



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3043

Introduced 2/19/2021, by Rep. Adam Niemerg

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2021 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions: defining "viability" and "fetal heartbeat" and restricting the performance of an abortion to a patient who resides in the State. Creates the Partial-birth Abortion Ban Act of 2021 and the Abortion Performance Refusal Act of 2021 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

LRB102 12326 LNS 17663 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning abortion.

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

4 Article 1.

5 Section 1. It is the intention of the General Assembly of
6 the State of Illinois to reasonably regulate abortion in
7 conformance with the legal standards set forth in the
8 decisions of the United States Supreme Court of January 22,
9 1973.

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

14 (1) "Viability" means either:

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

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

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

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

6 (3) "Department" means the Department of Public Health,
7 State of Illinois.

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

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

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

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

24 (7) "Abortifacient" means any instrument, medicine, drug,
25 or any other substance or device which is known to cause fetal
26 death when employed in the usual and customary use for which it

1 is manufactured, whether or not the fetus is known to exist
2 when such substance or device is employed.

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

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

22 Section 5. (1) When the fetus is viable no abortion shall
23 be performed unless in the medical judgment of the attending
24 or referring physician, based on the particular facts of the

1 case before him, it is necessary to preserve the life or health
2 of the mother. Intentional, knowing, or reckless failure to
3 conform to the requirements of subsection (1) of Section 5 is a
4 Class 2 felony.

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

11 Section 6. (1) (a) Any physician who intentionally
12 performs an abortion when, in his medical judgment based on
13 the particular facts of the case before him, there is a
14 reasonable likelihood of sustained survival of the fetus
15 outside the womb, with or without artificial support, shall
16 utilize that method of abortion which, of those he knows to be
17 available, is in his medical judgment most likely to preserve
18 the life and health of the fetus.

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

23 (c) Any physician who intentionally, knowingly, or
24 recklessly violates the provisions of Section 6(1)(a) commits
25 a Class 3 felony.

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

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

25 (3) The law of this State shall not be construed to imply
26 that any living individual organism of the species homo

1 sapiens who has been born alive is not an individual under the
2 Criminal Code of 1961 or Criminal Code of 2012.

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

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

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

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

23 (6) When the fetus is viable and when there exists
24 reasonable medical certainty (a) that the particular method of
25 abortion to be employed will cause organic pain to the fetus,
26 and (b) that use of an anesthetic or analgesic would abolish or

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

26 (7) No person shall sell or experiment upon a fetus

1 produced by the fertilization of a human ovum by a human sperm
2 unless such experimentation is therapeutic to the fetus
3 thereby produced. Intentional violation of this section is a
4 Class A misdemeanor. Nothing in this subsection (7) is
5 intended to prohibit the performance of in vitro
6 fertilization.

7 (8) No person shall intentionally perform an abortion with
8 knowledge that the pregnant woman is seeking the abortion
9 solely on account of the sex of the fetus. Nothing in Section
10 6(8) shall be construed to proscribe the performance of an
11 abortion on account of the sex of the fetus because of a
12 genetic disorder linked to that sex. If the application of
13 Section 6(8) to the period of pregnancy prior to viability is
14 held invalid, then such invalidity shall not affect its
15 application to the period of pregnancy subsequent to
16 viability.

17 (9) No person shall intentionally perform an abortion on a
18 pregnant woman in this State unless the pregnant woman is a
19 resident of this State. The pregnant woman shall provide photo
20 identification on site demonstrating that her residential
21 address is in this State. A patient who obtains an abortion in
22 violation of this subsection (9) is guilty of a Class 4 felony.
23 A physician who violates this subsection (9) shall have his or
24 her medical license suspended for 5 years following the
25 violation.

1 Section 10. A report of each abortion performed shall be
2 made to the Department on forms prescribed by it. Such report
3 forms shall not identify the patient by name, but by an
4 individual number to be noted in the patient's permanent
5 record in the possession of the physician, and shall include
6 information concerning:

7 (1) Identification of the physician who performed the
8 abortion and the facility where the abortion was performed
9 and a patient identification number;

10 (2) State in which the patient resides;

11 (3) Patient's date of birth, race and marital status;

12 (4) Number of prior pregnancies;

13 (5) Date of last menstrual period;

14 (6) Type of abortion procedure performed;

15 (7) Complications and whether the abortion resulted in
16 a live birth;

17 (8) The date the abortion was performed;

18 (9) Medical indications for any abortion performed
19 when the fetus was viable;

20 (10) The information required by Sections 6(1)(b) and
21 6(4)(b) of this Act, if applicable;

22 (11) Basis for any medical judgment that a medical
23 emergency existed when required under Sections 6(2)(a) and
24 6(6) and when required to be reported in accordance with
25 this Section by any provision of this Law; and

26 (12) The pathologist's test results pursuant to

1 Section 12 of this Act.

2 Such form shall be completed by the hospital or other
3 licensed facility, signed by the physician who performed the
4 abortion or pregnancy termination, and transmitted to the
5 Department not later than 10 days following the end of the
6 month in which the abortion was performed.

7 In the event that a complication of an abortion occurs or
8 becomes known after submission of such form, a correction
9 using the same patient identification number shall be
10 submitted to the Department within 10 days of its becoming
11 known.

12 The Department may prescribe rules and regulations
13 regarding the administration of this Law and shall prescribe
14 regulations to secure the confidentiality of the woman's
15 identity in the information to be provided under the "Vital
16 Records Act". All reports received by the Department shall be
17 treated as confidential and the Department shall secure the
18 woman's anonymity. Such reports shall be used only for
19 statistical purposes.

20 Upon 30 days public notice, the Department is empowered to
21 require reporting of any additional information which, in the
22 sound discretion of the Department, is necessary to develop
23 statistical data relating to the protection of maternal or
24 fetal life or health, or is necessary to enforce the
25 provisions of this Law, or is necessary to develop useful
26 criteria for medical decisions. The Department shall annually

1 report to the General Assembly all statistical data gathered
2 under this Law and its recommendations to further the purpose
3 of this Law.

4 The requirement for reporting to the General Assembly
5 shall be satisfied by filing copies of the report as required
6 by Section 3.1 of the General Assembly Organization Act, and
7 filing such additional copies with the State Government Report
8 Distribution Center for the General Assembly as is required
9 under paragraph (t) of Section 7 of the State Library Act.

10 Section 10.1. Any physician who diagnoses a woman as
11 having complications resulting from an abortion shall report,
12 within a reasonable period of time, the diagnosis and a
13 summary of her physical symptoms to the Illinois Department of
14 Public Health in accordance with procedures and upon forms
15 required by such Department. The Department of Public Health
16 shall define the complications required to be reported by
17 rule. The complications defined by rule shall be those which,
18 according to contemporary medical standards, are manifested by
19 symptoms with severity equal to or greater than hemorrhaging
20 requiring transfusion, infection, incomplete abortion, or
21 punctured organs. If the physician making the diagnosis of a
22 complication knows the name or location of the facility where
23 the abortion was performed, he shall report such information
24 to the Department of Public Health.

25 Any physician who intentionally violates this Section

1 shall be subject to revocation of his license pursuant to
2 paragraph (22) of Section 22 of the Medical Practice Act of
3 1987.

4 Section 11. (1) Any person who intentionally violates any
5 provision of this Law commits a Class A misdemeanor unless a
6 specific penalty is otherwise provided. Any person who
7 intentionally falsifies any writing required by this Law
8 commits a Class A misdemeanor.

9 Intentional, knowing, reckless, or negligent violations of
10 this Law shall constitute unprofessional conduct which causes
11 public harm under Section 22 of the Medical Practice Act of
12 1987, as amended; Section 70-5 of the Nurse Practice Act, and
13 Section 21 of the Physician Assistant Practice Act of 1987, as
14 amended.

15 Intentional, knowing, reckless or negligent violations of
16 this Law will constitute grounds for refusal, denial,
17 revocation, suspension, or withdrawal of license, certificate,
18 or permit under Section 30 of the Pharmacy Practice Act, as
19 amended; Section 7 of the Ambulatory Surgical Treatment Center
20 Act, effective July 19, 1973, as amended; and Section 7 of the
21 Hospital Licensing Act.

22 (2) Any hospital or licensed facility which, or any
23 physician who intentionally, knowingly, or recklessly fails to
24 submit a complete report to the Department in accordance with
25 the provisions of Section 10 of this Law and any person who

1 intentionally, knowingly, recklessly or negligently fails to
2 maintain the confidentiality of any reports required under
3 this Law or reports required by Sections 10.1 or 12 of this Law
4 commits a Class B misdemeanor.

5 (3) Any person who sells any drug, medicine, instrument or
6 other substance which he knows to be an abortifacient and
7 which is in fact an abortifacient, unless upon prescription of
8 a physician, is guilty of a Class B misdemeanor. Any person who
9 prescribes or administers any instrument, medicine, drug or
10 other substance or device, which he knows to be an
11 abortifacient, and which is in fact an abortifacient, and
12 intentionally, knowingly or recklessly fails to inform the
13 person for whom it is prescribed or upon whom it is
14 administered that it is an abortifacient commits a Class C
15 misdemeanor.

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

21 Section 11.1. (a) The payment or receipt of a referral fee
22 in connection with the performance of an abortion is a Class 4
23 felony.

24 (b) For purposes of this Section, "referral fee" means the
25 transfer of anything of value between a doctor who performs an

1 abortion or an operator or employee of a clinic at which an
2 abortion is performed and the person who advised the woman
3 receiving the abortion to use the services of that doctor or
4 clinic.

5 Section 12. The dead fetus and all tissue removed at the
6 time of abortion shall be submitted for a gross and
7 microscopic analysis and tissue report to a board eligible or
8 certified pathologist as a matter of record in all cases. The
9 results of the analysis and report shall be given to the
10 physician who performed the abortion within 7 days of the
11 abortion and such physician shall report any complications
12 relevant to the woman's medical condition to his patient
13 within 48 hours of receiving a report if possible. Any
14 evidence of live birth or of viability shall be reported
15 within 7 days, if possible, to the Department by the
16 pathologist. Intentional failure of the pathologist to report
17 any evidence of live birth or of viability to the Department is
18 a Class B misdemeanor.

19 Section 12.1. Nothing in this Act shall prohibit the use
20 of any tissues or cells obtained from a dead fetus or dead
21 premature infant whose death did not result from an induced
22 abortion, for therapeutic purposes or scientific, research, or
23 laboratory experimentation, provided that the written consent
24 to such use is obtained from one of the parents of such fetus

1 or infant.

2 Section 13. No physician, hospital, ambulatory surgical
3 center, nor employee thereof, shall be required against his or
4 its conscience declared in writing to perform, permit or
5 participate in any abortion, and the failure or refusal to do
6 so shall not be the basis for any civil, criminal,
7 administrative or disciplinary action, proceeding, penalty or
8 punishment. If any request for an abortion is denied, the
9 patient shall be promptly notified.

10 Section 14. (1) If any provision, word, phrase or clause
11 of this Act or the application thereof to any person or
12 circumstance shall be held invalid, such invalidity shall not
13 affect the provisions, words, phrases, clauses or application
14 of this Act which can be given effect without the invalid
15 provision, word, phrase, clause, or application, and to this
16 end the provisions, words, phrases, and clauses of this Act
17 are declared to be severable.

18 (2) Within 60 days from the time this Section becomes law,
19 the Department shall issue regulations pursuant to Section 10.
20 Insofar as Section 10 requires registration under the "Vital
21 Records Act", it shall not take effect until such regulations
22 are issued. The Department shall make available the forms
23 required under Section 10 within 30 days of the time this
24 Section becomes law. No requirement that any person report

1 information to the Department shall become effective until the
2 Department has made available the forms required under Section
3 10. All other provisions of this amended Law shall take effect
4 immediately upon enactment.

5 Section 15. This Article shall be known and may be cited as
6 the Illinois Abortion Law of 2021. References in this Article
7 to "this Act" mean this Article.

8 Article 2.

9 Section 201. Short title. This Article may be cited as the
10 Partial-birth Abortion Ban Act of 2021. References in this
11 Article to "this Act" mean this Article.

12 Section 205. Definitions. In this Act:

13 "Partial-birth abortion" means an abortion in which the
14 person performing the abortion partially vaginally delivers a
15 living human fetus or infant before killing the fetus or
16 infant and completing the delivery. The terms "fetus" and
17 "infant" are used interchangeably to refer to the biological
18 offspring of human parents.

19 Section 210. Partial-birth abortions prohibited. Any
20 person who knowingly performs a partial-birth abortion and
21 thereby kills a human fetus or infant is guilty of a Class 4

1 felony. This Section does not apply to a partial-birth
2 abortion that is necessary to save the life of a mother because
3 her life is endangered by a physical disorder, physical
4 illness, or physical injury, including a life-endangering
5 condition caused by or arising from the pregnancy itself,
6 provided that no other medical procedure would suffice for
7 that purpose.

8 Section 215. Civil action. The maternal grandparents of
9 the fetus or infant, if the mother has not attained the age of
10 18 years at the time of the abortion, may in a civil action
11 obtain appropriate relief unless the pregnancy resulted from
12 the plaintiff's criminal conduct or the plaintiff consented to
13 the abortion. The relief shall include money damages for all
14 injuries, psychological and physical, occasioned by the
15 violation of this Act and statutory damages equal to 3 times
16 the cost of the partial-birth abortion.

17 Section 220. Prosecution of woman prohibited. A woman on
18 whom a partial-birth abortion is performed may not be
19 prosecuted under this Act, for a conspiracy to violate this
20 Act, or for an offense under Article 31 of the Criminal Code of
21 1961 or Criminal Code of 2012 based on a violation of this Act,
22 nor may she be held accountable under Article 5 of the Criminal
23 Code of 1961 or Criminal Code of 2012 for an offense based on a
24 violation of this Act.

1 Article 3.

2 Section 301. Short title. This Article may be cited as the
3 Abortion Performance Refusal Act of 2021. References in this
4 Article to "this Act" mean this Article.

5 Section 305.

6 (a) No physician, nurse or other person who refuses to
7 recommend, perform or assist in the performance of an
8 abortion, whether such abortion be a crime or not, shall be
9 liable to any person for damages allegedly arising from such
10 refusal.

