



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB3475

Introduced 2/18/2025, by Rep. Anne Stava-Murray

#### SYNOPSIS AS INTRODUCED:

New Act

210 ILCS 3/35

210 ILCS 55/2.11

210 ILCS 55/2.13 new

210 ILCS 85/17 new

225 ILCS 65/50-15

was 225 ILCS 65/5-15

305 ILCS 5/5-2.06b new

Amends the Nurse Practice Act. Provides that the Act does not prohibit the practice of relevant nursing care by a legally responsible caregiver or a person designated by a legally responsible caregiver who has been certified as a certified family health aide for the specified services. Amends the Illinois Public Aid Code. Establishes requirements for the Department of Healthcare and Family Services to apply for a Home and Community-Based Services State Plan amendment and federal waiver amendment necessary to reimburse a legally responsible caregiver or a person designated by a legally responsible caregiver who has achieved certification as a certified family health aide to perform the specified services. Creates the Certified Family Health Aide Program for Children and Adults Act. Establishes certification requirements for a certified family health aide through the Department of Financial and Professional Regulation. Provides that a certified family health aides must be legally responsible caregiver and 18 years or older, have a relationship with a specified family member, and be certified to perform or assist in performing the specified nursing services. Amends the Home Health, Home Services, Home Nursing Act to include a certified family health aide under a home nursing agency and provides training and recordkeeping requirements for home nursing agencies. Amends the Alternative Health Care Delivery Act and the Hospital Licensing Act to require similar training and recordkeeping requirements in children's community-based health care center and in hospitals managing the care of an individual being discharged under the care of a home nursing agency.

LRB104 11129 BAB 21211 b

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the  
5 Certified Family Health Aide Program for Children and Adults  
6 Act.

7 Section 5. Purpose. The purpose of this Act is to create  
8 the Certified Family Health Aide designation, recognizing the  
9 vital role family members play in caring for children with  
10 complex medical needs. This designation is intended to provide  
11 a mechanism for financial compensation, thereby mitigating the  
12 financial hardship often experienced by families when a  
13 caregiver must reduce or cease employment to provide such  
14 care. This Act further aims to support families in identifying  
15 and securing long-term, consistent in-home care for their  
16 children with complex medical needs, which is crucial for the  
17 well-being and development of those children.

18 Section 10. Certified family health aide program for  
19 children and adults.

20 (a) "Certified family health aide" means a person who:

21 (1) is 18 years of age or older;

22 (2) has the following relationship with the family

1 member receiving or who is eligible to receive the  
2 services enumerated in this Section:

3 (i) spouse;

4 (ii) sibling or step-sibling;

5 (iii) parent, step-parent, or adoptive parent;

6 (iv) grandparent;

7 (v) mother-in-law or father-in-law;

8 (vi) brother-in-law or sister-in-law;

9 (vii) legal guardian; or

10 (viii) caregiver designated by the legally  
11 responsible caregiver;

12 (3) is a legally responsible caregiver, or has been  
13 designated by a legally responsible caregiver, for a  
14 person who receives or is eligible to receive:

15 (i) in-home shift nursing services under the Early  
16 and Periodic Screening, Diagnostic and Treatment  
17 benefit authorized under 42 CFR 441.50; or

18 (ii) in-home shift nursing through the home and  
19 community-based services waiver program authorized  
20 under Section 1915(c) of the Social Security Act for  
21 persons who are medically fragile and technology  
22 dependent; and

23 (4) is certified pursuant to this Section to perform  
24 or to assist in performance of (1) in-home shift nursing  
25 services under the Early and Periodic Screening,  
26 Diagnostic and Treatment benefit authorized under 42 CFR

1 441.50; or (2) in-home shift nursing services through the  
2 home and community-based services waiver program  
3 authorized under Section 1915(c) of the Social Security  
4 Act for a designated person or designated persons who are  
5 medically fragile and technology dependent and eligible to  
6 receive the services laid out in this Section, including:

7 (i) the same tasks as a certified nursing  
8 assistant;

9 (ii) medication administration;

10 (iii) tracheostomy care;

11 (iv) enteral care and therapy; and

12 (v) other needed services to support the  
13 individual as set forth in Rule.

