



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB3047

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" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat, and defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac. 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 11389 LNS 16722 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 Section 10. A report of each abortion performed shall be  
18 made to the Department on forms prescribed by it. Such report  
19 forms shall not identify the patient by name, but by an  
20 individual number to be noted in the patient's permanent  
21 record in the possession of the physician, and shall include  
22 information concerning:

23 (1) Identification of the physician who performed the  
24 abortion and the facility where the abortion was performed  
25 and a patient identification number;

- 1 (2) State in which the patient resides;
- 2 (3) Patient's date of birth, race and marital status;
- 3 (4) Number of prior pregnancies;
- 4 (5) Date of last menstrual period;
- 5 (6) Type of abortion procedure performed;
- 6 (7) Complications and whether the abortion resulted in  
7 a live birth;
- 8 (8) The date the abortion was performed;
- 9 (9) Medical indications for any abortion performed  
10 when the fetus was viable;
- 11 (10) The information required by Sections 6(1)(b) and  
12 6(4)(b) of this Act, if applicable;
- 13 (11) Basis for any medical judgment that a medical  
14 emergency existed when required under Sections 6(2)(a) and  
15 6(6) and when required to be reported in accordance with  
16 this Section by any provision of this Law; and
- 17 (12) The pathologist's test results pursuant to  
18 Section 12 of this Act.

19 Such form shall be completed by the hospital or other  
20 licensed facility, signed by the physician who performed the  
21 abortion or pregnancy termination, and transmitted to the  
22 Department not later than 10 days following the end of the  
23 month in which the abortion was performed.

24 In the event that a complication of an abortion occurs or  
25 becomes known after submission of such form, a correction  
26 using the same patient identification number shall be

1 submitted to the Department within 10 days of its becoming  
2 known.

3 The Department may prescribe rules and regulations  
4 regarding the administration of this Law and shall prescribe  
5 regulations to secure the confidentiality of the woman's  
6 identity in the information to be provided under the "Vital  
7 Records Act". All reports received by the Department shall be  
8 treated as confidential and the Department shall secure the  
9 woman's anonymity. Such reports shall be used only for  
10 statistical purposes.

11 Upon 30 days public notice, the Department is empowered to  
12 require reporting of any additional information which, in the  
13 sound discretion of the Department, is necessary to develop  
14 statistical data relating to the protection of maternal or  
15 fetal life or health, or is necessary to enforce the  
16 provisions of this Law, or is necessary to develop useful  
17 criteria for medical decisions. The Department shall annually  
18 report to the General Assembly all statistical data gathered  
19 under this Law and its recommendations to further the purpose  
20 of this Law.

21 The requirement for reporting to the General Assembly  
22 shall be satisfied by filing copies of the report as required  
23 by Section 3.1 of the General Assembly Organization Act, and  
24 filing such additional copies with the State Government Report  
25 Distribution Center for the General Assembly as is required  
26 under paragraph (t) of Section 7 of the State Library Act.

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

16           Any physician who intentionally violates this Section  
17 shall be subject to revocation of his license pursuant to  
18 paragraph (22) of Section 22 of the Medical Practice Act of  
19 1987.

20           Section 11. (1) Any person who intentionally violates any  
21 provision of this Law commits a Class A misdemeanor unless a  
22 specific penalty is otherwise provided. Any person who  
23 intentionally falsifies any writing required by this Law  
24 commits a Class A misdemeanor.

1 Intentional, knowing, reckless, or negligent violations of  
2 this Law shall constitute unprofessional conduct which causes  
3 public harm under Section 22 of the Medical Practice Act of  
4 1987, as amended; Section 70-5 of the Nurse Practice Act, and  
5 Section 21 of the Physician Assistant Practice Act of 1987, as  
6 amended.

7 Intentional, knowing, reckless or negligent violations of  
8 this Law will constitute grounds for refusal, denial,  
9 revocation, suspension, or withdrawal of license, certificate,  
10 or permit under Section 30 of the Pharmacy Practice Act, as  
11 amended; Section 7 of the Ambulatory Surgical Treatment Center  
12 Act, effective July 19, 1973, as amended; and Section 7 of the  
13 Hospital Licensing Act.

14 (2) Any hospital or licensed facility which, or any  
15 physician who intentionally, knowingly, or recklessly fails to  
16 submit a complete report to the Department in accordance with  
17 the provisions of Section 10 of this Law and any person who  
18 intentionally, knowingly, recklessly or negligently fails to  
19 maintain the confidentiality of any reports required under  
20 this Law or reports required by Sections 10.1 or 12 of this Law  
21 commits a Class B misdemeanor.

22 (3) Any person who sells any drug, medicine, instrument or  
23 other substance which he knows to be an abortifacient and  
24 which is in fact an abortifacient, unless upon prescription of  
25 a physician, is guilty of a Class B misdemeanor. Any person who  
26 prescribes or administers any instrument, medicine, drug or

1 other substance or device, which he knows to be an  
2 abortifacient, and which is in fact an abortifacient, and  
3 intentionally, knowingly or recklessly fails to inform the  
4 person for whom it is prescribed or upon whom it is  
5 administered that it is an abortifacient commits a Class C  
6 misdemeanor.

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

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

15 (b) For purposes of this Section, "referral fee" means the  
16 transfer of anything of value between a doctor who performs an  
17 abortion or an operator or employee of a clinic at which an  
18 abortion is performed and the person who advised the woman  
19 receiving the abortion to use the services of that doctor or  
20 clinic.

21 Section 12. The dead fetus and all tissue removed at the  
22 time of abortion shall be submitted for a gross and  
23 microscopic analysis and tissue report to a board eligible or  
24 certified pathologist as a matter of record in all cases. The

1 results of the analysis and report shall be given to the  
2 physician who performed the abortion within 7 days of the  
3 abortion and such physician shall report any complications  
4 relevant to the woman's medical condition to his patient  
5 within 48 hours of receiving a report if possible. Any  
6 evidence of live birth or of viability shall be reported  
7 within 7 days, if possible, to the Department by the  
8 pathologist. Intentional failure of the pathologist to report  
9 any evidence of live birth or of viability to the Department is  
10 a Class B misdemeanor.

11 Section 12.1. Nothing in this Act shall prohibit the use  
12 of any tissues or cells obtained from a dead fetus or dead  
13 premature infant whose death did not result from an induced  
14 abortion, for therapeutic purposes or scientific, research, or  
15 laboratory experimentation, provided that the written consent  
16 to such use is obtained from one of the parents of such fetus  
17 or infant.

18 Section 13. No physician, hospital, ambulatory surgical  
19 center, nor employee thereof, shall be required against his or  
20 its conscience declared in writing to perform, permit or  
21 participate in any abortion, and the failure or refusal to do  
22 so shall not be the basis for any civil, criminal,  
23 administrative or disciplinary action, proceeding, penalty or  
24 punishment. If any request for an abortion is denied, the

1 patient shall be promptly notified.

2 Section 14. (1) If any provision, word, phrase or clause  
3 of this Act or the application thereof to any person or  
4 circumstance shall be held invalid, such invalidity shall not  
5 affect the provisions, words, phrases, clauses or application  
6 of this Act which can be given effect without the invalid  
7 provision, word, phrase, clause, or application, and to this  
8 end the provisions, words, phrases, and clauses of this Act  
9 are declared to be severable.

10 (2) Within 60 days from the time this Section becomes law,  
11 the Department shall issue regulations pursuant to Section 10.  
12 Insofar as Section 10 requires registration under the "Vital  
13 Records Act", it shall not take effect until such regulations  
14 are issued. The Department shall make available the forms  
15 required under Section 10 within 30 days of the time this  
16 Section becomes law. No requirement that any person report  
17 information to the Department shall become effective until the  
18 Department has made available the forms required under Section  
19 10. All other provisions of this amended Law shall take effect  
20 immediately upon enactment.

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



1 Article 2.

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

5 Section 205. Definitions. In this Act:

6 "Partial-birth abortion" means an abortion in which the  
7 person performing the abortion partially vaginally delivers a  
8 living human fetus or infant before killing the fetus or  
9 infant and completing the delivery. The terms "fetus" and  
10 "infant" are used interchangeably to refer to the biological  
11 offspring of human parents.

12 Section 210. Partial-birth abortions prohibited. Any  
13 person who knowingly performs a partial-birth abortion and  
14 thereby kills a human fetus or infant is guilty of a Class 4  
15 felony. This Section does not apply to a partial-birth  
16 abortion that is necessary to save the life of a mother because  
17 her life is endangered by a physical disorder, physical  
18 illness, or physical injury, including a life-endangering  
19 condition caused by or arising from the pregnancy itself,  
20 provided that no other medical procedure would suffice for  
21 that purpose.

22 Section 215. Civil action. The maternal grandparents of

1 the fetus or infant, if the mother has not attained the age of  
2 18 years at the time of the abortion, may in a civil action  
3 obtain appropriate relief unless the pregnancy resulted from  
4 the plaintiff's criminal conduct or the plaintiff consented to  
5 the abortion. The relief shall include money damages for all  
6 injuries, psychological and physical, occasioned by the  
7 violation of this Act and statutory damages equal to 3 times  
8 the cost of the partial-birth abortion.

9 Section 220. Prosecution of woman prohibited. A woman on  
10 whom a partial-birth abortion is performed may not be  
11 prosecuted under this Act, for a conspiracy to violate this  
12 Act, or for an offense under Article 31 of the Criminal Code of  
13 1961 or Criminal Code of 2012 based on a violation of this Act,  
14 nor may she be held accountable under Article 5 of the Criminal  
15 Code of 1961 or Criminal Code of 2012 for an offense based on a  
16 violation of this Act.

17 Article 3.

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

21 Section 305.

22 (a) No physician, nurse or other person who refuses to

1 recommend, perform or assist in the performance of an  
2 abortion, whether such abortion be a crime or not, shall be  
3 liable to any person for damages allegedly arising from such  
4 refusal.

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

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

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

22 Article 4.

23 (775 ILCS 55/Act rep.)

24 Section 405. The Reproductive Health Act is repealed.

1 Article 5.

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

4 (210 ILCS 5/6.2 new)

5 Sec. 6.2. Notwithstanding any other provision of this Act,  
6 any corporation operating an Ambulatory Surgical Treatment  
7 Center devoted primarily to providing facilities for abortion  
8 must have a physician, who is licensed to practice medicine in  
9 all of its branches and is actively engaged in the practice of  
10 medicine at the Center, on the board of directors as a  
11 condition to licensure of the Center.

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

14 (410 ILCS 70/9.1 new)

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

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

1 (735 ILCS 5/11-107.1a new)

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

9 When the interests of the husband in preventing the  
10 abortion outweigh those of the wife in having an abortion  
11 performed after the unborn child is viable, the court may  
12 issue an injunction against the performance of the abortion  
13 but only where the court makes a finding that the mother's life  
14 or physical health are not in danger.

15 Article 6.

16 Section 605. The State Employees Group Insurance Act of  
17 1971 is amended by changing Section 6.11 as follows:

18 (5 ILCS 375/6.11)

19 Sec. 6.11. Required health benefits; Illinois Insurance  
20 Code requirements. The program of health benefits shall  
21 provide the post-mastectomy care benefits required to be  
22 covered by a policy of accident and health insurance under  
23 Section 356t of the Illinois Insurance Code. The program of

1 health benefits shall provide the coverage required under  
2 Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x,  
3 356z.2, 356z.4, ~~356z.4a~~, 356z.6, 356z.8, 356z.9, 356z.10,  
4 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
5 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
6 356z.36, and 356z.41 of the Illinois Insurance Code. The  
7 program of health benefits must comply with Sections 155.22a,  
8 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of  
9 the Illinois Insurance Code. The Department of Insurance shall  
10 enforce the requirements of this Section with respect to  
11 Sections 370c and 370c.1 of the Illinois Insurance Code; all  
12 other requirements of this Section shall be enforced by the  
13 Department of Central Management Services.

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

20 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
21 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
22 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,  
23 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
24 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
25 1-1-21.)

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

3 (20 ILCS 505/5) (from Ch. 23, par. 5005)

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

8 (a) For purposes of this Section:

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

12 (A) were committed to the Department pursuant to  
13 the Juvenile Court Act or the Juvenile Court Act of  
14 1987, ~~as amended,~~ and who continue under the  
15 jurisdiction of the court; or

16 (B) were accepted for care, service and training  
17 by the Department prior to the age of 18 and whose best  
18 interest in the discretion of the Department would be  
19 served by continuing that care, service and training  
20 because of severe emotional disturbances, physical  
21 disability, social adjustment or any combination  
22 thereof, or because of the need to complete an  
23 educational or vocational training program.

24 (2) "Homeless youth" means persons found within the  
25 State who are under the age of 19, are not in a safe and

1           stable living situation and cannot be reunited with their  
2           families.

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

6                   (A) protecting and promoting the health, safety  
7                   and welfare of children, including homeless,  
8                   dependent, or neglected children;

9                   (B) remedying, or assisting in the solution of  
10                  problems which may result in, the neglect, abuse,  
11                  exploitation, or delinquency of children;

12                  (C) preventing the unnecessary separation of  
13                  children from their families by identifying family  
14                  problems, assisting families in resolving their  
15                  problems, and preventing the breakup of the family  
16                  where the prevention of child removal is desirable and  
17                  possible when the child can be cared for at home  
18                  without endangering the child's health and safety;

19                  (D) restoring to their families children who have  
20                  been removed, by the provision of services to the  
21                  child and the families when the child can be cared for  
22                  at home without endangering the child's health and  
23                  safety;

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



1 (F) assuring safe and adequate care of children  
2 away from their homes, in cases where the child cannot  
3 be returned home or cannot be placed for adoption. At  
4 the time of placement, the Department shall consider  
5 concurrent planning, as described in subsection (1-1)  
6 of this Section so that permanency may occur at the  
7 earliest opportunity. Consideration should be given so  
8 that if reunification fails or is delayed, the  
9 placement made is the best available placement to  
10 provide permanency for the child;

11 (G) (blank);

12 (H) (blank); and

13 (I) placing and maintaining children in facilities  
14 that provide separate living quarters for children  
15 under the age of 18 and for children 18 years of age  
16 and older, unless a child 18 years of age is in the  
17 last year of high school education or vocational  
18 training, in an approved individual or group treatment  
19 program, in a licensed shelter facility, or secure  
20 child care facility. The Department is not required to  
21 place or maintain children:

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

23 (ii) who are persons with a developmental  
24 disability, as defined in the Mental Health and  
25 Developmental Disabilities Code, or

26 (iii) who are female children who are

1 pregnant, pregnant and parenting, or parenting, or  
2 (iv) who are siblings, in facilities that  
3 provide separate living quarters for children 18  
4 years of age and older and for children under 18  
5 years of age.

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

9 (c) The Department shall establish and maintain  
10 tax-supported child welfare services and extend and seek to  
11 improve voluntary services throughout the State, to the end  
12 that services and care shall be available on an equal basis  
13 throughout the State to children requiring such services.

14 (d) The Director may authorize advance disbursements for  
15 any new program initiative to any agency contracting with the  
16 Department. As a prerequisite for an advance disbursement, the  
17 contractor must post a surety bond in the amount of the advance  
18 disbursement and have a purchase of service contract approved  
19 by the Department. The Department may pay up to 2 months  
20 operational expenses in advance. The amount of the advance  
21 disbursement shall be prorated over the life of the contract  
22 or the remaining months of the fiscal year, whichever is less,  
23 and the installment amount shall then be deducted from future  
24 bills. Advance disbursement authorizations for new initiatives  
25 shall not be made to any agency after that agency has operated  
26 during 2 consecutive fiscal years. The requirements of this

1 Section concerning advance disbursements shall not apply with  
2 respect to the following: payments to local public agencies  
3 for child day care services as authorized by Section 5a of this  
4 Act; and youth service programs receiving grant funds under  
5 Section 17a-4.