11 (b) No hospital that refuses to permit the performance of
12 an abortion upon its premises, whether such abortion be a
13 crime or not, shall be liable to any person for damages
14 allegedly arising from such refusal.

15 (c) Any person, association, partnership or corporation
16 that discriminates against another person in any way,
17 including, but not limited to, hiring, promotion, advancement,
18 transfer, licensing, granting of hospital privileges, or staff
19 appointments, because of that person's refusal to recommend,
20 perform or assist in the performance of an abortion, whether
21 such abortion be a crime or not, shall be answerable in civil
22 damages equal to 3 times the amount of proved damages, but in
23 no case less than \$2,000.

1 (d) The license of any hospital, doctor, nurse or any
2 other medical personnel shall not be revoked or suspended
3 because of a refusal to permit, recommend, perform or assist
4 in the performance of an abortion.

5 Article 4.

6 (775 ILCS 55/Act rep.)

7 Section 405. The Reproductive Health Act is repealed.

8 Article 5.

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

11 (210 ILCS 5/6.2 new)

12 Sec. 6.2. Notwithstanding any other provision of this Act,
13 any corporation operating an Ambulatory Surgical Treatment
14 Center devoted primarily to providing facilities for abortion
15 must have a physician, who is licensed to practice medicine in
16 all of its branches and is actively engaged in the practice of
17 medicine at the Center, on the board of directors as a
18 condition to licensure of the Center.

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

1 (410 ILCS 70/9.1 new)

2 Sec. 9.1. Nothing in this Act shall be construed to
3 require a hospital or an approved pediatric health care
4 facility to provide any services which relate to an abortion.

5 Section 515. The Code of Civil Procedure is amended by
6 adding Section 11-107.1a as follows:

7 (735 ILCS 5/11-107.1a new)

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

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

21 Article 6.

1 Section 605. The State Employees Group Insurance Act of
2 1971 is amended by changing Section 6.11 as follows:

3 (5 ILCS 375/6.11)

4 Sec. 6.11. Required health benefits; Illinois Insurance
5 Code requirements. The program of health benefits shall
6 provide the post-mastectomy care benefits required to be
7 covered by a policy of accident and health insurance under
8 Section 356t of the Illinois Insurance Code. The program of
9 health benefits shall provide the coverage required under
10 Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x,
11 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,
12 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
13 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
14 356z.36, and 356z.41 of the Illinois Insurance Code. The
15 program of health benefits must comply with Sections 155.22a,
16 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
17 the Illinois Insurance Code. The Department of Insurance shall
18 enforce the requirements of this Section with respect to
19 Sections 370c and 370c.1 of the Illinois Insurance Code; all
20 other requirements of this Section shall be enforced by the
21 Department of Central Management Services.

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

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

3 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
4 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
5 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
6 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
7 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
8 1-1-21.)

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

11 (20 ILCS 505/5) (from Ch. 23, par. 5005)

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

16 (a) For purposes of this Section:

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

20 (A) were committed to the Department pursuant to
21 the Juvenile Court Act or the Juvenile Court Act of
22 1987, ~~as amended,~~ and who continue under the
23 jurisdiction of the court; or

24 (B) were accepted for care, service and training

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

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

12 (3) "Child welfare services" means public social
13 services which are directed toward the accomplishment of
14 the following purposes:

15 (A) protecting and promoting the health, safety
16 and welfare of children, including homeless,
17 dependent, or neglected children;

18 (B) remedying, or assisting in the solution of
19 problems which may result in, the neglect, abuse,
20 exploitation, or delinquency of children;

21 (C) preventing the unnecessary separation of
22 children from their families by identifying family
23 problems, assisting families in resolving their
24 problems, and preventing the breakup of the family
25 where the prevention of child removal is desirable and
26 possible when the child can be cared for at home

1 without endangering the child's health and safety;

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

7 (E) placing children in suitable adoptive homes,
8 in cases where restoration to the biological family is
9 not safe, possible, or appropriate;

10 (F) assuring safe and adequate care of children
11 away from their homes, in cases where the child cannot
12 be returned home or cannot be placed for adoption. At
13 the time of placement, the Department shall consider
14 concurrent planning, as described in subsection (1-1)
15 of this Section so that permanency may occur at the
16 earliest opportunity. Consideration should be given so
17 that if reunification fails or is delayed, the
18 placement made is the best available placement to
19 provide permanency for the child;

20 (G) (blank);

21 (H) (blank); and

22 (I) placing and maintaining children in facilities
23 that provide separate living quarters for children
24 under the age of 18 and for children 18 years of age
25 and older, unless a child 18 years of age is in the
26 last year of high school education or vocational

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

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

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

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

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

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

18 (c) The Department shall establish and maintain
19 tax-supported child welfare services and extend and seek to
20 improve voluntary services throughout the State, to the end
21 that services and care shall be available on an equal basis
22 throughout the State to children requiring such services.

23 (d) The Director may authorize advance disbursements for
24 any new program initiative to any agency contracting with the
25 Department. As a prerequisite for an advance disbursement, the
26 contractor must post a surety bond in the amount of the advance

1 disbursement and have a purchase of service contract approved
2 by the Department. The Department may pay up to 2 months
3 operational expenses in advance. The amount of the advance
4 disbursement shall be prorated over the life of the contract
5 or the remaining months of the fiscal year, whichever is less,
6 and the installment amount shall then be deducted from future
7 bills. Advance disbursement authorizations for new initiatives
8 shall not be made to any agency after that agency has operated
9 during 2 consecutive fiscal years. The requirements of this
10 Section concerning advance disbursements shall not apply with
11 respect to the following: payments to local public agencies
12 for child day care services as authorized by Section 5a of this
13 Act; and youth service programs receiving grant funds under
14 Section 17a-4.

15 (e) (Blank).

16 (f) (Blank).

17 (g) The Department shall establish rules and regulations
18 concerning its operation of programs designed to meet the
19 goals of child safety and protection, family preservation,
20 family reunification, and adoption, including, but not limited
21 to:

22 (1) adoption;

23 (2) foster care;

24 (3) family counseling;

25 (4) protective services;

26 (5) (blank);

- 1 (6) homemaker service;
- 2 (7) return of runaway children;
- 3 (8) (blank);
- 4 (9) placement under Section 5-7 of the Juvenile Court
5 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
6 Court Act of 1987 in accordance with the federal Adoption
7 Assistance and Child Welfare Act of 1980; and
- 8 (10) interstate services.

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

20 (h) If the Department finds that there is no appropriate
21 program or facility within or available to the Department for
22 a youth in care and that no licensed private facility has an
23 adequate and appropriate program or none agrees to accept the
24 youth in care, the Department shall create an appropriate
25 individualized, program-oriented plan for such youth in care.
26 The plan may be developed within the Department or through

1 purchase of services by the Department to the extent that it is
2 within its statutory authority to do.

3 (i) Service programs shall be available throughout the
4 State and shall include but not be limited to the following
5 services:

6 (1) case management;

7 (2) homemakers;

8 (3) counseling;

9 (4) parent education;

10 (5) day care; and

11 (6) emergency assistance and advocacy.

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

14 (1) comprehensive family-based services;

15 (2) assessments;

16 (3) respite care; and

17 (4) in-home health services.

18 The Department shall provide transportation for any of the
19 services it makes available to children or families or for
20 which it refers children or families.

21 (j) The Department may provide categories of financial
22 assistance and education assistance grants, and shall
23 establish rules and regulations concerning the assistance and
24 grants, to persons who adopt children with physical or mental
25 disabilities, children who are older, or other hard-to-place
26 children who (i) immediately prior to their adoption were

1 youth in care or (ii) were determined eligible for financial
2 assistance with respect to a prior adoption and who become
3 available for adoption because the prior adoption has been
4 dissolved and the parental rights of the adoptive parents have
5 been terminated or because the child's adoptive parents have
6 died. The Department may continue to provide financial
7 assistance and education assistance grants for a child who was
8 determined eligible for financial assistance under this
9 subsection (j) in the interim period beginning when the
10 child's adoptive parents died and ending with the finalization
11 of the new adoption of the child by another adoptive parent or
12 parents. The Department may also provide categories of
13 financial assistance and education assistance grants, and
14 shall establish rules and regulations for the assistance and
15 grants, to persons appointed guardian of the person under
16 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
17 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
18 who were youth in care for 12 months immediately prior to the
19 appointment of the guardian.

20 The amount of assistance may vary, depending upon the
21 needs of the child and the adoptive parents, as set forth in
22 the annual assistance agreement. Special purpose grants are
23 allowed where the child requires special service but such
24 costs may not exceed the amounts which similar services would
25 cost the Department if it were to provide or secure them as
26 guardian of the child.

1 Any financial assistance provided under this subsection is
2 inalienable by assignment, sale, execution, attachment,
3 garnishment, or any other remedy for recovery or collection of
4 a judgment or debt.

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

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

13 (l) The Department shall offer family preservation
14 services, as defined in Section 8.2 of the Abused and
15 Neglected Child Reporting Act, to help families, including
16 adoptive and extended families. Family preservation services
17 shall be offered (i) to prevent the placement of children in
18 substitute care when the children can be cared for at home or
19 in the custody of the person responsible for the children's
20 welfare, (ii) to reunite children with their families, or
21 (iii) to maintain an adoptive placement. Family preservation
22 services shall only be offered when doing so will not endanger
23 the children's health or safety. With respect to children who
24 are in substitute care pursuant to the Juvenile Court Act of
25 1987, family preservation services shall not be offered if a
26 goal other than those of subdivisions (A), (B), or (B-1) of

1 subsection (2) of Section 2-28 of that Act has been set, except
2 that reunification services may be offered as provided in
3 paragraph (F) of subsection (2) of Section 2-28 of that Act.
4 Nothing in this paragraph shall be construed to create a
5 private right of action or claim on the part of any individual
6 or child welfare agency, except that when a child is the
7 subject of an action under Article II of the Juvenile Court Act
8 of 1987 and the child's service plan calls for services to
9 facilitate achievement of the permanency goal, the court
10 hearing the action under Article II of the Juvenile Court Act
11 of 1987 may order the Department to provide the services set
12 out in the plan, if those services are not provided with
13 reasonable promptness and if those services are available.

14 The Department shall notify the child and his family of
15 the Department's responsibility to offer and provide family
16 preservation services as identified in the service plan. The
17 child and his family shall be eligible for services as soon as
18 the report is determined to be "indicated". The Department may
19 offer services to any child or family with respect to whom a
20 report of suspected child abuse or neglect has been filed,
21 prior to concluding its investigation under Section 7.12 of
22 the Abused and Neglected Child Reporting Act. However, the
23 child's or family's willingness to accept services shall not
24 be considered in the investigation. The Department may also
25 provide services to any child or family who is the subject of
26 any report of suspected child abuse or neglect or may refer

1 such child or family to services available from other agencies
2 in the community, even if the report is determined to be
3 unfounded, if the conditions in the child's or family's home
4 are reasonably likely to subject the child or family to future
5 reports of suspected child abuse or neglect. Acceptance of
6 such services shall be voluntary. The Department may also
7 provide services to any child or family after completion of a
8 family assessment, as an alternative to an investigation, as
9 provided under the "differential response program" provided
10 for in subsection (a-5) of Section 7.4 of the Abused and
11 Neglected Child Reporting Act.

12 The Department may, at its discretion except for those
13 children also adjudicated neglected or dependent, accept for
14 care and training any child who has been adjudicated addicted,
15 as a truant minor in need of supervision or as a minor
16 requiring authoritative intervention, under the Juvenile Court
17 Act or the Juvenile Court Act of 1987, but no such child shall
18 be committed to the Department by any court without the
19 approval of the Department. On and after January 1, 2015 (the
20 effective date of Public Act 98-803) and before January 1,
21 2017, a minor charged with a criminal offense under the
22 Criminal Code of 1961 or the Criminal Code of 2012 or
23 adjudicated delinquent shall not be placed in the custody of
24 or committed to the Department by any court, except (i) a minor
25 less than 16 years of age committed to the Department under
26 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor

1 for whom an independent basis of abuse, neglect, or dependency
2 exists, which must be defined by departmental rule, or (iii) a
3 minor for whom the court has granted a supplemental petition
4 to reinstate wardship pursuant to subsection (2) of Section
5 2-33 of the Juvenile Court Act of 1987. On and after January 1,
6 2017, a minor charged with a criminal offense under the
7 Criminal Code of 1961 or the Criminal Code of 2012 or
8 adjudicated delinquent shall not be placed in the custody of
9 or committed to the Department by any court, except (i) a minor
10 less than 15 years of age committed to the Department under
11 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor
12 for whom an independent basis of abuse, neglect, or dependency
13 exists, which must be defined by departmental rule, or (iii) a
14 minor for whom the court has granted a supplemental petition
15 to reinstate wardship pursuant to subsection (2) of Section
16 2-33 of the Juvenile Court Act of 1987. An independent basis
17 exists when the allegations or adjudication of abuse, neglect,
18 or dependency do not arise from the same facts, incident, or
19 circumstances which give rise to a charge or adjudication of
20 delinquency. The Department shall assign a caseworker to
21 attend any hearing involving a youth in the care and custody of
22 the Department who is placed on aftercare release, including
23 hearings involving sanctions for violation of aftercare
24 release conditions and aftercare release revocation hearings.

25 As soon as is possible after August 7, 2009 (the effective
26 date of Public Act 96-134), the Department shall develop and

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

1 (1-1) The legislature recognizes that the best interests
2 of the child require that the child be placed in the most
3 permanent living arrangement as soon as is practically
4 possible. To achieve this goal, the legislature directs the
5 Department of Children and Family Services to conduct
6 concurrent planning so that permanency may occur at the
7 earliest opportunity. Permanent living arrangements may
8 include prevention of placement of a child outside the home of
9 the family when the child can be cared for at home without
10 endangering the child's health or safety; reunification with
11 the family, when safe and appropriate, if temporary placement
12 is necessary; or movement of the child toward the most
13 permanent living arrangement and permanent legal status.

14 When determining reasonable efforts to be made with
15 respect to a child, as described in this subsection, and in
16 making such reasonable efforts, the child's health and safety
17 shall be the paramount concern.