14 (b) The Department of Financial and Professional  
15 Regulation, in partnership with the Department of Health and  
16 the Department of Healthcare and Family Services, shall create  
17 a certification pathway for a legally responsible caregiver,  
18 or a person who has been designated by a legally responsible  
19 caregiver, who is seeking certification as a certified family  
20 health aide, including the promulgation of any necessary rules  
21 for the certification process. This certification pathway  
22 shall include documentation, in a manner designated by the  
23 Department of Financial and Professional Regulation, of  
24 initial training provided by hospitals licensed in the  
25 Hospital Licensing Act, children's community-based health care  
26 centers as defined in the Alternative Health Care Delivery

1 Act, or home nursing agencies as defined in the Home Health,  
2 Home Services, and Home Nursing Agency Licensing Act.

3 (c) A certified family health aide may only perform  
4 services to and for a person receiving or eligible to receive:

5 (1) in-home shift nursing services under the Early and  
6 Periodic Screening, Diagnostic and Treatment benefit  
7 authorized under 42 CFR 441.50; or (2) in-home shift nursing  
8 services through the home and community-based services waiver  
9 program authorized under Section 1915(c) of the Social  
10 Security Act for persons who are medically fragile and  
11 technology dependent. To be eligible for reimbursement as a  
12 certified family health aide, a legally responsible caregiver  
13 or a person designated by a legally responsible caregiver must  
14 meet all certification requirements as set forth in this  
15 Section, in Section 5-206b of the Public Aide Code, and in any  
16 applicable administrative rule.

17 (d) The Department of Financial and Professional  
18 Regulation may adopt rules necessary to implement the  
19 provisions of this Act, including, but not limited to,  
20 required background checks for the certified family health  
21 aide.

22 Section 15. The Alternative Health Care Delivery Act is  
23 amended by changing Section 35 as follows:

24 (210 ILCS 3/35)

1           Sec. 35. Alternative health care models authorized.  
2   Notwithstanding any other law to the contrary, alternative  
3   health care models described in this Section may be  
4   established on a demonstration basis.

5           (1) (Blank).

6           (2) Alternative health care delivery model;  
7   postsurgical recovery care center. A postsurgical recovery  
8   care center is a designated site which provides  
9   postsurgical recovery care for generally healthy patients  
10   undergoing surgical procedures that potentially require  
11   overnight nursing care, pain control, or observation that  
12   would otherwise be provided in an inpatient setting.  
13   Patients may be discharged from the postsurgical recovery  
14   care center in less than 24 hours if the attending  
15   physician or the facility's medical director believes the  
16   patient has recovered enough to be discharged. A  
17   postsurgical recovery care center is either freestanding  
18   or a defined unit of an ambulatory surgical treatment  
19   center or hospital. No facility, or portion of a facility,  
20   may participate in a demonstration program as a  
21   postsurgical recovery care center unless the facility has  
22   been licensed as an ambulatory surgical treatment center  
23   or hospital for at least 2 years before August 20, 1993  
24   (the effective date of Public Act 88-441). The maximum  
25   length of stay for patients in a postsurgical recovery  
26   care center is not to exceed 48 hours unless the treating

1 physician requests an extension of time from the recovery  
2 center's medical director on the basis of medical or  
3 clinical documentation that an additional care period is  
4 required for the recovery of a patient and the medical  
5 director approves the extension of time. In no case,  
6 however, shall a patient's length of stay in a  
7 postsurgical recovery care center be longer than 72 hours.  
8 If a patient requires an additional care period after the  
9 expiration of the 72-hour limit, the patient shall be  
10 transferred to an appropriate facility. Reports on  
11 variances from the 24-hour or 48-hour limit shall be sent  
12 to the Department for its evaluation. The reports shall,  
13 before submission to the Department, have removed from  
14 them all patient and physician identifiers. Blood products  
15 may be administered in the postsurgical recovery care  
16 center model. In order to handle cases of complications,  
17 emergencies, or exigent circumstances, every postsurgical  
18 recovery care center as defined in this paragraph shall  
19 maintain a contractual relationship, including a transfer  
20 agreement, with a general acute care hospital. A  
21 postsurgical recovery care center shall be no larger than  
22 20 beds. A postsurgical recovery care center shall be  
23 located within 15 minutes travel time from the general  
24 acute care hospital with which the center maintains a  
25 contractual relationship, including a transfer agreement,  
26 as required under this paragraph.

