff to administer medications.

16 (a) This Section applies to (i) all programs for persons  
17 with a developmental disability in settings of 16 persons or  
18 fewer that are funded or licensed by the Department of Human  
19 Services and that distribute or administer medications and (ii)  
20 all intermediate care facilities for persons with  
21 developmental disabilities with 16 beds or fewer that are  
22 licensed by the Department of Public Health. The Department of  
23 Human Services shall develop a training program for authorized  
24 direct care staff to administer medications under the  
25 supervision and monitoring of a registered professional nurse.

1 This training program shall be developed in consultation with  
2 professional associations representing (i) physicians licensed  
3 to practice medicine in all its branches, (ii) registered  
4 professional nurses, and (iii) pharmacists.

5 (b) For the purposes of this Section:

6 "Authorized direct care staff" means non-licensed persons  
7 who have successfully completed a medication administration  
8 training program approved by the Department of Human Services  
9 and conducted by a nurse-trainer. This authorization is  
10 specific to an individual receiving service in a specific  
11 agency and does not transfer to another agency.

12 "Medications" means oral and topical medications, insulin  
13 in an injectable form, oxygen, epinephrine auto-injectors, and  
14 vaginal and rectal creams and suppositories. "Oral" includes  
15 inhalants and medications administered through enteral tubes,  
16 utilizing aseptic technique. "Topical" includes eye, ear, and  
17 nasal medications. Any controlled substances must be packaged  
18 specifically for an identified individual.

19 "Insulin in an injectable form" means a subcutaneous  
20 injection via an insulin pen pre-filled by the manufacturer.  
21 Authorized direct care staff may administer insulin, as ordered  
22 by a physician, advanced practice nurse, or physician  
23 assistant, if: (i) the staff has successfully completed a  
24 Department-approved advanced training program specific to  
25 insulin administration developed in consultation with  
26 professional associations listed in subsection (a) of this

1 Section, and (ii) the staff consults with the registered nurse,  
2 prior to administration, of any insulin dose that is determined  
3 based on a blood glucose test result. The authorized direct  
4 care staff shall not: (i) calculate the insulin dosage needed  
5 when the dose is dependent upon a blood glucose test result, or  
6 (ii) administer insulin to individuals who require blood  
7 glucose monitoring greater than 3 times daily, unless directed  
8 to do so by the registered nurse.

9 "Nurse-trainer training program" means a standardized,  
10 competency-based medication administration train-the-trainer  
11 program provided by the Department of Human Services and  
12 conducted by a Department of Human Services master  
13 nurse-trainer for the purpose of training nurse-trainers to  
14 train persons employed or under contract to provide direct care  
15 or treatment to individuals receiving services to administer  
16 medications and provide self-administration of medication  
17 training to individuals under the supervision and monitoring of  
18 the nurse-trainer. The program incorporates adult learning  
19 styles, teaching strategies, classroom management, and a  
20 curriculum overview, including the ethical and legal aspects of  
21 supervising those administering medications.

22 "Self-administration of medications" means an individual  
23 administers his or her own medications. To be considered  
24 capable to self-administer their own medication, individuals  
25 must, at a minimum, be able to identify their medication by  
26 size, shape, or color, know when they should take the

1 medication, and know the amount of medication to be taken each  
2 time.

3 "Training program" means a standardized medication  
4 administration training program approved by the Department of  
5 Human Services and conducted by a registered professional nurse  
6 for the purpose of training persons employed or under contract  
7 to provide direct care or treatment to individuals receiving  
8 services to administer medications and provide  
9 self-administration of medication training to individuals  
10 under the delegation and supervision of a nurse-trainer. The  
11 program incorporates adult learning styles, teaching  
12 strategies, classroom management, curriculum overview,  
13 including ethical-legal aspects, and standardized  
14 competency-based evaluations on administration of medications  
15 and self-administration of medication training programs.

16 (c) Training and authorization of non-licensed direct care  
17 staff by nurse-trainers must meet the requirements of this  
18 subsection.

19 (1) Prior to training non-licensed direct care staff to  
20 administer medication, the nurse-trainer shall perform the  
21 following for each individual to whom medication will be  
22 administered by non-licensed direct care staff:

23 (A) An assessment of the individual's health  
24 history and physical and mental status.

25 (B) An evaluation of the medications prescribed.

26 (2) Non-licensed authorized direct care staff shall

1 meet the following criteria:

2 (A) Be 18 years of age or older.

3 (B) Have completed high school or have a high  
4 school equivalency certificate.

5 (C) Have demonstrated functional literacy.

6 (D) Have satisfactorily completed the Health and  
7 Safety component of a Department of Human Services  
8 authorized direct care staff training program.

9 (E) Have successfully completed the training  
10 program, pass the written portion of the comprehensive  
11 exam, and score 100% on the competency-based  
12 assessment specific to the individual and his or her  
13 medications.

14 (F) Have received additional competency-based  
15 assessment by the nurse-trainer as deemed necessary by  
16 the nurse-trainer whenever a change of medication  
17 occurs or a new individual that requires medication  
18 administration enters the program.

19 (3) Authorized direct care staff shall be re-evaluated  
20 by a nurse-trainer at least annually or more frequently at  
21 the discretion of the registered professional nurse. Any  
22 necessary retraining shall be to the extent that is  
23 necessary to ensure competency of the authorized direct  
24 care staff to administer medication.

25 (4) Authorization of direct care staff to administer  
26 medication shall be revoked if, in the opinion of the



1 registered professional nurse, the authorized direct care  
2 staff is no longer competent to administer medication.

3 (5) The registered professional nurse shall assess an  
4 individual's health status at least annually or more  
5 frequently at the discretion of the registered  
6 professional nurse.

7 (d) Medication self-administration shall meet the  
8 following requirements:

9 (1) As part of the normalization process, in order for  
10 each individual to attain the highest possible level of  
11 independent functioning, all individuals shall be  
12 permitted to participate in their total health care  
13 program. This program shall include, but not be limited to,  
14 individual training in preventive health and  
15 self-medication procedures.

16 (A) Every program shall adopt written policies and  
17 procedures for assisting individuals in obtaining  
18 preventative health and self-medication skills in  
19 consultation with a registered professional nurse,  
20 advanced practice nurse, physician assistant, or  
21 physician licensed to practice medicine in all its  
22 branches.

23 (B) Individuals shall be evaluated to determine  
24 their ability to self-medicate by the nurse-trainer  
25 through the use of the Department's required,  
26 standardized screening and assessment instruments.

1 (C) When the results of the screening and  
2 assessment indicate an individual not to be capable to  
3 self-administer his or her own medications, programs  
4 shall be developed in consultation with the Community  
5 Support Team or Interdisciplinary Team to provide  
6 individuals with self-medication administration.

7 (2) Each individual shall be presumed to be competent  
8 to self-administer medications if:

9 (A) authorized by an order of a physician licensed  
10 to practice medicine in all its branches, an advanced  
11 practice nurse, or a physician assistant; and

12 (B) approved to self-administer medication by the  
13 individual's Community Support Team or  
14 Interdisciplinary Team, which includes a registered  
15 professional nurse or an advanced practice nurse.

16 (e) Quality Assurance.

17 (1) A registered professional nurse, advanced practice  
18 nurse, licensed practical nurse, physician licensed to  
19 practice medicine in all its branches, physician  
20 assistant, or pharmacist shall review the following for all  
21 individuals:

22 (A) Medication orders.

23 (B) Medication labels, including medications  
24 listed on the medication administration record for  
25 persons who are not self-medicating to ensure the  
26 labels match the orders issued by the physician

1 licensed to practice medicine in all its branches,  
2 advanced practice nurse, or physician assistant.

3 (C) Medication administration records for persons  
4 who are not self-medicating to ensure that the records  
5 are completed appropriately for:

6 (i) medication administered as prescribed;

7 (ii) refusal by the individual; and

8 (iii) full signatures provided for all  
9 initials used.

10 (2) Reviews shall occur at least quarterly, but may be  
11 done more frequently at the discretion of the registered  
12 professional nurse or advanced practice nurse.

13 (3) A quality assurance review of medication errors and  
14 data collection for the purpose of monitoring and  
15 recommending corrective action shall be conducted within 7  
16 days and included in the required annual review.

17 (f) Programs using authorized direct care staff to  
18 administer medications are responsible for documenting and  
19 maintaining records on the training that is completed.

20 (g) The absence of this training program constitutes a  
21 threat to the public interest, safety, and welfare and  
22 necessitates emergency rulemaking by the Departments of Human  
23 Services and Public Health under Section 5-45 of the Illinois  
24 Administrative Procedure Act.

25 (h) Direct care staff who fail to qualify for delegated  
26 authority to administer medications pursuant to the provisions

1 of this Section shall be given additional education and testing  
2 to meet criteria for delegation authority to administer  
3 medications. Any direct care staff person who fails to qualify  
4 as an authorized direct care staff after initial training and  
5 testing must within 3 months be given another opportunity for  
6 retraining and retesting. A direct care staff person who fails  
7 to meet criteria for delegated authority to administer  
8 medication, including, but not limited to, failure of the  
9 written test on 2 occasions shall be given consideration for  
10 shift transfer or reassignment, if possible. No employee shall  
11 be terminated for failure to qualify during the 3-month time  
12 period following initial testing. Refusal to complete training  
13 and testing required by this Section may be grounds for  
14 immediate dismissal.

15 (i) No authorized direct care staff person delegated to  
16 administer medication shall be subject to suspension or  
17 discharge for errors resulting from the staff person's acts or  
18 omissions when performing the functions unless the staff  
19 person's actions or omissions constitute willful and wanton  
20 conduct. Nothing in this subsection is intended to supersede  
21 paragraph (4) of subsection (c).

22 (j) A registered professional nurse, advanced practice  
23 nurse, physician licensed to practice medicine in all its  
24 branches, or physician assistant shall be on duty or on call at  
25 all times in any program covered by this Section.

26 (k) The employer shall be responsible for maintaining

1 liability insurance for any program covered by this Section.

2 (1) Any direct care staff person who qualifies as  
3 authorized direct care staff pursuant to this Section shall be  
4 granted consideration for a one-time additional salary  
5 differential. The Department shall determine and provide the  
6 necessary funding for the differential in the base. This  
7 subsection (1) is inoperative on and after June 30, 2000.

8 (Source: P.A. 98-718, eff. 1-1-15; 98-901, eff. 8-15-14; 99-78,  
9 eff. 7-20-15; 99-143, eff. 7-27-15.)

10 Section 40. The Department of Professional Regulation Law  
11 of the Civil Administrative Code of Illinois is amended by  
12 changing Section 2105-360 as follows:

13 (20 ILCS 2105/2105-360)

14 Sec. 2105-360. Licensing exemptions for athletic team  
15 health care professionals.

16 (a) Definitions. For purposes of this Section:

17 "Athletic team" means any professional or amateur level  
18 group from outside the State of Illinois organized for the  
19 purpose of engaging in athletic events that employs the  
20 services of a health care professional.

21 "Health care professional" means a physician, physician  
22 assistant, physical therapist, athletic trainer, or  
23 acupuncturist.

24 (b) Notwithstanding any other provision of law, a health

1 care professional who is licensed to practice in another state  
2 or country shall be exempt from licensure requirements under  
3 the applicable Illinois professional Act while practicing his  
4 or her profession in this State if all of the following  
5 conditions are met:

6 (1) The health care professional has an oral or written  
7 agreement with an athletic team to provide health care  
8 services to the athletic team members, coaching staff, and  
9 families traveling with the athletic team for a specific  
10 sporting event to take place in this State.

11 (2) The health care professional may not provide care  
12 or consultation to any person residing in this State other  
13 than a person described in paragraph (1) of this subsection  
14 (b) unless the care is covered under the Good Samaritan  
15 Act.

16 (c) The exemption from licensure shall remain in force  
17 while the health care professional is traveling with the  
18 athletic team, but shall be no longer than 10 days per  
19 individual sporting event.

20 (d) The Secretary, upon prior written request by the health  
21 care professional, may grant the health care professional  
22 additional time of up to 20 additional days per sporting event.  
23 The total number of days the health care professional may be  
24 exempt, including additional time granted upon request, may not  
25 exceed 30 days per sporting event.

