

1 AN ACT concerning regulation.

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

4 Section 1. This Act may be referred to as the Health Care
5 Workforce Reinforcement Act.

6 Section 5. The Department of Professional Regulation Law
7 of the Civil Administrative Code of Illinois is amended by
8 changing Section 2105-400 as follows:

9 (20 ILCS 2105/2105-400)

10 Sec. 2105-400. Emergency powers.

11 (a) Upon proclamation of a disaster by the Governor, as
12 provided for in the Illinois Emergency Management Agency Act,
13 the Secretary of Financial and Professional Regulation shall
14 have the following powers, which shall be exercised only in
15 coordination with the Illinois Emergency Management Agency and
16 the Department of Public Health:

17 (1) The power to suspend the requirements for
18 permanent or temporary licensure of persons who are
19 licensed in another state and are working ~~under the~~
20 ~~direction of the Illinois Emergency Management Agency and~~
21 ~~the Department of Public Health~~ pursuant to a declared
22 disaster.

1 (2) The power to modify the scope of practice
2 restrictions under any licensing act administered by the
3 Department for any person working under the direction of
4 the Illinois Emergency Management Agency and the Illinois
5 Department of Public Health pursuant to the declared
6 disaster.

7 (3) The power to expand the exemption in Section 4(a)
8 of the Pharmacy Practice Act to those licensed
9 professionals whose scope of practice has been modified,
10 under paragraph (2) of subsection (a) of this Section, to
11 include any element of the practice of pharmacy as defined
12 in the Pharmacy Practice Act for any person working under
13 the direction of the Illinois Emergency Management Agency
14 and the Illinois Department of Public Health pursuant to
15 the declared disaster.

16 (b) Persons exempt from licensure under paragraph (1) of
17 subsection (a) of this Section and persons operating under
18 modified scope of practice provisions under paragraph (2) of
19 subsection (a) of this Section shall be exempt from licensure
20 or be subject to modified scope of practice only until the
21 declared disaster has ended as provided by law. For purposes
22 of this Section, persons working under the direction of an
23 emergency services and disaster agency accredited by the
24 Illinois Emergency Management Agency and a local public health
25 department, pursuant to a declared disaster, shall be deemed
26 to be working under the direction of the Illinois Emergency

1 Management Agency and the Department of Public Health.

2 (c) The Secretary or the Director, as his or her designee,
3 shall exercise these powers by way of proclamation.

4 (d) Any person who was issued a temporary out-of-state
5 permit by the Department pursuant to a proclamation issued by
6 the Secretary or related action by the Director in response to
7 the COVID-19 pandemic may continue to practice under his or
8 her temporary out-of-state permit if he or she submits an
9 application for licensure by endorsement to the Department on
10 or before May 11, 2023. Any such person may continue to
11 practice under his or her temporary out-of-state permit until
12 the Department issues the license or denies the application,
13 at which time the temporary out-of-state permit shall expire.
14 If the Department does not issue the license or does not deny
15 the application by May 11, 2024, the temporary out-of-state
16 permit shall expire. If the person holding a temporary
17 out-of-state permit does not submit an application for
18 licensure by endorsement to the Department on or before May
19 11, 2023, the temporary out-of-state COVID permit shall expire
20 on that date. The Secretary may extend the May 11, 2023
21 deadline under this subsection for an additional 60 days. This
22 subsection applies to the following licensed professions:
23 physician; registered nurse; practical nurse; advanced
24 practice registered nurse; full practice advanced practice
25 registered nurse; pharmacist; occupational therapist;
26 occupational therapy assistant; physical therapist; physical

1 therapist assistant; clinical psychologist; physician
2 assistant; clinical social worker; social worker; dietitian
3 nutritionist; professional counselor; clinical professional
4 counselor; and respiratory care practitioner.

5 (e) Any person who was issued a temporary reinstatement
6 permit by the Department pursuant to a proclamation issued by
7 the Secretary or related action by the Director in response to
8 the COVID-19 pandemic may continue to practice under his or
9 her temporary reinstatement permit if he or she submits an
10 application for restoration or reinstatement of his or her
11 license to the Department on or before May 11, 2023. Any such
12 person may continue to practice under his or her temporary
13 reinstatement permit until the Department restores or
14 reinstates the license or denies the application, at which
15 time the temporary reinstatement permit shall expire. If the
16 Department does not restore or reinstate the license or does
17 not deny the application by May 11, 2024, the temporary
18 reinstatement permit shall expire. If the person holding a
19 temporary reinstatement permit does not submit an application
20 for restoration or reinstatement to the Department on or
21 before May 11, 2023, the temporary reinstatement permit shall
22 expire on that date. The Secretary may extend the May 11, 2023
23 deadline under this subsection for an additional 60 days. This
24 subsection applies to the following licensed professions:
25 physician; registered nurse; practical nurse; advanced
26 practice registered nurse; full practice advanced practice

1 registered nurse; pharmacist; occupational therapist;
2 occupational therapy assistant; physical therapist; physical
3 therapist assistant; clinical psychologist; physician
4 assistant; clinical social worker; social worker; dietitian
5 nutritionist; professional counselor; clinical professional
6 counselor; and respiratory care practitioner.

7 (Source: P.A. 99-227, eff. 8-3-15.)

8 Section 10. The Assisted Living and Shared Housing Act is
9 amended by changing Sections 40 and 110 as follows:

10 (210 ILCS 9/40)

11 Sec. 40. Probationary licenses. If the applicant has not
12 been previously licensed under this Act or if the
13 establishment is not in operation at the time the application
14 is made and if the Department determines that the applicant
15 meets the licensure requirements of this Act, the Department
16 shall issue a probationary license. A probationary license
17 shall be valid for 120 days unless sooner suspended or
18 revoked. Within 30 days prior to the termination of a
19 probationary license, the Department shall fully and
20 completely review the establishment and, if the establishment
21 meets the applicable requirements for licensure, shall issue a
22 license, except that, during a statewide public health
23 emergency, as defined in the Illinois Emergency Management
24 Agency Act, the Department shall fully and completely review

1 the establishment to the extent feasible. If the Department
2 finds that the establishment does not meet the requirements
3 for licensure, but has made substantial progress toward
4 meeting those requirements, the license may be renewed once
5 for a period not to exceed 120 days from the expiration date of
6 the initial probationary license.

7 (Source: P.A. 93-1003, eff. 8-23-04.)

8 (210 ILCS 9/110)

9 Sec. 110. Powers and duties of the Department.

10 (a) The Department shall conduct an annual unannounced
11 on-site visit at each assisted living and shared housing
12 establishment to determine compliance with applicable
13 licensure requirements and standards, except that, during a
14 statewide public health emergency, as defined in the Illinois
15 Emergency Management Agency Act, the Department shall conduct
16 on-site reviews and annual unannounced on-site visits to the
17 extent feasible. Additional visits may be conducted without
18 prior notice to the assisted living or shared housing
19 establishment.

20 (b) Upon receipt of information that may indicate the
21 failure of the assisted living or shared housing establishment
22 or a service provider to comply with a provision of this Act,
23 the Department shall investigate the matter or make
24 appropriate referrals to other government agencies and
25 entities having jurisdiction over the subject matter of the

1 possible violation. The Department may also make referrals to
2 any public or private agency that the Department considers
3 available for appropriate assistance to those involved. The
4 Department may oversee and coordinate the enforcement of State
5 consumer protection policies affecting residents residing in
6 an establishment licensed under this Act.