1           No postsurgical recovery care center shall  
2           discriminate against any patient requiring treatment  
3           because of the source of payment for services, including  
4           Medicare and Medicaid recipients.

5           The Department shall adopt rules to implement the  
6           provisions of Public Act 88-441 concerning postsurgical  
7           recovery care centers within 9 months after August 20,  
8           1993. Notwithstanding any other law to the contrary, a  
9           postsurgical recovery care center model may provide sleep  
10          laboratory or similar sleep studies in accordance with  
11          applicable State and federal laws and regulations.

12          (3) Alternative health care delivery model; children's  
13          community-based health care center. A children's  
14          community-based health care center model is a designated  
15          site that provides nursing care, clinical support  
16          services, and therapies for a period of one to 14 days for  
17          short-term stays and 120 days to facilitate transitions to  
18          home or other appropriate settings for medically fragile  
19          children, technology dependent children, and children with  
20          special health care needs who are deemed clinically stable  
21          by a physician and are younger than 22 years of age. This  
22          care is to be provided in a home-like environment that  
23          serves no more than 12 children at a time, except that a  
24          children's community-based health care center in existence  
25          on the effective date of this amendatory Act of the 100th  
26          General Assembly that is located in Chicago on grade level

1 for Life Safety Code purposes may provide care to no more  
2 than 16 children at a time. Children's community-based  
3 health care center services must be available through the  
4 model to all families, including those whose care is paid  
5 for through the Department of Healthcare and Family  
6 Services, the Department of Children and Family Services,  
7 the Department of Human Services, and insurance companies  
8 who cover home health care services or private duty  
9 nursing care in the home.

10 Each children's community-based health care center  
11 model location shall be physically separate and apart from  
12 any other facility licensed by the Department of Public  
13 Health under this or any other Act and shall provide the  
14 following services: respite care, registered nursing or  
15 licensed practical nursing care, transitional care to  
16 facilitate home placement or other appropriate settings  
17 and reunite families, medical day care, weekend camps, and  
18 diagnostic studies typically done in the home setting.

19 A children's community-based health care center shall  
20 provide initial training, prior to home placement for, and  
21 shall keep records in a manner designated by the  
22 Department regarding, the certified family health aide, as  
23 defined in the Certified Family Health Aide Program for  
24 Children and Adults Act, identified as the legally  
25 responsible caregiver or designated by a legally  
26 responsible caregiver for the medical care of an

1 individual who receives or is eligible to receive:

2 (i) in-home shift nursing services under the Early  
3 and Periodic Screening, Diagnostic and Treatment  
4 benefit authorized under 42 CFR 441.50; or

5 (ii) in-home shift nursing through the home and  
6 community-based services waiver program authorized  
7 under Section 1915(c) of the Social Security Act for  
8 persons who are medically fragile and technology  
9 dependent.

10 Coverage for the services provided by the Department  
11 of Healthcare and Family Services under this paragraph (3)  
12 is contingent upon federal waiver approval and is provided  
13 only to Medicaid eligible clients participating in the  
14 home and community based services waiver designated in  
15 Section 1915(c) of the Social Security Act for medically  
16 frail and technologically dependent children or children  
17 in Department of Children and Family Services foster care  
18 who receive home health benefits.