26 (e) A health care professional who is exempt from licensure

1 requirements under this Section is not authorized to practice  
2 at a health care clinic or facility, including an acute care  
3 facility.

4 (Source: P.A. 99-206, eff. 9-1-15.)

5 Section 45. The Department of Public Health Act is amended  
6 by changing Sections 7 and 8.2 as follows:

7 (20 ILCS 2305/7) (from Ch. 111 1/2, par. 22.05)

8 Sec. 7. The Illinois Department of Public Health shall  
9 adopt rules requiring that upon death of a person who had or is  
10 suspected of having an infectious or communicable disease that  
11 could be transmitted through contact with the person's body or  
12 bodily fluids, the body shall be labeled "Infection Hazard", or  
13 with an equivalent term to inform persons having subsequent  
14 contact with the body, including any funeral director or  
15 embalmer, to take suitable precautions. Such rules shall  
16 require that the label shall be prominently displayed on and  
17 affixed to the outer wrapping or covering of the body if the  
18 body is wrapped or covered in any manner. Responsibility for  
19 such labeling shall lie with the attending physician, advanced  
20 practice nurse, or physician assistant who certifies death, or  
21 if the death occurs in a health care facility, with such staff  
22 member as may be designated by the administrator of the  
23 facility. The Department may adopt rules providing for the safe  
24 disposal of human remains. To the extent feasible without

1 endangering the public's health, the Department shall respect  
2 and accommodate the religious beliefs of individuals in  
3 implementing this Section.

4 (Source: P.A. 93-829, eff. 7-28-04.)

5 (20 ILCS 2305/8.2)

6 Sec. 8.2. Osteoporosis Prevention and Education Program.

7 (a) The Department of Public Health, utilizing available  
8 federal funds, State funds appropriated for that purpose, or  
9 other available funding as provided for in this Section, shall  
10 establish, promote, and maintain an Osteoporosis Prevention  
11 and Education Program to promote public awareness of the causes  
12 of osteoporosis, options for prevention, the value of early  
13 detection, and possible treatments (including the benefits and  
14 risks of those treatments). The Department may accept, for that  
15 purpose, any special grant of money, services, or property from  
16 the federal government or any of its agencies or from any  
17 foundation, organization, or medical school.

18 (b) The program shall include the following:

19 (1) Development of a public education and outreach  
20 campaign to promote osteoporosis prevention and education,  
21 including, but not limited to, the following subjects:

22 (A) The cause and nature of the disease.

23 (B) Risk factors.

24 (C) The role of hysterectomy.

25 (D) Prevention of osteoporosis, including



1 nutrition, diet, and physical exercise.

2 (E) Diagnostic procedures and appropriate  
3 indications for their use.

4 (F) Hormone replacement, including benefits and  
5 risks.

6 (G) Environmental safety and injury prevention.

7 (H) Availability of osteoporosis diagnostic  
8 treatment services in the community.

9 (2) Development of educational materials to be made  
10 available for consumers, particularly targeted to  
11 high-risk groups, through local health departments, local  
12 physicians, advanced practice nurses, or physician  
13 assistants, other providers (including, but not limited  
14 to, health maintenance organizations, hospitals, and  
15 clinics), and women's organizations.

16 (3) Development of professional education programs for  
17 health care providers to assist them in understanding  
18 research findings and the subjects set forth in paragraph  
19 (1).

20 (4) Development and maintenance of a list of current  
21 providers of specialized services for the prevention and  
22 treatment of osteoporosis. Dissemination of the list shall  
23 be accompanied by a description of diagnostic procedures,  
24 appropriate indications for their use, and a cautionary  
25 statement about the current status of osteoporosis  
26 research, prevention, and treatment. The statement shall

1           also indicate that the Department does not license,  
2           certify, or in any other way approve osteoporosis programs  
3           or centers in this State.

4           (c) The State Board of Health shall serve as an advisory  
5           board to the Department with specific respect to the prevention  
6           and education activities related to osteoporosis described in  
7           this Section. The State Board of Health shall assist the  
8           Department in implementing this Section.

9           (Source: P.A. 88-622, eff. 1-1-95.)

10           Section 50. The Department of Public Health Powers and  
11           Duties Law of the Civil Administrative Code of Illinois is  
12           amended by changing Sections 2310-345, 2310-397, 2310-410,  
13           2310-425, and 2310-600 and by renumbering and changing Section  
14           2310-685 (as added by Public Act 99-424) as follows:

15           (20 ILCS 2310/2310-345) (was 20 ILCS 2310/55.49)

16           Sec. 2310-345. Breast cancer; written summary regarding  
17           early detection and treatment.

18           (a) From funds made available for this purpose, the  
19           Department shall publish, in layman's language, a standardized  
20           written summary outlining methods for the early detection and  
21           diagnosis of breast cancer. The summary shall include  
22           recommended guidelines for screening and detection of breast  
23           cancer through the use of techniques that shall include but not  
24           be limited to self-examination, clinical breast exams, and

1 diagnostic radiology.

2 (b) The summary shall also suggest that women seek  
3 mammography services from facilities that are certified to  
4 perform mammography as required by the federal Mammography  
5 Quality Standards Act of 1992.

6 (c) The summary shall also include the medically viable  
7 alternative methods for the treatment of breast cancer,  
8 including, but not limited to, hormonal, radiological,  
9 chemotherapeutic, or surgical treatments or combinations  
10 thereof. The summary shall contain information on breast  
11 reconstructive surgery, including, but not limited to, the use  
12 of breast implants and their side effects. The summary shall  
13 inform the patient of the advantages, disadvantages, risks, and  
14 dangers of the various procedures. The summary shall include  
15 (i) a statement that mammography is the most accurate method  
16 for making an early detection of breast cancer, however, no  
17 diagnostic tool is 100% effective, (ii) the benefits of  
18 clinical breast exams, and (iii) instructions for performing  
19 breast self-examination and a statement that it is important to  
20 perform a breast self-examination monthly.

21 (c-5) The summary shall specifically address the benefits  
22 of early detection and review the clinical standard  
23 recommendations by the Centers for Disease Control and  
24 Prevention and the American Cancer Society for mammography,  
25 clinical breast exams, and breast self-exams.

26 (c-10) The summary shall also inform individuals that

1 public and private insurance providers shall pay for clinical  
2 breast exams as part of an exam, as indicated by guidelines of  
3 practice.

4 (c-15) The summary shall also inform individuals, in  
5 layman's terms, of the meaning and consequences of "dense  
6 breast tissue" under the guidelines of the Breast Imaging  
7 Reporting and Data System of the American College of Radiology  
8 and potential recommended follow-up tests or studies.

9 (d) In developing the summary, the Department shall consult  
10 with the Advisory Board of Cancer Control, the Illinois State  
11 Medical Society and consumer groups. The summary shall be  
12 updated by the Department every 2 years.

13 (e) The summaries shall additionally be translated into  
14 Spanish, and the Department shall conduct a public information  
15 campaign to distribute the summaries to the Hispanic women of  
16 this State in order to inform them of the importance of early  
17 detection and mammograms.

18 (f) The Department shall distribute the summary to  
19 hospitals, public health centers, ~~and~~ physicians, and other  
20 health care professionals who are likely to perform or order  
21 diagnostic tests for breast disease or treat breast cancer by  
22 surgical or other medical methods. Those hospitals, public  
23 health centers, ~~and~~ physicians, and other health care  
24 professionals shall make the summaries available to the public.  
25 The Department shall also distribute the summaries to any  
26 person, organization, or other interested parties upon

1 request. The summaries may be duplicated by any person,  
2 provided the copies are identical to the current summary  
3 prepared by the Department.

4 (g) The summary shall display, on the inside of its cover,  
5 printed in capital letters, in bold face type, the following  
6 paragraph:

7 "The information contained in this brochure regarding  
8 recommendations for early detection and diagnosis of breast  
9 disease and alternative breast disease treatments is only for  
10 the purpose of assisting you, the patient, in understanding the  
11 medical information and advice offered by your physician. This  
12 brochure cannot serve as a substitute for the sound  
13 professional advice of your physician. The availability of this  
14 brochure or the information contained within is not intended to  
15 alter, in any way, the existing physician-patient  
16 relationship, nor the existing professional obligations of  
17 your physician in the delivery of medical services to you, the  
18 patient."

19 (h) The summary shall be updated when necessary.

20 (Source: P.A. 98-502, eff. 1-1-14; 98-886, eff. 1-1-15.)

21 (20 ILCS 2310/2310-397) (was 20 ILCS 2310/55.90)

22 Sec. 2310-397. Prostate and testicular cancer program.

23 (a) The Department, subject to appropriation or other  
24 available funding, shall conduct a program to promote awareness  
25 and early detection of prostate and testicular cancer. The

1 program may include, but need not be limited to:

2 (1) Dissemination of information regarding the  
3 incidence of prostate and testicular cancer, the risk  
4 factors associated with prostate and testicular cancer,  
5 and the benefits of early detection and treatment.

6 (2) Promotion of information and counseling about  
7 treatment options.

8 (3) Establishment and promotion of referral services  
9 and screening programs.

10 Beginning July 1, 2004, the program must include the  
11 development and dissemination, through print and broadcast  
12 media, of public service announcements that publicize the  
13 importance of prostate cancer screening for men over age 40.

14 (b) Subject to appropriation or other available funding, a  
15 Prostate Cancer Screening Program shall be established in the  
16 Department of Public Health.

17 (1) The Program shall apply to the following persons  
18 and entities:

19 (A) uninsured and underinsured men 50 years of age  
20 and older;

21 (B) uninsured and underinsured men between 40 and  
22 50 years of age who are at high risk for prostate  
23 cancer, upon the advice of a physician, advanced  
24 practice nurse, or physician assistant or upon the  
25 request of the patient; and

26 (C) non-profit organizations providing assistance

1 to persons described in subparagraphs (A) and (B).

2 (2) Any entity funded by the Program shall coordinate  
3 with other local providers of prostate cancer screening,  
4 diagnostic, follow-up, education, and advocacy services to  
5 avoid duplication of effort. Any entity funded by the  
6 Program shall comply with any applicable State and federal  
7 standards regarding prostate cancer screening.

8 (3) Administrative costs of the Department shall not  
9 exceed 10% of the funds allocated to the Program. Indirect  
10 costs of the entities funded by this Program shall not  
11 exceed 12%. The Department shall define "indirect costs" in  
12 accordance with applicable State and federal law.

13 (4) Any entity funded by the Program shall collect data  
14 and maintain records that are determined by the Department  
15 to be necessary to facilitate the Department's ability to  
16 monitor and evaluate the effectiveness of the entities and  
17 the Program. Commencing with the Program's second year of  
18 operation, the Department shall submit an Annual Report to  
19 the General Assembly and the Governor. The report shall  
20 describe the activities and effectiveness of the Program  
21 and shall include, but not be limited to, the following  
22 types of information regarding those served by the Program:

23 (A) the number; and

24 (B) the ethnic, geographic, and age breakdown.

25 (5) The Department or any entity funded by the Program  
26 shall collect personal and medical information necessary

1 to administer the Program from any individual applying for  
2 services under the Program. The information shall be  
3 confidential and shall not be disclosed other than for  
4 purposes directly connected with the administration of the  
5 Program or except as otherwise provided by law or pursuant  
6 to prior written consent of the subject of the information.

7 (6) The Department or any entity funded by the program  
8 may disclose the confidential information to medical  
9 personnel and fiscal intermediaries of the State to the  
10 extent necessary to administer the Program, and to other  
11 State public health agencies or medical researchers if the  
12 confidential information is necessary to carry out the  
13 duties of those agencies or researchers in the  
14 investigation, control, or surveillance of prostate  
15 cancer.

16 (c) The Department shall adopt rules to implement the  
17 Prostate Cancer Screening Program in accordance with the  
18 Illinois Administrative Procedure Act.

19 (Source: P.A. 98-87, eff. 1-1-14.)

20 (20 ILCS 2310/2310-410) (was 20 ILCS 2310/55.42)

21 Sec. 2310-410. Sickle cell disease. To conduct a public  
22 information campaign for physicians, advanced practice nurses,  
23 physician assistants, hospitals, health facilities, public  
24 health departments, and the general public on sickle cell  
25 disease, methods of care, and treatment modalities available;



1 to identify and catalogue sickle cell resources in this State  
2 for distribution and referral purposes; and to coordinate  
3 services with the established programs, including State,  
4 federal, and voluntary groups.