7 (c) The Department shall establish by rule complaint
8 receipt, investigation, resolution, and involuntary residency
9 termination procedures. Resolution procedures shall provide
10 for on-site review and evaluation of an assisted living or
11 shared housing establishment found to be in violation of this
12 Act within a specified period of time based on the gravity and
13 severity of the violation and any pervasive pattern of
14 occurrences of the same or similar violations.

15 (d) (Blank).

16 (e) The Department shall by rule establish penalties and
17 sanctions, which shall include, but need not be limited to,
18 the creation of a schedule of graduated penalties and
19 sanctions to include closure.

20 (f) The Department shall by rule establish procedures for
21 disclosure of information to the public, which shall include,
22 but not be limited to, ownership, licensure status, frequency
23 of complaints, disposition of substantiated complaints, and
24 disciplinary actions.

25 (g) (Blank).

26 (h) Beginning January 1, 2000, the Department shall begin

1 drafting rules necessary for the administration of this Act.

2 (Source: P.A. 96-975, eff. 7-2-10.)

3 Section 15. The Nursing Home Care Act is amended by
4 changing Sections 3-102.2, 3-116, 3-202.5, 3-202.6, 3-206, and
5 3-702 as follows:

6 (210 ILCS 45/3-102.2)

7 Sec. 3-102.2. Supported congregate living arrangement
8 demonstration. The Illinois Department may grant no more than
9 3 waivers from the requirements of this Act for facilities
10 participating in the supported congregate living arrangement
11 demonstration. A joint waiver request must be made by an
12 applicant and the Department on Aging. If the Department on
13 Aging does not act upon an application within 60 days, the
14 applicant may submit a written waiver request on its own
15 behalf. The waiver request must include a specific program
16 plan describing the types of residents to be served and the
17 services that will be provided in the facility. The Department
18 shall conduct an on-site review at each facility annually or
19 as often as necessary to ascertain compliance with the program
20 plan, except that, during a statewide public health emergency,
21 as defined in the Illinois Emergency Management Agency Act,
22 the Department shall conduct on-site reviews and annual
23 unannounced on-site visits to the extent feasible. The
24 Department may revoke the waiver if it determines that the

1 facility is not in compliance with the program plan. Nothing
2 in this Section prohibits the Department from conducting
3 complaint investigations.

4 A facility granted a waiver under this Section is not
5 subject to the Illinois Health Facilities Planning Act, unless
6 it subsequently applies for a certificate of need to convert
7 to a nursing facility. A facility applying for conversion
8 shall meet the licensure and certificate of need requirements
9 in effect as of the date of application, and this provision may
10 not be waived.

11 (Source: P.A. 89-530, eff. 7-19-96.)

12 (210 ILCS 45/3-116) (from Ch. 111 1/2, par. 4153-116)

13 Sec. 3-116. If the applicant has not been previously
14 licensed or if the facility is not in operation at the time
15 application is made, the Department shall issue only a
16 probationary license. A probationary license shall be valid
17 for 120 days unless sooner suspended or revoked under Section
18 3-119. Within 30 days prior to the termination of a
19 probationary license, the Department shall fully and
20 completely inspect the facility and, if the facility meets the
21 applicable requirements for licensure, shall issue a license
22 under Section 3-109, except that, during a statewide public
23 health emergency, as defined in the Illinois Emergency
24 Management Agency Act, the Department shall fully and
25 completely inspect the establishment within appropriate time

1 frames to the extent feasible. If the Department finds that
2 the facility does not meet the requirements for licensure but
3 has made substantial progress toward meeting those
4 requirements, the license may be renewed once for a period not
5 to exceed 120 days from the expiration date of the initial
6 probationary license.

7 (Source: P.A. 81-223.)

8 (210 ILCS 45/3-202.5)

9 Sec. 3-202.5. Facility plan review; fees.

10 (a) Before commencing construction of a new facility or
11 specified types of alteration or additions to an existing long
12 term care facility involving major construction, as defined by
13 rule by the Department, with an estimated cost greater than
14 \$100,000, architectural drawings and specifications for the
15 facility shall be submitted to the Department for review and
16 approval. A facility may submit architectural drawings and
17 specifications for other construction projects for Department
18 review according to subsection (b) that shall not be subject
19 to fees under subsection (d). Review of drawings and
20 specifications shall be conducted by an employee of the
21 Department meeting the qualifications established by the
22 Department of Central Management Services class specifications
23 for such an individual's position or by a person contracting
24 with the Department who meets those class specifications.
25 Final approval of the drawings and specifications for

1 compliance with design and construction standards shall be
2 obtained from the Department before the alteration, addition,
3 or new construction is begun.

4 (b) The Department shall inform an applicant in writing
5 within 10 working days after receiving drawings and
6 specifications and the required fee, if any, from the
7 applicant whether the applicant's submission is complete or
8 incomplete. Failure to provide the applicant with this notice
9 within 10 working days shall result in the submission being
10 deemed complete for purposes of initiating the 60-day review
11 period under this Section. If the submission is incomplete,
12 the Department shall inform the applicant of the deficiencies
13 with the submission in writing. If the submission is complete
14 the required fee, if any, has been paid, the Department shall
15 approve or disapprove drawings and specifications submitted to
16 the Department no later than 60 days following receipt by the
17 Department. The drawings and specifications shall be of
18 sufficient detail, as provided by Department rule, to enable
19 the Department to render a determination of compliance with
20 design and construction standards under this Act. If the
21 Department finds that the drawings are not of sufficient
22 detail for it to render a determination of compliance, the
23 plans shall be determined to be incomplete and shall not be
24 considered for purposes of initiating the 60-day ~~60-day~~ review
25 period. If a submission of drawings and specifications is
26 incomplete, the applicant may submit additional information.

1 The 60-day review period shall not commence until the
2 Department determines that a submission of drawings and
3 specifications is complete or the submission is deemed
4 complete. If the Department has not approved or disapproved
5 the drawings and specifications within 60 days, the
6 construction, major alteration, or addition shall be deemed
7 approved. If the drawings and specifications are disapproved,
8 the Department shall state in writing, with specificity, the
9 reasons for the disapproval. The entity submitting the
10 drawings and specifications may submit additional information
11 in response to the written comments from the Department or
12 request a reconsideration of the disapproval. A final decision
13 of approval or disapproval shall be made within 45 days of the
14 receipt of the additional information or reconsideration
15 request. If denied, the Department shall state the specific
16 reasons for the denial.

17 (c) The Department shall provide written approval for
18 occupancy pursuant to subsection (g) and shall not issue a
19 violation to a facility as a result of a licensure or complaint
20 survey based upon the facility's physical structure if:

21 (1) the Department reviewed and approved or deemed
22 approved the drawings and specifications for compliance
23 with design and construction standards;

24 (2) the construction, major alteration, or addition
25 was built as submitted;

26 (3) the law or rules have not been amended since the

1 original approval; and

2 (4) the conditions at the facility indicate that there
3 is a reasonable degree of safety provided for the
4 residents.

5 (d) The Department shall charge the following fees in
6 connection with its reviews conducted before June 30, 2004
7 under this Section:

8 (1) (Blank).

9 (2) (Blank).