19 (4) Alternative health care delivery model; community  
20 based residential rehabilitation center. A community-based  
21 residential rehabilitation center model is a designated  
22 site that provides rehabilitation or support, or both, for  
23 persons who have experienced severe brain injury, who are  
24 medically stable, and who no longer require acute  
25 rehabilitative care or intense medical or nursing  
26 services. The average length of stay in a community-based

1 residential rehabilitation center shall not exceed 4  
2 months. As an integral part of the services provided,  
3 individuals are housed in a supervised living setting  
4 while having immediate access to the community. The  
5 residential rehabilitation center authorized by the  
6 Department may have more than one residence included under  
7 the license. A residence may be no larger than 12 beds and  
8 shall be located as an integral part of the community. Day  
9 treatment or individualized outpatient services shall be  
10 provided for persons who reside in their own home.  
11 Functional outcome goals shall be established for each  
12 individual. Services shall include, but are not limited  
13 to, case management, training and assistance with  
14 activities of daily living, nursing consultation,  
15 traditional therapies (physical, occupational, speech),  
16 functional interventions in the residence and community  
17 (job placement, shopping, banking, recreation),  
18 counseling, self-management strategies, productive  
19 activities, and multiple opportunities for skill  
20 acquisition and practice throughout the day. The design of  
21 individualized program plans shall be consistent with the  
22 outcome goals that are established for each resident. The  
23 programs provided in this setting shall be accredited by  
24 the Commission on Accreditation of Rehabilitation  
25 Facilities (CARF). The program shall have been accredited  
26 by CARF as a Brain Injury Community-Integrative Program

1 for at least 3 years.

2 (5) Alternative health care delivery model;  
3 Alzheimer's disease management center. An Alzheimer's  
4 disease management center model is a designated site that  
5 provides a safe and secure setting for care of persons  
6 diagnosed with Alzheimer's disease. An Alzheimer's disease  
7 management center model shall be a facility separate from  
8 any other facility licensed by the Department of Public  
9 Health under this or any other Act. An Alzheimer's disease  
10 management center shall conduct and document an assessment  
11 of each resident every 6 months. The assessment shall  
12 include an evaluation of daily functioning, cognitive  
13 status, other medical conditions, and behavioral problems.  
14 An Alzheimer's disease management center shall develop and  
15 implement an ongoing treatment plan for each resident. The  
16 treatment plan shall have defined goals. The Alzheimer's  
17 disease management center shall treat behavioral problems  
18 and mood disorders using nonpharmacologic approaches such  
19 as environmental modification, task simplification, and  
20 other appropriate activities. All staff must have  
21 necessary training to care for all stages of Alzheimer's  
22 Disease. An Alzheimer's disease management center shall  
23 provide education and support for residents and  
24 caregivers. The education and support shall include  
25 referrals to support organizations for educational  
26 materials on community resources, support groups, legal

1 and financial issues, respite care, and future care needs  
2 and options. The education and support shall also include  
3 a discussion of the resident's need to make advance  
4 directives and to identify surrogates for medical and  
5 legal decision-making. The provisions of this paragraph  
6 establish the minimum level of services that must be  
7 provided by an Alzheimer's disease management center. An  
8 Alzheimer's disease management center model shall have no  
9 more than 100 residents. Nothing in this paragraph (5)  
10 shall be construed as prohibiting a person or facility  
11 from providing services and care to persons with  
12 Alzheimer's disease as otherwise authorized under State  
13 law.

14 (6) Alternative health care delivery model; birth  
15 center. A birth center shall be exclusively dedicated to  
16 serving the childbirth-related needs of women and their  
17 newborns and shall have no more than 10 beds. A birth  
18 center is a designated site that is away from the mother's  
19 usual place of residence and in which births are planned  
20 to occur following a normal, uncomplicated, and low-risk  
21 pregnancy. A birth center shall offer prenatal care and  
22 community education services and shall coordinate these  
23 services with other health care services available in the  
24 community.

25 (A) A birth center shall not be separately  
26 licensed if it is one of the following:

1 (1) A part of a hospital; or

2 (2) A freestanding facility that is physically  
3 distinct from a hospital but is operated under a  
4 license issued to a hospital under the Hospital  
5 Licensing Act.