5 (Source: P.A. 91-239, eff. 1-1-00.)

6 (20 ILCS 2310/2310-425) (was 20 ILCS 2310/55.66)

7 Sec. 2310-425. Health care summary for women.

8 (a) From funds made available from the General Assembly for  
9 this purpose, the Department shall publish in plain language,  
10 in both an English and a Spanish version, a pamphlet providing  
11 information regarding health care for women which shall include  
12 the following:

13 (1) A summary of the various medical conditions,  
14 including cancer, sexually transmitted diseases,  
15 endometriosis, or other similar diseases or conditions  
16 widely affecting women's reproductive health, that may  
17 require a hysterectomy or other treatment.

18 (2) A summary of the recommended schedule and  
19 indications for physical examinations, including "pap  
20 smears" or other tests designed to detect medical  
21 conditions of the uterus and other reproductive organs.

22 (3) A summary of the widely accepted medical  
23 treatments, including viable alternatives, that may be  
24 prescribed for the medical conditions specified in  
25 paragraph (1).

1 (b) In developing the summary the Department shall consult  
2 with the Illinois State Medical Society, the Illinois Academy  
3 of Physician Assistants, and consumer groups. The summary shall  
4 be updated by the Department every 2 years.

5 (c) The Department shall distribute the summary to  
6 hospitals, public health centers, and health care  
7 professionals ~~physicians~~ who are likely to treat medical  
8 conditions described in paragraph (1) of subsection (a). Those  
9 hospitals, public health centers, and physicians shall make the  
10 summaries available to the public. The Department shall also  
11 distribute the summaries to any person, organization, or other  
12 interested parties upon request. The summary may be duplicated  
13 by any person provided the copies are identical to the current  
14 summary prepared by the Department.

15 (d) The summary shall display on the inside of its cover,  
16 printed in capital letters and bold face type, the following  
17 paragraph:

18 "The information contained in this brochure is only for the  
19 purpose of assisting you, the patient, in understanding the  
20 medical information and advice offered by your health care  
21 professional ~~physician~~. This brochure cannot serve as a  
22 substitute for the sound professional advice of your health  
23 care professional ~~physician~~. The availability of this brochure  
24 or the information contained within is not intended to alter,  
25 in any way, the existing health care professional-patient  
26 ~~physician-patient~~ relationship, nor the existing professional

1 obligations of your health care provider ~~physician~~ in the  
2 delivery of medical services to you, the patient."

3 (Source: P.A. 91-239, eff. 1-1-00.)

4 (20 ILCS 2310/2310-600)

5 Sec. 2310-600. Advance directive information.

6 (a) The Department of Public Health shall prepare and  
7 publish the summary of advance directives law, as required by  
8 the federal Patient Self-Determination Act, and related forms.  
9 Publication may be limited to the World Wide Web. The summary  
10 required under this subsection (a) must include the Department  
11 of Public Health Uniform POLST form.

12 (b) The Department of Public Health shall publish Spanish  
13 language versions of the following:

14 (1) The statutory Living Will Declaration form.

15 (2) The Illinois Statutory Short Form Power of Attorney  
16 for Health Care.

17 (3) The statutory Declaration of Mental Health  
18 Treatment Form.

19 (4) The summary of advance directives law in Illinois.

20 (5) The Department of Public Health Uniform POLST form.  
21 Publication may be limited to the World Wide Web.

22 (b-5) In consultation with a statewide professional  
23 organization representing physicians licensed to practice  
24 medicine in all its branches, statewide organizations  
25 representing physician assistants, advanced practice nurses,

1 nursing homes, registered professional nurses, and emergency  
2 medical systems, and a statewide organization representing  
3 hospitals, the Department of Public Health shall develop and  
4 publish a uniform form for practitioner cardiopulmonary  
5 resuscitation (CPR) or life-sustaining treatment orders that  
6 may be utilized in all settings. The form shall meet the  
7 published minimum requirements to nationally be considered a  
8 practitioner orders for life-sustaining treatment form, or  
9 POLST, and may be referred to as the Department of Public  
10 Health Uniform POLST form. This form does not replace a  
11 physician's or other practitioner's authority to make a  
12 do-not-resuscitate (DNR) order.

13 (c) (Blank).

14 (d) The Department of Public Health shall publish the  
15 Department of Public Health Uniform POLST form reflecting the  
16 changes made by this amendatory Act of the 98th General  
17 Assembly no later than January 1, 2015.

18 (Source: P.A. 98-1110, eff. 8-26-14; 99-319, eff. 1-1-16.)

19 (20 ILCS 2310/2310-690)

20 Sec. 2310-690 ~~2310-685~~. Cytomegalovirus public education.

21 (a) In this Section:

22 "CMV" means cytomegalovirus.

23 "Health care professional and provider" means any  
24 physician, advanced practice nurse, physician assistant,  
25 hospital facility, or other person that is licensed or

1 otherwise authorized to deliver health care services.

2 (b) The Department shall develop or approve and publish  
3 informational materials for women who may become pregnant,  
4 expectant parents, and parents of infants regarding:

5 (1) the incidence of CMV;

6 (2) the transmission of CMV to pregnant women and women  
7 who may become pregnant;

8 (3) birth defects caused by congenital CMV;

9 (4) methods of diagnosing congenital CMV; and

10 (5) available preventive measures to avoid the  
11 infection of women who are pregnant or may become pregnant.

12 (c) The Department shall publish the information required  
13 under subsection (b) on its Internet website.

14 (d) The Department shall publish information to:

15 (1) educate women who may become pregnant, expectant  
16 parents, and parents of infants about CMV; and

17 (2) raise awareness of CMV among health care  
18 professionals and providers who provide care to expectant  
19 mothers or infants.

20 (e) The Department may solicit and accept the assistance of  
21 any relevant health care professional ~~medical~~ associations or  
22 community resources, including faith-based resources, to  
23 promote education about CMV under this Section.

24 (f) If a newborn infant fails the 2 initial hearing  
25 screenings in the hospital, then the hospital performing that  
26 screening shall provide to the parents of the newborn infant

1 information regarding: (i) birth defects caused by congenital  
2 CMV; (ii) testing opportunities and options for CMV, including  
3 the opportunity to test for CMV before leaving the hospital;  
4 and (iii) early intervention services. Health care  
5 professionals and providers may, but are not required to, use  
6 the materials developed by the Department for distribution to  
7 parents of newborn infants.

8 (Source: P.A. 99-424, eff. 1-1-16; revised 9-28-15.)

9 Section 55. The Comprehensive Healthcare Workforce  
10 Planning Act is amended by changing Section 15 as follows:

11 (20 ILCS 2325/15)

12 Sec. 15. Members.

13 (a) The following 10 persons or their designees shall be  
14 members of the Council: the Director of the Department; a  
15 representative of the Governor's Office; the Secretary of Human  
16 Services; the Directors of the Departments of Commerce and  
17 Economic Opportunity, Employment Security, Financial and  
18 Professional Regulation, and Healthcare and Family Services;  
19 and the Executive Director of the Board of Higher Education,  
20 the Executive Director of the Illinois Community College Board,  
21 and the State Superintendent of Education.

22 (b) The Governor shall appoint 9 ~~8~~ additional members, who  
23 shall be healthcare workforce experts, including  
24 representatives of practicing physicians, nurses, pharmacists,

1 and dentists, physician assistants, State and local health  
2 professions organizations, schools of medicine and osteopathy,  
3 nursing, dental, physician assistants, allied health, and  
4 public health; public and private teaching hospitals; health  
5 insurers, business; and labor. The Speaker of the Illinois  
6 House of Representatives, the President of the Illinois Senate,  
7 the Minority Leader of the Illinois House of Representatives,  
8 and the Minority Leader of the Illinois Senate may each appoint  
9 2 representatives to the Council. Members appointed under this  
10 subsection (b) shall serve 4-year terms and may be reappointed.

11 (c) The Director of the Department shall serve as Chair of  
12 the Council. The Governor shall appoint a healthcare workforce  
13 expert from the non-governmental sector to serve as Vice-Chair.  
14 (Source: P.A. 97-424, eff. 7-1-12; 98-719, eff. 1-1-15.)

15 Section 60. The Community Health Worker Advisory Board Act  
16 is amended by changing Section 10 as follows:

17 (20 ILCS 2335/10)

18 Sec. 10. Advisory Board.

19 (a) There is created the Advisory Board on Community Health  
20 Workers. The Board shall consist of 16 ~~15~~ members appointed by  
21 the Director of Public Health. The Director shall make the  
22 appointments to the Board within 90 days after the effective  
23 date of this Act. The members of the Board shall represent  
24 different racial and ethnic backgrounds and have the

1 qualifications as follows:

2 (1) four members who currently serve as community  
3 health workers in Cook County, one of whom shall have  
4 served as a health insurance marketplace navigator;

5 (2) two members who currently serve as community health  
6 workers in DuPage, Kane, Lake, or Will County;

7 (3) one member who currently serves as a community  
8 health worker in Bond, Calhoun, Clinton, Jersey, Macoupin,  
9 Madison, Monroe, Montgomery, Randolph, St. Clair, or  
10 Washington County;

11 (4) one member who currently serves as a community  
12 health worker in any other county in the State;

13 (5) one member who is a physician licensed to practice  
14 medicine in Illinois;

15 (6) one member who is a physician assistant;

16 (7) ~~(6)~~ one member who is a licensed nurse or advanced  
17 practice nurse;

18 (8) ~~(7)~~ one member who is a licensed social worker,  
19 counselor, or psychologist;

20 (9) ~~(8)~~ one member who currently employs community  
21 health workers;

22 (10) ~~(9)~~ one member who is a health policy advisor with  
23 experience in health workforce policy;

24 (11) ~~(10)~~ one member who is a public health  
25 professional with experience with community health policy;

26 and



1           (12) ~~(11)~~ one representative of a community college,  
2           university, or educational institution that provides  
3           training to community health workers.

4           (b) In addition, the following persons or their designees  
5           shall serve as ex officio, non-voting members of the Board: the  
6           Executive Director of the Illinois Community College Board, the  
7           Director of Children and Family Services, the Director of  
8           Aging, the Director of Public Health, the Director of  
9           Employment Security, the Director of Commerce and Economic  
10          Opportunity, the Secretary of Financial and Professional  
11          Regulation, the Director of Healthcare and Family Services, and  
12          the Secretary of Human Services.

13          (c) The voting members of the Board shall select a  
14          chairperson from the voting members of the Board. The Board  
15          shall consult with additional experts as needed. Members of the  
16          Board shall serve without compensation. The Department shall  
17          provide administrative and staff support to the Board. The  
18          meetings of the Board are subject to the provisions of the Open  
19          Meetings Act.

20          (d) The Board shall consider the core competencies of a  
21          community health worker, including skills and areas of  
22          knowledge that are essential to bringing about expanded health  
23          and wellness in diverse communities and reducing health  
24          disparities. As relating to members of communities and health  
25          teams, the core competencies for effective community health  
26          workers may include, but are not limited to:

- 1 (1) outreach methods and strategies;
- 2 (2) client and community assessment;
- 3 (3) effective community-based and participatory
- 4 methods, including research;
- 5 (4) culturally competent communication and care;
- 6 (5) health education for behavior change;
- 7 (6) support, advocacy, and health system navigation
- 8 for clients;
- 9 (7) application of public health concepts and
- 10 approaches;
- 11 (8) individual and community capacity building and
- 12 mobilization; and
- 13 (9) writing, oral, technical, and communication
- 14 skills.

15 (Source: P.A. 98-796, eff. 7-31-14.)

16 Section 65. The Illinois Housing Development Act is amended  
17 by changing Section 7.30 as follows:

18 (20 ILCS 3805/7.30)

19 Sec. 7.30. Foreclosure Prevention Program.

20 (a) The Authority shall establish and administer a  
21 Foreclosure Prevention Program. The Authority shall use moneys  
22 in the Foreclosure Prevention Program Fund, and any other funds  
23 appropriated for this purpose, to make grants to (i) approved  
24 counseling agencies for approved housing counseling and (ii)

1 approved community-based organizations for approved  
2 foreclosure prevention outreach programs. The Authority shall  
3 promulgate rules to implement this Program and may adopt  
4 emergency rules as soon as practicable to begin implementation  
5 of the Program.