6 (e) (Blank).

7 (f) (Blank).

8 (g) The Department shall establish rules and regulations  
9 concerning its operation of programs designed to meet the  
10 goals of child safety and protection, family preservation,  
11 family reunification, and adoption, including, but not limited  
12 to:

13 (1) adoption;

14 (2) foster care;

15 (3) family counseling;

16 (4) protective services;

17 (5) (blank);

18 (6) homemaker service;

19 (7) return of runaway children;

20 (8) (blank);

21 (9) placement under Section 5-7 of the Juvenile Court  
22 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile  
23 Court Act of 1987 in accordance with the federal Adoption  
24 Assistance and Child Welfare Act of 1980; and

25 (10) interstate services.

26 Rules and regulations established by the Department shall

1 include provisions for training Department staff and the staff  
2 of Department grantees, through contracts with other agencies  
3 or resources, in screening techniques to identify substance  
4 use disorders, as defined in the Substance Use Disorder Act,  
5 approved by the Department of Human Services, as a successor  
6 to the Department of Alcoholism and Substance Abuse, for the  
7 purpose of identifying children and adults who should be  
8 referred for an assessment at an organization appropriately  
9 licensed by the Department of Human Services for substance use  
10 disorder treatment.

11 (h) If the Department finds that there is no appropriate  
12 program or facility within or available to the Department for  
13 a youth in care and that no licensed private facility has an  
14 adequate and appropriate program or none agrees to accept the  
15 youth in care, the Department shall create an appropriate  
16 individualized, program-oriented plan for such youth in care.  
17 The plan may be developed within the Department or through  
18 purchase of services by the Department to the extent that it is  
19 within its statutory authority to do.

20 (i) Service programs shall be available throughout the  
21 State and shall include but not be limited to the following  
22 services:

- 23 (1) case management;
- 24 (2) homemakers;
- 25 (3) counseling;
- 26 (4) parent education;

1 (5) day care; and

2 (6) emergency assistance and advocacy.

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

5 (1) comprehensive family-based services;

6 (2) assessments;

7 (3) respite care; and

8 (4) in-home health services.

9 The Department shall provide transportation for any of the  
10 services it makes available to children or families or for  
11 which it refers children or families.

12 (j) The Department may provide categories of financial  
13 assistance and education assistance grants, and shall  
14 establish rules and regulations concerning the assistance and  
15 grants, to persons who adopt children with physical or mental  
16 disabilities, children who are older, or other hard-to-place  
17 children who (i) immediately prior to their adoption were  
18 youth in care or (ii) were determined eligible for financial  
19 assistance with respect to a prior adoption and who become  
20 available for adoption because the prior adoption has been  
21 dissolved and the parental rights of the adoptive parents have  
22 been terminated or because the child's adoptive parents have  
23 died. The Department may continue to provide financial  
24 assistance and education assistance grants for a child who was  
25 determined eligible for financial assistance under this  
26 subsection (j) in the interim period beginning when the

1 child's adoptive parents died and ending with the finalization  
2 of the new adoption of the child by another adoptive parent or  
3 parents. The Department may also provide categories of  
4 financial assistance and education assistance grants, and  
5 shall establish rules and regulations for the assistance and  
6 grants, to persons appointed guardian of the person under  
7 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,  
8 4-25, or 5-740 of the Juvenile Court Act of 1987 for children  
9 who were youth in care for 12 months immediately prior to the  
10 appointment of the guardian.

11 The amount of assistance may vary, depending upon the  
12 needs of the child and the adoptive parents, as set forth in  
13 the annual assistance agreement. Special purpose grants are  
14 allowed where the child requires special service but such  
15 costs may not exceed the amounts which similar services would  
16 cost the Department if it were to provide or secure them as  
17 guardian of the child.

18 Any financial assistance provided under this subsection is  
19 inalienable by assignment, sale, execution, attachment,  
20 garnishment, or any other remedy for recovery or collection of  
21 a judgment or debt.

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

26 (k) The Department shall accept for care and training any

1 child who has been adjudicated neglected or abused, or  
2 dependent committed to it pursuant to the Juvenile Court Act  
3 or the Juvenile Court Act of 1987.

4 (1) The Department shall offer family preservation  
5 services, as defined in Section 8.2 of the Abused and  
6 Neglected Child Reporting Act, to help families, including  
7 adoptive and extended families. Family preservation services  
8 shall be offered (i) to prevent the placement of children in  
9 substitute care when the children can be cared for at home or  
10 in the custody of the person responsible for the children's  
11 welfare, (ii) to reunite children with their families, or  
12 (iii) to maintain an adoptive placement. Family preservation  
13 services shall only be offered when doing so will not endanger  
14 the children's health or safety. With respect to children who  
15 are in substitute care pursuant to the Juvenile Court Act of  
16 1987, family preservation services shall not be offered if a  
17 goal other than those of subdivisions (A), (B), or (B-1) of  
18 subsection (2) of Section 2-28 of that Act has been set, except  
19 that reunification services may be offered as provided in  
20 paragraph (F) of subsection (2) of Section 2-28 of that Act.  
21 Nothing in this paragraph shall be construed to create a  
22 private right of action or claim on the part of any individual  
23 or child welfare agency, except that when a child is the  
24 subject of an action under Article II of the Juvenile Court Act  
25 of 1987 and the child's service plan calls for services to  
26 facilitate achievement of the permanency goal, the court

1 hearing the action under Article II of the Juvenile Court Act  
2 of 1987 may order the Department to provide the services set  
3 out in the plan, if those services are not provided with  
4 reasonable promptness and if those services are available.

5 The Department shall notify the child and his family of  
6 the Department's responsibility to offer and provide family  
7 preservation services as identified in the service plan. The  
8 child and his family shall be eligible for services as soon as  
9 the report is determined to be "indicated". The Department may  
10 offer services to any child or family with respect to whom a  
11 report of suspected child abuse or neglect has been filed,  
12 prior to concluding its investigation under Section 7.12 of  
13 the Abused and Neglected Child Reporting Act. However, the  
14 child's or family's willingness to accept services shall not  
15 be considered in the investigation. The Department may also  
16 provide services to any child or family who is the subject of  
17 any report of suspected child abuse or neglect or may refer  
18 such child or family to services available from other agencies  
19 in the community, even if the report is determined to be  
20 unfounded, if the conditions in the child's or family's home  
21 are reasonably likely to subject the child or family to future  
22 reports of suspected child abuse or neglect. Acceptance of  
23 such services shall be voluntary. The Department may also  
24 provide services to any child or family after completion of a  
25 family assessment, as an alternative to an investigation, as  
26 provided under the "differential response program" provided



1 for in subsection (a-5) of Section 7.4 of the Abused and  
2 Neglected Child Reporting Act.

3 The Department may, at its discretion except for those  
4 children also adjudicated neglected or dependent, accept for  
5 care and training any child who has been adjudicated addicted,  
6 as a truant minor in need of supervision or as a minor  
7 requiring authoritative intervention, under the Juvenile Court  
8 Act or the Juvenile Court Act of 1987, but no such child shall  
9 be committed to the Department by any court without the  
10 approval of the Department. On and after January 1, 2015 (the  
11 effective date of Public Act 98-803) and before January 1,  
12 2017, a minor charged with a criminal offense under the  
13 Criminal Code of 1961 or the Criminal Code of 2012 or  
14 adjudicated delinquent shall not be placed in the custody of  
15 or committed to the Department by any court, except (i) a minor  
16 less than 16 years of age committed to the Department under  
17 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor  
18 for whom an independent basis of abuse, neglect, or dependency  
19 exists, which must be defined by departmental rule, or (iii) a  
20 minor for whom the court has granted a supplemental petition  
21 to reinstate wardship pursuant to subsection (2) of Section  
22 2-33 of the Juvenile Court Act of 1987. On and after January 1,  
23 2017, a minor charged with a criminal offense under the  
24 Criminal Code of 1961 or the Criminal Code of 2012 or  
25 adjudicated delinquent shall not be placed in the custody of  
26 or committed to the Department by any court, except (i) a minor

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

16 As soon as is possible after August 7, 2009 (the effective  
17 date of Public Act 96-134), the Department shall develop and  
18 implement a special program of family preservation services to  
19 support intact, foster, and adoptive families who are  
20 experiencing extreme hardships due to the difficulty and  
21 stress of caring for a child who has been diagnosed with a  
22 pervasive developmental disorder if the Department determines  
23 that those services are necessary to ensure the health and  
24 safety of the child. The Department may offer services to any  
25 family whether or not a report has been filed under the Abused  
26 and Neglected Child Reporting Act. The Department may refer

1 the child or family to services available from other agencies  
2 in the community if the conditions in the child's or family's  
3 home are reasonably likely to subject the child or family to  
4 future reports of suspected child abuse or neglect. Acceptance  
5 of these services shall be voluntary. The Department shall  
6 develop and implement a public information campaign to alert  
7 health and social service providers and the general public  
8 about these special family preservation services. The nature  
9 and scope of the services offered and the number of families  
10 served under the special program implemented under this  
11 paragraph shall be determined by the level of funding that the  
12 Department annually allocates for this purpose. The term  
13 "pervasive developmental disorder" under this paragraph means  
14 a neurological condition, including, but not limited to,  
15 Asperger's Syndrome and autism, as defined in the most recent  
16 edition of the Diagnostic and Statistical Manual of Mental  
17 Disorders of the American Psychiatric Association.

18 (1-1) The legislature recognizes that the best interests  
19 of the child require that the child be placed in the most  
20 permanent living arrangement as soon as is practically  
21 possible. To achieve this goal, the legislature directs the  
22 Department of Children and Family Services to conduct  
23 concurrent planning so that permanency may occur at the  
24 earliest opportunity. Permanent living arrangements may  
25 include prevention of placement of a child outside the home of  
26 the family when the child can be cared for at home without

1 endangering the child's health or safety; reunification with  
2 the family, when safe and appropriate, if temporary placement  
3 is necessary; or movement of the child toward the most  
4 permanent living arrangement and permanent legal status.

5 When determining reasonable efforts to be made with  
6 respect to a child, as described in this subsection, and in  
7 making such reasonable efforts, the child's health and safety  
8 shall be the paramount concern.

9 When a child is placed in foster care, the Department  
10 shall ensure and document that reasonable efforts were made to  
11 prevent or eliminate the need to remove the child from the  
12 child's home. The Department must make reasonable efforts to  
13 reunify the family when temporary placement of the child  
14 occurs unless otherwise required, pursuant to the Juvenile  
15 Court Act of 1987. At any time after the dispositional hearing  
16 where the Department believes that further reunification  
17 services would be ineffective, it may request a finding from  
18 the court that reasonable efforts are no longer appropriate.  
19 The Department is not required to provide further  
20 reunification services after such a finding.

21 A decision to place a child in substitute care shall be  
22 made with considerations of the child's health, safety, and  
23 best interests. At the time of placement, consideration should  
24 also be given so that if reunification fails or is delayed, the  
25 placement made is the best available placement to provide  
26 permanency for the child.

1           The Department shall adopt rules addressing concurrent  
2 planning for reunification and permanency. The Department  
3 shall consider the following factors when determining  
4 appropriateness of concurrent planning:

5           (1) the likelihood of prompt reunification;

6           (2) the past history of the family;

7           (3) the barriers to reunification being addressed by  
8 the family;

9           (4) the level of cooperation of the family;

10          (5) the foster parents' willingness to work with the  
11 family to reunite;

12          (6) the willingness and ability of the foster family  
13 to provide an adoptive home or long-term placement;

14          (7) the age of the child;

15          (8) placement of siblings.

16          (m) The Department may assume temporary custody of any  
17 child if:

18           (1) it has received a written consent to such  
19 temporary custody signed by the parents of the child or by  
20 the parent having custody of the child if the parents are  
21 not living together or by the guardian or custodian of the  
22 child if the child is not in the custody of either parent,  
23 or

24           (2) the child is found in the State and neither a  
25 parent, guardian nor custodian of the child can be  
26 located.

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

17 The Department shall have the authority, responsibilities  
18 and duties that a legal custodian of the child would have  
19 pursuant to subsection (9) of Section 1-3 of the Juvenile  
20 Court Act of 1987. Whenever a child is taken into temporary  
21 custody pursuant to an investigation under the Abused and  
22 Neglected Child Reporting Act, or pursuant to a referral and  
23 acceptance under the Juvenile Court Act of 1987 of a minor in  
24 limited custody, the Department, during the period of  
25 temporary custody and before the child is brought before a  
26 judicial officer as required by Section 2-9, 3-11, 4-8, or

1 5-415 of the Juvenile Court Act of 1987, shall have the  
2 authority, responsibilities and duties that a legal custodian  
3 of the child would have under subsection (9) of Section 1-3 of  
4 the Juvenile Court Act of 1987.

5 The Department shall ensure that any child taken into  
6 custody is scheduled for an appointment for a medical  
7 examination.

8 A parent, guardian, or custodian of a child in the  
9 temporary custody of the Department who would have custody of  
10 the child if he were not in the temporary custody of the  
11 Department may deliver to the Department a signed request that  
12 the Department surrender the temporary custody of the child.  
13 The Department may retain temporary custody of the child for  
14 10 days after the receipt of the request, during which period  
15 the Department may cause to be filed a petition pursuant to the  
16 Juvenile Court Act of 1987. If a petition is so filed, the  
17 Department shall retain temporary custody of the child until  
18 the court orders otherwise. If a petition is not filed within  
19 the 10-day period, the child shall be surrendered to the  
20 custody of the requesting parent, guardian, or custodian not  
21 later than the expiration of the 10-day period, at which time  
22 the authority and duties of the Department with respect to the  
23 temporary custody of the child shall terminate.

24 (m-1) The Department may place children under 18 years of  
25 age in a secure child care facility licensed by the Department  
26 that cares for children who are in need of secure living

1 arrangements for their health, safety, and well-being after a  
2 determination is made by the facility director and the  
3 Director or the Director's designate prior to admission to the  
4 facility subject to Section 2-27.1 of the Juvenile Court Act  
5 of 1987. This subsection (m-1) does not apply to a child who is  
6 subject to placement in a correctional facility operated  
7 pursuant to Section 3-15-2 of the Unified Code of Corrections,  
8 unless the child is a youth in care who was placed in the care  
9 of the Department before being subject to placement in a  
10 correctional facility and a court of competent jurisdiction  
11 has ordered placement of the child in a secure care facility.

12 (n) The Department may place children under 18 years of  
13 age in licensed child care facilities when in the opinion of  
14 the Department, appropriate services aimed at family  
15 preservation have been unsuccessful and cannot ensure the  
16 child's health and safety or are unavailable and such  
17 placement would be for their best interest. Payment for board,  
18 clothing, care, training and supervision of any child placed  
19 in a licensed child care facility may be made by the  
20 Department, by the parents or guardians of the estates of  
21 those children, or by both the Department and the parents or  
22 guardians, except that no payments shall be made by the  
23 Department for any child placed in a licensed child care  
24 facility for board, clothing, care, training and supervision  
25 of such a child that exceed the average per capita cost of  
26 maintaining and of caring for a child in institutions for



1 dependent or neglected children operated by the Department.  
2 However, such restriction on payments does not apply in cases  
3 where children require specialized care and treatment for  
4 problems of severe emotional disturbance, physical disability,  
5 social adjustment, or any combination thereof and suitable  
6 facilities for the placement of such children are not  
7 available at payment rates within the limitations set forth in  
8 this Section. All reimbursements for services delivered shall  
9 be absolutely inalienable by assignment, sale, attachment, or  
10 garnishment or otherwise.