6 (B) A separate birth center license shall be  
7 required if the birth center is operated as:

8 (1) A part of the operation of a federally  
9 qualified health center as designated by the  
10 United States Department of Health and Human  
11 Services; or

12 (2) A facility other than one described in  
13 subparagraph (A)(1), (A)(2), or (B)(1) of this  
14 paragraph (6) whose costs are reimbursable under  
15 Title XIX of the federal Social Security Act.

16 In adopting rules for birth centers, the Department  
17 shall consider: the American Association of Birth Centers'  
18 Standards for Freestanding Birth Centers; the American  
19 Academy of Pediatrics/American College of Obstetricians  
20 and Gynecologists Guidelines for Perinatal Care; and the  
21 Regionalized Perinatal Health Care Code. The Department's  
22 rules shall stipulate the eligibility criteria for birth  
23 center admission. The Department's rules shall stipulate  
24 the necessary equipment for emergency care according to  
25 the American Association of Birth Centers' standards and  
26 any additional equipment deemed necessary by the

1 Department. The Department's rules shall provide for a  
2 time period within which each birth center not part of a  
3 hospital must become accredited by either the Commission  
4 for the Accreditation of Freestanding Birth Centers or The  
5 Joint Commission.

6 A birth center shall be certified to participate in  
7 the Medicare and Medicaid programs under Titles XVIII and  
8 XIX, respectively, of the federal Social Security Act. To  
9 the extent necessary, the Illinois Department of  
10 Healthcare and Family Services shall apply for a waiver  
11 from the United States Health Care Financing  
12 Administration to allow birth centers to be reimbursed  
13 under Title XIX of the federal Social Security Act.

14 A birth center that is not operated under a hospital  
15 license shall be located within a ground travel time  
16 distance from the general acute care hospital with which  
17 the birth center maintains a contractual relationship,  
18 including a transfer agreement, as required under this  
19 paragraph, that allows for an emergency caesarian delivery  
20 to be started within 30 minutes of the decision a  
21 caesarian delivery is necessary. A birth center operating  
22 under a hospital license shall be located within a ground  
23 travel time distance from the licensed hospital that  
24 allows for an emergency caesarian delivery to be started  
25 within 30 minutes of the decision a caesarian delivery is  
26 necessary.

1           The services of a medical director physician, licensed  
2           to practice medicine in all its branches, who is certified  
3           or eligible for certification by the American College of  
4           Obstetricians and Gynecologists or the American Board of  
5           Osteopathic Obstetricians and Gynecologists or has  
6           hospital obstetrical privileges are required in birth  
7           centers. The medical director in consultation with the  
8           Director of Nursing and Midwifery Services shall  
9           coordinate the clinical staff and overall provision of  
10          patient care. The medical director or his or her physician  
11          designee shall be available on the premises or within a  
12          close proximity as defined by rule. The medical director  
13          and the Director of Nursing and Midwifery Services shall  
14          jointly develop and approve policies defining the criteria  
15          to determine which pregnancies are accepted as normal,  
16          uncomplicated, and low-risk, and the anesthesia services  
17          available at the center. No general anesthesia may be  
18          administered at the center.

19          If a birth center employs certified nurse midwives, a  
20          certified nurse midwife shall be the Director of Nursing  
21          and Midwifery Services who is responsible for the  
22          development of policies and procedures for services as  
23          provided by Department rules.

24          An obstetrician, family practitioner, or certified  
25          nurse midwife shall attend each woman in labor from the  
26          time of admission through birth and throughout the

1 immediate postpartum period. Attendance may be delegated  
2 only to another physician or certified nurse midwife.  
3 Additionally, a second staff person shall also be present  
4 at each birth who is licensed or certified in Illinois in a  
5 health-related field and under the supervision of the  
6 physician or certified nurse midwife in attendance, has  
7 specialized training in labor and delivery techniques and  
8 care of newborns, and receives planned and ongoing  
9 training as needed to perform assigned duties effectively.

10 The maximum length of stay in a birth center shall be  
11 consistent with existing State laws allowing a 48-hour  
12 stay or appropriate post-delivery care, if discharged  
13 earlier than 48 hours.