6 (b) Subject to appropriation and the annual receipt of  
7 funds, the Authority shall make grants from the Foreclosure  
8 Prevention Program Fund derived from fees paid as specified in  
9 subsection (a) of Section 15-1504.1 of the Code of Civil  
10 Procedure as follows:

11 (1) 25% of the moneys in the Fund shall be used to make  
12 grants to approved counseling agencies that provide  
13 services in Illinois outside of the City of Chicago. Grants  
14 shall be based upon the number of foreclosures filed in an  
15 approved counseling agency's service area, the capacity of  
16 the agency to provide foreclosure counseling services, and  
17 any other factors that the Authority deems appropriate.

18 (2) 25% of the moneys in the Fund shall be distributed  
19 to the City of Chicago to make grants to approved  
20 counseling agencies located within the City of Chicago for  
21 approved housing counseling or to support foreclosure  
22 prevention counseling programs administered by the City of  
23 Chicago.

24 (3) 25% of the moneys in the Fund shall be used to make  
25 grants to approved community-based organizations located  
26 outside of the City of Chicago for approved foreclosure

1 prevention outreach programs.

2 (4) 25% of the moneys in the Fund shall be used to make  
3 grants to approved community-based organizations located  
4 within the City of Chicago for approved foreclosure  
5 prevention outreach programs, with priority given to  
6 programs that provide door-to-door outreach.

7 (b-1) Subject to appropriation and the annual receipt of  
8 funds, the Authority shall make grants from the Foreclosure  
9 Prevention Program Graduated Fund derived from fees paid as  
10 specified in paragraph (1) of subsection (a-5) of Section  
11 15-1504.1 of the Code of Civil Procedure, as follows:

12 (1) 30% shall be used to make grants for approved  
13 housing counseling in Cook County outside of the City of  
14 Chicago;

15 (2) 25% shall be used to make grants for approved  
16 housing counseling in the City of Chicago;

17 (3) 30% shall be used to make grants for approved  
18 housing counseling in DuPage, Kane, Lake, McHenry, and Will  
19 Counties; and

20 (4) 15% shall be used to make grants for approved  
21 housing counseling in Illinois in counties other than Cook,  
22 DuPage, Kane, Lake, McHenry, and Will Counties provided  
23 that grants to provide approved housing counseling to  
24 borrowers residing within these counties shall be based, to  
25 the extent practicable, (i) proportionately on the amount  
26 of fees paid to the respective clerks of the courts within

1           these counties and (ii) on any other factors that the  
2           Authority deems appropriate.

3           The percentages set forth in this subsection (b-1) shall be  
4           calculated after deduction of reimbursable administrative  
5           expenses incurred by the Authority, but shall not be greater  
6           than 4% of the annual appropriated amount.

7           (b-5) As used in this Section:

8           "Approved community-based organization" means a  
9           not-for-profit entity that provides educational and financial  
10          information to residents of a community through in-person  
11          contact. "Approved community-based organization" does not  
12          include a not-for-profit corporation or other entity or person  
13          that provides legal representation or advice in a civil  
14          proceeding or court-sponsored mediation services, or a  
15          governmental agency.

16          "Approved foreclosure prevention outreach program" means a  
17          program developed by an approved community-based organization  
18          that includes in-person contact with residents to provide (i)  
19          pre-purchase and post-purchase home ownership counseling, (ii)  
20          education about the foreclosure process and the options of a  
21          mortgagor in a foreclosure proceeding, and (iii) programs  
22          developed by an approved community-based organization in  
23          conjunction with a State or federally chartered financial  
24          institution.

25          "Approved counseling agency" means a housing counseling  
26          agency approved by the U.S. Department of Housing and Urban

1 Development.

2 "Approved housing counseling" means in-person counseling  
3 provided by a counselor employed by an approved counseling  
4 agency to all borrowers, or documented telephone counseling  
5 where a hardship would be imposed on one or more borrowers. A  
6 hardship shall exist in instances in which the borrower is  
7 confined to his or her home due to a medical condition, as  
8 verified in writing by a physician, advanced practice nurse, or  
9 physician assistant, or the borrower resides 50 miles or more  
10 from the nearest approved counseling agency. In instances of  
11 telephone counseling, the borrower must supply all necessary  
12 documents to the counselor at least 72 hours prior to the  
13 scheduled telephone counseling session.

14 (c) (Blank).

15 (c-5) Where the jurisdiction of an approved counseling  
16 agency is included within more than one of the geographic areas  
17 set forth in this Section, the Authority may elect to fully  
18 fund the applicant from one of the relevant geographic areas.

19 (Source: P.A. 97-1164, eff. 6-1-13; 98-20, eff. 6-11-13.)

20 Section 70. The Illinois Health Information Exchange and  
21 Technology Act is amended by changing Section 15 as follows:

22 (20 ILCS 3860/15)

23 (Section scheduled to be repealed on January 1, 2021)

24 Sec. 15. Governance of the Illinois Health Information

1 Exchange Authority.

2 (a) The Authority shall consist of and be governed by one  
3 Executive Director and 8 directors who are hereby authorized to  
4 carry out the provisions of this Act and to exercise the powers  
5 conferred under this Act.

6 (b) The Executive Director and 8 directors shall be  
7 appointed to 3-year staggered terms by the Governor with the  
8 advice and consent of the Senate. Of the members first  
9 appointed after the effective date of this Act, 3 shall be  
10 appointed for a term of one year, 3 shall be appointed for a  
11 term of 2 years, and 3 shall be appointed for a term of 3 years.  
12 The Executive Director and directors may serve successive terms  
13 and, in the event the term of the Executive Director or a  
14 director expires, he or she shall serve in the expired term  
15 until a new Executive Director or director is appointed and  
16 qualified. Vacancies shall be filled for the unexpired term in  
17 the same manner as original appointments. The Governor may  
18 remove a director or the Executive Director for incompetency,  
19 dereliction of duty, malfeasance, misfeasance, or nonfeasance  
20 in office or any other good cause. The Executive Director shall  
21 be compensated at an annual salary of 75% of the salary of the  
22 Governor.

23 (c) The Executive Director and directors shall be chosen  
24 with due regard to broad geographic representation and shall be  
25 representative of a broad spectrum of health care providers and  
26 stakeholders, including representatives from any of the

1 following fields or groups: health care consumers, consumer  
2 advocates, physicians, physician assistants, nurses,  
3 hospitals, federally qualified health centers as defined in  
4 Section 1905(1)(2)(B) of the Social Security Act and any  
5 subsequent amendments thereto, health plans or third-party  
6 payors, employers, long-term care providers, pharmacists,  
7 State and local public health entities, outpatient diagnostic  
8 service providers, behavioral health providers, home health  
9 agency organizations, health professional schools in Illinois,  
10 health information technology, or health information research.

11 (d) The directors of the Illinois Department of Healthcare  
12 and Family Services, the Illinois Department of Public Health,  
13 and the Illinois Department of Insurance and the Secretary of  
14 the Illinois Department of Human Services, or their designees,  
15 and a designee of the Office of the Governor, shall serve as  
16 ex-officio members of the Authority.

17 (e) The Authority is authorized to conduct its business by  
18 a majority of the appointed members. The Authority may adopt  
19 bylaws in order to conduct meetings. The bylaws may permit the  
20 Authority to meet by telecommunication or electronic  
21 communication.

22 (f) The Authority shall appoint an Illinois Health  
23 Information Exchange Authority Advisory Committee ("Advisory  
24 Committee") with representation from any of the fields or  
25 groups listed in subsection (c) of this Section. The purpose of  
26 the Advisory Committee shall be to advise and provide



1 recommendations to the Authority regarding the ILHIE. The  
2 Advisory Committee members shall serve 2-year terms. The  
3 Authority may establish other advisory committees and  
4 subcommittees to conduct the business of the Authority.

5 (g) Directors of the Authority, members of the Advisory  
6 Committee, and any other advisory committee and subcommittee  
7 members may be reimbursed for ordinary and contingent travel  
8 and meeting expenses for their service at the rate approved for  
9 State employee travel.

10 (Source: P.A. 96-1331, eff. 7-27-10.)

11 Section 75. The Property Tax Code is amended by changing  
12 Sections 15-168 and 15-172 as follows:

13 (35 ILCS 200/15-168)

14 Sec. 15-168. Homestead exemption for persons with  
15 disabilities.

16 (a) Beginning with taxable year 2007, an annual homestead  
17 exemption is granted to persons with disabilities in the amount  
18 of \$2,000, except as provided in subsection (c), to be deducted  
19 from the property's value as equalized or assessed by the  
20 Department of Revenue. The person with a disability shall  
21 receive the homestead exemption upon meeting the following  
22 requirements:

23 (1) The property must be occupied as the primary  
24 residence by the person with a disability.

1           (2) The person with a disability must be liable for  
2           paying the real estate taxes on the property.

3           (3) The person with a disability must be an owner of  
4           record of the property or have a legal or equitable  
5           interest in the property as evidenced by a written  
6           instrument. In the case of a leasehold interest in  
7           property, the lease must be for a single family residence.

8           A person who has a disability during the taxable year is  
9           eligible to apply for this homestead exemption during that  
10          taxable year. Application must be made during the application  
11          period in effect for the county of residence. If a homestead  
12          exemption has been granted under this Section and the person  
13          awarded the exemption subsequently becomes a resident of a  
14          facility licensed under the Nursing Home Care Act, the  
15          Specialized Mental Health Rehabilitation Act of 2013, the ID/DD  
16          Community Care Act, or the MC/DD Act, then the exemption shall  
17          continue (i) so long as the residence continues to be occupied  
18          by the qualifying person's spouse or (ii) if the residence  
19          remains unoccupied but is still owned by the person qualified  
20          for the homestead exemption.

21          (b) For the purposes of this Section, "person with a  
22          disability" means a person unable to engage in any substantial  
23          gainful activity by reason of a medically determinable physical  
24          or mental impairment which can be expected to result in death  
25          or has lasted or can be expected to last for a continuous  
26          period of not less than 12 months. Persons with disabilities

1 filing claims under this Act shall submit proof of disability  
2 in such form and manner as the Department shall by rule and  
3 regulation prescribe. Proof that a claimant is eligible to  
4 receive disability benefits under the Federal Social Security  
5 Act shall constitute proof of disability for purposes of this  
6 Act. Issuance of an Illinois Person with a Disability  
7 Identification Card stating that the claimant is under a Class  
8 2 disability, as defined in Section 4A of the Illinois  
9 Identification Card Act, shall constitute proof that the person  
10 named thereon is a person with a disability for purposes of  
11 this Act. A person with a disability not covered under the  
12 Federal Social Security Act and not presenting an Illinois  
13 Person with a Disability Identification Card stating that the  
14 claimant is under a Class 2 disability shall be examined by a  
15 physician, advanced practice nurse, or physician assistant  
16 designated by the Department, and his status as a person with a  
17 disability determined using the same standards as used by the  
18 Social Security Administration. The costs of any required  
19 examination shall be borne by the claimant.

20 (c) For land improved with (i) an apartment building owned  
21 and operated as a cooperative or (ii) a life care facility as  
22 defined under Section 2 of the Life Care Facilities Act that is  
23 considered to be a cooperative, the maximum reduction from the  
24 value of the property, as equalized or assessed by the  
25 Department, shall be multiplied by the number of apartments or  
26 units occupied by a person with a disability. The person with a

1 disability shall receive the homestead exemption upon meeting  
2 the following requirements:

3 (1) The property must be occupied as the primary  
4 residence by the person with a disability.

5 (2) The person with a disability must be liable by  
6 contract with the owner or owners of record for paying the  
7 apportioned property taxes on the property of the  
8 cooperative or life care facility. In the case of a life  
9 care facility, the person with a disability must be liable  
10 for paying the apportioned property taxes under a life care  
11 contract as defined in Section 2 of the Life Care  
12 Facilities Act.

13 (3) The person with a disability must be an owner of  
14 record of a legal or equitable interest in the cooperative  
15 apartment building. A leasehold interest does not meet this  
16 requirement.

