HB5177

LRB10420165JRC33616b

104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB5177

Introduced 2/10/2026, by Rep. Anne Stava

SYNOPSIS AS INTRODUCED:

New Act

Creates the Aligning Recommendations with Children's Actual Clinical and Emergency Needs and Determinations Act (ARC-ACEND). Provides that if a child who is the subject of a custody or parenting-time dispute has a serious medical condition, all recommendations made by guardian ad litem, child representative, evaluator, mediator, or other court-appointed officer are deemed provisional and may not be used by the court until a qualified medical provider certifies, in writing, that the recommendation is consistent with the child's clinical needs and medical best interests. Requires that if a qualified medical provider determines that a provisional recommendation is not consistent with the child's clinical needs or medical best interests, the recommendation must be modified to at least the minimum extent necessary to achieve consistency with the recommendations of the qualified medical provider. Provides that nothing in the Act may be construed to limit the court's authority to order additional or more protective modifications if consistent with the child's clinical needs or medical best interests, but the court may not impose less protective measures or measures inconsistent with the qualified medical provider's recommendations. Requires that if the court alters the recommended modifications of the qualified medical provider, it must rule in writing and specify the reasons for the alteration, and the qualified medical provider and the child's primary caregiver must be given an opportunity to respond before the order becomes final. Requires medical consistency for children with a serious medical condition to supersede all other considerations, including but not limited to, geography, parental preferences, logistical convenience or feasibility, or generalized notions of co-parenting balance. Provides that for any child with a serious medical condition, it is per se contrary to the child's medical best interests to be separated from a safe parent who is primarily or predominantly responsible for the child's day-to-day condition-related care, monitoring, or condition management. Provides that this presumption may be rebutted only by clear and convincing evidence, supported by qualified medical testimony, that separation is medically necessary for the child's safety or clinical well-being.

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A BILL FOR

AN ACT concerning civil law.

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

Section 1. Short title. This Act may be cited as the Aligning Recommendations with Children's Actual Clinical and Emergency Needs and Determinations (ARC-ACEND) Act.

Section 5. Legislative findings and purpose. The General Assembly finds that:

(1) Children with serious medical conditions require continuity of care, clinically informed decision-making, and stability in their day-to-day care and management.

(2) Guardians ad litem, child representatives, evaluators, and mediators often lack specialized medical training and may make recommendations that inadvertently conflict with a child's clinical needs.

(3) Courts must have access to reliable medical information when determining parenting time, decision-making, and other matters affecting such children.

(4) It is contrary to the medical best interests of a child with a serious or potentially serious medical or behavioral health condition to be separated from a safe parent who is primarily or predominantly responsible for

the child's daily medical care, monitoring, or condition management.

(5) Ensuring that all recommendations and orders are consistent with a child's clinical needs is essential to protecting child safety and welfare.

(6) The purpose of this Act is to ensure that family court decisions affecting medically vulnerable children are grounded in qualified medical judgment and that no child is placed at clinical risk because of uninformed or inconsistent recommendations.

Section 10. Definitions. As used in this Act:

"Medical consistency" means full alignment with the child's clinical needs and medical best interests as determined by a qualified medical provider.

"Protective parent" means a parent who consistently undertakes, in good faith, to shield the child from involvement in parental disputes and age-inappropriate matters; keeps the child physically safe, provided for, and emotionally and physically healthy; and who does not seek to employ the child as a form of leverage in any dispute between the parents.

"Provisional recommendation" means any recommendation made by a guardian ad litem, child representative, evaluator, mediator, or other court-appointed officer that has not yet been certified as clinically consistent under Section 15.

"Qualified medical provider" means the child's primary care physician or specialist, if available, or another licensed physician or licensed behavioral health specialist physician with sufficient knowledge of the child's condition, who may consult with specialist providers as appropriate. Advanced practice registered nurses, counselors and therapists do not meet this definition.