14 A birth center shall participate in the Illinois  
15 Perinatal System under the Developmental Disability  
16 Prevention Act. At a minimum, this participation shall  
17 require a birth center to establish a letter of agreement  
18 with a hospital designated under the Perinatal System. A  
19 hospital that operates or has a letter of agreement with a  
20 birth center shall include the birth center under its  
21 maternity service plan under the Hospital Licensing Act  
22 and shall include the birth center in the hospital's  
23 letter of agreement with its regional perinatal center.

24 A birth center may not discriminate against any  
25 patient requiring treatment because of the source of  
26 payment for services, including Medicare and Medicaid

1 recipients.

2 No general anesthesia and no surgery may be performed  
3 at a birth center. The Department may by rule add birth  
4 center patient eligibility criteria or standards as it  
5 deems necessary. The Department shall by rule require each  
6 birth center to report the information which the  
7 Department shall make publicly available, which shall  
8 include, but is not limited to, the following:

9 (i) Birth center ownership.

10 (ii) Sources of payment for services.

11 (iii) Utilization data involving patient length of  
12 stay.

13 (iv) Admissions and discharges.

14 (v) Complications.

15 (vi) Transfers.

16 (vii) Unusual incidents.

17 (viii) Deaths.

18 (ix) Any other publicly reported data required  
19 under the Illinois Consumer Guide.

20 (x) Post-discharge patient status data where  
21 patients are followed for 14 days after discharge from  
22 the birth center to determine whether the mother or  
23 baby developed a complication or infection.

24 Within 9 months after the effective date of this  
25 amendatory Act of the 95th General Assembly, the  
26 Department shall adopt rules that are developed with

1 consideration of: the American Association of Birth  
2 Centers' Standards for Freestanding Birth Centers; the  
3 American Academy of Pediatrics/American College of  
4 Obstetricians and Gynecologists Guidelines for Perinatal  
5 Care; and the Regionalized Perinatal Health Care Code.

6 The Department shall adopt other rules as necessary to  
7 implement the provisions of this amendatory Act of the  
8 95th General Assembly within 9 months after the effective  
9 date of this amendatory Act of the 95th General Assembly.

10 (Source: P.A. 100-518, eff. 12-8-17 (see Section 5 of P.A.  
11 100-558 for the effective date of changes made by P.A.  
12 100-518).)

13 Section 20. The Home Health, Home Services, and Home  
14 Nursing Agency Licensing Act is amended by changing Section  
15 2.11 and by adding Section 2.13 as follows:

16 (210 ILCS 55/2.11)

17 Sec. 2.11. "Home nursing agency" means an agency that  
18 provides services directly, or acts as a placement agency, in  
19 order to deliver skilled nursing and home health aide services  
20 to persons in their personal residences or a certified family  
21 health aide as defined by the Certified Family Health Aide  
22 Program for Children and Adults Act, for individuals receiving  
23 or eligible to receive the following services: (1) in-home  
24 shift nursing services under the Early and Periodic Screening,

1 Diagnostic and Treatment benefit authorized under 42 CFR  
2 441.50; or (2) in-home shift nursing services through the home  
3 and community-based services waiver program authorized under  
4 Section 1915(c) of the Social Security Act for persons who are  
5 medically fragile and technology dependent. A home nursing  
6 agency provides services that would require a licensed nurse  
7 to perform. Home health aide services are provided under the  
8 direction of a registered professional nurse or advanced  
9 practice registered nurse. A home nursing agency does not  
10 require licensure as a home health agency under this Act.  
11 "Home nursing agency" does not include an individually  
12 licensed nurse acting as a private contractor or a person that  
13 provides or procures temporary employment in health care  
14 facilities, as defined in the Nurse Agency Licensing Act.

15 (Source: P.A. 100-513, eff. 1-1-18.)