11 (n-1) The Department shall provide or authorize child  
12 welfare services, aimed at assisting minors to achieve  
13 sustainable self-sufficiency as independent adults, for any  
14 minor eligible for the reinstatement of wardship pursuant to  
15 subsection (2) of Section 2-33 of the Juvenile Court Act of  
16 1987, whether or not such reinstatement is sought or allowed,  
17 provided that the minor consents to such services and has not  
18 yet attained the age of 21. The Department shall have  
19 responsibility for the development and delivery of services  
20 under this Section. An eligible youth may access services  
21 under this Section through the Department of Children and  
22 Family Services or by referral from the Department of Human  
23 Services. Youth participating in services under this Section  
24 shall cooperate with the assigned case manager in developing  
25 an agreement identifying the services to be provided and how  
26 the youth will increase skills to achieve self-sufficiency. A

1 homeless shelter is not considered appropriate housing for any  
2 youth receiving child welfare services under this Section. The  
3 Department shall continue child welfare services under this  
4 Section to any eligible minor until the minor becomes 21 years  
5 of age, no longer consents to participate, or achieves  
6 self-sufficiency as identified in the minor's service plan.  
7 The Department of Children and Family Services shall create  
8 clear, readable notice of the rights of former foster youth to  
9 child welfare services under this Section and how such  
10 services may be obtained. The Department of Children and  
11 Family Services and the Department of Human Services shall  
12 disseminate this information statewide. The Department shall  
13 adopt regulations describing services intended to assist  
14 minors in achieving sustainable self-sufficiency as  
15 independent adults.

16 (o) The Department shall establish an administrative  
17 review and appeal process for children and families who  
18 request or receive child welfare services from the Department.  
19 Youth in care who are placed by private child welfare  
20 agencies, and foster families with whom those youth are  
21 placed, shall be afforded the same procedural and appeal  
22 rights as children and families in the case of placement by the  
23 Department, including the right to an initial review of a  
24 private agency decision by that agency. The Department shall  
25 ensure that any private child welfare agency, which accepts  
26 youth in care for placement, affords those rights to children

1 and foster families. The Department shall accept for  
2 administrative review and an appeal hearing a complaint made  
3 by (i) a child or foster family concerning a decision  
4 following an initial review by a private child welfare agency  
5 or (ii) a prospective adoptive parent who alleges a violation  
6 of subsection (j-5) of this Section. An appeal of a decision  
7 concerning a change in the placement of a child shall be  
8 conducted in an expedited manner. A court determination that a  
9 current foster home placement is necessary and appropriate  
10 under Section 2-28 of the Juvenile Court Act of 1987 does not  
11 constitute a judicial determination on the merits of an  
12 administrative appeal, filed by a former foster parent,  
13 involving a change of placement decision.

14 (p) (Blank).

15 (q) The Department may receive and use, in their entirety,  
16 for the benefit of children any gift, donation, or bequest of  
17 money or other property which is received on behalf of such  
18 children, or any financial benefits to which such children are  
19 or may become entitled while under the jurisdiction or care of  
20 the Department.

21 The Department shall set up and administer no-cost,  
22 interest-bearing accounts in appropriate financial  
23 institutions for children for whom the Department is legally  
24 responsible and who have been determined eligible for  
25 Veterans' Benefits, Social Security benefits, assistance  
26 allotments from the armed forces, court ordered payments,

1 parental voluntary payments, Supplemental Security Income,  
2 Railroad Retirement payments, Black Lung benefits, or other  
3 miscellaneous payments. Interest earned by each account shall  
4 be credited to the account, unless disbursed in accordance  
5 with this subsection.

6 In disbursing funds from children's accounts, the  
7 Department shall:

8 (1) Establish standards in accordance with State and  
9 federal laws for disbursing money from children's  
10 accounts. In all circumstances, the Department's  
11 "Guardianship Administrator" or his or her designee must  
12 approve disbursements from children's accounts. The  
13 Department shall be responsible for keeping complete  
14 records of all disbursements for each account for any  
15 purpose.

16 (2) Calculate on a monthly basis the amounts paid from  
17 State funds for the child's board and care, medical care  
18 not covered under Medicaid, and social services; and  
19 utilize funds from the child's account, as covered by  
20 regulation, to reimburse those costs. Monthly,  
21 disbursements from all children's accounts, up to 1/12 of  
22 \$13,000,000, shall be deposited by the Department into the  
23 General Revenue Fund and the balance over 1/12 of  
24 \$13,000,000 into the DCFS Children's Services Fund.

25 (3) Maintain any balance remaining after reimbursing  
26 for the child's costs of care, as specified in item (2).

1           The balance shall accumulate in accordance with relevant  
2           State and federal laws and shall be disbursed to the child  
3           or his or her guardian, or to the issuing agency.

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

20          (s)   The Department of Children and Family Services may  
21          establish and implement a program to reimburse Department and  
22          private child welfare agency foster parents licensed by the  
23          Department of Children and Family Services for damages  
24          sustained by the foster parents as a result of the malicious or  
25          negligent acts of foster children, as well as providing third  
26          party coverage for such foster parents with regard to actions

1 of foster children to other individuals. Such coverage will be  
2 secondary to the foster parent liability insurance policy, if  
3 applicable. The program shall be funded through appropriations  
4 from the General Revenue Fund, specifically designated for  
5 such purposes.

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

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

12 (2) the court has ordered one or both of the parties to  
13 the proceeding to reimburse the Department for its  
14 reasonable costs for providing such services in accordance  
15 with Department rules, or has determined that neither  
16 party is financially able to pay.

17 The Department shall provide written notification to the  
18 court of the specific arrangements for supervised visitation  
19 and projected monthly costs within 60 days of the court order.  
20 The Department shall send to the court information related to  
21 the costs incurred except in cases where the court has  
22 determined the parties are financially unable to pay. The  
23 court may order additional periodic reports as appropriate.

24 (u) In addition to other information that must be  
25 provided, whenever the Department places a child with a  
26 prospective adoptive parent or parents, ~~or~~ in a licensed

1 foster home, group home, or child care institution, or in a  
2 relative home, the Department shall provide to the prospective  
3 adoptive parent or parents or other caretaker:

4 (1) available detailed information concerning the  
5 child's educational and health history, copies of  
6 immunization records (including insurance and medical card  
7 information), a history of the child's previous  
8 placements, if any, and reasons for placement changes  
9 excluding any information that identifies or reveals the  
10 location of any previous caretaker;

11 (2) a copy of the child's portion of the client  
12 service plan, including any visitation arrangement, and  
13 all amendments or revisions to it as related to the child;  
14 and

15 (3) information containing details of the child's  
16 individualized educational plan when the child is  
17 receiving special education services.

18 The caretaker shall be informed of any known social or  
19 behavioral information (including, but not limited to,  
20 criminal background, fire setting, perpetuation of sexual  
21 abuse, destructive behavior, and substance abuse) necessary to  
22 care for and safeguard the children to be placed or currently  
23 in the home. The Department may prepare a written summary of  
24 the information required by this paragraph, which may be  
25 provided to the foster or prospective adoptive parent in  
26 advance of a placement. The foster or prospective adoptive

1 parent may review the supporting documents in the child's file  
2 in the presence of casework staff. In the case of an emergency  
3 placement, casework staff shall at least provide known  
4 information verbally, if necessary, and must subsequently  
5 provide the information in writing as required by this  
6 subsection.

7 The information described in this subsection shall be  
8 provided in writing. In the case of emergency placements when  
9 time does not allow prior review, preparation, and collection  
10 of written information, the Department shall provide such  
11 information as it becomes available. Within 10 business days  
12 after placement, the Department shall obtain from the  
13 prospective adoptive parent or parents or other caretaker a  
14 signed verification of receipt of the information provided.  
15 Within 10 business days after placement, the Department shall  
16 provide to the child's guardian ad litem a copy of the  
17 information provided to the prospective adoptive parent or  
18 parents or other caretaker. The information provided to the  
19 prospective adoptive parent or parents or other caretaker  
20 shall be reviewed and approved regarding accuracy at the  
21 supervisory level.

22 (u-5) Effective July 1, 1995, only foster care placements  
23 licensed as foster family homes pursuant to the Child Care Act  
24 of 1969 shall be eligible to receive foster care payments from  
25 the Department. Relative caregivers who, as of July 1, 1995,  
26 were approved pursuant to approved relative placement rules



1 previously promulgated by the Department at 89 Ill. Adm. Code  
2 335 and had submitted an application for licensure as a foster  
3 family home may continue to receive foster care payments only  
4 until the Department determines that they may be licensed as a  
5 foster family home or that their application for licensure is  
6 denied or until September 30, 1995, whichever occurs first.

7 (v) The Department shall access criminal history record  
8 information as defined in the Illinois Uniform Conviction  
9 Information Act and information maintained in the adjudicatory  
10 and dispositional record system as defined in Section 2605-355  
11 of the Department of State Police Law (20 ILCS 2605/2605-355)  
12 if the Department determines the information is necessary to  
13 perform its duties under the Abused and Neglected Child  
14 Reporting Act, the Child Care Act of 1969, and the Children and  
15 Family Services Act. The Department shall provide for  
16 interactive computerized communication and processing  
17 equipment that permits direct on-line communication with the  
18 Department of State Police's central criminal history data  
19 repository. The Department shall comply with all certification  
20 requirements and provide certified operators who have been  
21 trained by personnel from the Department of State Police. In  
22 addition, one Office of the Inspector General investigator  
23 shall have training in the use of the criminal history  
24 information access system and have access to the terminal. The  
25 Department of Children and Family Services and its employees  
26 shall abide by rules and regulations established by the

1 Department of State Police relating to the access and  
2 dissemination of this information.

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

15 (v-2) Prior to final approval for placement of a child,  
16 the Department shall check its child abuse and neglect  
17 registry for information concerning prospective foster and  
18 adoptive parents, and any adult living in the home. If any  
19 prospective foster or adoptive parent or other adult living in  
20 the home has resided in another state in the preceding 5 years,  
21 the Department shall request a check of that other state's  
22 child abuse and neglect registry.

23 (w) Within 120 days of August 20, 1995 (the effective date  
24 of Public Act 89-392), the Department shall prepare and submit  
25 to the Governor and the General Assembly, a written plan for  
26 the development of in-state licensed secure child care

1 facilities that care for children who are in need of secure  
2 living arrangements for their health, safety, and well-being.  
3 For purposes of this subsection, secure care facility shall  
4 mean a facility that is designed and operated to ensure that  
5 all entrances and exits from the facility, a building or a  
6 distinct part of the building, are under the exclusive control  
7 of the staff of the facility, whether or not the child has the  
8 freedom of movement within the perimeter of the facility,  
9 building, or distinct part of the building. The plan shall  
10 include descriptions of the types of facilities that are  
11 needed in Illinois; the cost of developing these secure care  
12 facilities; the estimated number of placements; the potential  
13 cost savings resulting from the movement of children currently  
14 out-of-state who are projected to be returned to Illinois; the  
15 necessary geographic distribution of these facilities in  
16 Illinois; and a proposed timetable for development of such  
17 facilities.

18 (x) The Department shall conduct annual credit history  
19 checks to determine the financial history of children placed  
20 under its guardianship pursuant to the Juvenile Court Act of  
21 1987. The Department shall conduct such credit checks starting  
22 when a youth in care turns 12 years old and each year  
23 thereafter for the duration of the guardianship as terminated  
24 pursuant to the Juvenile Court Act of 1987. The Department  
25 shall determine if financial exploitation of the child's  
26 personal information has occurred. If financial exploitation

1 appears to have taken place or is presently ongoing, the  
2 Department shall notify the proper law enforcement agency, the  
3 proper State's Attorney, or the Attorney General.

4 (y) Beginning on July 22, 2010 (the effective date of  
5 Public Act 96-1189), a child with a disability who receives  
6 residential and educational services from the Department shall  
7 be eligible to receive transition services in accordance with  
8 Article 14 of the School Code from the age of 14.5 through age  
9 21, inclusive, notwithstanding the child's residential  
10 services arrangement. For purposes of this subsection, "child  
11 with a disability" means a child with a disability as defined  
12 by the federal Individuals with Disabilities Education  
13 Improvement Act of 2004.

14 (z) The Department shall access criminal history record  
15 information as defined as "background information" in this  
16 subsection and criminal history record information as defined  
17 in the Illinois Uniform Conviction Information Act for each  
18 Department employee or Department applicant. Each Department  
19 employee or Department applicant shall submit his or her  
20 fingerprints to the Department of State Police in the form and  
21 manner prescribed by the Department of State Police. These  
22 fingerprints shall be checked against the fingerprint records  
23 now and hereafter filed in the Department of State Police and  
24 the Federal Bureau of Investigation criminal history records  
25 databases. The Department of State Police shall charge a fee  
26 for conducting the criminal history record check, which shall

1 be deposited into the State Police Services Fund and shall not  
2 exceed the actual cost of the record check. The Department of  
3 State Police shall furnish, pursuant to positive  
4 identification, all Illinois conviction information to the  
5 Department of Children and Family Services.

6 For purposes of this subsection:

7 "Background information" means all of the following:

8 (i) Upon the request of the Department of Children and  
9 Family Services, conviction information obtained from the  
10 Department of State Police as a result of a  
11 fingerprint-based criminal history records check of the  
12 Illinois criminal history records database and the Federal  
13 Bureau of Investigation criminal history records database  
14 concerning a Department employee or Department applicant.

15 (ii) Information obtained by the Department of  
16 Children and Family Services after performing a check of  
17 the Department of State Police's Sex Offender Database, as  
18 authorized by Section 120 of the Sex Offender Community  
19 Notification Law, concerning a Department employee or  
20 Department applicant.

21 (iii) Information obtained by the Department of  
22 Children and Family Services after performing a check of  
23 the Child Abuse and Neglect Tracking System (CANTS)  
24 operated and maintained by the Department.

25 "Department employee" means a full-time or temporary  
26 employee coded or certified within the State of Illinois

1 Personnel System.

2 "Department applicant" means an individual who has  
3 conditional Department full-time or part-time work, a  
4 contractor, an individual used to replace or supplement staff,  
5 an academic intern, a volunteer in Department offices or on  
6 Department contracts, a work-study student, an individual or  
7 entity licensed by the Department, or an unlicensed service  
8 provider who works as a condition of a contract or an agreement  
9 and whose work may bring the unlicensed service provider into  
10 contact with Department clients or client records.

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

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

17 (5 ILCS 140/7.5)

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

21 (a) All information determined to be confidential  
22 under Section 4002 of the Technology Advancement and  
23 Development Act.

24 (b) Library circulation and order records identifying

1 library users with specific materials under the Library  
2 Records Confidentiality Act.

3 (c) Applications, related documents, and medical  
4 records received by the Experimental Organ Transplantation  
5 Procedures Board and any and all documents or other  
6 records prepared by the Experimental Organ Transplantation  
7 Procedures Board or its staff relating to applications it  
8 has received.

9 (d) Information and records held by the Department of  
10 Public Health and its authorized representatives relating  
11 to known or suspected cases of sexually transmissible  
12 disease or any information the disclosure of which is  
13 restricted under the Illinois Sexually Transmissible  
14 Disease Control Act.

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

17 (f) Firm performance evaluations under Section 55 of  
18 the Architectural, Engineering, and Land Surveying  
19 Qualifications Based Selection Act.

20 (g) Information the disclosure of which is restricted  
21 and exempted under Section 50 of the Illinois Prepaid  
22 Tuition Act.

23 (h) Information the disclosure of which is exempted  
24 under the State Officials and Employees Ethics Act, and  
25 records of any lawfully created State or local inspector  
26 general's office that would be exempt if created or

1           obtained by an Executive Inspector General's office under  
2           that Act.

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

7           (j) Information and data concerning the distribution  
8           of surcharge moneys collected and remitted by carriers  
9           under the Emergency Telephone System Act.