17 If a homestead exemption is granted under this subsection, the  
18 cooperative association or management firm shall credit the  
19 savings resulting from the exemption to the apportioned tax  
20 liability of the qualifying person with a disability. The chief  
21 county assessment officer may request reasonable proof that the  
22 association or firm has properly credited the exemption. A  
23 person who willfully refuses to credit an exemption to the  
24 qualified person with a disability is guilty of a Class B  
25 misdemeanor.

26 (d) The chief county assessment officer shall determine the

1 eligibility of property to receive the homestead exemption  
2 according to guidelines established by the Department. After a  
3 person has received an exemption under this Section, an annual  
4 verification of eligibility for the exemption shall be mailed  
5 to the taxpayer.

6 In counties with fewer than 3,000,000 inhabitants, the  
7 chief county assessment officer shall provide to each person  
8 granted a homestead exemption under this Section a form to  
9 designate any other person to receive a duplicate of any notice  
10 of delinquency in the payment of taxes assessed and levied  
11 under this Code on the person's qualifying property. The  
12 duplicate notice shall be in addition to the notice required to  
13 be provided to the person receiving the exemption and shall be  
14 given in the manner required by this Code. The person filing  
15 the request for the duplicate notice shall pay an  
16 administrative fee of \$5 to the chief county assessment  
17 officer. The assessment officer shall then file the executed  
18 designation with the county collector, who shall issue the  
19 duplicate notices as indicated by the designation. A  
20 designation may be rescinded by the person with a disability in  
21 the manner required by the chief county assessment officer.

22 (e) A taxpayer who claims an exemption under Section 15-165  
23 or 15-169 may not claim an exemption under this Section.

24 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;  
25 99-180, eff. 7-29-15; revised 10-20-15.)

1 (35 ILCS 200/15-172)

2 Sec. 15-172. Senior Citizens Assessment Freeze Homestead  
3 Exemption.

4 (a) This Section may be cited as the Senior Citizens  
5 Assessment Freeze Homestead Exemption.

6 (b) As used in this Section:

7 "Applicant" means an individual who has filed an  
8 application under this Section.

9 "Base amount" means the base year equalized assessed value  
10 of the residence plus the first year's equalized assessed value  
11 of any added improvements which increased the assessed value of  
12 the residence after the base year.

13 "Base year" means the taxable year prior to the taxable  
14 year for which the applicant first qualifies and applies for  
15 the exemption provided that in the prior taxable year the  
16 property was improved with a permanent structure that was  
17 occupied as a residence by the applicant who was liable for  
18 paying real property taxes on the property and who was either  
19 (i) an owner of record of the property or had legal or  
20 equitable interest in the property as evidenced by a written  
21 instrument or (ii) had a legal or equitable interest as a  
22 lessee in the parcel of property that was single family  
23 residence. If in any subsequent taxable year for which the  
24 applicant applies and qualifies for the exemption the equalized  
25 assessed value of the residence is less than the equalized  
26 assessed value in the existing base year (provided that such

1 equalized assessed value is not based on an assessed value that  
2 results from a temporary irregularity in the property that  
3 reduces the assessed value for one or more taxable years), then  
4 that subsequent taxable year shall become the base year until a  
5 new base year is established under the terms of this paragraph.  
6 For taxable year 1999 only, the Chief County Assessment Officer  
7 shall review (i) all taxable years for which the applicant  
8 applied and qualified for the exemption and (ii) the existing  
9 base year. The assessment officer shall select as the new base  
10 year the year with the lowest equalized assessed value. An  
11 equalized assessed value that is based on an assessed value  
12 that results from a temporary irregularity in the property that  
13 reduces the assessed value for one or more taxable years shall  
14 not be considered the lowest equalized assessed value. The  
15 selected year shall be the base year for taxable year 1999 and  
16 thereafter until a new base year is established under the terms  
17 of this paragraph.

18 "Chief County Assessment Officer" means the County  
19 Assessor or Supervisor of Assessments of the county in which  
20 the property is located.

21 "Equalized assessed value" means the assessed value as  
22 equalized by the Illinois Department of Revenue.

23 "Household" means the applicant, the spouse of the  
24 applicant, and all persons using the residence of the applicant  
25 as their principal place of residence.

26 "Household income" means the combined income of the members

1 of a household for the calendar year preceding the taxable  
2 year.

3 "Income" has the same meaning as provided in Section 3.07  
4 of the Senior Citizens and Persons with Disabilities Property  
5 Tax Relief Act, except that, beginning in assessment year 2001,  
6 "income" does not include veteran's benefits.

7 "Internal Revenue Code of 1986" means the United States  
8 Internal Revenue Code of 1986 or any successor law or laws  
9 relating to federal income taxes in effect for the year  
10 preceding the taxable year.

11 "Life care facility that qualifies as a cooperative" means  
12 a facility as defined in Section 2 of the Life Care Facilities  
13 Act.

14 "Maximum income limitation" means:

- 15 (1) \$35,000 prior to taxable year 1999;  
16 (2) \$40,000 in taxable years 1999 through 2003;  
17 (3) \$45,000 in taxable years 2004 through 2005;  
18 (4) \$50,000 in taxable years 2006 and 2007; and  
19 (5) \$55,000 in taxable year 2008 and thereafter.

20 "Residence" means the principal dwelling place and  
21 appurtenant structures used for residential purposes in this  
22 State occupied on January 1 of the taxable year by a household  
23 and so much of the surrounding land, constituting the parcel  
24 upon which the dwelling place is situated, as is used for  
25 residential purposes. If the Chief County Assessment Officer  
26 has established a specific legal description for a portion of



1 property constituting the residence, then that portion of  
2 property shall be deemed the residence for the purposes of this  
3 Section.

4 "Taxable year" means the calendar year during which ad  
5 valorem property taxes payable in the next succeeding year are  
6 levied.

7 (c) Beginning in taxable year 1994, a senior citizens  
8 assessment freeze homestead exemption is granted for real  
9 property that is improved with a permanent structure that is  
10 occupied as a residence by an applicant who (i) is 65 years of  
11 age or older during the taxable year, (ii) has a household  
12 income that does not exceed the maximum income limitation,  
13 (iii) is liable for paying real property taxes on the property,  
14 and (iv) is an owner of record of the property or has a legal or  
15 equitable interest in the property as evidenced by a written  
16 instrument. This homestead exemption shall also apply to a  
17 leasehold interest in a parcel of property improved with a  
18 permanent structure that is a single family residence that is  
19 occupied as a residence by a person who (i) is 65 years of age  
20 or older during the taxable year, (ii) has a household income  
21 that does not exceed the maximum income limitation, (iii) has a  
22 legal or equitable ownership interest in the property as  
23 lessee, and (iv) is liable for the payment of real property  
24 taxes on that property.

25 In counties of 3,000,000 or more inhabitants, the amount of  
26 the exemption for all taxable years is the equalized assessed

1 value of the residence in the taxable year for which  
2 application is made minus the base amount. In all other  
3 counties, the amount of the exemption is as follows: (i)  
4 through taxable year 2005 and for taxable year 2007 and  
5 thereafter, the amount of this exemption shall be the equalized  
6 assessed value of the residence in the taxable year for which  
7 application is made minus the base amount; and (ii) for taxable  
8 year 2006, the amount of the exemption is as follows:

9 (1) For an applicant who has a household income of  
10 \$45,000 or less, the amount of the exemption is the  
11 equalized assessed value of the residence in the taxable  
12 year for which application is made minus the base amount.

13 (2) For an applicant who has a household income  
14 exceeding \$45,000 but not exceeding \$46,250, the amount of  
15 the exemption is (i) the equalized assessed value of the  
16 residence in the taxable year for which application is made  
17 minus the base amount (ii) multiplied by 0.8.

18 (3) For an applicant who has a household income  
19 exceeding \$46,250 but not exceeding \$47,500, the amount of  
20 the exemption is (i) the equalized assessed value of the  
21 residence in the taxable year for which application is made  
22 minus the base amount (ii) multiplied by 0.6.

23 (4) For an applicant who has a household income  
24 exceeding \$47,500 but not exceeding \$48,750, the amount of  
25 the exemption is (i) the equalized assessed value of the  
26 residence in the taxable year for which application is made

1 minus the base amount (ii) multiplied by 0.4.

2 (5) For an applicant who has a household income  
3 exceeding \$48,750 but not exceeding \$50,000, the amount of  
4 the exemption is (i) the equalized assessed value of the  
5 residence in the taxable year for which application is made  
6 minus the base amount (ii) multiplied by 0.2.

7 When the applicant is a surviving spouse of an applicant  
8 for a prior year for the same residence for which an exemption  
9 under this Section has been granted, the base year and base  
10 amount for that residence are the same as for the applicant for  
11 the prior year.

12 Each year at the time the assessment books are certified to  
13 the County Clerk, the Board of Review or Board of Appeals shall  
14 give to the County Clerk a list of the assessed values of  
15 improvements on each parcel qualifying for this exemption that  
16 were added after the base year for this parcel and that  
17 increased the assessed value of the property.

18 In the case of land improved with an apartment building  
19 owned and operated as a cooperative or a building that is a  
20 life care facility that qualifies as a cooperative, the maximum  
21 reduction from the equalized assessed value of the property is  
22 limited to the sum of the reductions calculated for each unit  
23 occupied as a residence by a person or persons (i) 65 years of  
24 age or older, (ii) with a household income that does not exceed  
25 the maximum income limitation, (iii) who is liable, by contract  
26 with the owner or owners of record, for paying real property

1 taxes on the property, and (iv) who is an owner of record of a  
2 legal or equitable interest in the cooperative apartment  
3 building, other than a leasehold interest. In the instance of a  
4 cooperative where a homestead exemption has been granted under  
5 this Section, the cooperative association or its management  
6 firm shall credit the savings resulting from that exemption  
7 only to the apportioned tax liability of the owner who  
8 qualified for the exemption. Any person who willfully refuses  
9 to credit that savings to an owner who qualifies for the  
10 exemption is guilty of a Class B misdemeanor.

11 When a homestead exemption has been granted under this  
12 Section and an applicant then becomes a resident of a facility  
13 licensed under the Assisted Living and Shared Housing Act, the  
14 Nursing Home Care Act, the Specialized Mental Health  
15 Rehabilitation Act of 2013, the ID/DD Community Care Act, or  
16 the MC/DD Act, the exemption shall be granted in subsequent  
17 years so long as the residence (i) continues to be occupied by  
18 the qualified applicant's spouse or (ii) if remaining  
19 unoccupied, is still owned by the qualified applicant for the  
20 homestead exemption.

21 Beginning January 1, 1997, when an individual dies who  
22 would have qualified for an exemption under this Section, and  
23 the surviving spouse does not independently qualify for this  
24 exemption because of age, the exemption under this Section  
25 shall be granted to the surviving spouse for the taxable year  
26 preceding and the taxable year of the death, provided that,

1 except for age, the surviving spouse meets all other  
2 qualifications for the granting of this exemption for those  
3 years.

4 When married persons maintain separate residences, the  
5 exemption provided for in this Section may be claimed by only  
6 one of such persons and for only one residence.

7 For taxable year 1994 only, in counties having less than  
8 3,000,000 inhabitants, to receive the exemption, a person shall  
9 submit an application by February 15, 1995 to the Chief County  
10 Assessment Officer of the county in which the property is  
11 located. In counties having 3,000,000 or more inhabitants, for  
12 taxable year 1994 and all subsequent taxable years, to receive  
13 the exemption, a person may submit an application to the Chief  
14 County Assessment Officer of the county in which the property  
15 is located during such period as may be specified by the Chief  
16 County Assessment Officer. The Chief County Assessment Officer  
17 in counties of 3,000,000 or more inhabitants shall annually  
18 give notice of the application period by mail or by  
19 publication. In counties having less than 3,000,000  
20 inhabitants, beginning with taxable year 1995 and thereafter,  
21 to receive the exemption, a person shall submit an application  
22 by July 1 of each taxable year to the Chief County Assessment  
23 Officer of the county in which the property is located. A  
24 county may, by ordinance, establish a date for submission of  
25 applications that is different than July 1. The applicant shall  
26 submit with the application an affidavit of the applicant's

1 total household income, age, marital status (and if married the  
2 name and address of the applicant's spouse, if known), and  
3 principal dwelling place of members of the household on January  
4 1 of the taxable year. The Department shall establish, by rule,  
5 a method for verifying the accuracy of affidavits filed by  
6 applicants under this Section, and the Chief County Assessment  
7 Officer may conduct audits of any taxpayer claiming an  
8 exemption under this Section to verify that the taxpayer is  
9 eligible to receive the exemption. Each application shall  
10 contain or be verified by a written declaration that it is made  
11 under the penalties of perjury. A taxpayer's signing a  
12 fraudulent application under this Act is perjury, as defined in  
13 Section 32-2 of the Criminal Code of 2012. The applications  
14 shall be clearly marked as applications for the Senior Citizens  
15 Assessment Freeze Homestead Exemption and must contain a notice  
16 that any taxpayer who receives the exemption is subject to an  
17 audit by the Chief County Assessment Officer.