16 (210 ILCS 55/2.13 new)

17 Sec. 2.13. Certified family health aide. A home nursing  
18 agency shall provide initial and ongoing training for, and  
19 shall keep records in a manner designated by the Department  
20 regarding, the certified family health aide, as defined in the  
21 Certified Family Health Aide Program for Children and Adults  
22 Act, identified as the legally responsible caregiver or  
23 designated by the legally responsible caregiver for an  
24 individual who receives or is eligible to receive:

25 (1) in-home shift nursing services under the Early and

1 Periodic Screening, Diagnostic and Treatment benefit  
2 authorized under 42 CFR 441.50; or

3 (2) in-home shift nursing through the home and  
4 community-based services waiver program authorized under  
5 Section 1915(c) of the Social Security Act for persons who  
6 are medically fragile and technology dependent.

7 Section 25. The Hospital Licensing Act is amended by  
8 adding Section 17 as follows:

9 (210 ILCS 85/17 new)

10 Sec. 17. Certified family health aide. Hospitals managing  
11 the care of an individual to be discharged under the care of a  
12 home nursing agency shall provide initial training, and shall  
13 document in a manner designated by the Department, for the  
14 certified family health aide, as defined in the Certified  
15 Family Health Aide Program for Children and Adults Act,  
16 identified as the legally responsible caregiver or designated  
17 by a legally responsible caregiver for an individual who  
18 receives or is eligible to receive in-home shift nursing  
19 services under the Early and Periodic Screening, Diagnostic  
20 and Treatment benefit authorized under 42 CFR 441.50 or in  
21 home shift nursing through the home and community-based  
22 services waiver program authorized under Section 1915(c) of  
23 the Social Security Act for persons who are medically fragile  
24 and technology dependent.

1           Section 30. The Nurse Practice Act is amended by changing  
2 Section 50-15 as follows:

3           (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

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

5           Sec. 50-15. Policy; application of Act.

6           (a) For the protection of life and the promotion of  
7 health, and the prevention of illness and communicable  
8 diseases, any person practicing or offering to practice  
9 advanced, professional, or practical nursing in Illinois shall  
10 submit evidence that he or she is qualified to practice, and  
11 shall be licensed as provided under this Act. No person shall  
12 practice or offer to practice advanced, professional, or  
13 practical nursing in Illinois or use any title, sign, card or  
14 device to indicate that such a person is practicing  
15 professional or practical nursing unless such person has been  
16 licensed under the provisions of this Act.

17           (b) This Act does not prohibit the following:

18           (1) The practice of nursing in Federal employment in  
19 the discharge of the employee's duties by a person who is  
20 employed by the United States government or any bureau,  
21 division or agency thereof and is a legally qualified and  
22 licensed nurse of another state or territory and not in  
23 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of  
24 this Act.

1           (2) Nursing that is included in the program of study  
2 by students enrolled in programs of nursing or in current  
3 nurse practice update courses approved by the Department.

4           (3) The furnishing of nursing assistance in an  
5 emergency.

6           (4) The practice of nursing by a nurse who holds an  
7 active license in another state when providing services to  
8 patients in Illinois during a bonafide emergency or in  
9 immediate preparation for or during interstate transit.

10          (5) The incidental care of the sick by members of the  
11 family, domestic servants or housekeepers, or care of the  
12 sick where treatment is by prayer or spiritual means.

13          (6) Persons from being employed as unlicensed  
14 assistive personnel in private homes, long term care  
15 facilities, nurseries, hospitals or other institutions.

16          (7) The practice of practical nursing by one who is a  
17 licensed practical nurse under the laws of another U.S.  
18 jurisdiction and has applied in writing to the Department,  
19 in form and substance satisfactory to the Department, for  
20 a license as a licensed practical nurse and who is  
21 qualified to receive such license under this Act, until  
22 (i) the expiration of 6 months after the filing of such  
23 written application, (ii) the withdrawal of such  
24 application, or (iii) the denial of such application by  
25 the Department.