18 When a child is placed in foster care, the Department
19 shall ensure and document that reasonable efforts were made to
20 prevent or eliminate the need to remove the child from the
21 child's home. The Department must make reasonable efforts to
22 reunify the family when temporary placement of the child
23 occurs unless otherwise required, pursuant to the Juvenile
24 Court Act of 1987. At any time after the dispositional hearing
25 where the Department believes that further reunification
26 services would be ineffective, it may request a finding from

1 the court that reasonable efforts are no longer appropriate.
2 The Department is not required to provide further
3 reunification services after such a finding.

4 A decision to place a child in substitute care shall be
5 made with considerations of the child's health, safety, and
6 best interests. At the time of placement, consideration should
7 also be given so that if reunification fails or is delayed, the
8 placement made is the best available placement to provide
9 permanency for the child.

10 The Department shall adopt rules addressing concurrent
11 planning for reunification and permanency. The Department
12 shall consider the following factors when determining
13 appropriateness of concurrent planning:

- 14 (1) the likelihood of prompt reunification;
- 15 (2) the past history of the family;
- 16 (3) the barriers to reunification being addressed by
17 the family;
- 18 (4) the level of cooperation of the family;
- 19 (5) the foster parents' willingness to work with the
20 family to reunite;
- 21 (6) the willingness and ability of the foster family
22 to provide an adoptive home or long-term placement;
- 23 (7) the age of the child;
- 24 (8) placement of siblings.

25 (m) The Department may assume temporary custody of any
26 child if:

1 (1) it has received a written consent to such
2 temporary custody signed by the parents of the child or by
3 the parent having custody of the child if the parents are
4 not living together or by the guardian or custodian of the
5 child if the child is not in the custody of either parent,
6 or

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

10 If the child is found in his or her residence without a parent,
11 guardian, custodian, or responsible caretaker, the Department
12 may, instead of removing the child and assuming temporary
13 custody, place an authorized representative of the Department
14 in that residence until such time as a parent, guardian, or
15 custodian enters the home and expresses a willingness and
16 apparent ability to ensure the child's health and safety and
17 resume permanent charge of the child, or until a relative
18 enters the home and is willing and able to ensure the child's
19 health and safety and assume charge of the child until a
20 parent, guardian, or custodian enters the home and expresses
21 such willingness and ability to ensure the child's safety and
22 resume permanent charge. After a caretaker has remained in the
23 home for a period not to exceed 12 hours, the Department must
24 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
25 5-415 of the Juvenile Court Act of 1987.

26 The Department shall have the authority, responsibilities

1 and duties that a legal custodian of the child would have
2 pursuant to subsection (9) of Section 1-3 of the Juvenile
3 Court Act of 1987. Whenever a child is taken into temporary
4 custody pursuant to an investigation under the Abused and
5 Neglected Child Reporting Act, or pursuant to a referral and
6 acceptance under the Juvenile Court Act of 1987 of a minor in
7 limited custody, the Department, during the period of
8 temporary custody and before the child is brought before a
9 judicial officer as required by Section 2-9, 3-11, 4-8, or
10 5-415 of the Juvenile Court Act of 1987, shall have the
11 authority, responsibilities and duties that a legal custodian
12 of the child would have under subsection (9) of Section 1-3 of
13 the Juvenile Court Act of 1987.

14 The Department shall ensure that any child taken into
15 custody is scheduled for an appointment for a medical
16 examination.

17 A parent, guardian, or custodian of a child in the
18 temporary custody of the Department who would have custody of
19 the child if he were not in the temporary custody of the
20 Department may deliver to the Department a signed request that
21 the Department surrender the temporary custody of the child.
22 The Department may retain temporary custody of the child for
23 10 days after the receipt of the request, during which period
24 the Department may cause to be filed a petition pursuant to the
25 Juvenile Court Act of 1987. If a petition is so filed, the
26 Department shall retain temporary custody of the child until

1 the court orders otherwise. If a petition is not filed within
2 the 10-day period, the child shall be surrendered to the
3 custody of the requesting parent, guardian, or custodian not
4 later than the expiration of the 10-day period, at which time
5 the authority and duties of the Department with respect to the
6 temporary custody of the child shall terminate.

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

21 (n) The Department may place children under 18 years of
22 age in licensed child care facilities when in the opinion of
23 the Department, appropriate services aimed at family
24 preservation have been unsuccessful and cannot ensure the
25 child's health and safety or are unavailable and such
26 placement would be for their best interest. Payment for board,

1 clothing, care, training and supervision of any child placed
2 in a licensed child care facility may be made by the
3 Department, by the parents or guardians of the estates of
4 those children, or by both the Department and the parents or
5 guardians, except that no payments shall be made by the
6 Department for any child placed in a licensed child care
7 facility for board, clothing, care, training and supervision
8 of such a child that exceed the average per capita cost of
9 maintaining and of caring for a child in institutions for
10 dependent or neglected children operated by the Department.
11 However, such restriction on payments does not apply in cases
12 where children require specialized care and treatment for
13 problems of severe emotional disturbance, physical disability,
14 social adjustment, or any combination thereof and suitable
15 facilities for the placement of such children are not
16 available at payment rates within the limitations set forth in
17 this Section. All reimbursements for services delivered shall
18 be absolutely inalienable by assignment, sale, attachment, or
19 garnishment or otherwise.

20 (n-1) The Department shall provide or authorize child
21 welfare services, aimed at assisting minors to achieve
22 sustainable self-sufficiency as independent adults, for any
23 minor eligible for the reinstatement of wardship pursuant to
24 subsection (2) of Section 2-33 of the Juvenile Court Act of
25 1987, whether or not such reinstatement is sought or allowed,
26 provided that the minor consents to such services and has not

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

25 (o) The Department shall establish an administrative
26 review and appeal process for children and families who

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

23 (p) (Blank).

24 (q) The Department may receive and use, in their entirety,
25 for the benefit of children any gift, donation, or bequest of
26 money or other property which is received on behalf of such

1 children, or any financial benefits to which such children are
2 or may become entitled while under the jurisdiction or care of
3 the Department.

4 The Department shall set up and administer no-cost,
5 interest-bearing accounts in appropriate financial
6 institutions for children for whom the Department is legally
7 responsible and who have been determined eligible for
8 Veterans' Benefits, Social Security benefits, assistance
9 allotments from the armed forces, court ordered payments,
10 parental voluntary payments, Supplemental Security Income,
11 Railroad Retirement payments, Black Lung benefits, or other
12 miscellaneous payments. Interest earned by each account shall
13 be credited to the account, unless disbursed in accordance
14 with this subsection.

15 In disbursing funds from children's accounts, the
16 Department shall:

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

25 (2) Calculate on a monthly basis the amounts paid from
26 State funds for the child's board and care, medical care

1 not covered under Medicaid, and social services; and
2 utilize funds from the child's account, as covered by
3 regulation, to reimburse those costs. Monthly,
4 disbursements from all children's accounts, up to 1/12 of
5 \$13,000,000, shall be deposited by the Department into the
6 General Revenue Fund and the balance over 1/12 of
7 \$13,000,000 into the DCFS Children's Services Fund.

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

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

1 confidentiality of the person seeking to adopt the child and
2 of the child.

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

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

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

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

26 The Department shall provide written notification to the

1 court of the specific arrangements for supervised visitation
2 and projected monthly costs within 60 days of the court order.
3 The Department shall send to the court information related to
4 the costs incurred except in cases where the court has
5 determined the parties are financially unable to pay. The
6 court may order additional periodic reports as appropriate.

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

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

20 (2) a copy of the child's portion of the client
21 service plan, including any visitation arrangement, and
22 all amendments or revisions to it as related to the child;
23 and

24 (3) information containing details of the child's
25 individualized educational plan when the child is
26 receiving special education services.

1 The caretaker shall be informed of any known social or
2 behavioral information (including, but not limited to,
3 criminal background, fire setting, perpetuation of sexual
4 abuse, destructive behavior, and substance abuse) necessary to
5 care for and safeguard the children to be placed or currently
6 in the home. The Department may prepare a written summary of
7 the information required by this paragraph, which may be
8 provided to the foster or prospective adoptive parent in
9 advance of a placement. The foster or prospective adoptive
10 parent may review the supporting documents in the child's file
11 in the presence of casework staff. In the case of an emergency
12 placement, casework staff shall at least provide known
13 information verbally, if necessary, and must subsequently
14 provide the information in writing as required by this
15 subsection.

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

1 parents or other caretaker. The information provided to the
2 prospective adoptive parent or parents or other caretaker
3 shall be reviewed and approved regarding accuracy at the
4 supervisory level.

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

16 (v) The Department shall access criminal history record
17 information as defined in the Illinois Uniform Conviction
18 Information Act and information maintained in the adjudicatory
19 and dispositional record system as defined in Section 2605-355
20 of the Department of State Police Law (20 ILCS 2605/2605-355)
21 if the Department determines the information is necessary to
22 perform its duties under the Abused and Neglected Child
23 Reporting Act, the Child Care Act of 1969, and the Children and
24 Family Services Act. The Department shall provide for
25 interactive computerized communication and processing
26 equipment that permits direct on-line communication with the

1 Department of State Police's central criminal history data
2 repository. The Department shall comply with all certification
3 requirements and provide certified operators who have been
4 trained by personnel from the Department of State Police. In
5 addition, one Office of the Inspector General investigator
6 shall have training in the use of the criminal history
7 information access system and have access to the terminal. The
8 Department of Children and Family Services and its employees
9 shall abide by rules and regulations established by the
10 Department of State Police relating to the access and
11 dissemination of this information.

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

24 (v-2) Prior to final approval for placement of a child,
25 the Department shall check its child abuse and neglect
26 registry for information concerning prospective foster and

1 adoptive parents, and any adult living in the home. If any
2 prospective foster or adoptive parent or other adult living in
3 the home has resided in another state in the preceding 5 years,
4 the Department shall request a check of that other state's
5 child abuse and neglect registry.

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

1 (x) The Department shall conduct annual credit history
2 checks to determine the financial history of children placed
3 under its guardianship pursuant to the Juvenile Court Act of
4 1987. The Department shall conduct such credit checks starting
5 when a youth in care turns 12 years old and each year
6 thereafter for the duration of the guardianship as terminated
7 pursuant to the Juvenile Court Act of 1987. The Department
8 shall determine if financial exploitation of the child's
9 personal information has occurred. If financial exploitation
10 appears to have taken place or is presently ongoing, the
11 Department shall notify the proper law enforcement agency, the
12 proper State's Attorney, or the Attorney General.

13 (y) Beginning on July 22, 2010 (the effective date of
14 Public Act 96-1189), a child with a disability who receives
15 residential and educational services from the Department shall
16 be eligible to receive transition services in accordance with
17 Article 14 of the School Code from the age of 14.5 through age
18 21, inclusive, notwithstanding the child's residential
19 services arrangement. For purposes of this subsection, "child
20 with a disability" means a child with a disability as defined
21 by the federal Individuals with Disabilities Education
22 Improvement Act of 2004.

23 (z) The Department shall access criminal history record
24 information as defined as "background information" in this
25 subsection and criminal history record information as defined
26 in the Illinois Uniform Conviction Information Act for each

1 Department employee or Department applicant. Each Department
2 employee or Department applicant shall submit his or her
3 fingerprints to the Department of State Police in the form and
4 manner prescribed by the Department of State Police. These
5 fingerprints shall be checked against the fingerprint records
6 now and hereafter filed in the Department of State Police and
7 the Federal Bureau of Investigation criminal history records
8 databases. The Department of State Police shall charge a fee
9 for conducting the criminal history record check, which shall
10 be deposited into the State Police Services Fund and shall not
11 exceed the actual cost of the record check. The Department of
12 State Police shall furnish, pursuant to positive
13 identification, all Illinois conviction information to the
14 Department of Children and Family Services.

15 For purposes of this subsection:

16 "Background information" means all of the following:

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

24 (ii) Information obtained by the Department of
25 Children and Family Services after performing a check of
26 the Department of State Police's Sex Offender Database, as

1 authorized by Section 120 of the Sex Offender Community
2 Notification Law, concerning a Department employee or
3 Department applicant.

4 (iii) Information obtained by the Department of
5 Children and Family Services after performing a check of
6 the Child Abuse and Neglect Tracking System (CANTS)
7 operated and maintained by the Department.

8 "Department employee" means a full-time or temporary
9 employee coded or certified within the State of Illinois
10 Personnel System.

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

20 (Source: P.A. 100-159, eff. 8-18-17; 100-522, eff. 9-22-17;
21 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-978, eff.
22 8-19-18; 101-13, eff. 6-12-19; 101-79, eff. 7-12-19; 101-81,
23 eff. 7-12-19; revised 8-1-19.)

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

1 (5 ILCS 140/7.5)

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

5 (a) All information determined to be confidential
6 under Section 4002 of the Technology Advancement and
7 Development Act.

8 (b) Library circulation and order records identifying
9 library users with specific materials under the Library
10 Records Confidentiality Act.

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

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

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

25 (f) Firm performance evaluations under Section 55 of

1 the Architectural, Engineering, and Land Surveying
2 Qualifications Based Selection Act.

3 (g) Information the disclosure of which is restricted
4 and exempted under Section 50 of the Illinois Prepaid
5 Tuition Act.

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

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

16 (j) Information and data concerning the distribution
17 of surcharge moneys collected and remitted by carriers
18 under the Emergency Telephone System Act.

19 (k) Law enforcement officer identification information
20 or driver identification information compiled by a law
21 enforcement agency or the Department of Transportation
22 under Section 11-212 of the Illinois Vehicle Code.

23 (l) Records and information provided to a residential
24 health care facility resident sexual assault and death
25 review team or the Executive Council under the Abuse
26 Prevention Review Team Act.

1 (m) Information provided to the predatory lending
2 database created pursuant to Article 3 of the Residential
3 Real Property Disclosure Act, except to the extent
4 authorized under that Article.

5 (n) Defense budgets and petitions for certification of
6 compensation and expenses for court appointed trial
7 counsel as provided under Sections 10 and 15 of the
8 Capital Crimes Litigation Act. This subsection (n) shall
9 apply until the conclusion of the trial of the case, even
10 if the prosecution chooses not to pursue the death penalty
11 prior to trial or sentencing.