10 (3) If the estimated dollar value of the alteration,
11 addition, or new construction is \$100,000 or more but less
12 than \$500,000, the fee shall be the greater of \$2,400 or
13 1.2% of that value.

14 (4) If the estimated dollar value of the alteration,
15 addition, or new construction is \$500,000 or more but less
16 than \$1,000,000, the fee shall be the greater of \$6,000 or
17 0.96% of that value.

18 (5) If the estimated dollar value of the alteration,
19 addition, or new construction is \$1,000,000 or more but
20 less than \$5,000,000, the fee shall be the greater of
21 \$9,600 or 0.22% of that value.

22 (6) If the estimated dollar value of the alteration,
23 addition, or new construction is \$5,000,000 or more, the
24 fee shall be the greater of \$11,000 or 0.11% of that value,
25 but shall not exceed \$40,000.

26 The fees provided in this subsection (d) shall not apply

1 to major construction projects involving facility changes that
2 are required by Department rule amendments.

3 The fees provided in this subsection (d) shall also not
4 apply to major construction projects if 51% or more of the
5 estimated cost of the project is attributed to capital
6 equipment. For major construction projects where 51% or more
7 of the estimated cost of the project is attributed to capital
8 equipment, the Department shall by rule establish a fee that
9 is reasonably related to the cost of reviewing the project.

10 The Department shall not commence the facility plan review
11 process under this Section until the applicable fee has been
12 paid.

13 (e) All fees received by the Department under this Section
14 shall be deposited into the Health Facility Plan Review Fund,
15 a special fund created in the State Treasury. All fees paid by
16 long-term care facilities under subsection (d) shall be used
17 only to cover the costs relating to the Department's review of
18 long-term care facility projects under this Section. Moneys
19 shall be appropriated from that Fund to the Department only to
20 pay the costs of conducting reviews under this Section or
21 under Section 3-202.5 of the ID/DD Community Care Act or
22 Section 3-202.5 of the MC/DD Act. None of the moneys in the
23 Health Facility Plan Review Fund shall be used to reduce the
24 amount of General Revenue Fund moneys appropriated to the
25 Department for facility plan reviews conducted pursuant to
26 this Section.

1 (f)(1) The provisions of this amendatory Act of 1997
2 concerning drawings and specifications shall apply only to
3 drawings and specifications submitted to the Department on or
4 after October 1, 1997.

5 (2) On and after the effective date of this amendatory Act
6 of 1997 and before October 1, 1997, an applicant may submit or
7 resubmit drawings and specifications to the Department and pay
8 the fees provided in subsection (d). If an applicant pays the
9 fees provided in subsection (d) under this paragraph (2), the
10 provisions of subsection (b) shall apply with regard to those
11 drawings and specifications.

12 (g) The Department shall conduct an on-site inspection of
13 the completed project no later than 30 days after notification
14 from the applicant that the project has been completed and all
15 certifications required by the Department have been received
16 and accepted by the Department, except that, during a
17 statewide public health emergency, as defined in the Illinois
18 Emergency Management Agency Act, the Department shall conduct
19 an on-site inspection of the completed project to the extent
20 feasible. The Department shall provide written approval for
21 occupancy to the applicant within 5 working days of the
22 Department's final inspection, provided the applicant has
23 demonstrated substantial compliance as defined by Department
24 rule. Occupancy of new major construction is prohibited until
25 Department approval is received, unless the Department has not
26 acted within the time frames provided in this subsection (g),

1 in which case the construction shall be deemed approved.
2 Occupancy shall be authorized after any required health
3 inspection by the Department has been conducted.

4 (h) The Department shall establish, by rule, a procedure
5 to conduct interim on-site review of large or complex
6 construction projects.

7 (i) The Department shall establish, by rule, an expedited
8 process for emergency repairs or replacement of like
9 equipment.

10 (j) Nothing in this Section shall be construed to apply to
11 maintenance, upkeep, or renovation that does not affect the
12 structural integrity of the building, does not add beds or
13 services over the number for which the long-term care facility
14 is licensed, and provides a reasonable degree of safety for
15 the residents.

16 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

17 (210 ILCS 45/3-202.6)

18 Sec. 3-202.6. Department of Veterans' Affairs facility
19 plan review.

20 (a) Before commencing construction of a new facility or
21 specified types of alteration or additions to an existing
22 long-term care facility involving major construction, as
23 defined by rule by the Department, with an estimated cost
24 greater than \$100,000, architectural drawings and
25 specifications for the facility shall be submitted to the

1 Department for review. A facility may submit architectural
2 drawings and specifications for other construction projects
3 for Department review according to subsection (b) of this
4 Section. Review of drawings and specifications shall be
5 conducted by an employee of the Department meeting the
6 qualifications established by the Department of Central
7 Management Services class specifications for such an
8 individual's position or by a person contracting with the
9 Department who meets those class specifications.

10 (b) The Department shall inform an applicant in writing
11 within 15 working days after receiving drawings and
12 specifications from the applicant whether the applicant's
13 submission is complete or incomplete. Failure to provide the
14 applicant with this notice within 15 working days after
15 receiving drawings and specifications from the applicant shall
16 result in the submission being deemed complete for purposes of
17 initiating the 60-working-day review period under this
18 Section. If the submission is incomplete, the Department shall
19 inform the applicant of the deficiencies with the submission
20 in writing.

21 If the submission is complete, the Department shall
22 approve or disapprove drawings and specifications submitted to
23 the Department no later than 60 working days following receipt
24 by the Department. The drawings and specifications shall be of
25 sufficient detail, as provided by Department rule, to enable
26 the Department to render a determination of compliance with

1 design and construction standards under this Act. If the
2 Department finds that the drawings are not of sufficient
3 detail for it to render a determination of compliance, the
4 plans shall be determined to be incomplete and shall not be
5 considered for purposes of initiating the 60-working-day
6 review period. If a submission of drawings and specifications
7 is incomplete, the applicant may submit additional
8 information. The 60-working-day review period shall not
9 commence until the Department determines that a submission of
10 drawings and specifications is complete or the submission is
11 deemed complete. If the Department has not approved or
12 disapproved the drawings and specifications within 60 working
13 days after receipt by the Department, the construction, major
14 alteration, or addition shall be deemed approved. If the
15 drawings and specifications are disapproved, the Department
16 shall state in writing, with specificity, the reasons for the
17 disapproval. The entity submitting the drawings and
18 specifications may submit additional information in response
19 to the written comments from the Department or request a
20 reconsideration of the disapproval. A final decision of
21 approval or disapproval shall be made within 45 working days
22 after the receipt of the additional information or
23 reconsideration request. If denied, the Department shall state
24 the specific reasons for the denial.

25 (c) The Department shall provide written approval for
26 occupancy pursuant to subsection (e) of this Section and shall

1 not issue a violation to a facility as a result of a licensure
2 or complaint survey based upon the facility's physical
3 structure if:

4 (1) the Department reviewed and approved or is deemed
5 to have approved the drawings and specifications for
6 compliance with design and construction standards;

7 (2) the construction, major alteration, or addition
8 was built as submitted;

9 (3) the law or rules have not been amended since the
10 original approval; and

11 (4) the conditions at the facility indicate that there
12 is a reasonable degree of safety provided for the
13 residents.

14 (d) The Department shall not charge a fee in connection
15 with its reviews to the Department of Veterans' Affairs.