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

14          (l) Records and information provided to a residential  
15          health care facility resident sexual assault and death  
16          review team or the Executive Council under the Abuse  
17          Prevention Review Team Act.

18          (m) Information provided to the predatory lending  
19          database created pursuant to Article 3 of the Residential  
20          Real Property Disclosure Act, except to the extent  
21          authorized under that Article.

22          (n) Defense budgets and petitions for certification of  
23          compensation and expenses for court appointed trial  
24          counsel as provided under Sections 10 and 15 of the  
25          Capital Crimes Litigation Act. This subsection (n) shall  
26          apply until the conclusion of the trial of the case, even



1 if the prosecution chooses not to pursue the death penalty  
2 prior to trial or sentencing.

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

6 (p) Security portions of system safety program plans,  
7 investigation reports, surveys, schedules, lists, data, or  
8 information compiled, collected, or prepared by or for the  
9 Regional Transportation Authority under Section 2.11 of  
10 the Regional Transportation Authority Act or the St. Clair  
11 County Transit District under the Bi-State Transit Safety  
12 Act.

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

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

17 (s) Information the disclosure of which is restricted  
18 under Section 5-108 of the Public Utilities Act.

19 (t) All identified or deidentified health information  
20 in the form of health data or medical records contained  
21 in, stored in, submitted to, transferred by, or released  
22 from the Illinois Health Information Exchange, and  
23 identified or deidentified health information in the form  
24 of health data and medical records of the Illinois Health  
25 Information Exchange in the possession of the Illinois  
26 Health Information Exchange Office due to its

1 administration of the Illinois Health Information  
2 Exchange. The terms "identified" and "deidentified" shall  
3 be given the same meaning as in the Health Insurance  
4 Portability and Accountability Act of 1996, Public Law  
5 104-191, or any subsequent amendments thereto, and any  
6 regulations promulgated thereunder.

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

10 (v) Names and information of people who have applied  
11 for or received Firearm Owner's Identification Cards under  
12 the Firearm Owners Identification Card Act or applied for  
13 or received a concealed carry license under the Firearm  
14 Concealed Carry Act, unless otherwise authorized by the  
15 Firearm Concealed Carry Act; and databases under the  
16 Firearm Concealed Carry Act, records of the Concealed  
17 Carry Licensing Review Board under the Firearm Concealed  
18 Carry Act, and law enforcement agency objections under the  
19 Firearm Concealed Carry Act.

20 (w) Personally identifiable information which is  
21 exempted from disclosure under subsection (g) of Section  
22 19.1 of the Toll Highway Act.

23 (x) Information which is exempted from disclosure  
24 under Section 5-1014.3 of the Counties Code or Section  
25 8-11-21 of the Illinois Municipal Code.

26 (y) Confidential information under the Adult

1 Protective Services Act and its predecessor enabling  
2 statute, the Elder Abuse and Neglect Act, including  
3 information about the identity and administrative finding  
4 against any caregiver of a verified and substantiated  
5 decision of abuse, neglect, or financial exploitation of  
6 an eligible adult maintained in the Registry established  
7 under Section 7.5 of the Adult Protective Services Act.

8 (z) Records and information provided to a fatality  
9 review team or the Illinois Fatality Review Team Advisory  
10 Council under Section 15 of the Adult Protective Services  
11 Act.

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

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

16 (cc) Recordings made under the Law Enforcement  
17 Officer-Worn Body Camera Act, except to the extent  
18 authorized under that Act.

19 (dd) Information that is prohibited from being  
20 disclosed under Section 45 of the Condominium and Common  
21 Interest Community Ombudsperson Act.

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

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

26 (gg) Information that is prohibited from being

1 disclosed under Section 7-603.5 of the Illinois Vehicle  
2 Code.

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

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

8 (jj) Information and reports that are required to be  
9 submitted to the Department of Labor by registering day  
10 and temporary labor service agencies but are exempt from  
11 disclosure under subsection (a-1) of Section 45 of the Day  
12 and Temporary Labor Services Act.

13 (kk) Information prohibited from disclosure under the  
14 Seizure and Forfeiture Reporting Act.

15 (ll) Information the disclosure of which is restricted  
16 and exempted under Section 5-30.8 of the Illinois Public  
17 Aid Code.

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

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

22 (oo) Communications, notes, records, and reports  
23 arising out of a peer support counseling session  
24 prohibited from disclosure under the First Responders  
25 Suicide Prevention Act.

26 (pp) Names and all identifying information relating to

1 an employee of an emergency services provider or law  
2 enforcement agency under the First Responders Suicide  
3 Prevention Act.

4 (qq) (Blank). ~~Information and records held by the~~  
5 ~~Department of Public Health and its authorized~~  
6 ~~representatives collected under the Reproductive Health~~  
7 ~~Act.~~

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

10 (ss) Data reported by an employer to the Department of  
11 Human Rights pursuant to Section 2-108 of the Illinois  
12 Human Rights Act.

13 (tt) Recordings made under the Children's Advocacy  
14 Center Act, except to the extent authorized under that  
15 Act.

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

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

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

23 (xx) Information that is exempt from disclosure or  
24 information that shall not be made public under the  
25 Illinois Insurance Code.

26 (yy) Information prohibited from being disclosed under

1 the Illinois Educational Labor Relations Act.

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

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

6 (Source: P.A. 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;  
7 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.  
8 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,  
9 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;  
10 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; 101-13, eff.  
11 6-12-19; 101-27, eff. 6-25-19; 101-81, eff. 7-12-19; 101-221,  
12 eff. 1-1-20; 101-236, eff. 1-1-20; 101-375, eff. 8-16-19;  
13 101-377, eff. 8-16-19; 101-452, eff. 1-1-20; 101-466, eff.  
14 1-1-20; 101-600, eff. 12-6-19; 101-620, eff. 12-20-19; 101-649,  
15 eff. 7-7-20.)

16 Section 620. The Counties Code is amended by changing  
17 Section 3-3013 as follows:

18 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

24 (a) A sudden or violent death, whether apparently

1 suicidal, homicidal or accidental, including but not  
2 limited to deaths apparently caused or contributed to by  
3 thermal, traumatic, chemical, electrical or radiational  
4 injury, or a complication of any of them, or by drowning or  
5 suffocation, or as a result of domestic violence as  
6 defined in the Illinois Domestic Violence Act of 1986;

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

9 (c) A death where the circumstances are suspicious,  
10 obscure, mysterious or otherwise unexplained or where, in  
11 the written opinion of the attending physician, the cause  
12 of death is not determined;

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

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

17 shall go to the place where the dead body is, and take charge  
18 of the same and shall make a preliminary investigation into  
19 the circumstances of the death. In the case of death without  
20 attendance by a licensed physician the body may be moved with  
21 the coroner's consent from the place of death to a mortuary in  
22 the same county. Coroners in their discretion shall notify  
23 such physician as is designated in accordance with Section  
24 3-3014 to attempt to ascertain the cause of death, either by  
25 autopsy or otherwise.

26 In cases of accidental death involving a motor vehicle in

1 which the decedent was (1) the operator or a suspected  
2 operator of a motor vehicle, or (2) a pedestrian 16 years of  
3 age or older, the coroner shall require that a blood specimen  
4 of at least 30 cc., and if medically possible a urine specimen  
5 of at least 30 cc. or as much as possible up to 30 cc., be  
6 withdrawn from the body of the decedent in a timely fashion  
7 after the accident causing his death, by such physician as has  
8 been designated in accordance with Section 3-3014, or by the  
9 coroner or deputy coroner or a qualified person designated by  
10 such physician, coroner, or deputy coroner. If the county does  
11 not maintain laboratory facilities for making such analysis,  
12 the blood and urine so drawn shall be sent to the Department of  
13 State Police or any other accredited or State-certified  
14 laboratory for analysis of the alcohol, carbon monoxide, and  
15 dangerous or narcotic drug content of such blood and urine  
16 specimens. Each specimen submitted shall be accompanied by  
17 pertinent information concerning the decedent upon a form  
18 prescribed by such laboratory. Any person drawing blood and  
19 urine and any person making any examination of the blood and  
20 urine under the terms of this Division shall be immune from all  
21 liability, civil or criminal, that might otherwise be incurred  
22 or imposed.

23 In all other cases coming within the jurisdiction of the  
24 coroner and referred to in subparagraphs (a) through (e)  
25 above, blood, and whenever possible, urine samples shall be  
26 analyzed for the presence of alcohol and other drugs. When the



1 coroner suspects that drugs may have been involved in the  
2 death, either directly or indirectly, a toxicological  
3 examination shall be performed which may include analyses of  
4 blood, urine, bile, gastric contents and other tissues. When  
5 the coroner suspects a death is due to toxic substances, other  
6 than drugs, the coroner shall consult with the toxicologist  
7 prior to collection of samples. Information submitted to the  
8 toxicologist shall include information as to height, weight,  
9 age, sex and race of the decedent as well as medical history,  
10 medications used by and the manner of death of decedent.

11 When the coroner or medical examiner finds that the cause  
12 of death is due to homicidal means, the coroner or medical  
13 examiner shall cause blood and buccal specimens (tissue may be  
14 submitted if no uncontaminated blood or buccal specimen can be  
15 obtained), whenever possible, to be withdrawn from the body of  
16 the decedent in a timely fashion. For proper preservation of  
17 the specimens, collected blood and buccal specimens shall be  
18 dried and tissue specimens shall be frozen if available  
19 equipment exists. As soon as possible, but no later than 30  
20 days after the collection of the specimens, the coroner or  
21 medical examiner shall release those specimens to the police  
22 agency responsible for investigating the death. As soon as  
23 possible, but no later than 30 days after the receipt from the  
24 coroner or medical examiner, the police agency shall submit  
25 the specimens using the agency case number to a National DNA  
26 Index System (NDIS) participating laboratory within this

1 State, such as the Illinois Department of State Police,  
2 Division of Forensic Services, for analysis and categorizing  
3 into genetic marker groupings. The results of the analysis and  
4 categorizing into genetic marker groupings shall be provided  
5 to the Illinois Department of State Police and shall be  
6 maintained by the Illinois Department of State Police in the  
7 State central repository in the same manner, and subject to  
8 the same conditions, as provided in Section 5-4-3 of the  
9 Unified Code of Corrections. The requirements of this  
10 paragraph are in addition to any other findings, specimens, or  
11 information that the coroner or medical examiner is required  
12 to provide during the conduct of a criminal investigation.

13 In all counties, in cases of apparent suicide, homicide,  
14 or accidental death or in other cases, within the discretion  
15 of the coroner, the coroner may summon 8 persons of lawful age  
16 from those persons drawn for petit jurors in the county. The  
17 summons shall command these persons to present themselves  
18 personally at such a place and time as the coroner shall  
19 determine, and may be in any form which the coroner shall  
20 determine and may incorporate any reasonable form of request  
21 for acknowledgement which the coroner deems practical and  
22 provides a reliable proof of service. The summons may be  
23 served by first class mail. From the 8 persons so summoned, the  
24 coroner shall select 6 to serve as the jury for the inquest.  
25 Inquests may be continued from time to time, as the coroner may  
26 deem necessary. The 6 jurors selected in a given case may view

1 the body of the deceased. If at any continuation of an inquest  
2 one or more of the original jurors shall be unable to continue  
3 to serve, the coroner shall fill the vacancy or vacancies. A  
4 juror serving pursuant to this paragraph shall receive  
5 compensation from the county at the same rate as the rate of  
6 compensation that is paid to petit or grand jurors in the  
7 county. The coroner shall furnish to each juror without fee at  
8 the time of his discharge a certificate of the number of days  
9 in attendance at an inquest, and, upon being presented with  
10 such certificate, the county treasurer shall pay to the juror  
11 the sum provided for his services.

12 In counties which have a jury commission, in cases of  
13 apparent suicide or homicide or of accidental death, the  
14 coroner may conduct an inquest. The jury commission shall  
15 provide at least 8 jurors to the coroner, from whom the coroner  
16 shall select any 6 to serve as the jury for the inquest.  
17 Inquests may be continued from time to time as the coroner may  
18 deem necessary. The 6 jurors originally chosen in a given case  
19 may view the body of the deceased. If at any continuation of an  
20 inquest one or more of the 6 jurors originally chosen shall be  
21 unable to continue to serve, the coroner shall fill the  
22 vacancy or vacancies. At the coroner's discretion, additional  
23 jurors to fill such vacancies shall be supplied by the jury  
24 commission. A juror serving pursuant to this paragraph in such  
25 county shall receive compensation from the county at the same  
26 rate as the rate of compensation that is paid to petit or grand

1 jurors in the county.

2 In every case in which a fire is determined to be a  
3 contributing factor in a death, the coroner shall report the  
4 death to the Office of the State Fire Marshal. The coroner  
5 shall provide a copy of the death certificate (i) within 30  
6 days after filing the permanent death certificate and (ii) in  
7 a manner that is agreed upon by the coroner and the State Fire  
8 Marshal.

9 In every case in which a drug overdose is determined to be  
10 the cause or a contributing factor in the death, the coroner or  
11 medical examiner shall report the death to the Department of  
12 Public Health. The Department of Public Health shall adopt  
13 rules regarding specific information that must be reported in  
14 the event of such a death. If possible, the coroner shall  
15 report the cause of the overdose. As used in this Section,  
16 "overdose" has the same meaning as it does in Section 414 of  
17 the Illinois Controlled Substances Act. The Department of  
18 Public Health shall issue a semiannual report to the General  
19 Assembly summarizing the reports received. The Department  
20 shall also provide on its website a monthly report of overdose  
21 death figures organized by location, age, and any other  
22 factors, the Department deems appropriate.

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

26 All deaths in State institutions and all deaths of wards

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

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

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

19 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

20 Sec. 2. It is declared to be the public policy that the  
21 State has a legitimate interest in assuring that all medical  
22 procedures, including abortions, are performed under  
23 circumstances that insure maximum safety. Therefore, the  
24 purpose of this Act is to provide for the better protection of

1 the public health through the development, establishment, and  
2 enforcement of standards (1) for the care of individuals in  
3 ambulatory surgical treatment centers, and (2) for the  
4 construction, maintenance and operation of ambulatory surgical  
5 treatment centers, which, in light of advancing knowledge,  
6 will promote safe and adequate treatment of such individuals  
7 in ambulatory surgical treatment centers.

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

9 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

13 (A) "Ambulatory surgical treatment center" means any  
14 institution, place or building devoted primarily to the  
15 maintenance and operation of facilities for the performance of  
16 surgical procedures. "Ambulatory surgical treatment center"  
17 includes any place that meets and complies with the definition  
18 of an ambulatory surgical treatment center under the rules  
19 adopted by the Department or any facility in which a medical or  
20 surgical procedure is utilized to terminate a pregnancy,  
21 irrespective of whether the facility is devoted primarily to  
22 this purpose. Such facility shall not provide beds or other  
23 accommodations for the overnight stay of patients; however,  
24 facilities devoted exclusively to the treatment of children  
25 may provide accommodations and beds for their patients for up

1 to 23 hours following admission. Individual patients shall be  
2 discharged in an ambulatory condition without danger to the  
3 continued well being of the patients or shall be transferred  
4 to a hospital.

5 The term "ambulatory surgical treatment center" does not  
6 include any of the following:

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

10 (2) Any person or institution required to be licensed  
11 pursuant to the Nursing Home Care Act, the Specialized  
12 Mental Health Rehabilitation Act of 2013, the ID/DD  
13 Community Care Act, or the MC/DD Act.

14 (3) Hospitals or ambulatory surgical treatment centers  
15 maintained by the State or any department or agency  
16 thereof, where such department or agency has authority  
17 under law to establish and enforce standards for the  
18 hospitals or ambulatory surgical treatment centers under  
19 its management and control.