12 (o) Information that is prohibited from being
13 disclosed under Section 4 of the Illinois Health and
14 Hazardous Substances Registry Act.

15 (p) Security portions of system safety program plans,
16 investigation reports, surveys, schedules, lists, data, or
17 information compiled, collected, or prepared by or for the
18 Regional Transportation Authority under Section 2.11 of
19 the Regional Transportation Authority Act or the St. Clair
20 County Transit District under the Bi-State Transit Safety
21 Act.

22 (q) Information prohibited from being disclosed by the
23 Personnel Records ~~Record~~ Review Act.

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

26 (s) Information the disclosure of which is restricted

1 under Section 5-108 of the Public Utilities Act.

2 (t) All identified or deidentified health information
3 in the form of health data or medical records contained
4 in, stored in, submitted to, transferred by, or released
5 from the Illinois Health Information Exchange, and
6 identified or deidentified health information in the form
7 of health data and medical records of the Illinois Health
8 Information Exchange in the possession of the Illinois
9 Health Information Exchange Office due to its
10 administration of the Illinois Health Information
11 Exchange. The terms "identified" and "deidentified" shall
12 be given the same meaning as in the Health Insurance
13 Portability and Accountability Act of 1996, Public Law
14 104-191, or any subsequent amendments thereto, and any
15 regulations promulgated thereunder.

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

19 (v) Names and information of people who have applied
20 for or received Firearm Owner's Identification Cards under
21 the Firearm Owners Identification Card Act or applied for
22 or received a concealed carry license under the Firearm
23 Concealed Carry Act, unless otherwise authorized by the
24 Firearm Concealed Carry Act; and databases under the
25 Firearm Concealed Carry Act, records of the Concealed
26 Carry Licensing Review Board under the Firearm Concealed

1 Carry Act, and law enforcement agency objections under the
2 Firearm Concealed Carry Act.

3 (w) Personally identifiable information which is
4 exempted from disclosure under subsection (g) of Section
5 19.1 of the Toll Highway Act.

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

9 (y) Confidential information under the Adult
10 Protective Services Act and its predecessor enabling
11 statute, the Elder Abuse and Neglect Act, including
12 information about the identity and administrative finding
13 against any caregiver of a verified and substantiated
14 decision of abuse, neglect, or financial exploitation of
15 an eligible adult maintained in the Registry established
16 under Section 7.5 of the Adult Protective Services Act.

17 (z) Records and information provided to a fatality
18 review team or the Illinois Fatality Review Team Advisory
19 Council under Section 15 of the Adult Protective Services
20 Act.

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

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

25 (cc) Recordings made under the Law Enforcement
26 Officer-Worn Body Camera Act, except to the extent

1 authorized under that Act.

2 (dd) Information that is prohibited from being
3 disclosed under Section 45 of the Condominium and Common
4 Interest Community Ombudsperson Act.

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

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

9 (gg) Information that is prohibited from being
10 disclosed under Section 7-603.5 of the Illinois Vehicle
11 Code.

12 (hh) Records that are exempt from disclosure under
13 Section 1A-16.7 of the Election Code.

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

17 (jj) Information and reports that are required to be
18 submitted to the Department of Labor by registering day
19 and temporary labor service agencies but are exempt from
20 disclosure under subsection (a-1) of Section 45 of the Day
21 and Temporary Labor Services Act.

22 (kk) Information prohibited from disclosure under the
23 Seizure and Forfeiture Reporting Act.

24 (ll) Information the disclosure of which is restricted
25 and exempted under Section 5-30.8 of the Illinois Public
26 Aid Code.

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

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

5 (oo) Communications, notes, records, and reports
6 arising out of a peer support counseling session
7 prohibited from disclosure under the First Responders
8 Suicide Prevention Act.

9 (pp) Names and all identifying information relating to
10 an employee of an emergency services provider or law
11 enforcement agency under the First Responders Suicide
12 Prevention Act.

13 (qq) (Blank). ~~Information and records held by the~~
14 ~~Department of Public Health and its authorized~~
15 ~~representatives collected under the Reproductive Health~~
16 ~~Act.~~

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

19 (ss) Data reported by an employer to the Department of
20 Human Rights pursuant to Section 2-108 of the Illinois
21 Human Rights Act.

22 (tt) Recordings made under the Children's Advocacy
23 Center Act, except to the extent authorized under that
24 Act.

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

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

4 (ww) Information that is exempt from disclosure under
5 Section 16.8 of the State Treasurer Act.

6 (xx) Information that is exempt from disclosure or
7 information that shall not be made public under the
8 Illinois Insurance Code.

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

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

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

15 (Source: P.A. 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;
16 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.
17 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,
18 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;
19 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; 101-13, eff.
20 6-12-19; 101-27, eff. 6-25-19; 101-81, eff. 7-12-19; 101-221,
21 eff. 1-1-20; 101-236, eff. 1-1-20; 101-375, eff. 8-16-19;
22 101-377, eff. 8-16-19; 101-452, eff. 1-1-20; 101-466, eff.
23 1-1-20; 101-600, eff. 12-6-19; 101-620, eff. 12-20-19; 101-649,
24 eff. 7-7-20.)

25 Section 620. The Counties Code is amended by changing

1 Section 3-3013 as follows:

2 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

3 Sec. 3-3013. Preliminary investigations; blood and urine
4 analysis; summoning jury; reports. Every coroner, whenever,
5 as soon as he knows or is informed that the dead body of any
6 person is found, or lying within his county, whose death is
7 suspected of being:

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

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

17 (c) A death where the circumstances are suspicious,
18 obscure, mysterious or otherwise unexplained or where, in
19 the written opinion of the attending physician, the cause
20 of death is not determined;

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

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

25 shall go to the place where the dead body is, and take charge

1 of the same and shall make a preliminary investigation into
2 the circumstances of the death. In the case of death without
3 attendance by a licensed physician the body may be moved with
4 the coroner's consent from the place of death to a mortuary in
5 the same county. Coroners in their discretion shall notify
6 such physician as is designated in accordance with Section
7 3-3014 to attempt to ascertain the cause of death, either by
8 autopsy or otherwise.

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

1 prescribed by such laboratory. Any person drawing blood and
2 urine and any person making any examination of the blood and
3 urine under the terms of this Division shall be immune from all
4 liability, civil or criminal, that might otherwise be incurred
5 or imposed.

6 In all other cases coming within the jurisdiction of the
7 coroner and referred to in subparagraphs (a) through (e)
8 above, blood, and whenever possible, urine samples shall be
9 analyzed for the presence of alcohol and other drugs. When the
10 coroner suspects that drugs may have been involved in the
11 death, either directly or indirectly, a toxicological
12 examination shall be performed which may include analyses of
13 blood, urine, bile, gastric contents and other tissues. When
14 the coroner suspects a death is due to toxic substances, other
15 than drugs, the coroner shall consult with the toxicologist
16 prior to collection of samples. Information submitted to the
17 toxicologist shall include information as to height, weight,
18 age, sex and race of the decedent as well as medical history,
19 medications used by and the manner of death of decedent.

20 When the coroner or medical examiner finds that the cause
21 of death is due to homicidal means, the coroner or medical
22 examiner shall cause blood and buccal specimens (tissue may be
23 submitted if no uncontaminated blood or buccal specimen can be
24 obtained), whenever possible, to be withdrawn from the body of
25 the decedent in a timely fashion. For proper preservation of
26 the specimens, collected blood and buccal specimens shall be

1 dried and tissue specimens shall be frozen if available
2 equipment exists. As soon as possible, but no later than 30
3 days after the collection of the specimens, the coroner or
4 medical examiner shall release those specimens to the police
5 agency responsible for investigating the death. As soon as
6 possible, but no later than 30 days after the receipt from the
7 coroner or medical examiner, the police agency shall submit
8 the specimens using the agency case number to a National DNA
9 Index System (NDIS) participating laboratory within this
10 State, such as the Illinois Department of State Police,
11 Division of Forensic Services, for analysis and categorizing
12 into genetic marker groupings. The results of the analysis and
13 categorizing into genetic marker groupings shall be provided
14 to the Illinois Department of State Police and shall be
15 maintained by the Illinois Department of State Police in the
16 State central repository in the same manner, and subject to
17 the same conditions, as provided in Section 5-4-3 of the
18 Unified Code of Corrections. The requirements of this
19 paragraph are in addition to any other findings, specimens, or
20 information that the coroner or medical examiner is required
21 to provide during the conduct of a criminal investigation.

22 In all counties, in cases of apparent suicide, homicide,
23 or accidental death or in other cases, within the discretion
24 of the coroner, the coroner may summon 8 persons of lawful age
25 from those persons drawn for petit jurors in the county. The
26 summons shall command these persons to present themselves

1 personally at such a place and time as the coroner shall
2 determine, and may be in any form which the coroner shall
3 determine and may incorporate any reasonable form of request
4 for acknowledgement which the coroner deems practical and
5 provides a reliable proof of service. The summons may be
6 served by first class mail. From the 8 persons so summoned, the
7 coroner shall select 6 to serve as the jury for the inquest.
8 Inquests may be continued from time to time, as the coroner may
9 deem necessary. The 6 jurors selected in a given case may view
10 the body of the deceased. If at any continuation of an inquest
11 one or more of the original jurors shall be unable to continue
12 to serve, the coroner shall fill the vacancy or vacancies. A
13 juror serving pursuant to this paragraph shall receive
14 compensation from the county at the same rate as the rate of
15 compensation that is paid to petit or grand jurors in the
16 county. The coroner shall furnish to each juror without fee at
17 the time of his discharge a certificate of the number of days
18 in attendance at an inquest, and, upon being presented with
19 such certificate, the county treasurer shall pay to the juror
20 the sum provided for his services.

21 In counties which have a jury commission, in cases of
22 apparent suicide or homicide or of accidental death, the
23 coroner may conduct an inquest. The jury commission shall
24 provide at least 8 jurors to the coroner, from whom the coroner
25 shall select any 6 to serve as the jury for the inquest.
26 Inquests may be continued from time to time as the coroner may

1 deem necessary. The 6 jurors originally chosen in a given case
2 may view the body of the deceased. If at any continuation of an
3 inquest one or more of the 6 jurors originally chosen shall be
4 unable to continue to serve, the coroner shall fill the
5 vacancy or vacancies. At the coroner's discretion, additional
6 jurors to fill such vacancies shall be supplied by the jury
7 commission. A juror serving pursuant to this paragraph in such
8 county shall receive compensation from the county at the same
9 rate as the rate of compensation that is paid to petit or grand
10 jurors in the county.

11 In every case in which a fire is determined to be a
12 contributing factor in a death, the coroner shall report the
13 death to the Office of the State Fire Marshal. The coroner
14 shall provide a copy of the death certificate (i) within 30
15 days after filing the permanent death certificate and (ii) in
16 a manner that is agreed upon by the coroner and the State Fire
17 Marshal.

18 In every case in which a drug overdose is determined to be
19 the cause or a contributing factor in the death, the coroner or
20 medical examiner shall report the death to the Department of
21 Public Health. The Department of Public Health shall adopt
22 rules regarding specific information that must be reported in
23 the event of such a death. If possible, the coroner shall
24 report the cause of the overdose. As used in this Section,
25 "overdose" has the same meaning as it does in Section 414 of
26 the Illinois Controlled Substances Act. The Department of

1 Public Health shall issue a semiannual report to the General
2 Assembly summarizing the reports received. The Department
3 shall also provide on its website a monthly report of overdose
4 death figures organized by location, age, and any other
5 factors, the Department deems appropriate.

6 In addition, in every case in which domestic violence is
7 determined to be a contributing factor in a death, the coroner
8 shall report the death to the Department of State Police.

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

25 (Source: P.A. 100-159, eff. 8-18-17; 101-13, eff. 6-12-19.)

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

3 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

4 Sec. 2. It is declared to be the public policy that the
5 State has a legitimate interest in assuring that all medical
6 procedures, including abortions, are performed under
7 circumstances that insure maximum safety. Therefore, the
8 purpose of this Act is to provide for the better protection of
9 the public health through the development, establishment, and
10 enforcement of standards (1) for the care of individuals in
11 ambulatory surgical treatment centers, and (2) for the
12 construction, maintenance and operation of ambulatory surgical
13 treatment centers, which, in light of advancing knowledge,
14 will promote safe and adequate treatment of such individuals
15 in ambulatory surgical treatment centers.

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

17 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

21 (A) "Ambulatory surgical treatment center" means any
22 institution, place or building devoted primarily to the
23 maintenance and operation of facilities for the performance of
24 surgical procedures. "Ambulatory surgical treatment center"

1 includes any place that meets and complies with the definition
2 of an ambulatory surgical treatment center under the rules
3 adopted by the Department or any facility in which a medical or
4 surgical procedure is utilized to terminate a pregnancy,
5 irrespective of whether the facility is devoted primarily to
6 this purpose. Such facility shall not provide beds or other
7 accommodations for the overnight stay of patients; however,
8 facilities devoted exclusively to the treatment of children
9 may provide accommodations and beds for their patients for up
10 to 23 hours following admission. Individual patients shall be
11 discharged in an ambulatory condition without danger to the
12 continued well being of the patients or shall be transferred
13 to a hospital.

14 The term "ambulatory surgical treatment center" does not
15 include any of the following:

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

19 (2) Any person or institution required to be licensed
20 pursuant to the Nursing Home Care Act, the Specialized
21 Mental Health Rehabilitation Act of 2013, the ID/DD
22 Community Care Act, or the MC/DD Act.

23 (3) Hospitals or ambulatory surgical treatment centers
24 maintained by the State or any department or agency
25 thereof, where such department or agency has authority
26 under law to establish and enforce standards for the

1 hospitals or ambulatory surgical treatment centers under
2 its management and control.

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

5 (5) Any place, agency, clinic, or practice, public or
6 private, whether organized for profit or not, devoted
7 exclusively to the performance of dental or oral surgical
8 procedures.

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

20 (B) "Person" means any individual, firm, partnership,
21 corporation, company, association, or joint stock association,
22 or the legal successor thereof.

23 (C) "Department" means the Department of Public Health of
24 the State of Illinois.