16 (e) The Department shall conduct an on-site inspection of
17 the completed project no later than 45 working days after
18 notification from the applicant that the project has been
19 completed and all certifications required by the Department
20 have been received and accepted by the Department, except
21 that, during a statewide public health emergency, as defined
22 in the Illinois Emergency Management Agency Act, the
23 Department shall conduct an on-site inspection of the
24 completed project to the extent feasible. The Department may
25 extend this deadline if a federally mandated survey time frame
26 takes precedence. The Department shall provide written

1 approval for occupancy to the applicant within 7 working days
2 after the Department's final inspection, provided the
3 applicant has demonstrated substantial compliance as defined
4 by Department rule. Occupancy of new major construction is
5 prohibited until Department approval is received, unless the
6 Department has not acted within the time frames provided in
7 this subsection (e), in which case the construction shall be
8 deemed approved. Occupancy shall be authorized after any
9 required health inspection by the Department has been
10 conducted.

11 (f) The Department shall establish, by rule, an expedited
12 process for emergency repairs or replacement of like
13 equipment.

14 (g) Nothing in this Section shall be construed to apply to
15 maintenance, upkeep, or renovation that does not affect the
16 structural integrity or fire or life safety of the building,
17 does not add beds or services over the number for which the
18 long-term care facility is licensed, and provides a reasonable
19 degree of safety for the residents.

20 (h) If the number of licensed facilities increases or the
21 number of beds for the currently licensed facilities
22 increases, the Department has the right to reassess the
23 mandated time frames listed in this Section.

24 (Source: P.A. 99-314, eff. 8-7-15.)

25 (210 ILCS 45/3-206) (from Ch. 111 1/2, par. 4153-206)

1 Sec. 3-206. The Department shall prescribe a curriculum
2 for training nursing assistants, habilitation aides, and child
3 care aides.

4 (a) No person, except a volunteer who receives no
5 compensation from a facility and is not included for the
6 purpose of meeting any staffing requirements set forth by the
7 Department, shall act as a nursing assistant, habilitation
8 aide, or child care aide in a facility, nor shall any person,
9 under any other title, not licensed, certified, or registered
10 to render medical care by the Department of Financial and
11 Professional Regulation, assist with the personal, medical, or
12 nursing care of residents in a facility, unless such person
13 meets the following requirements:

14 (1) Be at least 16 years of age, of temperate habits
15 and good moral character, honest, reliable and
16 trustworthy.

17 (2) Be able to speak and understand the English
18 language or a language understood by a substantial
19 percentage of the facility's residents.

20 (3) Provide evidence of employment or occupation, if
21 any, and residence for 2 years prior to his present
22 employment.

23 (4) Have completed at least 8 years of grade school or
24 provide proof of equivalent knowledge.

25 (5) Begin a current course of training for nursing
26 assistants, habilitation aides, or child care aides,

1 approved by the Department, within 45 days of initial
2 employment in the capacity of a nursing assistant,
3 habilitation aide, or child care aide at any facility.
4 Such courses of training shall be successfully completed
5 within 120 days of initial employment in the capacity of
6 nursing assistant, habilitation aide, or child care aide
7 at a facility. Nursing assistants, habilitation aides, and
8 child care aides who are enrolled in approved courses in
9 community colleges or other educational institutions on a
10 term, semester, or trimester basis, shall be exempt from
11 the 120-day completion time limit. During a statewide
12 public health emergency, as defined in the Illinois
13 Emergency Management Agency Act, all nursing assistants,
14 habilitation aides, and child care aides shall, to the
15 extent feasible, complete the training. The Department
16 shall adopt rules for such courses of training. These
17 rules shall include procedures for facilities to carry on
18 an approved course of training within the facility. The
19 Department shall allow an individual to satisfy the
20 supervised clinical experience requirement for placement
21 on the Health Care Worker Registry under 77 Ill. Adm. Code
22 300.663 through supervised clinical experience at an
23 assisted living establishment licensed under the Assisted
24 Living and Shared Housing Act. The Department shall adopt
25 rules requiring that the Health Care Worker Registry
26 include information identifying where an individual on the

1 Health Care Worker Registry received his or her clinical
2 training.

3 The Department may accept comparable training in lieu
4 of the 120-hour course for student nurses, foreign nurses,
5 military personnel, or employees of the Department of
6 Human Services.

7 The Department shall accept on-the-job experience in
8 lieu of clinical training from any individual who
9 participated in the temporary nursing assistant program
10 during the COVID-19 pandemic before the end date of the
11 temporary nursing assistant program and left the program
12 in good standing, and the Department shall notify all
13 approved certified nurse assistant training programs in
14 the State of this requirement. The individual shall
15 receive one hour of credit for every hour employed as a
16 temporary nursing assistant, up to 40 total hours, and
17 shall be permitted 90 days after the end date of the
18 temporary nursing assistant program to enroll in an
19 approved certified nursing assistant training program and
20 240 days to successfully complete the certified nursing
21 assistant training program. Temporary nursing assistants
22 who enroll in a certified nursing assistant training
23 program within 90 days of the end of the temporary nursing
24 assistant program may continue to work as a nursing
25 assistant for up to 240 days after enrollment in the
26 certified nursing assistant training program. As used in

1 this Section, "temporary nursing assistant program" means
2 the program implemented by the Department of Public Health
3 by emergency rule, as listed in 44 Ill. Reg. 7936,
4 effective April 21, 2020.

5 The facility shall develop and implement procedures,
6 which shall be approved by the Department, for an ongoing
7 review process, which shall take place within the
8 facility, for nursing assistants, habilitation aides, and
9 child care aides.

10 At the time of each regularly scheduled licensure
11 survey, or at the time of a complaint investigation, the
12 Department may require any nursing assistant, habilitation
13 aide, or child care aide to demonstrate, either through
14 written examination or action, or both, sufficient
15 knowledge in all areas of required training. If such
16 knowledge is inadequate the Department shall require the
17 nursing assistant, habilitation aide, or child care aide
18 to complete inservice training and review in the facility
19 until the nursing assistant, habilitation aide, or child
20 care aide demonstrates to the Department, either through
21 written examination or action, or both, sufficient
22 knowledge in all areas of required training.

23 (6) Be familiar with and have general skills related
24 to resident care.

25 (a-0.5) An educational entity, other than a secondary
26 school, conducting a nursing assistant, habilitation aide, or

1 child care aide training program shall initiate a criminal
2 history record check in accordance with the Health Care Worker
3 Background Check Act prior to entry of an individual into the
4 training program. A secondary school may initiate a criminal
5 history record check in accordance with the Health Care Worker
6 Background Check Act at any time during or after a training
7 program.

8 (a-1) Nursing assistants, habilitation aides, or child
9 care aides seeking to be included on the Health Care Worker
10 Registry under the Health Care Worker Background Check Act on
11 or after January 1, 1996 must authorize the Department of
12 Public Health or its designee to request a criminal history
13 record check in accordance with the Health Care Worker
14 Background Check Act and submit all necessary information. An
15 individual may not newly be included on the Health Care Worker
16 Registry unless a criminal history record check has been
17 conducted with respect to the individual.

18 (b) Persons subject to this Section shall perform their
19 duties under the supervision of a licensed nurse.