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

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

26 ~~(6) Any facility in which the performance of abortion~~

1 ~~procedures, including procedures to terminate a pregnancy~~  
2 ~~or to manage pregnancy loss, is limited to those performed~~  
3 ~~without general, epidural, or spinal anesthesia, and which~~  
4 ~~is not otherwise required to be an ambulatory surgical~~  
5 ~~treatment center. For purposes of this paragraph,~~  
6 ~~"general, epidural, or spinal anesthesia" does not include~~  
7 ~~local anesthesia or intravenous sedation. Nothing in this~~  
8 ~~paragraph shall be construed to limit any such facility~~  
9 ~~from voluntarily electing to apply for licensure as an~~  
10 ~~ambulatory surgical treatment center.~~

11 (B) "Person" means any individual, firm, partnership,  
12 corporation, company, association, or joint stock association,  
13 or the legal successor thereof.

14 (C) "Department" means the Department of Public Health of  
15 the State of Illinois.

16 (D) "Director" means the Director of the Department of  
17 Public Health of the State of Illinois.

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

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

22 (G) "Podiatric physician" means a person licensed to  
23 practice podiatry under the Podiatric Medical Practice Act of  
24 1987.

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



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

3           (215 ILCS 5/356z.4)

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

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

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

9           (B) The federal Patient Protection and Affordable Care  
10 Act includes a contraceptive coverage guarantee as part of  
11 a broader requirement for health insurance to cover key  
12 preventive care services without out-of-pocket costs for  
13 patients.

14           (C) The General Assembly intends to build on existing  
15 State and federal law to promote gender equity and women's  
16 health and to ensure greater contraceptive coverage equity  
17 and timely access to all federal Food and Drug  
18 Administration approved methods of birth control for all  
19 individuals covered by an individual or group health  
20 insurance policy in Illinois.

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

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

1 "Contraceptive services" includes consultations,  
2 examinations, procedures, and medical services related to the  
3 use of contraceptive methods (including natural family  
4 planning) to prevent an unintended pregnancy.

5 "Medical necessity", for the purposes of this subsection  
6 (a), includes, but is not limited to, considerations such as  
7 severity of side effects, differences in permanence and  
8 reversibility of contraceptive, and ability to adhere to the  
9 appropriate use of the item or service, as determined by the  
10 attending provider.

11 "Therapeutic equivalent version" means drugs, devices, or  
12 products that can be expected to have the same clinical effect  
13 and safety profile when administered to patients under the  
14 conditions specified in the labeling and satisfy the following  
15 general criteria:

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

17 (ii) they are pharmaceutical equivalents in that they  
18 (A) contain identical amounts of the same active drug  
19 ingredient in the same dosage form and route of  
20 administration and (B) meet compendial or other applicable  
21 standards of strength, quality, purity, and identity;

22 (iii) they are bioequivalent in that (A) they do not  
23 present a known or potential bioequivalence problem and  
24 they meet an acceptable in vitro standard or (B) if they do  
25 present such a known or potential problem, they are shown  
26 to meet an appropriate bioequivalence standard;

1           (iv) they are adequately labeled; and  
2           (v) they are manufactured in compliance with Current  
3           Good Manufacturing Practice regulations.

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

9           (A) All contraceptive drugs, devices, and other  
10           products approved by the United States Food and Drug  
11           Administration. This includes all over-the-counter  
12           contraceptive drugs, devices, and products approved by the  
13           United States Food and Drug Administration, excluding male  
14           condoms. The following apply:

15           (i) If the United States Food and Drug  
16           Administration has approved one or more therapeutic  
17           equivalent versions of a contraceptive drug, device,  
18           or product, a policy is not required to include all  
19           such therapeutic equivalent versions in its formulary,  
20           so long as at least one is included and covered without  
21           cost-sharing and in accordance with this Section.

22           (ii) If an individual's attending provider  
23           recommends a particular service or item approved by  
24           the United States Food and Drug Administration based  
25           on a determination of medical necessity with respect  
26           to that individual, the plan or issuer must cover that

1 service or item without cost sharing. The plan or  
2 issuer must defer to the determination of the  
3 attending provider.

4 (iii) If a drug, device, or product is not  
5 covered, plans and issuers must have an easily  
6 accessible, transparent, and sufficiently expedient  
7 process that is not unduly burdensome on the  
8 individual or a provider or other individual acting as  
9 a patient's authorized representative to ensure  
10 coverage without cost sharing.

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

13 (B) Voluntary sterilization procedures.

14 (C) Contraceptive services, patient education, and  
15 counseling on contraception.

16 (D) Follow-up services related to the drugs, devices,  
17 products, and procedures covered under this Section,  
18 including, but not limited to, management of side effects,  
19 counseling for continued adherence, and device insertion  
20 and removal.

21 (4) Except as otherwise provided in this subsection (a), a  
22 policy subject to this subsection (a) shall not impose a  
23 deductible, coinsurance, copayment, or any other cost-sharing  
24 requirement on the coverage provided. The provisions of this  
25 paragraph do not apply to coverage of voluntary male  
26 sterilization procedures to the extent such coverage would

1 disqualify a high-deductible health plan from eligibility for  
2 a health savings account pursuant to the federal Internal  
3 Revenue Code, 26 U.S.C. 223.

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

7 (6) If, at any time, the Secretary of the United States  
8 Department of Health and Human Services, or its successor  
9 agency, promulgates rules or regulations to be published in  
10 the Federal Register or publishes a comment in the Federal  
11 Register or issues an opinion, guidance, or other action that  
12 would require the State, pursuant to any provision of the  
13 Patient Protection and Affordable Care Act (Public Law  
14 111-148), including, but not limited to, 42 U.S.C.  
15 18031(d)(3)(B) or any successor provision, to defray the cost  
16 of any coverage outlined in this subsection (a), then this  
17 subsection (a) is inoperative with respect to all coverage  
18 outlined in this subsection (a) other than that authorized  
19 under Section 1902 of the Social Security Act, 42 U.S.C.  
20 1396a, and the State shall not assume any obligation for the  
21 cost of the coverage set forth in this subsection (a).

22 (b) This subsection (b) shall become operative if and only  
23 if subsection (a) becomes inoperative.

24 An individual or group policy of accident and health  
25 insurance amended, delivered, issued, or renewed in this State  
26 after the date this subsection (b) becomes operative that

1 provides coverage for outpatient services and outpatient  
2 prescription drugs or devices must provide coverage for the  
3 insured and any dependent of the insured covered by the policy  
4 for all outpatient contraceptive services and all outpatient  
5 contraceptive drugs and devices approved by the Food and Drug  
6 Administration. Coverage required under this Section may not  
7 impose any deductible, coinsurance, waiting period, or other  
8 cost-sharing or limitation that is greater than that required  
9 for any outpatient service or outpatient prescription drug or  
10 device otherwise covered by the policy.

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

14 As used in this subsection (b), "outpatient contraceptive  
15 service" means consultations, examinations, procedures, and  
16 medical services, provided on an outpatient basis and related  
17 to the use of contraceptive methods (including natural family  
18 planning) to prevent an unintended pregnancy.

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

23 (d) If a plan or issuer utilizes a network of providers,  
24 nothing in this Section shall be construed to require coverage  
25 or to prohibit the plan or issuer from imposing cost-sharing  
26 for items or services described in this Section that are

1 provided or delivered by an out-of-network provider, unless  
2 the plan or issuer does not have in its network a provider who  
3 is able to or is willing to provide the applicable items or  
4 services.

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

6 (215 ILCS 5/356z.4a rep.)

7 Section 632. The Illinois Insurance Code is amended by  
8 repealing Section 356z.4a.

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

11 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to  
14 the provisions of Sections 133, 134, 136, 137, 139, 140,  
15 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,  
16 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,  
17 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,  
18 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
19 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
20 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30~~,  
21 356z.30a, ~~356z.32~~, 356z.33, 356z.35, 356z.36, 356z.41, 364,  
22 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,  
23 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,

1 412, 444, and 444.1, paragraph (c) of subsection (2) of  
2 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
3 XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance  
4 Code.

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

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

11 (2) a corporation organized under the laws of this  
12 State; or

13 (3) a corporation organized under the laws of another  
14 state, 30% or more of the enrollees of which are residents  
15 of this State, except a corporation subject to  
16 substantially the same requirements in its state of  
17 organization as is a "domestic company" under Article VIII  
18 1/2 of the Illinois Insurance Code.

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

22 (1) the Director shall give primary consideration to  
23 the continuation of benefits to enrollees and the  
24 financial conditions of the acquired Health Maintenance  
25 Organization after the merger, consolidation, or other  
26 acquisition of control takes effect;



1           (2) (i) the criteria specified in subsection (1)(b) of  
2           Section 131.8 of the Illinois Insurance Code shall not  
3           apply and (ii) the Director, in making his determination  
4           with respect to the merger, consolidation, or other  
5           acquisition of control, need not take into account the  
6           effect on competition of the merger, consolidation, or  
7           other acquisition of control;

8           (3) the Director shall have the power to require the  
9           following information:

10           (A) certification by an independent actuary of the  
11           adequacy of the reserves of the Health Maintenance  
12           Organization sought to be acquired;

13           (B) pro forma financial statements reflecting the  
14           combined balance sheets of the acquiring company and  
15           the Health Maintenance Organization sought to be  
16           acquired as of the end of the preceding year and as of  
17           a date 90 days prior to the acquisition, as well as pro  
18           forma financial statements reflecting projected  
19           combined operation for a period of 2 years;

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

24           (D) such other information as the Director shall  
25           require.

26           (d) The provisions of Article VIII 1/2 of the Illinois

1 Insurance Code and this Section 5-3 shall apply to the sale by  
2 any health maintenance organization of greater than 10% of its  
3 enrollee population (including without limitation the health  
4 maintenance organization's right, title, and interest in and  
5 to its health care certificates).

6 (e) In considering any management contract or service  
7 agreement subject to Section 141.1 of the Illinois Insurance  
8 Code, the Director (i) shall, in addition to the criteria  
9 specified in Section 141.2 of the Illinois Insurance Code,  
10 take into account the effect of the management contract or  
11 service agreement on the continuation of benefits to enrollees  
12 and the financial condition of the health maintenance  
13 organization to be managed or serviced, and (ii) need not take  
14 into account the effect of the management contract or service  
15 agreement on competition.

16 (f) Except for small employer groups as defined in the  
17 Small Employer Rating, Renewability and Portability Health  
18 Insurance Act and except for medicare supplement policies as  
19 defined in Section 363 of the Illinois Insurance Code, a  
20 Health Maintenance Organization may by contract agree with a  
21 group or other enrollment unit to effect refunds or charge  
22 additional premiums under the following terms and conditions:

23 (i) the amount of, and other terms and conditions with  
24 respect to, the refund or additional premium are set forth  
25 in the group or enrollment unit contract agreed in advance  
26 of the period for which a refund is to be paid or

1 additional premium is to be charged (which period shall  
2 not be less than one year); and

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

18 The Health Maintenance Organization shall include a  
19 statement in the evidence of coverage issued to each enrollee  
20 describing the possibility of a refund or additional premium,  
21 and upon request of any group or enrollment unit, provide to  
22 the group or enrollment unit a description of the method used  
23 to calculate (1) the Health Maintenance Organization's  
24 profitable experience with respect to the group or enrollment  
25 unit and the resulting refund to the group or enrollment unit  
26 or (2) the Health Maintenance Organization's unprofitable

1 experience with respect to the group or enrollment unit and  
2 the resulting additional premium to be paid by the group or  
3 enrollment unit.

4 In no event shall the Illinois Health Maintenance  
5 Organization Guaranty Association be liable to pay any  
6 contractual obligation of an insolvent organization to pay any  
7 refund authorized under this Section.

8 (g) Rulemaking authority to implement Public Act 95-1045,  
9 if any, is conditioned on the rules being adopted in  
10 accordance with all provisions of the Illinois Administrative  
11 Procedure Act and all rules and procedures of the Joint  
12 Committee on Administrative Rules; any purported rule not so  
13 adopted, for whatever reason, is unauthorized.

14 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
15 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
16 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
17 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;  
18 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
19 1-1-20; 101-625, eff. 1-1-21.)

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

22 (215 ILCS 165/10) (from Ch. 32, par. 604)

23 Sec. 10. Application of Insurance Code provisions. Health  
24 services plan corporations and all persons interested therein

1 or dealing therewith shall be subject to the provisions of  
2 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
3 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
4 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,  
5 356y, 356z.1, 356z.2, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8,  
6 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
7 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
8 ~~356z.30~~, 356z.30a, ~~356z.32~~, 356z.33, 356z.41, 364.01, 367.2,  
9 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and  
10 paragraphs (7) and (15) of Section 367 of the Illinois  
11 Insurance Code.

12 Rulemaking authority to implement Public Act 95-1045, if  
13 any, is conditioned on the rules being adopted in accordance  
14 with all provisions of the Illinois Administrative Procedure  
15 Act and all rules and procedures of the Joint Committee on  
16 Administrative Rules; any purported rule not so adopted, for  
17 whatever reason, is unauthorized.

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

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

1 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)  
2 (Section scheduled to be repealed on January 1, 2022)  
3 Sec. 22. Disciplinary action.

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

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

13 (a) a facility licensed pursuant to the Ambulatory  
14 Surgical Treatment Center Act;

15 (b) an institution licensed under the Hospital  
16 Licensing Act;

17 (c) an ambulatory surgical treatment center or  
18 hospitalization or care facility maintained by the  
19 State or any agency thereof, where such department or  
20 agency has authority under law to establish and  
21 enforce standards for the ambulatory surgical  
22 treatment centers, hospitalization, or care facilities  
23 under its management and control;

24 (d) ambulatory surgical treatment centers,  
25 hospitalization or care facilities maintained by the  
26 Federal Government; or

1           (e) ambulatory surgical treatment centers,  
2           hospitalization or care facilities maintained by any  
3           university or college established under the laws of  
4           this State and supported principally by public funds  
5           raised by taxation.

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

9           (3) A plea of guilty or nolo contendere, finding of  
10          guilt, jury verdict, or entry of judgment or sentencing,  
11          including, but not limited to, convictions, preceding  
12          sentences of supervision, conditional discharge, or first  
13          offender probation, under the laws of any jurisdiction of  
14          the United States of any crime that is a felony.

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

16          (5) Engaging in dishonorable, unethical, or  
17          unprofessional conduct of a character likely to deceive,  
18          defraud or harm the public.

19          (6) Obtaining any fee by fraud, deceit, or  
20          misrepresentation.

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

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

1           (9) Fraud or misrepresentation in applying for, or  
2           procuring, a license under this Act or in connection with  
3           applying for renewal of a license under this Act.

4           (10) Making a false or misleading statement regarding  
5           their skill or the efficacy or value of the medicine,  
6           treatment, or remedy prescribed by them at their direction  
7           in the treatment of any disease or other condition of the  
8           body or mind.

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

11          (12) Adverse action taken by another state or  
12          jurisdiction against a license or other authorization to  
13          practice as a medical doctor, doctor of osteopathy, doctor  
14          of osteopathic medicine or doctor of chiropractic, a  
15          certified copy of the record of the action taken by the  
16          other state or jurisdiction being prima facie evidence  
17          thereof. This includes any adverse action taken by a State  
18          or federal agency that prohibits a medical doctor, doctor  
19          of osteopathy, doctor of osteopathic medicine, or doctor  
20          of chiropractic from providing services to the agency's  
21          participants.

22          (13) Violation of any provision of this Act or of the  
23          Medical Practice Act prior to the repeal of that Act, or  
24          violation of the rules, or a final administrative action  
25          of the Secretary, after consideration of the  
26          recommendation of the Disciplinary Board.