18 Notwithstanding any other provision to the contrary, in  
19 counties having fewer than 3,000,000 inhabitants, if an  
20 applicant fails to file the application required by this  
21 Section in a timely manner and this failure to file is due to a  
22 mental or physical condition sufficiently severe so as to  
23 render the applicant incapable of filing the application in a  
24 timely manner, the Chief County Assessment Officer may extend  
25 the filing deadline for a period of 30 days after the applicant  
26 regains the capability to file the application, but in no case

1 may the filing deadline be extended beyond 3 months of the  
2 original filing deadline. In order to receive the extension  
3 provided in this paragraph, the applicant shall provide the  
4 Chief County Assessment Officer with a signed statement from  
5 the applicant's physician, advanced practice nurse, or  
6 physician assistant stating the nature and extent of the  
7 condition, that, in the physician's, advanced practice  
8 nurse's, or physician assistant's opinion, the condition was so  
9 severe that it rendered the applicant incapable of filing the  
10 application in a timely manner, and the date on which the  
11 applicant regained the capability to file the application.

12 Beginning January 1, 1998, notwithstanding any other  
13 provision to the contrary, in counties having fewer than  
14 3,000,000 inhabitants, if an applicant fails to file the  
15 application required by this Section in a timely manner and  
16 this failure to file is due to a mental or physical condition  
17 sufficiently severe so as to render the applicant incapable of  
18 filing the application in a timely manner, the Chief County  
19 Assessment Officer may extend the filing deadline for a period  
20 of 3 months. In order to receive the extension provided in this  
21 paragraph, the applicant shall provide the Chief County  
22 Assessment Officer with a signed statement from the applicant's  
23 physician, advanced practice nurse, or physician assistant  
24 stating the nature and extent of the condition, and that, in  
25 the physician's, advanced practice nurse's, or physician  
26 assistant's opinion, the condition was so severe that it

1 rendered the applicant incapable of filing the application in a  
2 timely manner.

3 In counties having less than 3,000,000 inhabitants, if an  
4 applicant was denied an exemption in taxable year 1994 and the  
5 denial occurred due to an error on the part of an assessment  
6 official, or his or her agent or employee, then beginning in  
7 taxable year 1997 the applicant's base year, for purposes of  
8 determining the amount of the exemption, shall be 1993 rather  
9 than 1994. In addition, in taxable year 1997, the applicant's  
10 exemption shall also include an amount equal to (i) the amount  
11 of any exemption denied to the applicant in taxable year 1995  
12 as a result of using 1994, rather than 1993, as the base year,  
13 (ii) the amount of any exemption denied to the applicant in  
14 taxable year 1996 as a result of using 1994, rather than 1993,  
15 as the base year, and (iii) the amount of the exemption  
16 erroneously denied for taxable year 1994.

17 For purposes of this Section, a person who will be 65 years  
18 of age during the current taxable year shall be eligible to  
19 apply for the homestead exemption during that taxable year.  
20 Application shall be made during the application period in  
21 effect for the county of his or her residence.

22 The Chief County Assessment Officer may determine the  
23 eligibility of a life care facility that qualifies as a  
24 cooperative to receive the benefits provided by this Section by  
25 use of an affidavit, application, visual inspection,  
26 questionnaire, or other reasonable method in order to insure



1 that the tax savings resulting from the exemption are credited  
2 by the management firm to the apportioned tax liability of each  
3 qualifying resident. The Chief County Assessment Officer may  
4 request reasonable proof that the management firm has so  
5 credited that exemption.

6 Except as provided in this Section, all information  
7 received by the chief county assessment officer or the  
8 Department from applications filed under this Section, or from  
9 any investigation conducted under the provisions of this  
10 Section, shall be confidential, except for official purposes or  
11 pursuant to official procedures for collection of any State or  
12 local tax or enforcement of any civil or criminal penalty or  
13 sanction imposed by this Act or by any statute or ordinance  
14 imposing a State or local tax. Any person who divulges any such  
15 information in any manner, except in accordance with a proper  
16 judicial order, is guilty of a Class A misdemeanor.

17 Nothing contained in this Section shall prevent the  
18 Director or chief county assessment officer from publishing or  
19 making available reasonable statistics concerning the  
20 operation of the exemption contained in this Section in which  
21 the contents of claims are grouped into aggregates in such a  
22 way that information contained in any individual claim shall  
23 not be disclosed.

24 (d) Each Chief County Assessment Officer shall annually  
25 publish a notice of availability of the exemption provided  
26 under this Section. The notice shall be published at least 60

1 days but no more than 75 days prior to the date on which the  
2 application must be submitted to the Chief County Assessment  
3 Officer of the county in which the property is located. The  
4 notice shall appear in a newspaper of general circulation in  
5 the county.

6 Notwithstanding Sections 6 and 8 of the State Mandates Act,  
7 no reimbursement by the State is required for the  
8 implementation of any mandate created by this Section.

9 (Source: P.A. 98-104, eff. 7-22-13; 99-143, eff. 7-27-15;  
10 99-180, eff. 7-29-15; revised 10-21-15.)

11 Section 80. The Missing Persons Identification Act is  
12 amended by changing Section 5 as follows:

13 (50 ILCS 722/5)

14 Sec. 5. Missing person reports.

15 (a) Report acceptance. All law enforcement agencies shall  
16 accept without delay any report of a missing person. Acceptance  
17 of a missing person report filed in person may not be refused  
18 on any ground. No law enforcement agency may refuse to accept a  
19 missing person report:

20 (1) on the basis that the missing person is an adult;

21 (2) on the basis that the circumstances do not indicate  
22 foul play;

23 (3) on the basis that the person has been missing for a  
24 short period of time;

1           (4) on the basis that the person has been missing a  
2 long period of time;

3           (5) on the basis that there is no indication that the  
4 missing person was in the jurisdiction served by the law  
5 enforcement agency at the time of the disappearance;

6           (6) on the basis that the circumstances suggest that  
7 the disappearance may be voluntary;

8           (7) on the basis that the reporting individual does not  
9 have personal knowledge of the facts;

10          (8) on the basis that the reporting individual cannot  
11 provide all of the information requested by the law  
12 enforcement agency;

13          (9) on the basis that the reporting individual lacks a  
14 familial or other relationship with the missing person;

15          (9-5) on the basis of the missing person's mental state  
16 or medical condition; or

17          (10) for any other reason.

18          (b) Manner of reporting. All law enforcement agencies shall  
19 accept missing person reports in person. Law enforcement  
20 agencies are encouraged to accept reports by phone or by  
21 electronic or other media to the extent that such reporting is  
22 consistent with law enforcement policies or practices.

23          (c) Contents of report. In accepting a report of a missing  
24 person, the law enforcement agency shall attempt to gather  
25 relevant information relating to the disappearance. The law  
26 enforcement agency shall attempt to gather at the time of the

1 report information that shall include, but shall not be limited  
2 to, the following:

3 (1) the name of the missing person, including  
4 alternative names used;

5 (2) the missing person's date of birth;

6 (3) the missing person's identifying marks, such as  
7 birthmarks, moles, tattoos, and scars;

8 (4) the missing person's height and weight;

9 (5) the missing person's gender;

10 (6) the missing person's race;

11 (7) the missing person's current hair color and true or  
12 natural hair color;

13 (8) the missing person's eye color;

14 (9) the missing person's prosthetics, surgical  
15 implants, or cosmetic implants;

16 (10) the missing person's physical anomalies;

17 (11) the missing person's blood type, if known;

18 (12) the missing person's driver's license number, if  
19 known;

20 (13) the missing person's social security number, if  
21 known;

22 (14) a photograph of the missing person; recent  
23 photographs are preferable and the agency is encouraged to  
24 attempt to ascertain the approximate date the photograph  
25 was taken;

26 (15) a description of the clothing the missing person

1 was believed to be wearing;

2 (16) a description of items that might be with the  
3 missing person, such as jewelry, accessories, and shoes or  
4 boots;

5 (17) information on the missing person's electronic  
6 communications devices, such as cellular telephone numbers  
7 and e-mail addresses;

8 (18) the reasons why the reporting individual believes  
9 that the person is missing;

10 (19) the name and location of the missing person's  
11 school or employer, if known;

12 (20) the name and location of the missing person's  
13 dentist or primary care physician or provider, or both, if  
14 known;

15 (21) any circumstances that may indicate that the  
16 disappearance was not voluntary;

17 (22) any circumstances that may indicate that the  
18 missing person may be at risk of injury or death;

19 (23) a description of the possible means of  
20 transportation of the missing person, including make,  
21 model, color, license number, and Vehicle Identification  
22 Number of a vehicle;

23 (24) any identifying information about a known or  
24 possible abductor or person last seen with the missing  
25 person, or both, including:

26 (A) name;

1 (B) a physical description;

2 (C) date of birth;

3 (D) identifying marks;

4 (E) the description of possible means of  
5 transportation, including make, model, color, license  
6 number, and Vehicle Identification Number of a  
7 vehicle;

8 (F) known associates;

9 (25) any other information that may aid in locating the  
10 missing person; and

11 (26) the date of last contact.

12 (d) Notification and follow up action.

13 (1) Notification. The law enforcement agency shall  
14 notify the person making the report, a family member, or  
15 other person in a position to assist the law enforcement  
16 agency in its efforts to locate the missing person of the  
17 following:

18 (A) general information about the handling of the  
19 missing person case or about intended efforts in the  
20 case to the extent that the law enforcement agency  
21 determines that disclosure would not adversely affect  
22 its ability to locate or protect the missing person or  
23 to apprehend or prosecute any person criminally  
24 involved in the disappearance;

25 (B) that the person should promptly contact the law  
26 enforcement agency if the missing person remains

1 missing in order to provide additional information and  
2 materials that will aid in locating the missing person  
3 such as the missing person's credit cards, debit cards,  
4 banking information, and cellular telephone records;  
5 and

6 (C) that any DNA samples provided for the missing  
7 person case are provided on a voluntary basis and will  
8 be used solely to help locate or identify the missing  
9 person and will not be used for any other purpose.

10 The law enforcement agency, upon acceptance of a  
11 missing person report, shall inform the reporting citizen  
12 of one of 2 resources, based upon the age of the missing  
13 person. If the missing person is under 18 years of age,  
14 contact information for the National Center for Missing and  
15 Exploited Children shall be given. If the missing person is  
16 age 18 or older, contact information for the National  
17 Center for Missing Adults shall be given.

18 Agencies handling the remains of a missing person who  
19 is deceased must notify the agency handling the missing  
20 person's case. Documented efforts must be made to locate  
21 family members of the deceased person to inform them of the  
22 death and location of the remains of their family member.

23 The law enforcement agency is encouraged to make  
24 available informational materials, through publications or  
25 electronic or other media, that advise the public about how  
26 the information or materials identified in this subsection

1 are used to help locate or identify missing persons.

2 (2) Follow up action. If the person identified in the  
3 missing person report remains missing after 30 days, and  
4 the additional information and materials specified below  
5 have not been received, the law enforcement agency shall  
6 attempt to obtain:

7 (A) DNA samples from family members or from the  
8 missing person along with any needed documentation, or  
9 both, including any consent forms, required for the use  
10 of State or federal DNA databases, including, but not  
11 limited to, the Local DNA Index System (LDIS), State  
12 DNA Index System (SDIS), and National DNA Index System  
13 (NDIS);

14 (B) an authorization to release dental or skeletal  
15 x-rays of the missing person;

16 (C) any additional photographs of the missing  
17 person that may aid the investigation or an  
18 identification; the law enforcement agency is not  
19 required to obtain written authorization before it  
20 releases publicly any photograph that would aid in the  
21 investigation or identification of the missing person;

22 (D) dental information and x-rays; and

23 (E) fingerprints.