20 (c) It is unlawful for any facility to employ any person in
21 the capacity of nursing assistant, habilitation aide, or child
22 care aide, or under any other title, not licensed by the State
23 of Illinois to assist in the personal, medical, or nursing
24 care of residents in such facility unless such person has
25 complied with this Section.

26 (d) Proof of compliance by each employee with the

1 requirements set out in this Section shall be maintained for
2 each such employee by each facility in the individual
3 personnel folder of the employee. Proof of training shall be
4 obtained only from the Health Care Worker Registry.

5 (e) Each facility shall obtain access to the Health Care
6 Worker Registry's web application, maintain the employment and
7 demographic information relating to each employee, and verify
8 by the category and type of employment that each employee
9 subject to this Section meets all the requirements of this
10 Section.

11 (f) Any facility that is operated under Section 3-803
12 shall be exempt from the requirements of this Section.

13 (g) Each skilled nursing and intermediate care facility
14 that admits persons who are diagnosed as having Alzheimer's
15 disease or related dementias shall require all nursing
16 assistants, habilitation aides, or child care aides, who did
17 not receive 12 hours of training in the care and treatment of
18 such residents during the training required under paragraph
19 (5) of subsection (a), to obtain 12 hours of in-house training
20 in the care and treatment of such residents. If the facility
21 does not provide the training in-house, the training shall be
22 obtained from other facilities, community colleges or other
23 educational institutions that have a recognized course for
24 such training. The Department shall, by rule, establish a
25 recognized course for such training. The Department's rules
26 shall provide that such training may be conducted in-house at

1 each facility subject to the requirements of this subsection,
2 in which case such training shall be monitored by the
3 Department.

4 The Department's rules shall also provide for
5 circumstances and procedures whereby any person who has
6 received training that meets the requirements of this
7 subsection shall not be required to undergo additional
8 training if he or she is transferred to or obtains employment
9 at a different facility or a facility other than a long-term
10 care facility but remains continuously employed for pay as a
11 nursing assistant, habilitation aide, or child care aide.
12 Individuals who have performed no nursing or nursing-related
13 services for a period of 24 consecutive months shall be listed
14 as "inactive" and as such do not meet the requirements of this
15 Section. Licensed sheltered care facilities shall be exempt
16 from the requirements of this Section.

17 An individual employed during the COVID-19 pandemic as a
18 nursing assistant in accordance with any Executive Orders,
19 emergency rules, or policy memoranda related to COVID-19 shall
20 be assumed to meet competency standards and may continue to be
21 employed as a certified nurse assistant when the pandemic ends
22 and the Executive Orders or emergency rules lapse. Such
23 individuals shall be listed on the Department's Health Care
24 Worker Registry website as "active".

25 (Source: P.A. 100-297, eff. 8-24-17; 100-432, eff. 8-25-17;
26 100-863, eff. 8-14-18; 101-655, eff. 3-12-21.)

1 (210 ILCS 45/3-702) (from Ch. 111 1/2, par. 4153-702)

2 Sec. 3-702. (a) A person who believes that this Act or a
3 rule promulgated under this Act may have been violated may
4 request an investigation. The request may be submitted to the
5 Department in writing, by telephone, by electronic means, or
6 by personal visit. An oral complaint shall be reduced to
7 writing by the Department. The Department shall make
8 available, through its website and upon request, information
9 regarding the oral and phone intake processes and the list of
10 questions that will be asked of the complainant. The
11 Department shall request information identifying the
12 complainant, including the name, address, and telephone
13 number, to help enable appropriate follow-up. The Department
14 shall act on such complaints via on-site visits or other
15 methods deemed appropriate to handle the complaints with or
16 without such identifying information, as otherwise provided
17 under this Section. The complainant shall be informed that
18 compliance with such request is not required to satisfy the
19 procedures for filing a complaint under this Act. The
20 Department must notify complainants that complaints with less
21 information provided are far more difficult to respond to and
22 investigate.

23 (b) The substance of the complaint shall be provided in
24 writing to the licensee, owner, or administrator no earlier
25 than at the commencement of an on-site inspection of the

1 facility which takes place pursuant to the complaint.

2 (c) The Department shall not disclose the name of the
3 complainant unless the complainant consents in writing to the
4 disclosure or the investigation results in a judicial
5 proceeding, or unless disclosure is essential to the
6 investigation. The complainant shall be given the opportunity
7 to withdraw the complaint before disclosure. Upon the request
8 of the complainant, the Department may permit the complainant
9 or a representative of the complainant to accompany the person
10 making the on-site inspection of the facility.

11 (d) Upon receipt of a complaint, the Department shall
12 determine whether this Act or a rule promulgated under this
13 Act has been or is being violated. The Department shall
14 investigate all complaints alleging abuse or neglect within 7
15 days after the receipt of the complaint except that complaints
16 of abuse or neglect which indicate that a resident's life or
17 safety is in imminent danger shall be investigated within 24
18 hours after receipt of the complaint. All other complaints
19 shall be investigated within 30 days after the receipt of the
20 complaint, except that, during a statewide public health
21 emergency, as defined in the Illinois Emergency Management
22 Agency Act, all other complaints shall be investigated within
23 appropriate time frames to the extent feasible. The Department
24 employees investigating a complaint shall conduct a brief,
25 informal exit conference with the facility to alert its
26 administration of any suspected serious deficiency that poses

1 a direct threat to the health, safety, or welfare of a resident
2 to enable an immediate correction for the alleviation or
3 elimination of such threat. Such information and findings
4 discussed in the brief exit conference shall become a part of
5 the investigating record but shall not in any way constitute
6 an official or final notice of violation as provided under
7 Section 3-301. All complaints shall be classified as "an
8 invalid report", "a valid report", or "an undetermined
9 report". For any complaint classified as "a valid report", the
10 Department must determine within 30 working days after any
11 Department employee enters a facility to begin an on-site
12 inspection if any rule or provision of this Act has been or is
13 being violated.

14 (d-1) The Department shall, whenever possible, combine an
15 on-site investigation of a complaint in a facility with other
16 inspections in order to avoid duplication of inspections.

17 (e) In all cases, the Department shall inform the
18 complainant of its findings within 10 days of its
19 determination unless otherwise indicated by the complainant,
20 and the complainant may direct the Department to send a copy of
21 such findings to another person. The Department's findings may
22 include comments or documentation provided by either the
23 complainant or the licensee pertaining to the complaint. The
24 Department shall also notify the facility of such findings
25 within 10 days of the determination, but the name of the
26 complainant or residents shall not be disclosed in this notice

1 to the facility. The notice of such findings shall include a
2 copy of the written determination; the correction order, if
3 any; the warning notice, if any; the inspection report; or the
4 State licensure form on which the violation is listed.

5 (f) A written determination, correction order, or warning
6 notice concerning a complaint, together with the facility's
7 response, shall be available for public inspection, but the
8 name of the complainant or resident shall not be disclosed
9 without his consent.

10 (g) A complainant who is dissatisfied with the
11 determination or investigation by the Department may request a
12 hearing under Section 3-703. The facility shall be given
13 notice of any such hearing and may participate in the hearing
14 as a party. If a facility requests a hearing under Section
15 3-703 which concerns a matter covered by a complaint, the
16 complainant shall be given notice and may participate in the
17 hearing as a party. A request for a hearing by either a
18 complainant or a facility shall be submitted in writing to the
19 Department within 30 days after the mailing of the
20 Department's findings as described in subsection (e) of this
21 Section. Upon receipt of the request the Department shall
22 conduct a hearing as provided under Section 3-703.