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

3           (15) A finding by the Disciplinary Board that the  
4 registrant after having his or her license placed on  
5 probationary status or subjected to conditions or  
6 restrictions violated the terms of the probation or failed  
7 to comply with such terms or conditions.

8           (16) Abandonment of a patient.

9           (17) Prescribing, selling, administering,  
10 distributing, giving, or self-administering any drug  
11 classified as a controlled substance (designated product)  
12 or narcotic for other than medically accepted therapeutic  
13 purposes.

14           (18) Promotion of the sale of drugs, devices,  
15 appliances, or goods provided for a patient in such manner  
16 as to exploit the patient for financial gain of the  
17 physician.

18           (19) Offering, undertaking, or agreeing to cure or  
19 treat disease by a secret method, procedure, treatment, or  
20 medicine, or the treating, operating, or prescribing for  
21 any human condition by a method, means, or procedure which  
22 the licensee refuses to divulge upon demand of the  
23 Department.

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

1           (21) Willfully making or filing false records or  
2 reports in his or her practice as a physician, including,  
3 but not limited to, false records to support claims  
4 against the medical assistance program of the Department  
5 of Healthcare and Family Services (formerly Department of  
6 Public Aid) under the Illinois Public Aid Code.

7           (22) Willful omission to file or record, or willfully  
8 impeding the filing or recording, or inducing another  
9 person to omit to file or record, medical reports as  
10 required by law, or willfully failing to report an  
11 instance of suspected abuse or neglect as required by law.

12           (23) Being named as a perpetrator in an indicated  
13 report by the Department of Children and Family Services  
14 under the Abused and Neglected Child Reporting Act, and  
15 upon proof by clear and convincing evidence that the  
16 licensee has caused a child to be an abused child or  
17 neglected child as defined in the Abused and Neglected  
18 Child Reporting Act.

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

22           (25) Gross and willful and continued overcharging for  
23 professional services, including filing false statements  
24 for collection of fees for which services are not  
25 rendered, including, but not limited to, filing such false  
26 statements for collection of monies for services not

1 rendered from the medical assistance program of the  
2 Department of Healthcare and Family Services (formerly  
3 Department of Public Aid) under the Illinois Public Aid  
4 Code.

5 (26) A pattern of practice or other behavior which  
6 demonstrates incapacity or incompetence to practice under  
7 this Act.

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

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

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

17 (30) Willfully or negligently violating the  
18 confidentiality between physician and patient except as  
19 required by law.

20 (31) The use of any false, fraudulent, or deceptive  
21 statement in any document connected with practice under  
22 this Act.

23 (32) Aiding and abetting an individual not licensed  
24 under this Act in the practice of a profession licensed  
25 under this Act.

26 (33) Violating state or federal laws or regulations

1 relating to controlled substances, legend drugs, or  
2 ephedra as defined in the Ephedra Prohibition Act.

3 (34) Failure to report to the Department any adverse  
4 final action taken against them by another licensing  
5 jurisdiction (any other state or any territory of the  
6 United States or any foreign state or country), by any  
7 peer review body, by any health care institution, by any  
8 professional society or association related to practice  
9 under this Act, by any governmental agency, by any law  
10 enforcement agency, or by any court for acts or conduct  
11 similar to acts or conduct which would constitute grounds  
12 for action as defined in this Section.

13 (35) Failure to report to the Department surrender of  
14 a license or authorization to practice as a medical  
15 doctor, a doctor of osteopathy, a doctor of osteopathic  
16 medicine, or doctor of chiropractic in another state or  
17 jurisdiction, or surrender of membership on any medical  
18 staff or in any medical or professional association or  
19 society, while under disciplinary investigation by any of  
20 those authorities or bodies, for acts or conduct similar  
21 to acts or conduct which would constitute grounds for  
22 action as defined in this Section.

23 (36) Failure to report to the Department any adverse  
24 judgment, settlement, or award arising from a liability  
25 claim related to acts or conduct similar to acts or  
26 conduct which would constitute grounds for action as

1 defined in this Section.

2 (37) Failure to provide copies of medical records as  
3 required by law.

4 (38) Failure to furnish the Department, its  
5 investigators or representatives, relevant information,  
6 legally requested by the Department after consultation  
7 with the Chief Medical Coordinator or the Deputy Medical  
8 Coordinator.

9 (39) Violating the Health Care Worker Self-Referral  
10 Act.

11 (40) Willful failure to provide notice when notice is  
12 required under the Parental Notice of Abortion Act of  
13 1995.

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

16 (42) Entering into an excessive number of written  
17 collaborative agreements with licensed advanced practice  
18 registered nurses resulting in an inability to adequately  
19 collaborate.

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

22 (44) Violating the Compassionate Use of Medical  
23 Cannabis Program Act.

24 (45) Entering into an excessive number of written  
25 collaborative agreements with licensed prescribing  
26 psychologists resulting in an inability to adequately

1 collaborate.

2 (46) Repeated failure to adequately collaborate with a  
3 licensed prescribing psychologist.

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

8 (48) Being named as an abuser in a verified report by  
9 the Department on Aging under the Adult Protective  
10 Services Act, and upon proof by clear and convincing  
11 evidence that the licensee abused, neglected, or  
12 financially exploited an eligible adult as defined in the  
13 Adult Protective Services Act.

14 (49) Entering into an excessive number of written  
15 collaborative agreements with licensed physician  
16 assistants resulting in an inability to adequately  
17 collaborate.

18 (50) Repeated failure to adequately collaborate with a  
19 physician assistant.

20 Except for actions involving the ground numbered (26), all  
21 proceedings to suspend, revoke, place on probationary status,  
22 or take any other disciplinary action as the Department may  
23 deem proper, with regard to a license on any of the foregoing  
24 grounds, must be commenced within 5 years next after receipt  
25 by the Department of a complaint alleging the commission of or  
26 notice of the conviction order for any of the acts described

1 herein. Except for the grounds numbered (8), (9), (26), and  
2 (29), no action shall be commenced more than 10 years after the  
3 date of the incident or act alleged to have violated this  
4 Section. For actions involving the ground numbered (26), a  
5 pattern of practice or other behavior includes all incidents  
6 alleged to be part of the pattern of practice or other behavior  
7 that occurred, or a report pursuant to Section 23 of this Act  
8 received, within the 10-year period preceding the filing of  
9 the complaint. In the event of the settlement of any claim or  
10 cause of action in favor of the claimant or the reduction to  
11 final judgment of any civil action in favor of the plaintiff,  
12 such claim, cause of action, or civil action being grounded on  
13 the allegation that a person licensed under this Act was  
14 negligent in providing care, the Department shall have an  
15 additional period of 2 years from the date of notification to  
16 the Department under Section 23 of this Act of such settlement  
17 or final judgment in which to investigate and commence formal  
18 disciplinary proceedings under Section 36 of this Act, except  
19 as otherwise provided by law. The time during which the holder  
20 of the license was outside the State of Illinois shall not be  
21 included within any period of time limiting the commencement  
22 of disciplinary action by the Department.

23 The entry of an order or judgment by any circuit court  
24 establishing that any person holding a license under this Act  
25 is a person in need of mental treatment operates as a  
26 suspension of that license. That person may resume his or her

1 ~~their~~ practice only upon the entry of a Departmental order  
2 based upon a finding by the Disciplinary Board that the person  
3 has ~~they have~~ been determined to be recovered from mental  
4 illness by the court and upon the Disciplinary Board's  
5 recommendation that the person ~~they~~ be permitted to resume his  
6 or her ~~their~~ practice.

7 The Department may refuse to issue or take disciplinary  
8 action concerning the license of any person who fails to file a  
9 return, or to pay the tax, penalty, or interest shown in a  
10 filed return, or to pay any final assessment of tax, penalty,  
11 or interest, as required by any tax Act administered by the  
12 Illinois Department of Revenue, until such time as the  
13 requirements of any such tax Act are satisfied as determined  
14 by the Illinois Department of Revenue.

15 The Department, upon the recommendation of the  
16 Disciplinary Board, shall adopt rules which set forth  
17 standards to be used in determining:

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

20 (b) what constitutes dishonorable, unethical, or  
21 unprofessional conduct of a character likely to deceive,  
22 defraud, or harm the public;

23 (c) what constitutes immoral conduct in the commission  
24 of any act, including, but not limited to, commission of  
25 an act of sexual misconduct related to the licensee's  
26 practice; and



1           (d) what constitutes gross negligence in the practice  
2           of medicine.

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

6           In enforcing this Section, the Disciplinary Board or the  
7           Licensing Board, upon a showing of a possible violation, may  
8           compel, in the case of the Disciplinary Board, any individual  
9           who is licensed to practice under this Act or holds a permit to  
10          practice under this Act, or, in the case of the Licensing  
11          Board, any individual who has applied for licensure or a  
12          permit pursuant to this Act, to submit to a mental or physical  
13          examination and evaluation, or both, which may include a  
14          substance abuse or sexual offender evaluation, as required by  
15          the Licensing Board or Disciplinary Board and at the expense  
16          of the Department. The Disciplinary Board or Licensing Board  
17          shall specifically designate the examining physician licensed  
18          to practice medicine in all of its branches or, if applicable,  
19          the multidisciplinary team involved in providing the mental or  
20          physical examination and evaluation, or both. The  
21          multidisciplinary team shall be led by a physician licensed to  
22          practice medicine in all of its branches and may consist of one  
23          or more or a combination of physicians licensed to practice  
24          medicine in all of its branches, licensed chiropractic  
25          physicians, licensed clinical psychologists, licensed clinical  
26          social workers, licensed clinical professional counselors, and

1 other professional and administrative staff. Any examining  
2 physician or member of the multidisciplinary team may require  
3 any person ordered to submit to an examination and evaluation  
4 pursuant to this Section to submit to any additional  
5 supplemental testing deemed necessary to complete any  
6 examination or evaluation process, including, but not limited  
7 to, blood testing, urinalysis, psychological testing, or  
8 neuropsychological testing. The Disciplinary Board, the  
9 Licensing Board, or the Department may order the examining  
10 physician or any member of the multidisciplinary team to  
11 provide to the Department, the Disciplinary Board, or the  
12 Licensing Board any and all records, including business  
13 records, that relate to the examination and evaluation,  
14 including any supplemental testing performed. The Disciplinary  
15 Board, the Licensing Board, or the Department may order the  
16 examining physician or any member of the multidisciplinary  
17 team to present testimony concerning this examination and  
18 evaluation of the licensee, permit holder, or applicant,  
19 including testimony concerning any supplemental testing or  
20 documents relating to the examination and evaluation. No  
21 information, report, record, or other documents in any way  
22 related to the examination and evaluation shall be excluded by  
23 reason of any common law or statutory privilege relating to  
24 communication between the licensee, permit holder, or  
25 applicant and the examining physician or any member of the  
26 multidisciplinary team. No authorization is necessary from the

1 licensee, permit holder, or applicant ordered to undergo an  
2 evaluation and examination for the examining physician or any  
3 member of the multidisciplinary team to provide information,  
4 reports, records, or other documents or to provide any  
5 testimony regarding the examination and evaluation. The  
6 individual to be examined may have, at his or her own expense,  
7 another physician of his or her choice present during all  
8 aspects of the examination. Failure of any individual to  
9 submit to mental or physical examination and evaluation, or  
10 both, when directed, shall result in an automatic suspension,  
11 without hearing, until such time as the individual submits to  
12 the examination. If the Disciplinary Board or Licensing Board  
13 finds a physician unable to practice following an examination  
14 and evaluation because of the reasons set forth in this  
15 Section, the Disciplinary Board or Licensing Board shall  
16 require such physician to submit to care, counseling, or  
17 treatment by physicians, or other health care professionals,  
18 approved or designated by the Disciplinary Board, as a  
19 condition for issued, continued, reinstated, or renewed  
20 licensure to practice. Any physician, whose license was  
21 granted pursuant to Sections 9, 17, or 19 of this Act, or,  
22 continued, reinstated, renewed, disciplined or supervised,  
23 subject to such terms, conditions, or restrictions who shall  
24 fail to comply with such terms, conditions, or restrictions,  
25 or to complete a required program of care, counseling, or  
26 treatment, as determined by the Chief Medical Coordinator or

1 Deputy Medical Coordinators, shall be referred to the  
2 Secretary for a determination as to whether the licensee shall  
3 have his or her ~~their~~ license suspended immediately, pending a  
4 hearing by the Disciplinary Board. In instances in which the  
5 Secretary immediately suspends a license under this Section, a  
6 hearing upon such person's license must be convened by the  
7 Disciplinary Board within 15 days after such suspension and  
8 completed without appreciable delay. The Disciplinary Board  
9 shall have the authority to review the subject physician's  
10 record of treatment and counseling regarding the impairment,  
11 to the extent permitted by applicable federal statutes and  
12 regulations safeguarding the confidentiality of medical  
13 records.

14 An individual licensed under this Act, affected under this  
15 Section, shall be afforded an opportunity to demonstrate to  
16 the Disciplinary Board that he or she ~~they~~ can resume practice  
17 in compliance with acceptable and prevailing standards under  
18 the provisions of his or her ~~their~~ license.

19 The Department may promulgate rules for the imposition of  
20 fines in disciplinary cases, not to exceed \$10,000 for each  
21 violation of this Act. Fines may be imposed in conjunction  
22 with other forms of disciplinary action, but shall not be the  
23 exclusive disposition of any disciplinary action arising out  
24 of conduct resulting in death or injury to a patient. Any funds  
25 collected from such fines shall be deposited in the Illinois  
26 State Medical Disciplinary Fund.

1 All fines imposed under this Section shall be paid within  
2 60 days after the effective date of the order imposing the fine  
3 or in accordance with the terms set forth in the order imposing  
4 the fine.

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

16 (C) The Department shall not revoke, suspend, place on  
17 probation, reprimand, refuse to issue or renew, or take any  
18 other disciplinary or non-disciplinary action against the  
19 license or permit issued under this Act to practice medicine  
20 to a physician:

21 (1) based solely upon the recommendation of the  
22 physician to an eligible patient regarding, or  
23 prescription for, or treatment with, an investigational  
24 drug, biological product, or device; or

25 (2) for experimental treatment for Lyme disease or  
26 other tick-borne diseases, including, but not limited to,

1 the prescription of or treatment with long-term  
2 antibiotics.

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

13 (Source: P.A. 100-429, eff. 8-25-17; 100-513, eff. 1-1-18;  
14 100-605, eff. 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff.  
15 1-1-19; 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 101-363,  
16 eff. 8-9-19; revised 9-20-19.)

17 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

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

19 Sec. 36. Investigation; notice.

20 (a) Upon the motion of either the Department or the  
21 Disciplinary Board or upon the verified complaint in writing  
22 of any person setting forth facts which, if proven, would  
23 constitute grounds for suspension or revocation under Section  
24 22 of this Act, the Department shall investigate the actions  
25 of any person, so accused, who holds or represents that he or

1 she holds a license. Such person is hereinafter called the  
2 accused.

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

24 (c) ~~(Blank)~~. Where a physician has been found, upon  
25 complaint and investigation of the Department, and after  
26 hearing, to have performed an abortion procedure in a wilful

1 and wanton manner upon a woman who was not pregnant at the time  
2 such abortion procedure was performed, the Department shall  
3 automatically revoke the license of such physician to practice  
4 medicine in Illinois.

5 (d) Such written notice and any notice in such proceedings  
6 thereafter may be served by personal delivery, email to the  
7 respondent's email address of record, or mail to the  
8 respondent's address of record.