24 (3) All DNA samples obtained in missing person cases  
25 shall be immediately forwarded to the Department of State  
26 Police for analysis. The Department of State Police shall



1 establish procedures for determining how to prioritize  
2 analysis of the samples relating to missing person cases.

3 (4) This subsection shall not be interpreted to  
4 preclude a law enforcement agency from attempting to obtain  
5 the materials identified in this subsection before the  
6 expiration of the 30-day period.

7 (Source: P.A. 99-244, eff. 1-1-16.)

8 Section 85. The Counties Code is amended by changing  
9 Sections 3-14049, 3-15003.6, 5-1069, and 5-21001 as follows:

10 (55 ILCS 5/3-14049) (from Ch. 34, par. 3-14049)

11 Sec. 3-14049. Appointment of physicians and nurses for the  
12 poor and mentally ill persons. The appointment, employment and  
13 removal by the Board of Commissioners of Cook County<sup>7</sup> of all  
14 physicians, advanced practice nurses, physician assistants,  
15 ~~and~~ surgeons, and nurses for the care and treatment of the  
16 sick, poor, mentally ill or persons in need of mental treatment  
17 of said county shall be made only in conformity with rules  
18 prescribed by the County Civil Service Commission to accomplish  
19 the purposes of this Section.

20 The Board of Commissioners of Cook County may provide that  
21 all such physicians and surgeons who serve without compensation  
22 shall be appointed for a term to be fixed by the Board, and  
23 that the physicians and surgeons usually designated and known  
24 as interns shall be appointed for a term to be fixed by the

1 Board: Provided, that there may also, at the discretion of the  
2 board, be a consulting staff of physicians and surgeons, which  
3 staff may be appointed by the president, subject to the  
4 approval of the board, and provided further, that the Board may  
5 contract with any recognized training school or any program for  
6 health professionals for the nursing of any or all of such sick  
7 or mentally ill or persons in need of mental treatment.

8 (Source: P.A. 86-962.)

9 (55 ILCS 5/3-15003.6)

10 Sec. 3-15003.6. Pregnant female prisoners.

11 (a) Definitions. For the purpose of this Section:

12 (1) "Restraints" means any physical restraint or  
13 mechanical device used to control the movement of a  
14 prisoner's body or limbs, or both, including, but not  
15 limited to, flex cuffs, soft restraints, hard metal  
16 handcuffs, a black box, Chubb cuffs, leg irons, belly  
17 chains, a security (tether) chain, or a convex shield, or  
18 shackles of any kind.

19 (2) "Labor" means the period of time before a birth and  
20 shall include any medical condition in which a woman is  
21 sent or brought to the hospital for the purpose of  
22 delivering her baby. These situations include: induction  
23 of labor, prodromal labor, pre-term labor, prelabor  
24 rupture of membranes, the 3 stages of active labor, uterine  
25 hemorrhage during the third trimester of pregnancy, and

1 caesarian delivery including pre-operative preparation.

2 (3) "Post-partum" means, as determined by her  
3 physician, advanced practice nurse, or physician  
4 assistant, the period immediately following delivery,  
5 including the entire period a woman is in the hospital or  
6 infirmary after birth.

7 (4) "Correctional institution" means any entity under  
8 the authority of a county law enforcement division of a  
9 county of more than 3,000,000 inhabitants that has the  
10 power to detain or restrain, or both, a person under the  
11 laws of the State.

12 (5) "Corrections official" means the official that is  
13 responsible for oversight of a correctional institution,  
14 or his or her designee.

15 (6) "Prisoner" means any person incarcerated or  
16 detained in any facility who is accused of, convicted of,  
17 sentenced for, or adjudicated delinquent for, violations  
18 of criminal law or the terms and conditions of parole,  
19 probation, pretrial release, or diversionary program, and  
20 any person detained under the immigration laws of the  
21 United States at any correctional facility.

22 (7) "Extraordinary circumstance" means an  
23 extraordinary medical or security circumstance, including  
24 a substantial flight risk, that dictates restraints be used  
25 to ensure the safety and security of the prisoner, the  
26 staff of the correctional institution or medical facility,

1 other prisoners, or the public.

2 (b) A county department of corrections shall not apply  
3 security restraints to a prisoner that has been determined by a  
4 qualified medical professional to be pregnant and is known by  
5 the county department of corrections to be pregnant or in  
6 postpartum recovery, which is the entire period a woman is in  
7 the medical facility after birth, unless the corrections  
8 official makes an individualized determination that the  
9 prisoner presents a substantial flight risk or some other  
10 extraordinary circumstance that dictates security restraints  
11 be used to ensure the safety and security of the prisoner, her  
12 child or unborn child, the staff of the county department of  
13 corrections or medical facility, other prisoners, or the  
14 public. The protections set out in clauses (b) (3) and (b) (4) of  
15 this Section shall apply to security restraints used pursuant  
16 to this subsection. The corrections official shall immediately  
17 remove all restraints upon the written or oral request of  
18 medical personnel. Oral requests made by medical personnel  
19 shall be verified in writing as promptly as reasonably  
20 possible.

21 (1) Qualified authorized health staff shall have the  
22 authority to order therapeutic restraints for a pregnant or  
23 postpartum prisoner who is a danger to herself, her child,  
24 unborn child, or other persons due to a psychiatric or  
25 medical disorder. Therapeutic restraints may only be  
26 initiated, monitored and discontinued by qualified and

1 authorized health staff and used to safely limit a  
2 prisoner's mobility for psychiatric or medical reasons. No  
3 order for therapeutic restraints shall be written unless  
4 medical or mental health personnel, after personally  
5 observing and examining the prisoner, are clinically  
6 satisfied that the use of therapeutic restraints is  
7 justified and permitted in accordance with hospital  
8 policies and applicable State law. Metal handcuffs or  
9 shackles are not considered therapeutic restraints.

10 (2) Whenever therapeutic restraints are used by  
11 medical personnel, Section 2-108 of the Mental Health and  
12 Developmental Disabilities Code shall apply.

13 (3) Leg irons, shackles or waist shackles shall not be  
14 used on any pregnant or postpartum prisoner regardless of  
15 security classification. Except for therapeutic restraints  
16 under clause (b)(2), no restraints of any kind may be  
17 applied to prisoners during labor.

18 (4) When a pregnant or postpartum prisoner must be  
19 restrained, restraints used shall be the least restrictive  
20 restraints possible to ensure the safety and security of  
21 the prisoner, her child, unborn child, the staff of the  
22 county department of corrections or medical facility,  
23 other prisoners, or the public, and in no case shall  
24 include leg irons, shackles or waist shackles.

25 (5) Upon the pregnant prisoner's entry into a hospital  
26 room, and completion of initial room inspection, a

1 corrections official shall be posted immediately outside  
2 the hospital room, unless requested to be in the room by  
3 medical personnel attending to the prisoner's medical  
4 needs.

5 (6) The county department of corrections shall provide  
6 adequate corrections personnel to monitor the pregnant  
7 prisoner during her transport to and from the hospital and  
8 during her stay at the hospital.

9 (7) Where the county department of corrections  
10 requires prisoner safety assessments, a corrections  
11 official may enter the hospital room to conduct periodic  
12 prisoner safety assessments, except during a medical  
13 examination or the delivery process.

14 (8) Upon discharge from a medical facility, postpartum  
15 prisoners shall be restrained only with handcuffs in front  
16 of the body during transport to the county department of  
17 corrections. A corrections official shall immediately  
18 remove all security restraints upon written or oral request  
19 by medical personnel. Oral requests made by medical  
20 personnel shall be verified in writing as promptly as  
21 reasonably possible.

22 (c) Enforcement. No later than 30 days before the end of  
23 each fiscal year, the county sheriff or corrections official of  
24 the correctional institution where a pregnant prisoner has been  
25 restrained during that previous fiscal year, shall submit a  
26 written report to the Illinois General Assembly and the Office

1 of the Governor that includes an account of every instance of  
2 prisoner restraint pursuant to this Section. The written report  
3 shall state the date, time, location and rationale for each  
4 instance in which restraints are used. The written report shall  
5 not contain any individually identifying information of any  
6 prisoner. Such reports shall be made available for public  
7 inspection.

8 (Source: P.A. 97-660, eff. 6-1-12.)

9 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

10 Sec. 5-1069. Group life, health, accident, hospital, and  
11 medical insurance.

12 (a) The county board of any county may arrange to provide,  
13 for the benefit of employees of the county, group life, health,  
14 accident, hospital, and medical insurance, or any one or any  
15 combination of those types of insurance, or the county board  
16 may self-insure, for the benefit of its employees, all or a  
17 portion of the employees' group life, health, accident,  
18 hospital, and medical insurance, or any one or any combination  
19 of those types of insurance, including a combination of  
20 self-insurance and other types of insurance authorized by this  
21 Section, provided that the county board complies with all other  
22 requirements of this Section. The insurance may include  
23 provision for employees who rely on treatment by prayer or  
24 spiritual means alone for healing in accordance with the tenets  
25 and practice of a well recognized religious denomination. The

1 county board may provide for payment by the county of a portion  
2 or all of the premium or charge for the insurance with the  
3 employee paying the balance of the premium or charge, if any.  
4 If the county board undertakes a plan under which the county  
5 pays only a portion of the premium or charge, the county board  
6 shall provide for withholding and deducting from the  
7 compensation of those employees who consent to join the plan  
8 the balance of the premium or charge for the insurance.

9 (b) If the county board does not provide for self-insurance  
10 or for a plan under which the county pays a portion or all of  
11 the premium or charge for a group insurance plan, the county  
12 board may provide for withholding and deducting from the  
13 compensation of those employees who consent thereto the total  
14 premium or charge for any group life, health, accident,  
15 hospital, and medical insurance.

16 (c) The county board may exercise the powers granted in  
17 this Section only if it provides for self-insurance or, where  
18 it makes arrangements to provide group insurance through an  
19 insurance carrier, if the kinds of group insurance are obtained  
20 from an insurance company authorized to do business in the  
21 State of Illinois. The county board may enact an ordinance  
22 prescribing the method of operation of the insurance program.

23 (d) If a county, including a home rule county, is a  
24 self-insurer for purposes of providing health insurance  
25 coverage for its employees, the insurance coverage shall  
26 include screening by low-dose mammography for all women 35



1 years of age or older for the presence of occult breast cancer  
2 unless the county elects to provide mammograms itself under  
3 Section 5-1069.1. The coverage shall be as follows:

4 (1) A baseline mammogram for women 35 to 39 years of  
5 age.

6 (2) An annual mammogram for women 40 years of age or  
7 older.

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

13 (4) A comprehensive ultrasound screening of an entire  
14 breast or breasts if a mammogram demonstrates  
15 heterogeneous or dense breast tissue, when medically  
16 necessary as determined by a physician licensed to practice  
17 medicine in all of its branches, advanced practice nurse,  
18 or physician assistant.

19 For purposes of this subsection, "low-dose mammography"  
20 means the x-ray examination of the breast using equipment  
21 dedicated specifically for mammography, including the x-ray  
22 tube, filter, compression device, and image receptor, with an  
23 average radiation exposure delivery of less than one rad per  
24 breast for 2 views of an average size breast. The term also  
25 includes digital mammography.

26 (d-5) Coverage as described by subsection (d) shall be

1 provided at no cost to the insured and shall not be applied to  
2 an annual or lifetime maximum benefit.

3 (d-10) When health care services are available through  
4 contracted providers and a person does not comply with plan  
5 provisions specific to the use of contracted providers, the  
6 requirements of subsection (d-5) are not applicable. When a  
7 person does not comply with plan provisions specific to the use  
8 of contracted providers, plan provisions specific to the use of  
9 non-contracted providers must be applied without distinction  
10 for coverage required by this Section and shall be at least as  
11 favorable as for other radiological examinations covered by the  
12 policy or contract.