23 (g-5) The Department shall conduct an annual review of all
24 survey activity from the preceding fiscal year and make a
25 report concerning the complaint and survey process. The report
26 shall include, but not be limited to:

- 1 (1) the total number of complaints received;
- 2 (2) the breakdown of 24-hour, 7-day, and 30-day
3 complaints;
- 4 (3) the breakdown of anonymous and non-anonymous
5 complaints;
- 6 (4) the number of complaints that were substantiated
7 versus unsubstantiated;
- 8 (5) the total number of substantiated complaints that
9 were completed in the time frame determined under
10 subsection (d);
- 11 (6) the total number of informal dispute resolutions
12 requested;
- 13 (7) the total number of informal dispute resolution
14 requests approved;
- 15 (8) the total number of informal dispute resolutions
16 that were overturned or reduced in severity;
- 17 (9) the total number of nurse surveyors hired during
18 the calendar year;
- 19 (10) the total number of nurse surveyors who left
20 Department employment;
- 21 (11) the average length of tenure for nurse surveyors
22 employed by the Department at the time the report is
23 created;
- 24 (12) the total number of times the Department imposed
25 discretionary denial of payment within 15 days of notice
26 and within 2 days of notice as well as the number of times

1 the discretionary denial of payment took effect; and
2 (13) any other complaint information requested by the
3 Long-Term Care Facility Advisory Board created under
4 Section 2-204 of this Act or the Illinois Long-Term Care
5 Council created under Section 4.04a of the Illinois Act on
6 the Aging.

7 This report shall be provided to the Long-Term Care
8 Facility Advisory Board, the Illinois Long-Term Care Council,
9 and the General Assembly. The Long-Term Care Facility Advisory
10 Board and the Illinois Long-Term Care Council shall review the
11 report and suggest any changes deemed necessary to the
12 Department for review and action, including how to investigate
13 and substantiate anonymous complaints.

14 (h) Any person who knowingly transmits a false report to
15 the Department commits the offense of disorderly conduct under
16 subsection (a)(8) of Section 26-1 of the Criminal Code of
17 2012.

18 (Source: P.A. 102-432, eff. 8-20-21; 102-947, eff. 1-1-23;
19 revised 12-9-22.)

20 Section 20. The MC/DD Act is amended by changing Sections
21 3-116, 3-202.5, and 3-702 as follows:

22 (210 ILCS 46/3-116)

23 Sec. 3-116. Probationary license. If the applicant has not
24 been previously licensed or if the facility is not in

1 operation at the time application is made, the Department
2 shall issue only a probationary license. A probationary
3 license shall be valid for 120 days unless sooner suspended or
4 revoked under Section 3-119. Within 30 days prior to the
5 termination of a probationary license, the Department shall
6 fully and completely inspect the facility and, if the facility
7 meets the applicable requirements for licensure, shall issue a
8 license under Section 3-109, except that, during a statewide
9 public health emergency, as defined in the Illinois Emergency
10 Management Agency Act, the Department shall inspect facilities
11 within an appropriate time frame to the extent feasible. If
12 the Department finds that the facility does not meet the
13 requirements for licensure but has made substantial progress
14 toward meeting those requirements, the license may be renewed
15 once for a period not to exceed 120 days from the expiration
16 date of the initial probationary license.

17 (Source: P.A. 99-180, eff. 7-29-15.)

18 (210 ILCS 46/3-202.5)

19 Sec. 3-202.5. Facility plan review; fees.

20 (a) Before commencing construction of a new facility or
21 specified types of alteration or additions to an existing
22 facility involving major construction, as defined by rule by
23 the Department, with an estimated cost greater than \$100,000,
24 architectural drawings and specifications for the facility
25 shall be submitted to the Department for review and approval.

1 A facility may submit architectural drawings and
2 specifications for other construction projects for Department
3 review according to subsection (b) that shall not be subject
4 to fees under subsection (d). Review of drawings and
5 specifications shall be conducted by an employee of the
6 Department meeting the qualifications established by the
7 Department of Central Management Services class specifications
8 for such an individual's position or by a person contracting
9 with the Department who meets those class specifications.
10 Final approval of the drawings and specifications for
11 compliance with design and construction standards shall be
12 obtained from the Department before the alteration, addition,
13 or new construction is begun.

14 (b) The Department shall inform an applicant in writing
15 within 10 working days after receiving drawings and
16 specifications and the required fee, if any, from the
17 applicant whether the applicant's submission is complete or
18 incomplete. Failure to provide the applicant with this notice
19 within 10 working days shall result in the submission being
20 deemed complete for purposes of initiating the 60-day ~~60-day~~
21 review period under this Section. If the submission is
22 incomplete, the Department shall inform the applicant of the
23 deficiencies with the submission in writing. If the submission
24 is complete the required fee, if any, has been paid, the
25 Department shall approve or disapprove drawings and
26 specifications submitted to the Department no later than 60

1 days following receipt by the Department. The drawings and
2 specifications shall be of sufficient detail, as provided by
3 Department rule, to enable the Department to render a
4 determination of compliance with design and construction
5 standards under this Act. If the Department finds that the
6 drawings are not of sufficient detail for it to render a
7 determination of compliance, the plans shall be determined to
8 be incomplete and shall not be considered for purposes of
9 initiating the 60 day review period. If a submission of
10 drawings and specifications is incomplete, the applicant may
11 submit additional information. The 60 day review period shall
12 not commence until the Department determines that a submission
13 of drawings and specifications is complete or the submission
14 is deemed complete. If the Department has not approved or
15 disapproved the drawings and specifications within 60 days,
16 the construction, major alteration, or addition shall be
17 deemed approved. If the drawings and specifications are
18 disapproved, the Department shall state in writing, with
19 specificity, the reasons for the disapproval. The entity
20 submitting the drawings and specifications may submit
21 additional information in response to the written comments
22 from the Department or request a reconsideration of the
23 disapproval. A final decision of approval or disapproval shall
24 be made within 45 days of the receipt of the additional
25 information or reconsideration request. If denied, the
26 Department shall state the specific reasons for the denial.

1 (c) The Department shall provide written approval for
2 occupancy pursuant to subsection (g) and shall not issue a
3 violation to a facility as a result of a licensure or complaint
4 survey based upon the facility's physical structure if:

5 (1) the Department reviewed and approved or deemed
6 approved the drawings and specifications for compliance
7 with design and construction standards;

8 (2) the construction, major alteration, or addition
9 was built as submitted;

10 (3) the law or rules have not been amended since the
11 original approval; and

12 (4) the conditions at the facility indicate that there
13 is a reasonable degree of safety provided for the
14 residents.

15 (d) (Blank).

16 (e) All fees received by the Department under this Section
17 shall be deposited into the Health Facility Plan Review Fund,
18 a special fund created in the State Treasury. Moneys shall be
19 appropriated from that Fund to the Department only to pay the
20 costs of conducting reviews under this Section, under Section
21 3-202.5 of the Nursing Home Care Act, or under Section 3-202.5
22 of the ID/DD Community Care Act. None of the moneys in the
23 Health Facility Plan Review Fund shall be used to reduce the
24 amount of General Revenue Fund moneys appropriated to the
25 Department for facility plan reviews conducted pursuant to
26 this Section.

1 (f) (Blank).