25 (D) "Director" means the Director of the Department of
26 Public Health of the State of Illinois.

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

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

5 (G) "Podiatric physician" means a person licensed to
6 practice podiatry under the Podiatric Medical Practice Act of
7 1987.

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

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

11 (215 ILCS 5/356z.4)

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

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

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

17 (B) The federal Patient Protection and Affordable Care
18 Act includes a contraceptive coverage guarantee as part of
19 a broader requirement for health insurance to cover key
20 preventive care services without out-of-pocket costs for
21 patients.

22 (C) The General Assembly intends to build on existing
23 State and federal law to promote gender equity and women's
24 health and to ensure greater contraceptive coverage equity

1 and timely access to all federal Food and Drug
2 Administration approved methods of birth control for all
3 individuals covered by an individual or group health
4 insurance policy in Illinois.

5 (D) Medical management techniques such as denials,
6 step therapy, or prior authorization in public and private
7 health care coverage can impede access to the most
8 effective contraceptive methods.

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

10 "Contraceptive services" includes consultations,
11 examinations, procedures, and medical services related to the
12 use of contraceptive methods (including natural family
13 planning) to prevent an unintended pregnancy.

14 "Medical necessity", for the purposes of this subsection
15 (a), includes, but is not limited to, considerations such as
16 severity of side effects, differences in permanence and
17 reversibility of contraceptive, and ability to adhere to the
18 appropriate use of the item or service, as determined by the
19 attending provider.

20 "Therapeutic equivalent version" means drugs, devices, or
21 products that can be expected to have the same clinical effect
22 and safety profile when administered to patients under the
23 conditions specified in the labeling and satisfy the following
24 general criteria:

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

26 (ii) they are pharmaceutical equivalents in that they

1 (A) contain identical amounts of the same active drug
2 ingredient in the same dosage form and route of
3 administration and (B) meet compendial or other applicable
4 standards of strength, quality, purity, and identity;

5 (iii) they are bioequivalent in that (A) they do not
6 present a known or potential bioequivalence problem and
7 they meet an acceptable in vitro standard or (B) if they do
8 present such a known or potential problem, they are shown
9 to meet an appropriate bioequivalence standard;

10 (iv) they are adequately labeled; and

11 (v) they are manufactured in compliance with Current
12 Good Manufacturing Practice regulations.

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

18 (A) All contraceptive drugs, devices, and other
19 products approved by the United States Food and Drug
20 Administration. This includes all over-the-counter
21 contraceptive drugs, devices, and products approved by the
22 United States Food and Drug Administration, excluding male
23 condoms. The following apply:

24 (i) If the United States Food and Drug
25 Administration has approved one or more therapeutic
26 equivalent versions of a contraceptive drug, device,

1 or product, a policy is not required to include all
2 such therapeutic equivalent versions in its formulary,
3 so long as at least one is included and covered without
4 cost-sharing and in accordance with this Section.

5 (ii) If an individual's attending provider
6 recommends a particular service or item approved by
7 the United States Food and Drug Administration based
8 on a determination of medical necessity with respect
9 to that individual, the plan or issuer must cover that
10 service or item without cost sharing. The plan or
11 issuer must defer to the determination of the
12 attending provider.

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

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

22 (B) Voluntary sterilization procedures.

23 (C) Contraceptive services, patient education, and
24 counseling on contraception.

25 (D) Follow-up services related to the drugs, devices,
26 products, and procedures covered under this Section,

1 including, but not limited to, management of side effects,
2 counseling for continued adherence, and device insertion
3 and removal.

4 (4) Except as otherwise provided in this subsection (a), a
5 policy subject to this subsection (a) shall not impose a
6 deductible, coinsurance, copayment, or any other cost-sharing
7 requirement on the coverage provided. The provisions of this
8 paragraph do not apply to coverage of voluntary male
9 sterilization procedures to the extent such coverage would
10 disqualify a high-deductible health plan from eligibility for
11 a health savings account pursuant to the federal Internal
12 Revenue Code, 26 U.S.C. 223.

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

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

1 outlined in this subsection (a) other than that authorized
2 under Section 1902 of the Social Security Act, 42 U.S.C.
3 1396a, and the State shall not assume any obligation for the
4 cost of the coverage set forth in this subsection (a).

5 (b) This subsection (b) shall become operative if and only
6 if subsection (a) becomes inoperative.

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

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

23 As used in this subsection (b), "outpatient contraceptive
24 service" means consultations, examinations, procedures, and
25 medical services, provided on an outpatient basis and related
26 to the use of contraceptive methods (including natural family

1 planning) to prevent an unintended pregnancy.

2 (c) ~~(Blank)~~. Nothing in this Section shall be construed to
3 require an insurance company to cover services related to an
4 abortion as the term "abortion" is defined in the Illinois
5 Abortion Law of 2021.

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

14 (Source: P.A. 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19.)

15 (215 ILCS 5/356z.4a rep.)

16 Section 632. The Illinois Insurance Code is amended by
17 repealing Section 356z.4a.

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

20 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

21 Sec. 5-3. Insurance Code provisions.

22 (a) Health Maintenance Organizations shall be subject to
23 the provisions of Sections 133, 134, 136, 137, 139, 140,

1 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
2 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
3 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
4 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
5 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
6 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30~~,
7 356z.30a, ~~356z.32~~, 356z.33, 356z.35, 356z.36, 356z.41, 364,
8 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
9 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,
10 412, 444, and 444.1, paragraph (c) of subsection (2) of
11 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
12 XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance
13 Code.

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

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

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

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

1 1/2 of the Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
24 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
25 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
26 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;

1 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
2 1-1-20; 101-625, eff. 1-1-21.)

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

5 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

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

1 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
2 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
3 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
4 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
5 101-625, eff. 1-1-21.)

6 Section 645. The Medical Practice Act of 1987 is amended
7 by changing Section 22 and 36 as follows:

8 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

9 (Section scheduled to be repealed on January 1, 2022)

10 Sec. 22. Disciplinary action.

11 (A) The Department may revoke, suspend, place on
12 probation, reprimand, refuse to issue or renew, or take any
13 other disciplinary or non-disciplinary action as the
14 Department may deem proper with regard to the license or
15 permit of any person issued under this Act, including imposing
16 fines not to exceed \$10,000 for each violation, upon any of the
17 following grounds:

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

20 (a) a facility licensed pursuant to the Ambulatory
21 Surgical Treatment Center Act;

22 (b) an institution licensed under the Hospital
23 Licensing Act;

24 (c) an ambulatory surgical treatment center or

1 hospitalization or care facility maintained by the
2 State or any agency thereof, where such department or
3 agency has authority under law to establish and
4 enforce standards for the ambulatory surgical
5 treatment centers, hospitalization, or care facilities
6 under its management and control;

7 (d) ambulatory surgical treatment centers,
8 hospitalization or care facilities maintained by the
9 Federal Government; or

10 (e) ambulatory surgical treatment centers,
11 hospitalization or care facilities maintained by any
12 university or college established under the laws of
13 this State and supported principally by public funds
14 raised by taxation.

15 (2) ~~(Blank)~~. Performance of an abortion procedure in a
16 willful and wanton manner on a woman who was not pregnant
17 at the time the abortion procedure was performed.

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

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

25 (5) Engaging in dishonorable, unethical, or
26 unprofessional conduct of a character likely to deceive,

1 defraud or harm the public.

2 (6) Obtaining any fee by fraud, deceit, or
3 misrepresentation.

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

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

10 (9) Fraud or misrepresentation in applying for, or
11 procuring, a license under this Act or in connection with
12 applying for renewal of a license under this Act.

13 (10) Making a false or misleading statement regarding
14 their skill or the efficacy or value of the medicine,
15 treatment, or remedy prescribed by them at their direction
16 in the treatment of any disease or other condition of the
17 body or mind.

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

20 (12) Adverse action taken by another state or
21 jurisdiction against a license or other authorization to
22 practice as a medical doctor, doctor of osteopathy, doctor
23 of osteopathic medicine or doctor of chiropractic, a
24 certified copy of the record of the action taken by the
25 other state or jurisdiction being prima facie evidence
26 thereof. This includes any adverse action taken by a State

1 or federal agency that prohibits a medical doctor, doctor
2 of osteopathy, doctor of osteopathic medicine, or doctor
3 of chiropractic from providing services to the agency's
4 participants.

5 (13) Violation of any provision of this Act or of the
6 Medical Practice Act prior to the repeal of that Act, or
7 violation of the rules, or a final administrative action
8 of the Secretary, after consideration of the
9 recommendation of the Disciplinary Board.

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

12 (15) A finding by the Disciplinary Board that the
13 registrant after having his or her license placed on
14 probationary status or subjected to conditions or
15 restrictions violated the terms of the probation or failed
16 to comply with such terms or conditions.

17 (16) Abandonment of a patient.

18 (17) Prescribing, selling, administering,
19 distributing, giving, or self-administering any drug
20 classified as a controlled substance (designated product)
21 or narcotic for other than medically accepted therapeutic
22 purposes.

23 (18) Promotion of the sale of drugs, devices,
24 appliances, or goods provided for a patient in such manner
25 as to exploit the patient for financial gain of the
26 physician.

1 (19) Offering, undertaking, or agreeing to cure or
2 treat disease by a secret method, procedure, treatment, or
3 medicine, or the treating, operating, or prescribing for
4 any human condition by a method, means, or procedure which
5 the licensee refuses to divulge upon demand of the
6 Department.

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

10 (21) Willfully making or filing false records or
11 reports in his or her practice as a physician, including,
12 but not limited to, false records to support claims
13 against the medical assistance program of the Department
14 of Healthcare and Family Services (formerly Department of
15 Public Aid) under the Illinois Public Aid Code.

16 (22) Willful omission to file or record, or willfully
17 impeding the filing or recording, or inducing another
18 person to omit to file or record, medical reports as
19 required by law, or willfully failing to report an
20 instance of suspected abuse or neglect as required by law.

21 (23) Being named as a perpetrator in an indicated
22 report by the Department of Children and Family Services
23 under the Abused and Neglected Child Reporting Act, and
24 upon proof by clear and convincing evidence that the
25 licensee has caused a child to be an abused child or
26 neglected child as defined in the Abused and Neglected

1 Child Reporting Act.

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

5 (25) Gross and willful and continued overcharging for
6 professional services, including filing false statements
7 for collection of fees for which services are not
8 rendered, including, but not limited to, filing such false
9 statements for collection of monies for services not
10 rendered from the medical assistance program of the
11 Department of Healthcare and Family Services (formerly
12 Department of Public Aid) under the Illinois Public Aid
13 Code.

14 (26) A pattern of practice or other behavior which
15 demonstrates incapacity or incompetence to practice under
16 this Act.

17 (27) Mental illness or disability which results in the
18 inability to practice under this Act with reasonable
19 judgment, skill, or safety.

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

24 (29) Cheating on or attempt to subvert the licensing
25 examinations administered under this Act.

26 (30) Willfully or negligently violating the

1 confidentiality between physician and patient except as
2 required by law.

3 (31) The use of any false, fraudulent, or deceptive
4 statement in any document connected with practice under
5 this Act.

6 (32) Aiding and abetting an individual not licensed
7 under this Act in the practice of a profession licensed
8 under this Act.

9 (33) Violating state or federal laws or regulations
10 relating to controlled substances, legend drugs, or
11 ephedra as defined in the Ephedra Prohibition Act.

12 (34) Failure to report to the Department any adverse
13 final action taken against them by another licensing
14 jurisdiction (any other state or any territory of the
15 United States or any foreign state or country), by any
16 peer review body, by any health care institution, by any
17 professional society or association related to practice
18 under this Act, by any governmental agency, by any law
19 enforcement agency, or by any court for acts or conduct
20 similar to acts or conduct which would constitute grounds
21 for action as defined in this Section.

22 (35) Failure to report to the Department surrender of
23 a license or authorization to practice as a medical
24 doctor, a doctor of osteopathy, a doctor of osteopathic
25 medicine, or doctor of chiropractic in another state or
26 jurisdiction, or surrender of membership on any medical

1 staff or in any medical or professional association or
2 society, while under disciplinary investigation by any of
3 those authorities or bodies, for acts or conduct similar
4 to acts or conduct which would constitute grounds for
5 action as defined in this Section.

6 (36) Failure to report to the Department any adverse
7 judgment, settlement, or award arising from a liability
8 claim related to acts or conduct similar to acts or
9 conduct which would constitute grounds for action as
10 defined in this Section.

11 (37) Failure to provide copies of medical records as
12 required by law.

13 (38) Failure to furnish the Department, its
14 investigators or representatives, relevant information,
15 legally requested by the Department after consultation
16 with the Chief Medical Coordinator or the Deputy Medical
17 Coordinator.

18 (39) Violating the Health Care Worker Self-Referral
19 Act.

20 (40) Willful failure to provide notice when notice is
21 required under the Parental Notice of Abortion Act of
22 1995.

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

25 (42) Entering into an excessive number of written
26 collaborative agreements with licensed advanced practice

1 registered nurses resulting in an inability to adequately
2 collaborate.

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

5 (44) Violating the Compassionate Use of Medical
6 Cannabis Program Act.

7 (45) Entering into an excessive number of written
8 collaborative agreements with licensed prescribing
9 psychologists resulting in an inability to adequately
10 collaborate.

11 (46) Repeated failure to adequately collaborate with a
12 licensed prescribing psychologist.

13 (47) Willfully failing to report an instance of
14 suspected abuse, neglect, financial exploitation, or
15 self-neglect of an eligible adult as defined in and
16 required by the Adult Protective Services Act.

17 (48) Being named as an abuser in a verified report by
18 the Department on Aging under the Adult Protective
19 Services Act, and upon proof by clear and convincing
20 evidence that the licensee abused, neglected, or
21 financially exploited an eligible adult as defined in the
22 Adult Protective Services Act.

23 (49) Entering into an excessive number of written
24 collaborative agreements with licensed physician
25 assistants resulting in an inability to adequately
26 collaborate.

1 (50) Repeated failure to adequately collaborate with a
2 physician assistant.