13 (d-15) If a county, including a home rule county, is a  
14 self-insurer for purposes of providing health insurance  
15 coverage for its employees, the insurance coverage shall  
16 include mastectomy coverage, which includes coverage for  
17 prosthetic devices or reconstructive surgery incident to the  
18 mastectomy. Coverage for breast reconstruction in connection  
19 with a mastectomy shall include:

20 (1) reconstruction of the breast upon which the  
21 mastectomy has been performed;

22 (2) surgery and reconstruction of the other breast to  
23 produce a symmetrical appearance; and

24 (3) prostheses and treatment for physical  
25 complications at all stages of mastectomy, including  
26 lymphedemas.

1 Care shall be determined in consultation with the attending  
2 physician and the patient. The offered coverage for prosthetic  
3 devices and reconstructive surgery shall be subject to the  
4 deductible and coinsurance conditions applied to the  
5 mastectomy, and all other terms and conditions applicable to  
6 other benefits. When a mastectomy is performed and there is no  
7 evidence of malignancy then the offered coverage may be limited  
8 to the provision of prosthetic devices and reconstructive  
9 surgery to within 2 years after the date of the mastectomy. As  
10 used in this Section, "mastectomy" means the removal of all or  
11 part of the breast for medically necessary reasons, as  
12 determined by a licensed physician.

13 A county, including a home rule county, that is a  
14 self-insurer for purposes of providing health insurance  
15 coverage for its employees, may not penalize or reduce or limit  
16 the reimbursement of an attending provider or provide  
17 incentives (monetary or otherwise) to an attending provider to  
18 induce the provider to provide care to an insured in a manner  
19 inconsistent with this Section.

20 (d-20) The requirement that mammograms be included in  
21 health insurance coverage as provided in subsections (d)  
22 through (d-15) is an exclusive power and function of the State  
23 and is a denial and limitation under Article VII, Section 6,  
24 subsection (h) of the Illinois Constitution of home rule county  
25 powers. A home rule county to which subsections (d) through  
26 (d-15) apply must comply with every provision of those

1 subsections.

2 (e) The term "employees" as used in this Section includes  
3 elected or appointed officials but does not include temporary  
4 employees.

5 (f) The county board may, by ordinance, arrange to provide  
6 group life, health, accident, hospital, and medical insurance,  
7 or any one or a combination of those types of insurance, under  
8 this Section to retired former employees and retired former  
9 elected or appointed officials of the county.

10 (g) Rulemaking authority to implement this amendatory Act  
11 of the 95th General Assembly, if any, is conditioned on the  
12 rules being adopted in accordance with all provisions of the  
13 Illinois Administrative Procedure Act and all rules and  
14 procedures of the Joint Committee on Administrative Rules; any  
15 purported rule not so adopted, for whatever reason, is  
16 unauthorized.

17 (Source: P.A. 95-1045, eff. 3-27-09.)

18 (55 ILCS 5/5-21001) (from Ch. 34, par. 5-21001)

19 Sec. 5-21001. Establishment and maintenance of county  
20 home. In any county which establishes and maintains a county  
21 sheltered care home or a county nursing home for the care of  
22 infirm or chronically ill persons, as provided in Section  
23 5-1005, the County Board shall have power:

24 1. To acquire in the name of the county by purchase, grant,  
25 gift, or legacy, a suitable tract or tracts of land upon which

1 to erect and maintain the home, and in connection therewith a  
2 farm or acreage for the purpose of providing supplies for the  
3 home and employment for such patients as are able to work and  
4 benefit thereby.

5 The board shall expend not more than \$20,000 for the  
6 purchase of any such land or the erection of buildings without  
7 a 2/3 vote of all its members in counties of 300,000 or more  
8 population, or a favorable vote of at least a majority of all  
9 its members in counties under 300,000 population.

10 2. To receive in the name of the county, gifts and legacies  
11 to aid in the erection or maintenance of the home.

12 3. To appoint a superintendent and all necessary employees  
13 for the management and control of the home and to prescribe  
14 their compensation and duties.

15 4. To arrange for physicians' or other health care  
16 professionals' services and other medical care for the patients  
17 in the home and prescribe the compensation and duties of  
18 physicians so designated.

19 5. To control the admission and discharge of patients in  
20 the home.

21 6. To fix the rate per day, week, or month which it will  
22 charge for care and maintenance of the patients. Rates so  
23 established may vary according to the amount of care required,  
24 but the rates shall be uniform for all persons or agencies  
25 purchasing care in the home except rates for persons who are  
26 able to purchase their own care may approximate actual cost.

1           7. To make all rules and regulations for the management of  
2 the home and of the patients therein.

3           8. To make appropriations from the county treasury for the  
4 purchase of land and the erection of buildings for the home,  
5 and to defray the expenses necessary for the care and  
6 maintenance of the home and for providing maintenance, personal  
7 care and nursing services to the patients therein, and to cause  
8 an amount sufficient for those purposes to be levied upon the  
9 taxable property of the counties and collected as other taxes  
10 and further providing that in counties with a population of not  
11 more than 1,000,000 to levy and collect annually a tax of not  
12 to exceed .1% of the value, as equalized or assessed by the  
13 Department of Revenue, of all the taxable property in the  
14 county for these purposes. The tax shall be in addition to all  
15 other taxes which the county is authorized to levy on the  
16 aggregate valuation of the property within the county and shall  
17 not be included in any limitation of the tax rate upon which  
18 taxes are required to be extended, but shall be excluded  
19 therefrom and in addition thereto. The tax shall be levied and  
20 collected in like manner as the general taxes of the county,  
21 and when collected, shall be paid into a special fund in the  
22 county treasury and used only as herein authorized. No such tax  
23 shall be levied or increased from a rate lower than the maximum  
24 rate in any such county until the question of levying such tax  
25 has first been submitted to the voters of such county at an  
26 election held in such county, and has been approved by a

1 majority of such voters voting thereon. The corporate  
 2 authorities shall certify the question of levying such tax to  
 3 the proper election officials, who shall submit the question to  
 4 the voters at an election held in accordance with the general  
 5 election law.

6 The proposition shall be in substantially the following  
 7 form:

8 -----

9	Shall .....	County be authorized	
10	to levy and collect a tax at a rate not		YES
11	to exceed .1% for the purpose of		-----
12	..... (purchasing, maintaining) a		NO
13	county nursing home?		

14 -----

15 If a majority of votes cast on the question are in favor,  
 16 the county shall be authorized to levy the tax.

17 If the county has levied such tax at a rate lower than the  
 18 maximum rate set forth in this Section, the county board may  
 19 increase the rate of the tax, but not to exceed such maximum  
 20 rate, by certifying the proposition of such increase to the  
 21 proper election officials for submission to the voters of the  
 22 county at a regular election in accordance with the general  
 23 election law. The proposition shall be in substantially the  
 24 following form:

25 -----

26 Shall the maximum rate

1 of the tax levied by..... YES  
 2 County for the purpose of.....  
 3 (purchasing, maintaining) a -----  
 4 county nursing home be  
 5 increased from..... to NO  
 6 ..... (not to exceed .1%)  
 7 -----

8 If a majority of all the votes cast upon the proposition  
 9 are in favor thereof, the county board may levy the tax at a  
 10 rate not to exceed the rate set forth in this Section.

11 9. Upon the vote of a 2/3 majority of all the members of  
 12 the board, to sell, dispose of or lease for any term, any part  
 13 of the home properties in such manner and upon such terms as it  
 14 deems best for the interest of the county, and to make and  
 15 execute all necessary conveyances thereof in the same manner as  
 16 other conveyances of real estate may be made by a county.  
 17 However, if the home was erected after referendum approval by  
 18 the voters of the county, it shall not be sold or disposed of  
 19 except after referendum approval thereof by a majority of the  
 20 voters of the county voting thereon.

21 If the home was erected after referendum approval by the  
 22 voters of the county, the county nursing home may be leased  
 23 upon the vote of a 3/5 majority of all the members of the  
 24 board.

25 10. To operate a sheltered care home as a part of a county  
 26 nursing home provided that a license to do so is obtained



1 pursuant to the Nursing Home Care Act, as amended.

2 (Source: P.A. 89-185, eff. 1-1-96.)

3 Section 90. The Illinois Municipal Code is amended by  
4 changing Sections 10-1-38.1 and 10-2.1-18 as follows:

5 (65 ILCS 5/10-1-38.1) (from Ch. 24, par. 10-1-38.1)

6 Sec. 10-1-38.1. When the force of the Fire Department or of  
7 the Police Department is reduced, and positions displaced or  
8 abolished, seniority shall prevail, and the officers and  
9 members so reduced in rank, or removed from the service of the  
10 Fire Department or of the Police Department shall be considered  
11 furloughed without pay from the positions from which they were  
12 reduced or removed.

13 Such reductions and removals shall be in strict compliance  
14 with seniority and in no event shall any officer or member be  
15 reduced more than one rank in a reduction of force. Officers  
16 and members with the least seniority in the position to be  
17 reduced shall be reduced to the next lower rated position. For  
18 purposes of determining which officers and members will be  
19 reduced in rank, seniority shall be determined by adding the  
20 time spent at the rank or position from which the officer or  
21 member is to be reduced and the time spent at any higher rank  
22 or position in the Department. For purposes of determining  
23 which officers or members in the lowest rank or position shall  
24 be removed from the Department in the event of a layoff, length

1 of service in the Department shall be the basis for determining  
2 seniority, with the least senior such officer or member being  
3 the first so removed and laid off. Such officers or members  
4 laid off shall have their names placed on an appropriate  
5 reemployment list in the reverse order of dates of layoff.

6 If any positions which have been vacated because of  
7 reduction in forces or displacement and abolition of positions,  
8 are reinstated, such members and officers of the Fire  
9 Department or of the Police Department as are furloughed from  
10 the said positions shall be notified by registered mail of such  
11 reinstatement of positions and shall have prior right to such  
12 positions if otherwise qualified, and in all cases seniority  
13 shall prevail. Written application for such reinstated  
14 position must be made by the furloughed person within 30 days  
15 after notification as above provided and such person may be  
16 required to submit to examination by physicians, advanced  
17 practice nurses, or physician assistants of both the commission  
18 and the appropriate pension board to determine his physical  
19 fitness.

20 (Source: P.A. 84-747.)

21 (65 ILCS 5/10-2.1-18) (from Ch. 24, par. 10-2.1-18)

22 Sec. 10-2.1-18. Fire or police departments - Reduction of  
23 force - Reinstatement. When the force of the fire department or  
24 of the police department is reduced, and positions displaced or  
25 abolished, seniority shall prevail and the officers and members

1 so reduced in rank, or removed from the service of the fire  
2 department or of the police department shall be considered  
3 furloughed without pay from the positions from which they were  
4 reduced or removed.

5 Such reductions and removals shall be in strict compliance  
6 with seniority and in no event shall any officer or member be  
7 reduced more than one rank in a reduction of force. Officers  
8 and members with the least seniority in the position to be  
9 reduced shall be reduced to the next lower rated position. For  
10 purposes of determining which officers and members will be  
11 reduced in rank, seniority shall be determined by adding the  
12 time spent at the rank or position from which the officer or  
13 member is to be reduced and the time spent at any higher rank  
14 or position in the Department. For purposes of determining  
15 which officers or members in the lowest rank or position shall  
16 be removed from the Department in the event of a layoff, length  
17 of service in the Department shall be the basis for determining  
18 seniority, with the least senior such officer or member being  
19 the first so removed and laid off. Such officers or members  
20 laid off shall have their names placed on an appropriate  
21 reemployment list in the reverse order of dates of layoff.

22 If any positions which have been vacated because of  
23 reduction in forces or displacement and abolition of positions,  
24 are reinstated, such members and officers of the fire  
25 department or of the police department as are furloughed from  
26 the said positions shall be notified by the board by registered

1 mail of such reinstatement of positions and shall have prior  
2 right to such positions if otherwise qualified, and in all  
3 cases seniority shall prevail. Written application for such  
4 reinstated position must be made by the furloughed person  
5 within 30 days after notification as above provided and such  
6 person may be required to submit to examination by physicians,  
7 advanced practice nurses, or physician assistants of both the  
8 board of fire and police commissioners and the appropriate  
9 pension board to determine his physical fitness.

10 (Source: P.A. 84-747.)".