2 (g) The Department shall conduct an on site inspection of
3 the completed project no later than 30 days after notification
4 from the applicant that the project has been completed and all
5 certifications required by the Department have been received
6 and accepted by the Department, except that, during a
7 statewide public health emergency, as defined in the Illinois
8 Emergency Management Agency Act, the Department shall conduct
9 an on-site inspection to the extent feasible. The Department
10 shall provide written approval for occupancy to the applicant
11 within 5 working days of the Department's final inspection,
12 provided the applicant has demonstrated substantial compliance
13 as defined by Department rule. Occupancy of new major
14 construction is prohibited until Department approval is
15 received, unless the Department has not acted within the time
16 frames provided in this subsection (g), in which case the
17 construction shall be deemed approved. Occupancy shall be
18 authorized after any required health inspection by the
19 Department has been conducted.

20 (h) The Department shall establish, by rule, a procedure
21 to conduct interim on site review of large or complex
22 construction projects.

23 (i) The Department shall establish, by rule, an expedited
24 process for emergency repairs or replacement of like
25 equipment.

26 (j) Nothing in this Section shall be construed to apply to

1 maintenance, upkeep, or renovation that does not affect the
2 structural integrity of the building, does not add beds or
3 services over the number for which the facility is licensed,
4 and provides a reasonable degree of safety for the residents.

5 (Source: P.A. 99-180, eff. 7-29-15.)

6 (210 ILCS 46/3-702)

7 Sec. 3-702. Request for investigation of violation.

8 (a) A person who believes that this Act or a rule
9 promulgated under this Act may have been violated may request
10 an investigation. The request may be submitted to the
11 Department in writing, by telephone, by electronic means, or
12 by personal visit. An oral complaint shall be reduced to
13 writing by the Department. The Department shall make
14 available, through its website and upon request, information
15 regarding the oral and phone intake processes and the list of
16 questions that will be asked of the complainant. The
17 Department shall request information identifying the
18 complainant, including the name, address and telephone number,
19 to help enable appropriate follow up. The Department shall act
20 on such complaints via on-site visits or other methods deemed
21 appropriate to handle the complaints with or without such
22 identifying information, as otherwise provided under this
23 Section. The complainant shall be informed that compliance
24 with such request is not required to satisfy the procedures
25 for filing a complaint under this Act. The Department must

1 notify complainants that complaints with less information
2 provided are far more difficult to respond to and investigate.

3 (b) The substance of the complaint shall be provided in
4 writing to the licensee, owner or administrator no earlier
5 than at the commencement of an on-site inspection of the
6 facility which takes place pursuant to the complaint.

7 (c) The Department shall not disclose the name of the
8 complainant unless the complainant consents in writing to the
9 disclosure or the investigation results in a judicial
10 proceeding, or unless disclosure is essential to the
11 investigation. The complainant shall be given the opportunity
12 to withdraw the complaint before disclosure. Upon the request
13 of the complainant, the Department may permit the complainant
14 or a representative of the complainant to accompany the person
15 making the on-site inspection of the facility.

16 (d) Upon receipt of a complaint, the Department shall
17 determine whether this Act or a rule promulgated under this
18 Act has been or is being violated. The Department shall
19 investigate all complaints alleging abuse or neglect within 7
20 days after the receipt of the complaint except that complaints
21 of abuse or neglect which indicate that a resident's life or
22 safety is in imminent danger shall be investigated within 24
23 hours after receipt of the complaint. All other complaints
24 shall be investigated within 30 days after the receipt of the
25 complaint, except that, during a statewide public health
26 emergency, as defined in the Illinois Emergency Management

1 Agency Act, all other complaints shall be investigated within
2 an appropriate time frame to the extent feasible. The
3 Department employees investigating a complaint shall conduct a
4 brief, informal exit conference with the facility to alert its
5 administration of any suspected serious deficiency that poses
6 a direct threat to the health, safety or welfare of a resident
7 to enable an immediate correction for the alleviation or
8 elimination of such threat. Such information and findings
9 discussed in the brief exit conference shall become a part of
10 the investigating record but shall not in any way constitute
11 an official or final notice of violation as provided under
12 Section 3-301. All complaints shall be classified as "an
13 invalid report", "a valid report", or "an undetermined
14 report". For any complaint classified as "a valid report", the
15 Department must determine within 30 working days if any rule
16 or provision of this Act has been or is being violated.

17 (d-1) The Department shall, whenever possible, combine an
18 on site investigation of a complaint in a facility with other
19 inspections in order to avoid duplication of inspections.

20 (e) In all cases, the Department shall inform the
21 complainant of its findings within 10 days of its
22 determination unless otherwise indicated by the complainant,
23 and the complainant may direct the Department to send a copy of
24 such findings to another person. The Department's findings may
25 include comments or documentation provided by either the
26 complainant or the licensee pertaining to the complaint. The

1 Department shall also notify the facility of such findings
2 within 10 days of the determination, but the name of the
3 complainant or residents shall not be disclosed in this notice
4 to the facility. The notice of such findings shall include a
5 copy of the written determination; the correction order, if
6 any; the warning notice, if any; the inspection report; or the
7 State licensure form on which the violation is listed.

8 (f) A written determination, correction order, or warning
9 notice concerning a complaint, together with the facility's
10 response, shall be available for public inspection, but the
11 name of the complainant or resident shall not be disclosed
12 without his or her consent.

13 (g) A complainant who is dissatisfied with the
14 determination or investigation by the Department may request a
15 hearing under Section 3-703. The facility shall be given
16 notice of any such hearing and may participate in the hearing
17 as a party. If a facility requests a hearing under Section
18 3-703 which concerns a matter covered by a complaint, the
19 complainant shall be given notice and may participate in the
20 hearing as a party. A request for a hearing by either a
21 complainant or a facility shall be submitted in writing to the
22 Department within 30 days after the mailing of the
23 Department's findings as described in subsection (e) of this
24 Section. Upon receipt of the request the Department shall
25 conduct a hearing as provided under Section 3-703.

26 (g-5) The Department shall conduct an annual review and

1 make a report concerning the complaint process that includes
2 the number of complaints received, the breakdown of anonymous
3 and non-anonymous complaints and whether the complaints were
4 substantiated or not, the total number of substantiated
5 complaints, and any other complaint information requested by
6 the DD Facility Advisory Board. This report shall be provided
7 to the DD Facility Advisory Board. The DD Facility Advisory
8 Board shall review the report and suggest any changes deemed
9 necessary to the Department for review and action, including
10 how to investigate and substantiate anonymous complaints.

11 (h) Any person who knowingly transmits a false report to
12 the Department commits the offense of disorderly conduct under
13 subsection (a)(8) of Section 26-1 of the Criminal Code of
14 2012.

15 (Source: P.A. 99-180, eff. 7-29-15.)

16 Section 25. The ID/DD Community Care Act is amended by
17 changing Sections 3-116, 3-206, and 3-702 as follows:

18 (210 ILCS 47/3-116)

19 Sec. 3-116. Probationary license. If the applicant has not
20 been previously licensed or if the facility is not in
21 operation at the time application is made, the Department
22 shall issue only a probationary license. A probationary
23 license shall be valid for 120 days unless sooner suspended or
24 revoked under Section 3-119. Within 30 days prior to the

1 termination of a probationary license, the Department shall
2 fully and completely inspect the facility and, if the facility
3 meets the applicable requirements for licensure, shall issue a
4 license under Section 3-109 except that, during a statewide
5 public health emergency, as defined in the Illinois Emergency
6 Management Agency Act, the Department shall inspect facilities
7 within an appropriate time frame to the extent feasible. If
8 the Department finds that the facility does not meet the
9 requirements for licensure but has made substantial progress
10 toward meeting those requirements, the license may be renewed
11 once for a period not to exceed 120 days from the expiration
12 date of the initial probationary license.