3 Except for actions involving the ground numbered (26), all
4 proceedings to suspend, revoke, place on probationary status,
5 or take any other disciplinary action as the Department may
6 deem proper, with regard to a license on any of the foregoing
7 grounds, must be commenced within 5 years next after receipt
8 by the Department of a complaint alleging the commission of or
9 notice of the conviction order for any of the acts described
10 herein. Except for the grounds numbered (8), (9), (26), and
11 (29), no action shall be commenced more than 10 years after the
12 date of the incident or act alleged to have violated this
13 Section. For actions involving the ground numbered (26), a
14 pattern of practice or other behavior includes all incidents
15 alleged to be part of the pattern of practice or other behavior
16 that occurred, or a report pursuant to Section 23 of this Act
17 received, within the 10-year period preceding the filing of
18 the complaint. In the event of the settlement of any claim or
19 cause of action in favor of the claimant or the reduction to
20 final judgment of any civil action in favor of the plaintiff,
21 such claim, cause of action, or civil action being grounded on
22 the allegation that a person licensed under this Act was
23 negligent in providing care, the Department shall have an
24 additional period of 2 years from the date of notification to
25 the Department under Section 23 of this Act of such settlement
26 or final judgment in which to investigate and commence formal

1 disciplinary proceedings under Section 36 of this Act, except
2 as otherwise provided by law. The time during which the holder
3 of the license was outside the State of Illinois shall not be
4 included within any period of time limiting the commencement
5 of disciplinary action by the Department.

6 The entry of an order or judgment by any circuit court
7 establishing that any person holding a license under this Act
8 is a person in need of mental treatment operates as a
9 suspension of that license. That person may resume his or her
10 ~~their~~ practice only upon the entry of a Departmental order
11 based upon a finding by the Disciplinary Board that the person
12 has ~~they have~~ been determined to be recovered from mental
13 illness by the court and upon the Disciplinary Board's
14 recommendation that the person ~~they~~ be permitted to resume his
15 or her ~~their~~ practice.

16 The Department may refuse to issue or take disciplinary
17 action concerning the license of any person who fails to file a
18 return, or to pay the tax, penalty, or interest shown in a
19 filed return, or to pay any final assessment of tax, penalty,
20 or interest, as required by any tax Act administered by the
21 Illinois Department of Revenue, until such time as the
22 requirements of any such tax Act are satisfied as determined
23 by the Illinois Department of Revenue.

24 The Department, upon the recommendation of the
25 Disciplinary Board, shall adopt rules which set forth
26 standards to be used in determining:

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

3 (b) what constitutes dishonorable, unethical, or
4 unprofessional conduct of a character likely to deceive,
5 defraud, or harm the public;

6 (c) what constitutes immoral conduct in the commission
7 of any act, including, but not limited to, commission of
8 an act of sexual misconduct related to the licensee's
9 practice; and

10 (d) what constitutes gross negligence in the practice
11 of medicine.

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

15 In enforcing this Section, the Disciplinary Board or the
16 Licensing Board, upon a showing of a possible violation, may
17 compel, in the case of the Disciplinary Board, any individual
18 who is licensed to practice under this Act or holds a permit to
19 practice under this Act, or, in the case of the Licensing
20 Board, any individual who has applied for licensure or a
21 permit pursuant to this Act, to submit to a mental or physical
22 examination and evaluation, or both, which may include a
23 substance abuse or sexual offender evaluation, as required by
24 the Licensing Board or Disciplinary Board and at the expense
25 of the Department. The Disciplinary Board or Licensing Board
26 shall specifically designate the examining physician licensed

1 to practice medicine in all of its branches or, if applicable,
2 the multidisciplinary team involved in providing the mental or
3 physical examination and evaluation, or both. The
4 multidisciplinary team shall be led by a physician licensed to
5 practice medicine in all of its branches and may consist of one
6 or more or a combination of physicians licensed to practice
7 medicine in all of its branches, licensed chiropractic
8 physicians, licensed clinical psychologists, licensed clinical
9 social workers, licensed clinical professional counselors, and
10 other professional and administrative staff. Any examining
11 physician or member of the multidisciplinary team may require
12 any person ordered to submit to an examination and evaluation
13 pursuant to this Section to submit to any additional
14 supplemental testing deemed necessary to complete any
15 examination or evaluation process, including, but not limited
16 to, blood testing, urinalysis, psychological testing, or
17 neuropsychological testing. The Disciplinary Board, the
18 Licensing Board, or the Department may order the examining
19 physician or any member of the multidisciplinary team to
20 provide to the Department, the Disciplinary Board, or the
21 Licensing Board any and all records, including business
22 records, that relate to the examination and evaluation,
23 including any supplemental testing performed. The Disciplinary
24 Board, the Licensing Board, or the Department may order the
25 examining physician or any member of the multidisciplinary
26 team to present testimony concerning this examination and

1 evaluation of the licensee, permit holder, or applicant,
2 including testimony concerning any supplemental testing or
3 documents relating to the examination and evaluation. No
4 information, report, record, or other documents in any way
5 related to the examination and evaluation shall be excluded by
6 reason of any common law or statutory privilege relating to
7 communication between the licensee, permit holder, or
8 applicant and the examining physician or any member of the
9 multidisciplinary team. No authorization is necessary from the
10 licensee, permit holder, or applicant ordered to undergo an
11 evaluation and examination for the examining physician or any
12 member of the multidisciplinary team to provide information,
13 reports, records, or other documents or to provide any
14 testimony regarding the examination and evaluation. The
15 individual to be examined may have, at his or her own expense,
16 another physician of his or her choice present during all
17 aspects of the examination. Failure of any individual to
18 submit to mental or physical examination and evaluation, or
19 both, when directed, shall result in an automatic suspension,
20 without hearing, until such time as the individual submits to
21 the examination. If the Disciplinary Board or Licensing Board
22 finds a physician unable to practice following an examination
23 and evaluation because of the reasons set forth in this
24 Section, the Disciplinary Board or Licensing Board shall
25 require such physician to submit to care, counseling, or
26 treatment by physicians, or other health care professionals,

1 approved or designated by the Disciplinary Board, as a
2 condition for issued, continued, reinstated, or renewed
3 licensure to practice. Any physician, whose license was
4 granted pursuant to Sections 9, 17, or 19 of this Act, or,
5 continued, reinstated, renewed, disciplined or supervised,
6 subject to such terms, conditions, or restrictions who shall
7 fail to comply with such terms, conditions, or restrictions,
8 or to complete a required program of care, counseling, or
9 treatment, as determined by the Chief Medical Coordinator or
10 Deputy Medical Coordinators, shall be referred to the
11 Secretary for a determination as to whether the licensee shall
12 have his or her ~~their~~ license suspended immediately, pending a
13 hearing by the Disciplinary Board. In instances in which the
14 Secretary immediately suspends a license under this Section, a
15 hearing upon such person's license must be convened by the
16 Disciplinary Board within 15 days after such suspension and
17 completed without appreciable delay. The Disciplinary Board
18 shall have the authority to review the subject physician's
19 record of treatment and counseling regarding the impairment,
20 to the extent permitted by applicable federal statutes and
21 regulations safeguarding the confidentiality of medical
22 records.

23 An individual licensed under this Act, affected under this
24 Section, shall be afforded an opportunity to demonstrate to
25 the Disciplinary Board that he or she ~~they~~ can resume practice
26 in compliance with acceptable and prevailing standards under

1 the provisions of his or her ~~their~~ license.

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

10 All fines imposed under this Section shall be paid within
11 60 days after the effective date of the order imposing the fine
12 or in accordance with the terms set forth in the order imposing
13 the fine.

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

25 (C) The Department shall not revoke, suspend, place on
26 probation, reprimand, refuse to issue or renew, or take any

1 other disciplinary or non-disciplinary action against the
2 license or permit issued under this Act to practice medicine
3 to a physician:

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

8 (2) for experimental treatment for Lyme disease or
9 other tick-borne diseases, including, but not limited to,
10 the prescription of or treatment with long-term
11 antibiotics.

12 (D) The Disciplinary Board shall recommend to the
13 Department civil penalties and any other appropriate
14 discipline in disciplinary cases when the Board finds that a
15 physician willfully performed an abortion with actual
16 knowledge that the person upon whom the abortion has been
17 performed is a minor or an incompetent person without notice
18 as required under the Parental Notice of Abortion Act of 1995.
19 Upon the Board's recommendation, the Department shall impose,
20 for the first violation, a civil penalty of \$1,000 and for a
21 second or subsequent violation, a civil penalty of \$5,000.

22 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;
23 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.
24 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,
25 eff. 8-9-19; revised 9-20-19.)

1 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

2 (Section scheduled to be repealed on January 1, 2022)

3 Sec. 36. Investigation; notice.

4 (a) Upon the motion of either the Department or the
5 Disciplinary Board or upon the verified complaint in writing
6 of any person setting forth facts which, if proven, would
7 constitute grounds for suspension or revocation under Section
8 22 of this Act, the Department shall investigate the actions
9 of any person, so accused, who holds or represents that he or
10 she holds a license. Such person is hereinafter called the
11 accused.

12 (b) The Department shall, before suspending, revoking,
13 placing on probationary status, or taking any other
14 disciplinary action as the Department may deem proper with
15 regard to any license at least 30 days prior to the date set
16 for the hearing, notify the accused in writing of any charges
17 made and the time and place for a hearing of the charges before
18 the Disciplinary Board, direct him or her to file his or her
19 written answer thereto to the Disciplinary Board under oath
20 within 20 days after the service on him or her of such notice
21 and inform him or her that if he or she fails to file such
22 answer default will be taken against him or her and his or her
23 license may be suspended, revoked, placed on probationary
24 status, or have other disciplinary action, including limiting
25 the scope, nature or extent of his or her practice, as the
26 Department may deem proper taken with regard thereto. The

1 Department shall, at least 14 days prior to the date set for
2 the hearing, notify in writing any person who filed a
3 complaint against the accused of the time and place for the
4 hearing of the charges against the accused before the
5 Disciplinary Board and inform such person whether he or she
6 may provide testimony at the hearing.

7 (c) ~~(Blank)~~. Where a physician has been found, upon
8 complaint and investigation of the Department, and after
9 hearing, to have performed an abortion procedure in a wilful
10 and wanton manner upon a woman who was not pregnant at the time
11 such abortion procedure was performed, the Department shall
12 automatically revoke the license of such physician to practice
13 medicine in Illinois.

14 (d) Such written notice and any notice in such proceedings
15 thereafter may be served by personal delivery, email to the
16 respondent's email address of record, or mail to the
17 respondent's address of record.

18 (e) All information gathered by the Department during its
19 investigation including information subpoenaed under Section
20 23 or 38 of this Act and the investigative file shall be kept
21 for the confidential use of the Secretary, Disciplinary Board,
22 the Medical Coordinators, persons employed by contract to
23 advise the Medical Coordinator or the Department, the
24 Disciplinary Board's attorneys, the medical investigative
25 staff, and authorized clerical staff, as provided in this Act
26 and shall be afforded the same status as is provided

1 information concerning medical studies in Part 21 of Article
2 VIII of the Code of Civil Procedure, except that the
3 Department may disclose information and documents to a
4 federal, State, or local law enforcement agency pursuant to a
5 subpoena in an ongoing criminal investigation to a health care
6 licensing body of this State or another state or jurisdiction
7 pursuant to an official request made by that licensing body.
8 Furthermore, information and documents disclosed to a federal,
9 State, or local law enforcement agency may be used by that
10 agency only for the investigation and prosecution of a
11 criminal offense or, in the case of disclosure to a health care
12 licensing body, only for investigations and disciplinary
13 action proceedings with regard to a license issued by that
14 licensing body.

15 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
16 revised 9-20-19.)

17 Section 650. The Nurse Practice Act is amended by changing
18 Section 65-35 and 65-43 as follows:

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

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

21 Sec. 65-35. Written collaborative agreements.

22 (a) A written collaborative agreement is required for all
23 advanced practice registered nurses engaged in clinical
24 practice prior to meeting the requirements of Section 65-43,

1 except for advanced practice registered nurses who are
2 privileged to practice in a hospital, hospital affiliate, or
3 ambulatory surgical treatment center.

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

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

23 The collaborative relationship under an agreement shall
24 not be construed to require the personal presence of a
25 collaborating physician at the place where services are
26 rendered. Methods of communication shall be available for

1 consultation with the collaborating physician in person or by
2 telecommunications or electronic communications as set forth
3 in the written agreement.

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

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

21 (c-5) A certified registered nurse anesthetist, who
22 provides anesthesia services outside of a hospital or
23 ambulatory surgical treatment center shall enter into a
24 written collaborative agreement with an anesthesiologist or
25 the physician licensed to practice medicine in all its
26 branches or the podiatric physician performing the procedure.

1 Outside of a hospital or ambulatory surgical treatment center,
2 the certified registered nurse anesthetist may provide only
3 those services that the collaborating podiatric physician is
4 authorized to provide pursuant to the Podiatric Medical
5 Practice Act of 1987 and rules adopted thereunder. A certified
6 registered nurse anesthetist may select, order, and administer
7 medication, including controlled substances, and apply
8 appropriate medical devices for delivery of anesthesia
9 services under the anesthesia plan agreed with by the
10 anesthesiologist or the operating physician or operating
11 podiatric physician.

12 (c-10) A certified registered nurse anesthetist who
13 provides anesthesia services in a dental office shall enter
14 into a written collaborative agreement with an
15 anesthesiologist or the physician licensed to practice
16 medicine in all its branches or the operating dentist
17 performing the procedure. The agreement shall describe the
18 working relationship of the certified registered nurse
19 anesthetist and dentist and shall authorize the categories of
20 care, treatment, or procedures to be performed by the
21 certified registered nurse anesthetist. In a collaborating
22 dentist's office, the certified registered nurse anesthetist
23 may only provide those services that the operating dentist
24 with the appropriate permit is authorized to provide pursuant
25 to the Illinois Dental Practice Act and rules adopted
26 thereunder. For anesthesia services, an anesthesiologist,

1 physician, or operating dentist shall participate through
2 discussion of and agreement with the anesthesia plan and shall
3 remain physically present and be available on the premises
4 during the delivery of anesthesia services for diagnosis,
5 consultation, and treatment of emergency medical conditions. A
6 certified registered nurse anesthetist may select, order, and
7 administer medication, including controlled substances, and
8 apply appropriate medical devices for delivery of anesthesia
9 services under the anesthesia plan agreed with by the
10 operating dentist.