9 (e) All information gathered by the Department during its  
10 investigation including information subpoenaed under Section  
11 23 or 38 of this Act and the investigative file shall be kept  
12 for the confidential use of the Secretary, Disciplinary Board,  
13 the Medical Coordinators, persons employed by contract to  
14 advise the Medical Coordinator or the Department, the  
15 Disciplinary Board's attorneys, the medical investigative  
16 staff, and authorized clerical staff, as provided in this Act  
17 and shall be afforded the same status as is provided  
18 information concerning medical studies in Part 21 of Article  
19 VIII of the Code of Civil Procedure, except that the  
20 Department may disclose information and documents to a  
21 federal, State, or local law enforcement agency pursuant to a  
22 subpoena in an ongoing criminal investigation to a health care  
23 licensing body of this State or another state or jurisdiction  
24 pursuant to an official request made by that licensing body.  
25 Furthermore, information and documents disclosed to a federal,  
26 State, or local law enforcement agency may be used by that



1 agency only for the investigation and prosecution of a  
2 criminal offense or, in the case of disclosure to a health care  
3 licensing body, only for investigations and disciplinary  
4 action proceedings with regard to a license issued by that  
5 licensing body.

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

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

10 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

12 Sec. 65-35. Written collaborative agreements.

13 (a) A written collaborative agreement is required for all  
14 advanced practice registered nurses engaged in clinical  
15 practice prior to meeting the requirements of Section 65-43,  
16 except for advanced practice registered nurses who are  
17 privileged to practice in a hospital, hospital affiliate, or  
18 ambulatory surgical treatment center.

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

1           (b) A written collaborative agreement shall describe the  
2 relationship of the advanced practice registered nurse with  
3 the collaborating physician and shall describe the categories  
4 of care, treatment, or procedures to be provided by the  
5 advanced practice registered nurse. A collaborative agreement  
6 with a podiatric physician must be in accordance with  
7 subsection (c-5) or (c-15) of this Section. A collaborative  
8 agreement with a dentist must be in accordance with subsection  
9 (c-10) of this Section. A collaborative agreement with a  
10 podiatric physician must be in accordance with subsection  
11 (c-5) of this Section. Collaboration does not require an  
12 employment relationship between the collaborating physician  
13 and the advanced practice registered nurse.

14           The collaborative relationship under an agreement shall  
15 not be construed to require the personal presence of a  
16 collaborating physician at the place where services are  
17 rendered. Methods of communication shall be available for  
18 consultation with the collaborating physician in person or by  
19 telecommunications or electronic communications as set forth  
20 in the written agreement.

21           (b-5) Absent an employment relationship, a written  
22 collaborative agreement may not (1) restrict the categories of  
23 patients of an advanced practice registered nurse within the  
24 scope of the advanced practice registered nurses training and  
25 experience, (2) limit third party payors or government health  
26 programs, such as the medical assistance program or Medicare

1 with which the advanced practice registered nurse contracts,  
2 or (3) limit the geographic area or practice location of the  
3 advanced practice registered nurse in this State.

4 (c) In the case of anesthesia services provided by a  
5 certified registered nurse anesthetist, an anesthesiologist, a  
6 physician, a dentist, or a podiatric physician must  
7 participate through discussion of and agreement with the  
8 anesthesia plan and remain physically present and available on  
9 the premises during the delivery of anesthesia services for  
10 diagnosis, consultation, and treatment of emergency medical  
11 conditions.

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

1 anesthesiologist or the operating physician or operating  
2 podiatric physician.

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

1 operating dentist.

2 (c-15) An advanced practice registered nurse who had a  
3 written collaborative agreement with a podiatric physician  
4 immediately before the effective date of Public Act 100-513  
5 may continue in that collaborative relationship or enter into  
6 a new written collaborative relationship with a podiatric  
7 physician under the requirements of this Section and Section  
8 65-40, as those Sections existed immediately before the  
9 amendment of those Sections by Public Act 100-513 with regard  
10 to a written collaborative agreement between an advanced  
11 practice registered nurse and a podiatric physician.

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

16 (e) Nothing in this Act shall be construed to limit the  
17 delegation of tasks or duties by a physician to a licensed  
18 practical nurse, a registered professional nurse, or other  
19 persons in accordance with Section 54.2 of the Medical  
20 Practice Act of 1987. Nothing in this Act shall be construed to  
21 limit the method of delegation that may be authorized by any  
22 means, including, but not limited to, oral, written,  
23 electronic, standing orders, protocols, guidelines, or verbal  
24 orders.

25 (e-5) Nothing in this Act shall be construed to authorize  
26 an advanced practice registered nurse to provide health care

1 services required by law or rule to be performed by a  
2 physician, including those acts to be performed by a physician  
3 in Section 3.1 of the Illinois Abortion Law of 2021. ~~The scope~~  
4 ~~of practice of an advanced practice registered nurse does not~~  
5 ~~include operative surgery. Nothing in this Section shall be~~  
6 ~~construed to preclude an advanced practice registered nurse~~  
7 ~~from assisting in surgery.~~

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

13 (g) (Blank).

14 (Source: P.A. 100-513, eff. 1-1-18; 100-577, eff. 1-26-18;  
15 100-1096, eff. 8-26-18; 101-13, eff. 6-12-19.)

16 (225 ILCS 65/65-43)

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

18 Sec. 65-43. Full practice authority.

19 (a) An Illinois-licensed advanced practice registered  
20 nurse certified as a nurse practitioner, nurse midwife, or  
21 clinical nurse specialist shall be deemed by law to possess  
22 the ability to practice without a written collaborative  
23 agreement as set forth in this Section.

24 (b) An advanced practice registered nurse certified as a  
25 nurse midwife, clinical nurse specialist, or nurse

1 practitioner who files with the Department a notarized  
2 attestation of completion of at least 250 hours of continuing  
3 education or training and at least 4,000 hours of clinical  
4 experience after first attaining national certification shall  
5 not require a written collaborative agreement, except as  
6 specified in subsection (c). Documentation of successful  
7 completion shall be provided to the Department upon request.

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

11 The clinical experience must be in the advanced practice  
12 registered nurse's area of certification. The clinical  
13 experience shall be in collaboration with a physician or  
14 physicians. Completion of the clinical experience must be  
15 attested to by the collaborating physician or physicians and  
16 the advanced practice registered nurse.

17 (c) The scope of practice of an advanced practice  
18 registered nurse with full practice authority includes:

19 (1) all matters included in subsection (c) of Section  
20 65-30 of this Act;

21 (2) practicing without a written collaborative  
22 agreement in all practice settings consistent with  
23 national certification;

24 (3) authority to prescribe both legend drugs and  
25 Schedule II through V controlled substances; this  
26 authority includes prescription of, selection of, orders

1 for, administration of, storage of, acceptance of samples  
2 of, and dispensing over the counter medications, legend  
3 drugs, and controlled substances categorized as any  
4 Schedule II through V controlled substances, as defined in  
5 Article II of the Illinois Controlled Substances Act, and  
6 other preparations, including, but not limited to,  
7 botanical and herbal remedies;

8 (4) prescribing benzodiazepines or Schedule II  
9 narcotic drugs, such as opioids, only in a consultation  
10 relationship with a physician; this consultation  
11 relationship shall be recorded in the Prescription  
12 Monitoring Program website, pursuant to Section 316 of the  
13 Illinois Controlled Substances Act, by the physician and  
14 advanced practice registered nurse with full practice  
15 authority and is not required to be filed with the  
16 Department; the specific Schedule II narcotic drug must be  
17 identified by either brand name or generic name; the  
18 specific Schedule II narcotic drug, such as an opioid, may  
19 be administered by oral dosage or topical or transdermal  
20 application; delivery by injection or other route of  
21 administration is not permitted; at least monthly, the  
22 advanced practice registered nurse and the physician must  
23 discuss the condition of any patients for whom a  
24 benzodiazepine or opioid is prescribed; nothing in this  
25 subsection shall be construed to require a prescription by  
26 an advanced practice registered nurse with full practice



1 authority to require a physician name;

2 (5) authority to obtain an Illinois controlled  
3 substance license and a federal Drug Enforcement  
4 Administration number; and

5 (6) use of only local anesthetic.

6 The scope of practice of an advanced practice registered  
7 nurse does not include operative surgery. ~~Nothing in this~~  
8 ~~Section shall be construed to preclude an advanced practice~~  
9 ~~registered nurse from assisting in surgery.~~

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

13 (e) Nothing in this Act shall be construed to authorize an  
14 advanced practice registered nurse with full practice  
15 authority to provide health care services required by law or  
16 rule to be performed by a physician, including, but not  
17 limited to, those acts to be performed by a physician in  
18 Section 3.1 of the Illinois Abortion Law of 2021.

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

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

22 (225 ILCS 95/7.5)

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

24 Sec. 7.5. Written collaborative agreements; prescriptive

1 authority.

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

5 (1) A written collaborative agreement shall describe  
6 the working relationship of the physician assistant with  
7 the collaborating physician and shall describe the  
8 categories of care, treatment, or procedures to be  
9 provided by the physician assistant. The written  
10 collaborative agreement shall promote the exercise of  
11 professional judgment by the physician assistant  
12 commensurate with his or her education and experience. The  
13 services to be provided by the physician assistant shall  
14 be services that the collaborating physician is authorized  
15 to and generally provides to his or her patients in the  
16 normal course of his or her clinical medical practice. The  
17 written collaborative agreement need not describe the  
18 exact steps that a physician assistant must take with  
19 respect to each specific condition, disease, or symptom  
20 but must specify which authorized procedures require the  
21 presence of the collaborating physician as the procedures  
22 are being performed. The relationship under a written  
23 collaborative agreement shall not be construed to require  
24 the personal presence of a physician at the place where  
25 services are rendered. Methods of communication shall be  
26 available for consultation with the collaborating

1 physician in person or by telecommunications or electronic  
2 communications as set forth in the written collaborative  
3 agreement. For the purposes of this Act, "generally  
4 provides to his or her patients in the normal course of his  
5 or her clinical medical practice" means services, not  
6 specific tasks or duties, the collaborating physician  
7 routinely provides individually or through delegation to  
8 other persons so that the physician has the experience and  
9 ability to collaborate and provide consultation.

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

12 (A) Participates in the joint formulation and  
13 joint approval of orders or guidelines with the  
14 physician assistant and he or she periodically reviews  
15 such orders and the services provided patients under  
16 such orders in accordance with accepted standards of  
17 medical practice and physician assistant practice.

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

19 (3) A copy of the signed, written collaborative  
20 agreement must be available to the Department upon request  
21 from both the physician assistant and the collaborating  
22 physician.

23 (4) A physician assistant shall inform each  
24 collaborating physician of all written collaborative  
25 agreements he or she has signed and provide a copy of these  
26 to any collaborating physician upon request.

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

16 (1) To prescribe Schedule II, III, IV, or V controlled  
17 substances under this Section, a physician assistant must  
18 obtain a mid-level practitioner controlled substances  
19 license. Medication orders issued by a physician assistant  
20 shall be reviewed periodically by the collaborating  
21 physician.

22 (2) The collaborating physician shall file with the  
23 Department notice of delegation of prescriptive authority  
24 to a physician assistant and termination of delegation,  
25 specifying the authority delegated or terminated. Upon  
26 receipt of this notice delegating authority to prescribe

1 controlled substances, the physician assistant shall be  
2 eligible to register for a mid-level practitioner  
3 controlled substances license under Section 303.05 of the  
4 Illinois Controlled Substances Act. Nothing in this Act  
5 shall be construed to limit the delegation of tasks or  
6 duties by the collaborating physician to a nurse or other  
7 appropriately trained persons in accordance with Section  
8 54.2 of the Medical Practice Act of 1987.

9 (3) In addition to the requirements of this subsection  
10 (b), a collaborating physician may, but is not required  
11 to, delegate authority to a physician assistant to  
12 prescribe Schedule II controlled substances, if all of the  
13 following conditions apply:

14 (A) Specific Schedule II controlled substances by  
15 oral dosage or topical or transdermal application may  
16 be delegated, provided that the delegated Schedule II  
17 controlled substances are routinely prescribed by the  
18 collaborating physician. This delegation must identify  
19 the specific Schedule II controlled substances by  
20 either brand name or generic name. Schedule II  
21 controlled substances to be delivered by injection or  
22 other route of administration may not be delegated.

23 (B) (Blank).

24 (C) Any prescription must be limited to no more  
25 than a 30-day supply, with any continuation authorized  
26 only after prior approval of the collaborating

1 physician.

2 (D) The physician assistant must discuss the  
3 condition of any patients for whom a controlled  
4 substance is prescribed monthly with the collaborating  
5 physician.

6 (E) The physician assistant meets the education  
7 requirements of Section 303.05 of the Illinois  
8 Controlled Substances Act.

9 (c) Nothing in this Act shall be construed to limit the  
10 delegation of tasks or duties by a physician to a licensed  
11 practical nurse, a registered professional nurse, or other  
12 persons. Nothing in this Act shall be construed to limit the  
13 method of delegation that may be authorized by any means,  
14 including, but not limited to, oral, written, electronic,  
15 standing orders, protocols, guidelines, or verbal orders.  
16 Nothing in this Act shall be construed to authorize a  
17 physician assistant to provide health care services required  
18 by law or rule to be performed by a physician. ~~Nothing in this~~  
19 ~~Act shall be construed to authorize the delegation or~~  
20 ~~performance of operative surgery. Nothing in this Section~~  
21 ~~shall be construed to preclude a physician assistant from~~  
22 ~~assisting in surgery.~~

23 (c-5) Nothing in this Section shall be construed to apply  
24 to any medication authority, including Schedule II controlled  
25 substances of a licensed physician assistant for care provided  
26 in a hospital, hospital affiliate, or ambulatory surgical

1 treatment center pursuant to Section 7.7 of this Act.

2 (d) (Blank).

3 (e) Nothing in this Section shall be construed to prohibit  
4 generic substitution.

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

7 Section 655. The Vital Records Act is amended by changing  
8 Section 1 as follows:

9 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

10 Sec. 1. As used in this Act, unless the context otherwise  
11 requires:

12 (1) "Vital records" means records of births, deaths, fetal  
13 deaths, marriages, dissolution of marriages, and data related  
14 thereto.

15 (2) "System of vital records" includes the registration,  
16 collection, preservation, amendment, and certification of  
17 vital records, and activities related thereto.

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

22 (4) "Registration" means the acceptance by the Office of  
23 Vital Records and the incorporation in its official records of  
24 certificates, reports, or other records provided for in this

1 Act, of births, deaths, fetal deaths, adoptions, marriages, or  
2 dissolution of marriages.

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

10 (6) "Fetal death" means death prior to the complete  
11 expulsion or extraction from ~~the uterus~~ its mother of a  
12 product of human conception, irrespective of the duration of  
13 pregnancy, ~~and which is not due to an abortion as defined in~~  
14 ~~Section 1-10 of the Reproductive Health Act. ;~~ The the death is  
15 indicated by the fact that after such separation the fetus  
16 does not breathe or show any other evidence of life such as  
17 beating of the heart, pulsation of the umbilical cord, or  
18 definite movement of voluntary muscles.

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

22 (8) "Final disposition" means the burial, cremation, or  
23 other disposition of a dead human body or fetus or parts  
24 thereof.

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



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

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

8           (12) "Director" means the Director of the Illinois  
9 Department of Public Health.

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

14          (14) "Licensed mental health professional" means a person  
15 who is licensed or registered to provide mental health  
16 services by the Department of Financial and Professional  
17 Regulation or a board of registration duly authorized to  
18 register or grant licenses to persons engaged in the practice  
19 of providing mental health services in Illinois or any other  
20 state.

21          (15) "Intersex condition" means a condition in which a  
22 person is born with a reproductive or sexual anatomy or  
23 chromosome pattern that does not fit typical definitions of  
24 male or female.

25          (16) "Homeless person" means an individual who meets the  
26 definition of "homeless" under Section 103 of the federal

1 McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302) or an  
2 individual residing in any of the living situations described  
3 in 42 U.S.C. 11434a(2).