"Safe parent" is designated as a "safe parent" if and only if the parent meets all of the following criteria:

(1) does not neglect or abuse the child;

(2) does not abuse the other parent;

(3) has not previously neglected or abused the child or the other parent, absent a positive assessment, on the record, by a qualified physician who has been the abuser's primary behavioral health provider for at least one year, based on specific and articulable facts, that all of the following are true:

(A) the abuse was the result of a behavioral health disorder or psychological or neurological condition;

(B) the abuser has successfully completed treatment or is satisfactorily complying with ongoing or indefinite treatment, with at least a 12-month unbroken history of such compliance; and

(C) the abuse is unlikely to continue or to recur;

(4) is judged by court-appointed officers, acting as

required by this Act, to be capable of safely interacting with and caring for the child without supervision;

(5) is not the respondent to any order of protection, presently in effect, which is sustained after a hearing;

(6) is not under the care of a mental health provider for a serious behavioral, psychological, or emotional condition that the court, in consultation with the diagnosing provider, deems to pose a potential risk to the child; and

(7) is a protective parent.

"Serious medical condition" means any chronic, acute, or clinically significant physical or behavioral condition requiring ongoing monitoring, specialized care, or adherence to a treatment plan, including but not limited to Type 1 Diabetes, cystic fibrosis, epilepsy, asthma, major depressive disorder, anxiety disorders, eating disorders, autism spectrum disorder, ADHD, serious physical injury, or other conditions identified by a qualified medical provider.

Section 15. Medical consistency certification requirement.

(a) When a child who is the subject of a custody or parenting-time dispute has a serious medical condition, all recommendations made by a guardian ad litem, child representative, evaluator, mediator, or other court-appointed officer shall be deemed provisional until certified under subsection (b).

(b) A provisional recommendation may not be considered by the court for purposes of entering a temporary or final order unless a qualified medical provider certifies, in writing, that the recommendation is consistent with the child's clinical needs and medical best interests.

(c) The qualified medical provider may consult with specialist providers involved in the child's care before issuing certification.

(d) The court may not adopt, rely upon, or give weight to any provisional recommendation before certification, except to maintain the child's existing care arrangements necessary to ensure safety and continuity of treatment.

(e) The court shall provide reasonably sufficient time for qualified medical providers to make assessments and recommendations and err on the side of caution with regard to any interim instruction or temporary arrangement without regard for considerations including, but not limited to, generalized notions of coparenting balance. In all decisions, the safety and medical consistency of the child is paramount.

Section 20. Modification of inconsistent recommendations.

(a)(1) If a qualified medical provider determines that a provisional recommendation is not consistent with the child's clinical needs or medical best interests, the recommendation must be modified to at least to the minimum extent necessary to achieve consistency per the recommendations of the qualified

medical provider.

(2) Nothing in this subsection may be construed to limit the court's authority to order additional or more protective modifications if consistent with the child's clinical needs or medical best interests, but the court may not impose less protective measures or measures inconsistent with the physician's recommendations.

(3) If the court alters the recommended modifications of the qualified medical provider, it shall rule in writing and specify the reasons for the alteration. The qualified medical provider and the child's primary caregiver shall then be afforded an opportunity to respond before the order becomes final.

(b)(1) Medical consistency for children with a serious medical condition supersedes all other considerations, including, but not limited to, geography, parental preferences, logistical convenience or feasibility, or generalized notions of coparenting balance.

(2) No factor that would otherwise weigh against modification may be given weight if doing so would result in a recommendation or order that is not fully consistent with the child's clinical needs or medical best interests as stipulated by the qualified medical provider.

Section 25. Presumption regarding safe primary caregiver.

(a)(1) For any child with a serious medical condition, it

is per se contrary to the child's medical best interests to be separated from a safe parent who is primarily or predominantly responsible for the child's day-to-day condition-related care, monitoring, or condition management.

(2) This rule applies universally in all cases in which maintaining contact with the safe, caregiving parent is in any way an option, including, but not limited to, cases involving deportation, visa expiration, work reassignment or transfer, or other nonelective or effectively nonelective relocation.

(b) This presumption may be rebutted only by clear and convincing evidence supported by qualified medical testimony that separation is medically necessary for the child's safety or clinical well-being.

(c) A parent's role as the primary medical caregiver may not be used to infer gatekeeping, alienation, or obstruction absent independent evidence of bad-faith conduct.