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

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

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

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

8 (e-5) Nothing in this Act shall be construed to authorize
9 an advanced practice registered nurse to provide health care
10 services required by law or rule to be performed by a
11 physician, including those acts to be performed by a physician
12 in Section 3.1 of the Illinois Abortion Law of 2021. ~~The scope~~
13 ~~of practice of an advanced practice registered nurse does not~~
14 ~~include operative surgery. Nothing in this Section shall be~~
15 ~~construed to preclude an advanced practice registered nurse~~
16 ~~from assisting in surgery.~~

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

22 (g) (Blank).

23 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;
24 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

25 (225 ILCS 65/65-43)

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

2 Sec. 65-43. Full practice authority.

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

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

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

20 The clinical experience must be in the advanced practice
21 registered nurse's area of certification. The clinical
22 experience shall be in collaboration with a physician or
23 physicians. Completion of the clinical experience must be
24 attested to by the collaborating physician or physicians and
25 the advanced practice registered nurse.

26 (c) The scope of practice of an advanced practice

1 registered nurse with full practice authority includes:

2 (1) all matters included in subsection (c) of Section
3 65-30 of this Act;

4 (2) practicing without a written collaborative
5 agreement in all practice settings consistent with
6 national certification;

7 (3) authority to prescribe both legend drugs and
8 Schedule II through V controlled substances; this
9 authority includes prescription of, selection of, orders
10 for, administration of, storage of, acceptance of samples
11 of, and dispensing over the counter medications, legend
12 drugs, and controlled substances categorized as any
13 Schedule II through V controlled substances, as defined in
14 Article II of the Illinois Controlled Substances Act, and
15 other preparations, including, but not limited to,
16 botanical and herbal remedies;

17 (4) prescribing benzodiazepines or Schedule II
18 narcotic drugs, such as opioids, only in a consultation
19 relationship with a physician; this consultation
20 relationship shall be recorded in the Prescription
21 Monitoring Program website, pursuant to Section 316 of the
22 Illinois Controlled Substances Act, by the physician and
23 advanced practice registered nurse with full practice
24 authority and is not required to be filed with the
25 Department; the specific Schedule II narcotic drug must be
26 identified by either brand name or generic name; the

1 specific Schedule II narcotic drug, such as an opioid, may
2 be administered by oral dosage or topical or transdermal
3 application; delivery by injection or other route of
4 administration is not permitted; at least monthly, the
5 advanced practice registered nurse and the physician must
6 discuss the condition of any patients for whom a
7 benzodiazepine or opioid is prescribed; nothing in this
8 subsection shall be construed to require a prescription by
9 an advanced practice registered nurse with full practice
10 authority to require a physician name;

11 (5) authority to obtain an Illinois controlled
12 substance license and a federal Drug Enforcement
13 Administration number; and

14 (6) use of only local anesthetic.

15 The scope of practice of an advanced practice registered
16 nurse does not include operative surgery. ~~Nothing in this~~
17 ~~Section shall be construed to preclude an advanced practice~~
18 ~~registered nurse from assisting in surgery.~~

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

22 (e) Nothing in this Act shall be construed to authorize an
23 advanced practice registered nurse with full practice
24 authority to provide health care services required by law or
25 rule to be performed by a physician, including, but not
26 limited to, those acts to be performed by a physician in

1 Section 3.1 of the Illinois Abortion Law of 2021.

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

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

5 (225 ILCS 95/7.5)

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

7 Sec. 7.5. Written collaborative agreements; prescriptive
8 authority.

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

12 (1) A written collaborative agreement shall describe
13 the working relationship of the physician assistant with
14 the collaborating physician and shall describe the
15 categories of care, treatment, or procedures to be
16 provided by the physician assistant. The written
17 collaborative agreement shall promote the exercise of
18 professional judgment by the physician assistant
19 commensurate with his or her education and experience. The
20 services to be provided by the physician assistant shall
21 be services that the collaborating physician is authorized
22 to and generally provides to his or her patients in the
23 normal course of his or her clinical medical practice. The
24 written collaborative agreement need not describe the

1 exact steps that a physician assistant must take with
2 respect to each specific condition, disease, or symptom
3 but must specify which authorized procedures require the
4 presence of the collaborating physician as the procedures
5 are being performed. The relationship under a written
6 collaborative agreement shall not be construed to require
7 the personal presence of a physician at the place where
8 services are rendered. Methods of communication shall be
9 available for consultation with the collaborating
10 physician in person or by telecommunications or electronic
11 communications as set forth in the written collaborative
12 agreement. For the purposes of this Act, "generally
13 provides to his or her patients in the normal course of his
14 or her clinical medical practice" means services, not
15 specific tasks or duties, the collaborating physician
16 routinely provides individually or through delegation to
17 other persons so that the physician has the experience and
18 ability to collaborate and provide consultation.

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

21 (A) Participates in the joint formulation and
22 joint approval of orders or guidelines with the
23 physician assistant and he or she periodically reviews
24 such orders and the services provided patients under
25 such orders in accordance with accepted standards of
26 medical practice and physician assistant practice.

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

2 (3) A copy of the signed, written collaborative
3 agreement must be available to the Department upon request
4 from both the physician assistant and the collaborating
5 physician.

6 (4) A physician assistant shall inform each
7 collaborating physician of all written collaborative
8 agreements he or she has signed and provide a copy of these
9 to any collaborating physician upon request.

10 (b) A collaborating physician may, but is not required to,
11 delegate prescriptive authority to a physician assistant as
12 part of a written collaborative agreement. This authority may,
13 but is not required to, include prescription of, selection of,
14 orders for, administration of, storage of, acceptance of
15 samples of, and dispensing medical devices, over the counter
16 medications, legend drugs, medical gases, and controlled
17 substances categorized as Schedule II through V controlled
18 substances, as defined in Article II of the Illinois
19 Controlled Substances Act, and other preparations, including,
20 but not limited to, botanical and herbal remedies. The
21 collaborating physician must have a valid, current Illinois
22 controlled substance license and federal registration with the
23 Drug Enforcement Administration ~~Agency~~ to delegate the
24 authority to prescribe controlled substances.

25 (1) To prescribe Schedule II, III, IV, or V controlled
26 substances under this Section, a physician assistant must

1 obtain a mid-level practitioner controlled substances
2 license. Medication orders issued by a physician assistant
3 shall be reviewed periodically by the collaborating
4 physician.

5 (2) The collaborating physician shall file with the
6 Department notice of delegation of prescriptive authority
7 to a physician assistant and termination of delegation,
8 specifying the authority delegated or terminated. Upon
9 receipt of this notice delegating authority to prescribe
10 controlled substances, the physician assistant shall be
11 eligible to register for a mid-level practitioner
12 controlled substances license under Section 303.05 of the
13 Illinois Controlled Substances Act. Nothing in this Act
14 shall be construed to limit the delegation of tasks or
15 duties by the collaborating physician to a nurse or other
16 appropriately trained persons in accordance with Section
17 54.2 of the Medical Practice Act of 1987.

18 (3) In addition to the requirements of this subsection
19 (b), a collaborating physician may, but is not required
20 to, delegate authority to a physician assistant to
21 prescribe Schedule II controlled substances, if all of the
22 following conditions apply:

23 (A) Specific Schedule II controlled substances by
24 oral dosage or topical or transdermal application may
25 be delegated, provided that the delegated Schedule II
26 controlled substances are routinely prescribed by the

1 collaborating physician. This delegation must identify
2 the specific Schedule II controlled substances by
3 either brand name or generic name. Schedule II
4 controlled substances to be delivered by injection or
5 other route of administration may not be delegated.

6 (B) (Blank).

7 (C) Any prescription must be limited to no more
8 than a 30-day supply, with any continuation authorized
9 only after prior approval of the collaborating
10 physician.

11 (D) The physician assistant must discuss the
12 condition of any patients for whom a controlled
13 substance is prescribed monthly with the collaborating
14 physician.

15 (E) The physician assistant meets the education
16 requirements of Section 303.05 of the Illinois
17 Controlled Substances Act.

18 (c) Nothing in this Act shall be construed to limit the
19 delegation of tasks or duties by a physician to a licensed
20 practical nurse, a registered professional nurse, or other
21 persons. Nothing in this Act shall be construed to limit the
22 method of delegation that may be authorized by any means,
23 including, but not limited to, oral, written, electronic,
24 standing orders, protocols, guidelines, or verbal orders.
25 Nothing in this Act shall be construed to authorize a
26 physician assistant to provide health care services required

1 by law or rule to be performed by a physician. ~~Nothing in this~~
2 ~~Act shall be construed to authorize the delegation or~~
3 ~~performance of operative surgery. Nothing in this Section~~
4 ~~shall be construed to preclude a physician assistant from~~
5 ~~assisting in surgery.~~

6 (c-5) Nothing in this Section shall be construed to apply
7 to any medication authority, including Schedule II controlled
8 substances of a licensed physician assistant for care provided
9 in a hospital, hospital affiliate, or ambulatory surgical
10 treatment center pursuant to Section 7.7 of this Act.

11 (d) (Blank).

12 (e) Nothing in this Section shall be construed to prohibit
13 generic substitution.

14 (Source: P.A. 100-453, eff. 8-25-17; 101-13, eff. 6-12-19;
15 revised 8-24-20.)

16 Section 655. The Vital Records Act is amended by changing
17 Section 1 as follows:

18 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

19 Sec. 1. As used in this Act, unless the context otherwise
20 requires:

21 (1) "Vital records" means records of births, deaths, fetal
22 deaths, marriages, dissolution of marriages, and data related
23 thereto.

24 (2) "System of vital records" includes the registration,

1 collection, preservation, amendment, and certification of
2 vital records, and activities related thereto.

3 (3) "Filing" means the presentation of a certificate,
4 report, or other record provided for in this Act, of a birth,
5 death, fetal death, adoption, marriage, or dissolution of
6 marriage, for registration by the Office of Vital Records.

7 (4) "Registration" means the acceptance by the Office of
8 Vital Records and the incorporation in its official records of
9 certificates, reports, or other records provided for in this
10 Act, of births, deaths, fetal deaths, adoptions, marriages, or
11 dissolution of marriages.

12 (5) "Live birth" means the complete expulsion or
13 extraction from its mother of a product of human conception,
14 irrespective of the duration of pregnancy, which after such
15 separation breathes or shows any other evidence of life such
16 as beating of the heart, pulsation of the umbilical cord, or
17 definite movement of voluntary muscles, whether or not the
18 umbilical cord has been cut or the placenta is attached.

19 (6) "Fetal death" means death prior to the complete
20 expulsion or extraction from ~~the uterus~~ its mother of a
21 product of human conception, irrespective of the duration of
22 pregnancy, ~~and which is not due to an abortion as defined in~~
23 ~~Section 1-10 of the Reproductive Health Act. ;~~ The the death is
24 indicated by the fact that after such separation the fetus
25 does not breathe or show any other evidence of life such as
26 beating of the heart, pulsation of the umbilical cord, or

1 definite movement of voluntary muscles.

2 (7) "Dead body" means a lifeless human body or parts of
3 such body or bones thereof from the state of which it may
4 reasonably be concluded that death has occurred.

5 (8) "Final disposition" means the burial, cremation, or
6 other disposition of a dead human body or fetus or parts
7 thereof.

8 (9) "Physician" means a person licensed to practice
9 medicine in Illinois or any other state.

10 (10) "Institution" means any establishment, public or
11 private, which provides in-patient medical, surgical, or
12 diagnostic care or treatment, or nursing, custodial, or
13 domiciliary care to 2 or more unrelated individuals, or to
14 which persons are committed by law.

15 (11) "Department" means the Department of Public Health of
16 the State of Illinois.

17 (12) "Director" means the Director of the Illinois
18 Department of Public Health.

19 (13) "Licensed health care professional" means a person
20 licensed to practice as a physician, advanced practice
21 registered nurse, or physician assistant in Illinois or any
22 other state.

23 (14) "Licensed mental health professional" means a person
24 who is licensed or registered to provide mental health
25 services by the Department of Financial and Professional
26 Regulation or a board of registration duly authorized to

1 register or grant licenses to persons engaged in the practice
2 of providing mental health services in Illinois or any other
3 state.

4 (15) "Intersex condition" means a condition in which a
5 person is born with a reproductive or sexual anatomy or
6 chromosome pattern that does not fit typical definitions of
7 male or female.

8 (16) "Homeless person" means an individual who meets the
9 definition of "homeless" under Section 103 of the federal
10 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an
11 individual residing in any of the living situations described
12 in 42 U.S.C. 11434a(2).

13 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;
14 100-863, eff. 8-14-18; 101-13, eff. 6-12-19.)

15 Section 660. The Environmental Protection Act is amended
16 by changing Section 56.1 as follows:

17 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

18 Sec. 56.1. Acts prohibited.

19 (A) No person shall:

20 (a) Cause or allow the disposal of any potentially
21 infectious medical waste. Sharps may be disposed in any
22 landfill permitted by the Agency under Section 21 of this
23 Act to accept municipal waste for disposal, if both:

24 (1) the infectious potential has been eliminated

1 from the sharps by treatment; and

2 (2) the sharps are packaged in accordance with
3 Board regulations.

4 (b) Cause or allow the delivery of any potentially
5 infectious medical waste for transport, storage,
6 treatment, or transfer except in accordance with Board
7 regulations.

8 (c) Beginning July 1, 1992, cause or allow the
9 delivery of any potentially infectious medical waste to a
10 person or facility for storage, treatment, or transfer
11 that does not have a permit issued by the agency to receive
12 potentially infectious medical waste, unless no permit is
13 required under subsection (g) (1).

14 (d) Beginning July 1, 1992, cause or allow the
15 delivery or transfer of any potentially infectious medical
16 waste for transport unless:

17 (1) the transporter has a permit issued by the
18 Agency to transport potentially infectious medical
19 waste, or the transporter is exempt from the permit
20 requirement set forth in subsection (f) (1).

21 (2) a potentially infectious medical waste
22 manifest is completed for the waste if a manifest is
23 required under subsection (h).