26          (8) The practice of advanced practice registered

1 nursing by one who is an advanced practice registered  
2 nurse under the laws of another United States jurisdiction  
3 or a foreign jurisdiction and has applied in writing to  
4 the Department, in form and substance satisfactory to the  
5 Department, for a license as an advanced practice  
6 registered nurse and who is qualified to receive such  
7 license under this Act, until (i) the expiration of 6  
8 months after the filing of such written application, (ii)  
9 the withdrawal of such application, or (iii) the denial of  
10 such application by the Department.

11 (9) The practice of professional nursing by one who is  
12 a registered professional nurse under the laws of another  
13 United States jurisdiction or a foreign jurisdiction and  
14 has applied in writing to the Department, in form and  
15 substance satisfactory to the Department, for a license as  
16 a registered professional nurse and who is qualified to  
17 receive such license under Section 55-10, until (1) the  
18 expiration of 6 months after the filing of such written  
19 application, (2) the withdrawal of such application, or  
20 (3) the denial of such application by the Department.

21 (10) The practice of professional nursing that is  
22 included in a program of study by one who is a registered  
23 professional nurse under the laws of another United States  
24 jurisdiction or a foreign jurisdiction and who is enrolled  
25 in a graduate nursing education program or a program for  
26 the completion of a baccalaureate nursing degree in this

1 State, which includes clinical supervision by faculty as  
2 determined by the educational institution offering the  
3 program and the health care organization where the  
4 practice of nursing occurs.

5 (11) Any person licensed in this State under any other  
6 Act from engaging in the practice for which she or he is  
7 licensed.

8 (12) Delegation to authorized direct care staff  
9 trained under Section 15.4 of the Mental Health and  
10 Developmental Disabilities Administrative Act consistent  
11 with the policies of the Department.

12 (13) (Blank).

13 (14) County correctional personnel from delivering  
14 prepackaged medication for self-administration to an  
15 individual detainee in a correctional facility.

16 (15) The practice of relevant nursing care by a  
17 legally responsible caregiver or a person designated by a  
18 legally responsible caregiver who has been certified as a  
19 certified family health aide, as defined by 210 ILCS 57,  
20 to perform for a person who receives or is eligible to  
21 receive the following services: (i) in-home shift nursing  
22 services under the Early and Periodic Screening,  
23 Diagnostic and Treatment benefit authorized under 42 CFR  
24 441.50; or (ii) in-home shift nursing services through the  
25 home and community-based services waiver program  
26 authorized under Section 1915(c) of the Social Security

1       Act for persons who are medically fragile and technology  
2       dependent.

3       Nothing in this Act shall be construed to limit the  
4       delegation of tasks or duties by a physician, dentist, or  
5       podiatric physician to a licensed practical nurse, a  
6       registered professional nurse, or other persons.

7       (Source: P.A. 100-513, eff. 1-1-18.)

8       Section 35. The Illinois Public Aid Code is amended by  
9       adding Section 5-2.06b as follows:

10       (305 ILCS 5/5-2.06b new)

11       Sec. 5-2.06b. Certified family health aide program for  
12       children and adults. By January 1, 2026, The Department of  
13       Healthcare and Family Services shall apply for a Home and  
14       Community-Based Services State Plan amendment and federal  
15       waiver amendment necessary to reimburse a legally responsible  
16       caregiver or a person designated by a legally responsible  
17       caregiver, as defined in the Certified Family Health Aide  
18       Program for Children and Adults Act, who has achieved  
19       certification as a certified family health aide to perform (1)  
20       in-home shift nursing services under the Early and Periodic  
21       Screening, Diagnostic and Treatment benefit authorized under  
22       42 CFR 441.50; or (2) in-home shift nursing services through  
23       the home and community-based services waiver program  
24       authorized under Section 1915(c) of the Social Security Act

1 for a designated person or designated persons who are  
2 medically fragile and technology dependent and in need and  
3 eligible for the above services. Upon federal approval of any  
4 State Plan amendment or waiver amendment, the Department may  
5 adopt rules in partnership with the Department of Public  
6 Health to specify the federally-approved services eligible for  
7 reimbursement under the certified family health aide  
8 certification and to adopt any other policies or procedures  
9 necessary to implement this Section.