4 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;  
5 100-863, eff. 8-14-18; 101-13, eff. 6-12-19.)

6 Section 660. The Environmental Protection Act is amended  
7 by changing Section 56.1 as follows:

8 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

9 Sec. 56.1. Acts prohibited.

10 (A) No person shall:

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

15 (1) the infectious potential has been eliminated  
16 from the sharps by treatment; and

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

19 (b) Cause or allow the delivery of any potentially  
20 infectious medical waste for transport, storage,  
21 treatment, or transfer except in accordance with Board  
22 regulations.

23 (c) Beginning July 1, 1992, cause or allow the  
24 delivery of any potentially infectious medical waste to a

1 person or facility for storage, treatment, or transfer  
2 that does not have a permit issued by the agency to receive  
3 potentially infectious medical waste, unless no permit is  
4 required under subsection (g) (1).

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

8 (1) the transporter has a permit issued by the  
9 Agency to transport potentially infectious medical  
10 waste, or the transporter is exempt from the permit  
11 requirement set forth in subsection (f) (1).

12 (2) a potentially infectious medical waste  
13 manifest is completed for the waste if a manifest is  
14 required under subsection (h).

15 (e) Cause or allow the acceptance of any potentially  
16 infectious medical waste for purposes of transport,  
17 storage, treatment, or transfer except in accordance with  
18 Board regulations.

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

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

24 (A) a person transporting potentially  
25 infectious medical waste generated solely by that  
26 person's activities;

1 (B) noncommercial transportation of less than  
2 50 pounds of potentially infectious medical waste  
3 at any one time; or

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

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

7 (3) In violation of any regulation adopted by the  
8 Board.

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

11 (g) Beginning July 1, 1992, conduct any potentially  
12 infectious medical waste treatment, storage, or transfer  
13 operation:

14 (1) without a permit issued by the Agency that  
15 specifically authorizes the treatment, storage, or  
16 transfer of potentially infectious medical waste. No  
17 permit is required under this subsection (g) or  
18 subsection (d) (1) of Section 21 for any:

19 (A) Person conducting a potentially infectious  
20 medical waste treatment, storage, or transfer  
21 operation for potentially infectious medical waste  
22 generated by the person's own activities that are  
23 treated, stored, or transferred within the site  
24 where the potentially infectious medical waste is  
25 generated.

26 (B) Hospital that treats, stores, or transfers

1           only potentially infectious medical waste  
2           generated by its own activities or by members of  
3           its medical staff.

4           (C) Sharps collection station that is operated  
5           in accordance with Section 56.7.

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

8           (3) in violation of any regulation adopted by the  
9           Board.

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

12          (h) Transport potentially infectious medical waste  
13          unless the transporter carries a completed potentially  
14          infectious medical waste manifest. No manifest is required  
15          for the transportation of:

16               (1) potentially infectious medical waste being  
17               transported by generators who generated the waste by  
18               their own activities, when the potentially infectious  
19               medical waste is transported within or between sites  
20               or facilities owned, controlled, or operated by that  
21               person;

22               (2) less than 50 pounds of potentially infectious  
23               medical waste at any one time for a noncommercial  
24               transportation activity; or

25               (3) potentially infectious medical waste by the  
26               U.S. Postal Service.

1           (i) Offer for transportation, transport, deliver,  
2 receive or accept potentially infectious medical waste for  
3 which a manifest is required, unless the manifest  
4 indicates that the fee required under Section 56.4 of this  
5 Act has been paid.

6           (j) Beginning January 1, 1994, conduct a potentially  
7 infectious medical waste treatment operation at an  
8 incinerator in existence on the effective date of this  
9 Title in violation of emission standards established for  
10 these incinerators under Section 129 of the Clean Air Act  
11 (42 USC 7429), as amended.

12           (k) Beginning July 1, 2015, knowingly mix household  
13 sharps, including, but not limited to, hypodermic,  
14 intravenous, or other medical needles or syringes or other  
15 medical household waste containing used or unused sharps,  
16 including, but not limited to, hypodermic, intravenous, or  
17 other medical needles or syringes or other sharps, with  
18 any other material intended for collection as a recyclable  
19 material by a residential hauler.

20           (l) Beginning on July 1, 2015, knowingly place  
21 household sharps into a container intended for collection  
22 by a residential hauler for processing at a recycling  
23 center.

24           (B) In making its orders and determinations relative to  
25 penalties, if any, to be imposed for violating subdivision  
26 (A)(a) of this Section, the Board, in addition to the factors

1 in Sections 33(c) and 42(h) of this Act, or the Court shall  
2 take into consideration whether the owner or operator of the  
3 landfill reasonably relied on written statements from the  
4 person generating or treating the waste that the waste is not  
5 potentially infectious medical waste.

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

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

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

14 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

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

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

19 (1) either intended to cause the death of or do great  
20 bodily harm to the pregnant ~~individual~~ woman or her unborn  
21 child or knew that such acts would cause death or great  
22 bodily harm to the pregnant ~~individual~~ woman or her unborn  
23 child; or

24 (2) knew that his acts created a strong probability of

1 death or great bodily harm to the pregnant ~~individual~~  
2 woman or her unborn child; and

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

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

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

16 (d) Penalty. The sentence for intentional homicide of an  
17 unborn child shall be the same as for first degree murder,  
18 except that:

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

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

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

26 (4) if, during the commission of the offense, the



1 person personally discharged a firearm that proximately  
2 caused great bodily harm, permanent disability, permanent  
3 disfigurement, or death to another person, 25 years or up  
4 to a term of natural life shall be added to the term of  
5 imprisonment imposed by the court.

6 (e) The provisions of this Act shall not be construed to  
7 prohibit the prosecution of any person under any other  
8 provision of law.

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

10 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

11 Sec. 9-2.1. Voluntary Manslaughter of an Unborn Child. (a)  
12 A person who kills an unborn child without lawful  
13 justification commits voluntary manslaughter of an unborn  
14 child if at the time of the killing he is acting under a sudden  
15 and intense passion resulting from serious provocation by  
16 another whom the offender endeavors to kill, but he  
17 negligently or accidentally causes the death of the unborn  
18 child.

19 Serious provocation is conduct sufficient to excite an  
20 intense passion in a reasonable person.

21 (b) A person who intentionally or knowingly kills an  
22 unborn child commits voluntary manslaughter of an unborn child  
23 if at the time of the killing he believes the circumstances to  
24 be such that, if they existed, would justify or exonerate the  
25 killing under the principles stated in Article 7 of this Code,

1 but his belief is unreasonable.

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

4 (d) For purposes of this Section, (1) "unborn child" shall  
5 mean any individual of the human species from ~~the implantation~~  
6 ~~of an embryo~~ fertilization until birth, and (2) "person" shall  
7 not include the pregnant ~~individual~~ woman whose unborn child  
8 is killed.

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

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

18 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

19 Sec. 9-3.2. Involuntary manslaughter and reckless homicide  
20 of an unborn child.

21 (a) A person who unintentionally kills an unborn child  
22 without lawful justification commits involuntary manslaughter  
23 of an unborn child if his acts whether lawful or unlawful which  
24 cause the death are such as are likely to cause death or great  
25 bodily harm to some individual, and he performs them

1 recklessly, except in cases in which the cause of death  
2 consists of the driving of a motor vehicle, in which case the  
3 person commits reckless homicide of an unborn child.

4 (b) Sentence.

5 (1) Involuntary manslaughter of an unborn child is a  
6 Class 3 felony.

7 (2) Reckless homicide of an unborn child is a Class 3  
8 felony.

9 (c) For purposes of this Section, (1) "unborn child" shall  
10 mean any individual of the human species from fertilization  
11 ~~the implantation of an embryo~~ until birth, and (2) "person"  
12 shall not include the pregnant individual whose unborn child  
13 is killed.

14 (d) This Section shall not apply to acts which cause the  
15 death of an unborn child if those acts were committed during  
16 any abortion, as defined in Section 2 of the Illinois Abortion  
17 Law of 2021, as amended ~~Section 1-10 of the Reproductive~~  
18 ~~Health Act,~~ 7 to which the pregnant woman ~~individual~~ has  
19 consented. This Section shall not apply to acts which were  
20 committed pursuant to usual and customary standards of medical  
21 practice during diagnostic testing or therapeutic treatment.

22 (e) The provisions of this Section shall not be construed  
23 to prohibit the prosecution of any person under any other  
24 provision of law, nor shall it be construed to preclude any  
25 civil cause of action.

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

1 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

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

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

7 (a-5) A person commits aggravated battery of an unborn  
8 child when, in committing a battery of an unborn child, he or  
9 she knowingly causes great bodily harm or permanent disability  
10 or disfigurement to an unborn child.

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

16 (c) Sentence. Battery of an unborn child is a Class A  
17 misdemeanor. Aggravated battery of an unborn child is a Class  
18 2 felony.

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

1 of medical practice during diagnostic testing or therapeutic  
2 treatment.

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

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

6 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

7 Sec. 8-802. Physician and patient. No physician or surgeon  
8 shall be permitted to disclose any information he or she may  
9 have acquired in attending any patient in a professional  
10 character, necessary to enable him or her professionally to  
11 serve the patient, except only (1) in trials for homicide when  
12 the disclosure relates directly to the fact or immediate  
13 circumstances of the homicide, (2) in actions, civil or  
14 criminal, against the physician for malpractice, (3) with the  
15 expressed consent of the patient, or in case of his or her  
16 death or disability, of his or her personal representative or  
17 other person authorized to sue for personal injury or of the  
18 beneficiary of an insurance policy on his or her life, health,  
19 or physical condition, or as authorized by Section 8-2001.5,  
20 (4) in all actions brought by or against the patient, his or  
21 her personal representative, a beneficiary under a policy of  
22 insurance, or the executor or administrator of his or her  
23 estate wherein the patient's physical or mental condition is  
24 an issue, (5) upon an issue as to the validity of a document as

1 a will of the patient, (6) ~~(blank)~~ in any criminal action where  
2 the charge is either first degree murder by abortion,  
3 attempted abortion or abortion, (7) in actions, civil or  
4 criminal, arising from the filing of a report in compliance  
5 with the Abused and Neglected Child Reporting Act, (8) to any  
6 department, agency, institution or facility which has custody  
7 of the patient pursuant to State statute or any court order of  
8 commitment, (9) in prosecutions where written results of blood  
9 alcohol tests are admissible pursuant to Section 11-501.4 of  
10 the Illinois Vehicle Code, (10) in prosecutions where written  
11 results of blood alcohol tests are admissible under Section  
12 5-11a of the Boat Registration and Safety Act, (11) in  
13 criminal actions arising from the filing of a report of  
14 suspected terrorist offense in compliance with Section  
15 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the  
16 issuance of a subpoena pursuant to Section 38 of the Medical  
17 Practice Act of 1987; the issuance of a subpoena pursuant to  
18 Section 25.1 of the Illinois Dental Practice Act; the issuance  
19 of a subpoena pursuant to Section 22 of the Nursing Home  
20 Administrators Licensing and Disciplinary Act; or the issuance  
21 of a subpoena pursuant to Section 25.5 of the Workers'  
22 Compensation Act, (13) upon the issuance of a grand jury  
23 subpoena pursuant to Article 112 of the Code of Criminal  
24 Procedure of 1963, or (14) to or through a health information  
25 exchange, as that term is defined in Section 2 of the Mental  
26 Health and Developmental Disabilities Confidentiality Act, in

1 accordance with State or federal law.

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

9 In the event of a conflict between the application of this  
10 Section and the Mental Health and Developmental Disabilities  
11 Confidentiality Act to a specific situation, the provisions of  
12 the Mental Health and Developmental Disabilities  
13 Confidentiality Act shall control.

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

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

17 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

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

20 (a) "Health care" means any phase of patient care,  
21 including but not limited to, testing; diagnosis;  
22 prognosis; ancillary research; instructions; family  
23 planning, counselling, referrals, or any other advice in  
24 connection with the use or procurement of contraceptives

1 and sterilization or abortion procedures; medication; or  
2 surgery or other care or treatment rendered by a physician  
3 or physicians, nurses, paraprofessionals or health care  
4 facility, intended for the physical, emotional, and mental  
5 well-being of persons; ~~or an abortion as defined by the~~  
6 ~~Reproductive Health Act;~~

7 (b) "Physician" means any person who is licensed by  
8 the State of Illinois under the Medical Practice Act of  
9 1987;

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

14 (d) "Health care facility" means any public or private  
15 hospital, clinic, center, medical school, medical training  
16 institution, laboratory or diagnostic facility,  
17 physician's office, infirmary, dispensary, ambulatory  
18 surgical treatment center or other institution or location  
19 wherein health care services are provided to any person,  
20 including physician organizations and associations,  
21 networks, joint ventures, and all other combinations of  
22 those organizations;

23 (e) "Conscience" means a sincerely held set of moral  
24 convictions arising from belief in and relation to God, or  
25 which, though not so derived, arises from a place in the  
26 life of its possessor parallel to that filled by God among



1 adherents to religious faiths;

2 (f) "Health care payer" means a health maintenance  
3 organization, insurance company, management services  
4 organization, or any other entity that pays for or  
5 arranges for the payment of any health care or medical  
6 care service, procedure, or product; and

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

9 The above definitions include not only the traditional  
10 combinations and forms of these persons and organizations but  
11 also all new and emerging forms and combinations of these  
12 persons and organizations.

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

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

16 (750 ILCS 65/15) (from Ch. 40, par. 1015)

17 Sec. 15. (a)(1) The expenses of the family and of the  
18 education of the children shall be chargeable upon the  
19 property of both husband and wife, or of either of them, in  
20 favor of creditors therefor, and in relation thereto they may  
21 be sued jointly or separately.

22 (2) No creditor, who has a claim against a spouse or former  
23 spouse for an expense incurred by that spouse or former spouse  
24 which is not a family expense, shall maintain an action

1 against the other spouse or former spouse for that expense  
2 except:

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

5 (B) an expense for goods or merchandise purchased by or in  
6 the possession of the other spouse or former spouse, or for  
7 services ordered by the other spouse or former spouse.

8 (3) Any creditor who maintains an action in violation of  
9 this subsection (a) for an expense other than a family expense  
10 against a spouse or former spouse other than the spouse or  
11 former spouse who incurred the expense, shall be liable to the  
12 other spouse or former spouse for his or her costs, expenses  
13 and attorney's fees incurred in defending the action.

14 (4) No creditor shall, with respect to any claim against a  
15 spouse or former spouse for which the creditor is prohibited  
16 under this subsection (a) from maintaining an action against  
17 the other spouse or former spouse, engage in any collection  
18 efforts against the other spouse or former spouse, including,  
19 but not limited to, informal or formal collection attempts,  
20 referral of the claim to a collector or collection agency for  
21 collection from the other spouse or former spouse, or making  
22 any representation to a credit reporting agency that the other  
23 spouse or former spouse is any way liable for payment of the  
24 claim.

25 (b) ~~(Blank)~~. No spouse shall be liable for any expense  
26 incurred by the other spouse when an abortion is performed on

1 such spouse, without the consent of such other spouse, unless  
2 the physician who performed the abortion certifies that such  
3 abortion is necessary to preserve the life of the spouse who  
4 obtained such abortion.

5 (c) ~~(Blank)~~. No parent shall be liable for any expense  
6 incurred by his or her minor child when an abortion is  
7 performed on such minor child without the consent of both  
8 parents of such child, if they both have custody, or the parent  
9 having custody, or legal guardian of such child, unless the  
10 physician who performed the abortion certifies that such  
11 abortion is necessary to preserve the life of the minor child  
12 who obtained such abortion.

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

14 Article 99.

15 Section 9999. Effective date. This Act takes effect upon  
16 becoming law.

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