24 (e) Cause or allow the acceptance of any potentially
25 infectious medical waste for purposes of transport,
26 storage, treatment, or transfer except in accordance with

1 Board regulations.

2 (f) Beginning July 1, 1992, conduct any potentially
3 infectious medical waste transportation operation:

4 (1) Without a permit issued by the Agency to
5 transport potentially infectious medical waste. No
6 permit is required under this provision (f)(1) for:

7 (A) a person transporting potentially
8 infectious medical waste generated solely by that
9 person's activities;

10 (B) noncommercial transportation of less than
11 50 pounds of potentially infectious medical waste
12 at any one time; or

13 (C) the U.S. Postal Service.

14 (2) In violation of any condition of any permit
15 issued by the Agency under this Act.

16 (3) In violation of any regulation adopted by the
17 Board.

18 (4) In violation of any order adopted by the Board
19 under this Act.

20 (g) Beginning July 1, 1992, conduct any potentially
21 infectious medical waste treatment, storage, or transfer
22 operation:

23 (1) without a permit issued by the Agency that
24 specifically authorizes the treatment, storage, or
25 transfer of potentially infectious medical waste. No
26 permit is required under this subsection (g) or

1 subsection (d) (1) of Section 21 for any:

2 (A) Person conducting a potentially infectious
3 medical waste treatment, storage, or transfer
4 operation for potentially infectious medical waste
5 generated by the person's own activities that are
6 treated, stored, or transferred within the site
7 where the potentially infectious medical waste is
8 generated.

9 (B) Hospital that treats, stores, or transfers
10 only potentially infectious medical waste
11 generated by its own activities or by members of
12 its medical staff.

13 (C) Sharps collection station that is operated
14 in accordance with Section 56.7.

15 (2) in violation of any condition of any permit
16 issued by the Agency under this Act.

17 (3) in violation of any regulation adopted by the
18 Board.

19 (4) In violation of any order adopted by the Board
20 under this Act.

21 (h) Transport potentially infectious medical waste
22 unless the transporter carries a completed potentially
23 infectious medical waste manifest. No manifest is required
24 for the transportation of:

25 (1) potentially infectious medical waste being
26 transported by generators who generated the waste by

1 their own activities, when the potentially infectious
2 medical waste is transported within or between sites
3 or facilities owned, controlled, or operated by that
4 person;

5 (2) less than 50 pounds of potentially infectious
6 medical waste at any one time for a noncommercial
7 transportation activity; or

8 (3) potentially infectious medical waste by the
9 U.S. Postal Service.

10 (i) Offer for transportation, transport, deliver,
11 receive or accept potentially infectious medical waste for
12 which a manifest is required, unless the manifest
13 indicates that the fee required under Section 56.4 of this
14 Act has been paid.

15 (j) Beginning January 1, 1994, conduct a potentially
16 infectious medical waste treatment operation at an
17 incinerator in existence on the effective date of this
18 Title in violation of emission standards established for
19 these incinerators under Section 129 of the Clean Air Act
20 (42 USC 7429), as amended.

21 (k) Beginning July 1, 2015, knowingly mix household
22 sharps, including, but not limited to, hypodermic,
23 intravenous, or other medical needles or syringes or other
24 medical household waste containing used or unused sharps,
25 including, but not limited to, hypodermic, intravenous, or
26 other medical needles or syringes or other sharps, with

1 any other material intended for collection as a recyclable
2 material by a residential hauler.

3 (1) Beginning on July 1, 2015, knowingly place
4 household sharps into a container intended for collection
5 by a residential hauler for processing at a recycling
6 center.

7 (B) In making its orders and determinations relative to
8 penalties, if any, to be imposed for violating subdivision
9 (A) (a) of this Section, the Board, in addition to the factors
10 in Sections 33(c) and 42(h) of this Act, or the Court shall
11 take into consideration whether the owner or operator of the
12 landfill reasonably relied on written statements from the
13 person generating or treating the waste that the waste is not
14 potentially infectious medical waste.

15 ~~(C) Notwithstanding subsection (A) or any other provision~~
16 ~~of law, including the Vital Records Act, tissue and products~~
17 ~~from an abortion, as defined in Section 1-10 of the~~
18 ~~Reproductive Health Act, or a miscarriage may be buried,~~
19 ~~entombed, or cremated.~~

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

21 Section 665. The Criminal Code of 2012 is amended by
22 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

23 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

24 Sec. 9-1.2. Intentional Homicide of an Unborn Child.

1 (a) A person commits the offense of intentional homicide
2 of an unborn child if, in performing acts which cause the death
3 of an unborn child, he without lawful justification:

4 (1) either intended to cause the death of or do great
5 bodily harm to the pregnant ~~individual~~ woman or her unborn
6 child or knew that such acts would cause death or great
7 bodily harm to the pregnant ~~individual~~ woman or her unborn
8 child; or

9 (2) knew that his acts created a strong probability of
10 death or great bodily harm to the pregnant ~~individual~~
11 woman or her unborn child; and

12 (3) knew that the ~~individual~~ woman was pregnant.

13 (b) For purposes of this Section, (1) "unborn child" shall
14 mean any individual of the human species from ~~the implantation~~
15 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
16 not include the pregnant woman whose unborn child is killed.

17 (c) This Section shall not apply to acts which cause the
18 death of an unborn child if those acts were committed during
19 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
20 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2021, as
21 amended, to which the pregnant ~~individual~~ woman has consented.
22 This Section shall not apply to acts which were committed
23 pursuant to usual and customary standards of medical practice
24 during diagnostic testing or therapeutic treatment.

25 (d) Penalty. The sentence for intentional homicide of an
26 unborn child shall be the same as for first degree murder,

1 except that:

2 (1) the death penalty may not be imposed;

3 (2) if the person committed the offense while armed
4 with a firearm, 15 years shall be added to the term of
5 imprisonment imposed by the court;

6 (3) if, during the commission of the offense, the
7 person personally discharged a firearm, 20 years shall be
8 added to the term of imprisonment imposed by the court;

9 (4) if, during the commission of the offense, the
10 person personally discharged a firearm that proximately
11 caused great bodily harm, permanent disability, permanent
12 disfigurement, or death to another person, 25 years or up
13 to a term of natural life shall be added to the term of
14 imprisonment imposed by the court.

15 (e) The provisions of this Act shall not be construed to
16 prohibit the prosecution of any person under any other
17 provision of law.

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

19 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

20 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)
21 A person who kills an unborn child without lawful
22 justification commits voluntary manslaughter of an unborn
23 child if at the time of the killing he is acting under a sudden
24 and intense passion resulting from serious provocation by
25 another whom the offender endeavors to kill, but he

1 negligently or accidentally causes the death of the unborn
2 child.

3 Serious provocation is conduct sufficient to excite an
4 intense passion in a reasonable person.

5 (b) A person who intentionally or knowingly kills an
6 unborn child commits voluntary manslaughter of an unborn child
7 if at the time of the killing he believes the circumstances to
8 be such that, if they existed, would justify or exonerate the
9 killing under the principles stated in Article 7 of this Code,
10 but his belief is unreasonable.

11 (c) Sentence. Voluntary Manslaughter of an unborn child is
12 a Class 1 felony.

13 (d) For purposes of this Section, (1) "unborn child" shall
14 mean any individual of the human species from ~~the implantation~~
15 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
16 not include the pregnant ~~individual~~ woman whose unborn child
17 is killed.

18 (e) This Section shall not apply to acts which cause the
19 death of an unborn child if those acts were committed during
20 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
21 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2021, as
22 amended, to which the pregnant ~~individual~~ woman has consented.
23 This Section shall not apply to acts which were committed
24 pursuant to usual and customary standards of medical practice
25 during diagnostic testing or therapeutic treatment.

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

1 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

2 Sec. 9-3.2. Involuntary manslaughter and reckless homicide
3 of an unborn child.

4 (a) A person who unintentionally kills an unborn child
5 without lawful justification commits involuntary manslaughter
6 of an unborn child if his acts whether lawful or unlawful which
7 cause the death are such as are likely to cause death or great
8 bodily harm to some individual, and he performs them
9 recklessly, except in cases in which the cause of death
10 consists of the driving of a motor vehicle, in which case the
11 person commits reckless homicide of an unborn child.

12 (b) Sentence.

13 (1) Involuntary manslaughter of an unborn child is a
14 Class 3 felony.

15 (2) Reckless homicide of an unborn child is a Class 3
16 felony.

17 (c) For purposes of this Section, (1) "unborn child" shall
18 mean any individual of the human species from fertilization
19 ~~the implantation of an embryo~~ until birth, and (2) "person"
20 shall not include the pregnant individual whose unborn child
21 is killed.

22 (d) This Section shall not apply to acts which cause the
23 death of an unborn child if those acts were committed during
24 any abortion, as defined in Section 2 of the Illinois Abortion
25 Law of 2021, as amended ~~Section 1-10 of the Reproductive~~

1 ~~Health Act,~~ to which the pregnant woman ~~individual~~ has
2 consented. This Section shall not apply to acts which were
3 committed pursuant to usual and customary standards of medical
4 practice during diagnostic testing or therapeutic treatment.

5 (e) The provisions of this Section shall not be construed
6 to prohibit the prosecution of any person under any other
7 provision of law, nor shall it be construed to preclude any
8 civil cause of action.

9 (Source: P.A. 101-13, eff. 6-12-19; revised 7-23-19.)

10 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

11 Sec. 12-3.1. Battery of an unborn child; aggravated
12 battery of an unborn child.

13 (a) A person commits battery of an unborn child if he or
14 she knowingly without legal justification and by any means
15 causes bodily harm to an unborn child.

16 (a-5) A person commits aggravated battery of an unborn
17 child when, in committing a battery of an unborn child, he or
18 she knowingly causes great bodily harm or permanent disability
19 or disfigurement to an unborn child.

20 (b) For purposes of this Section, (1) "unborn child" shall
21 mean any individual of the human species from ~~the implantation~~
22 ~~of an embryo~~ fertilization until birth, and (2) "person" shall
23 not include the pregnant ~~individual~~ woman whose unborn child
24 is harmed.

25 (c) Sentence. Battery of an unborn child is a Class A

1 misdemeanor. Aggravated battery of an unborn child is a Class
2 felony.

3 (d) This Section shall not apply to acts which cause
4 bodily harm to an unborn child if those acts were committed
5 during any abortion, as defined in ~~Section 1-10 of the~~
6 ~~Reproductive Health Act,~~ Section 2 of the Illinois Abortion
7 Law of 2021, as amended, to which the pregnant ~~individual~~
8 woman has consented. This Section shall not apply to acts
9 which were committed pursuant to usual and customary standards
10 of medical practice during diagnostic testing or therapeutic
11 treatment.

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

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

15 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

16 Sec. 8-802. Physician and patient. No physician or surgeon
17 shall be permitted to disclose any information he or she may
18 have acquired in attending any patient in a professional
19 character, necessary to enable him or her professionally to
20 serve the patient, except only (1) in trials for homicide when
21 the disclosure relates directly to the fact or immediate
22 circumstances of the homicide, (2) in actions, civil or
23 criminal, against the physician for malpractice, (3) with the
24 expressed consent of the patient, or in case of his or her

1 death or disability, of his or her personal representative or
2 other person authorized to sue for personal injury or of the
3 beneficiary of an insurance policy on his or her life, health,
4 or physical condition, or as authorized by Section 8-2001.5,
5 (4) in all actions brought by or against the patient, his or
6 her personal representative, a beneficiary under a policy of
7 insurance, or the executor or administrator of his or her
8 estate wherein the patient's physical or mental condition is
9 an issue, (5) upon an issue as to the validity of a document as
10 a will of the patient, (6) ~~(blank)~~ in any criminal action where
11 the charge is either first degree murder by abortion,
12 attempted abortion or abortion, (7) in actions, civil or
13 criminal, arising from the filing of a report in compliance
14 with the Abused and Neglected Child Reporting Act, (8) to any
15 department, agency, institution or facility which has custody
16 of the patient pursuant to State statute or any court order of
17 commitment, (9) in prosecutions where written results of blood
18 alcohol tests are admissible pursuant to Section 11-501.4 of
19 the Illinois Vehicle Code, (10) in prosecutions where written
20 results of blood alcohol tests are admissible under Section
21 5-11a of the Boat Registration and Safety Act, (11) in
22 criminal actions arising from the filing of a report of
23 suspected terrorist offense in compliance with Section
24 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the
25 issuance of a subpoena pursuant to Section 38 of the Medical
26 Practice Act of 1987; the issuance of a subpoena pursuant to

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

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

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

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

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

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

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

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

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

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

22 (d) "Health care facility" means any public or private
23 hospital, clinic, center, medical school, medical training
24 institution, laboratory or diagnostic facility,
25 physician's office, infirmary, dispensary, ambulatory

1 surgical treatment center or other institution or location
2 wherein health care services are provided to any person,
3 including physician organizations and associations,
4 networks, joint ventures, and all other combinations of
5 those organizations;

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

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

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

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

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

23 Section 675. The Rights of Married Persons Act is amended
24 by changing Section 15 as follows:

1 (750 ILCS 65/15) (from Ch. 40, par. 1015)

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

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

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

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

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

23 (4) No creditor shall, with respect to any claim against a
24 spouse or former spouse for which the creditor is prohibited
25 under this subsection (a) from maintaining an action against
26 the other spouse or former spouse, engage in any collection

1 efforts against the other spouse or former spouse, including,
2 but not limited to, informal or formal collection attempts,
3 referral of the claim to a collector or collection agency for
4 collection from the other spouse or former spouse, or making
5 any representation to a credit reporting agency that the other
6 spouse or former spouse is any way liable for payment of the
7 claim.

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

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

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

23 Article 99.

24 Section 9999. Effective date. This Act takes effect upon
25 becoming law.

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735 ILCS 5/11-107.1a new

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5 ILCS 375/6.11

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20 ILCS 505/5 from Ch. 23, par. 5005

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- 3 720 ILCS 5/12-3.1 from Ch. 38, par. 12-3.1
- 4 735 ILCS 5/8-802 from Ch. 110, par. 8-802
- 5 745 ILCS 70/3 from Ch. 111 1/2, par. 5303
- 6 750 ILCS 65/15 from Ch. 40, par. 1015