13 (Source: P.A. 96-339, eff. 7-1-10.)

14 (210 ILCS 47/3-206)

15 Sec. 3-206. Curriculum for training nursing assistants and
16 aides. The Department shall prescribe a curriculum for
17 training nursing assistants, habilitation aides, and child
18 care aides.

19 (a) No person, except a volunteer who receives no
20 compensation from a facility and is not included for the
21 purpose of meeting any staffing requirements set forth by the
22 Department, shall act as a nursing assistant, habilitation
23 aide, or child care aide in a facility, nor shall any person,
24 under any other title, not licensed, certified, or registered
25 to render medical care by the Department of Financial and

1 Professional Regulation, assist with the personal, medical, or
2 nursing care of residents in a facility, unless such person
3 meets the following requirements:

4 (1) Be at least 16 years of age, of temperate habits
5 and good moral character, honest, reliable and
6 trustworthy.

7 (2) Be able to speak and understand the English
8 language or a language understood by a substantial
9 percentage of the facility's residents.

10 (3) Provide evidence of employment or occupation, if
11 any, and residence for 2 years prior to his or her present
12 employment.

13 (4) Have completed at least 8 years of grade school or
14 provide proof of equivalent knowledge.

15 (5) Begin a current course of training for nursing
16 assistants, habilitation aides, or child care aides,
17 approved by the Department, within 45 days of initial
18 employment in the capacity of a nursing assistant,
19 habilitation aide, or child care aide at any facility.
20 Such courses of training shall be successfully completed
21 within 120 days of initial employment in the capacity of
22 nursing assistant, habilitation aide, or child care aide
23 at a facility, except that, during a statewide public
24 health emergency, as defined in the Illinois Emergency
25 Management Agency Act, training shall be completed to the
26 extent feasible. Nursing assistants, habilitation aides,

1 and child care aides who are enrolled in approved courses
2 in community colleges or other educational institutions on
3 a term, semester or trimester basis, shall be exempt from
4 the 120-day completion time limit. The Department shall
5 adopt rules for such courses of training. These rules
6 shall include procedures for facilities to carry on an
7 approved course of training within the facility.

8 The Department may accept comparable training in lieu
9 of the 120-hour course for student nurses, foreign nurses,
10 military personnel, or employees of the Department of
11 Human Services.

12 The facility shall develop and implement procedures,
13 which shall be approved by the Department, for an ongoing
14 review process, which shall take place within the
15 facility, for nursing assistants, habilitation aides, and
16 child care aides.

17 At the time of each regularly scheduled licensure
18 survey, or at the time of a complaint investigation, the
19 Department may require any nursing assistant, habilitation
20 aide, or child care aide to demonstrate, either through
21 written examination or action, or both, sufficient
22 knowledge in all areas of required training. If such
23 knowledge is inadequate the Department shall require the
24 nursing assistant, habilitation aide, or child care aide
25 to complete inservice training and review in the facility
26 until the nursing assistant, habilitation aide, or child

1 care aide demonstrates to the Department, either through
2 written examination or action, or both, sufficient
3 knowledge in all areas of required training; and

4 (6) Be familiar with and have general skills related
5 to resident care.

6 (a-0.5) An educational entity, other than a secondary
7 school, conducting a nursing assistant, habilitation aide, or
8 child care aide training program shall initiate a criminal
9 history record check in accordance with the Health Care Worker
10 Background Check Act prior to entry of an individual into the
11 training program. A secondary school may initiate a criminal
12 history record check in accordance with the Health Care Worker
13 Background Check Act at any time during or after a training
14 program.

15 (a-1) Nursing assistants, habilitation aides, or child
16 care aides seeking to be included on the Health Care Worker
17 Registry under the Health Care Worker Background Check Act
18 must authorize the Department of Public Health or its designee
19 to request a criminal history record check in accordance with
20 the Health Care Worker Background Check Act and submit all
21 necessary information. An individual may not newly be included
22 on the Health Care Worker Registry unless a criminal history
23 record check has been conducted with respect to the
24 individual.

25 (b) Persons subject to this Section shall perform their
26 duties under the supervision of a licensed nurse or other

1 appropriately trained, licensed, or certified personnel.

2 (c) It is unlawful for any facility to employ any person in
3 the capacity of nursing assistant, habilitation aide, or child
4 care aide, or under any other title, not licensed by the State
5 of Illinois to assist in the personal, medical, or nursing
6 care of residents in such facility unless such person has
7 complied with this Section.

8 (d) Proof of compliance by each employee with the
9 requirements set out in this Section shall be maintained for
10 each such employee by each facility in the individual
11 personnel folder of the employee. Proof of training shall be
12 obtained only from the Health Care Worker Registry.

13 (e) Each facility shall obtain access to the Health Care
14 Worker Registry's web application, maintain the employment and
15 demographic information relating to each employee, and verify
16 by the category and type of employment that each employee
17 subject to this Section meets all the requirements of this
18 Section.

19 (f) Any facility that is operated under Section 3-803
20 shall be exempt from the requirements of this Section.

21 (g) Each skilled nursing and intermediate care facility
22 that admits persons who are diagnosed as having Alzheimer's
23 disease or related dementias shall require all nursing
24 assistants, habilitation aides, or child care aides, who did
25 not receive 12 hours of training in the care and treatment of
26 such residents during the training required under paragraph

1 (5) of subsection (a), to obtain 12 hours of in house training
2 in the care and treatment of such residents. If the facility
3 does not provide the training in house, the training shall be
4 obtained from other facilities, community colleges or other
5 educational institutions that have a recognized course for
6 such training. The Department shall, by rule, establish a
7 recognized course for such training.

8 The Department's rules shall provide that such training
9 may be conducted in house at each facility subject to the
10 requirements of this subsection, in which case such training
11 shall be monitored by the Department. The Department's rules
12 shall also provide for circumstances and procedures whereby
13 any person who has received training that meets the
14 requirements of this subsection shall not be required to
15 undergo additional training if he or she is transferred to or
16 obtains employment at a different facility or a facility other
17 than those licensed under this Act but remains continuously
18 employed as a nursing assistant, habilitation aide, or child
19 care aide. Individuals who have performed no nursing,
20 nursing-related services, or habilitation services for a
21 period of 24 consecutive months shall be listed as inactive
22 and as such do not meet the requirements of this Section.
23 Licensed sheltered care facilities shall be exempt from the
24 requirements of this Section.

25 (Source: P.A. 100-432, eff. 8-25-17.)

1 (210 ILCS 47/3-702)

2 Sec. 3-702. Request for investigation of violation.

3 (a) A person who believes that this Act or a rule
4 promulgated under this Act may have been violated may request
5 an investigation. The request may be submitted to the
6 Department in writing, by telephone, by electronic means, or
7 by personal visit. An oral complaint shall be reduced to
8 writing by the Department. The Department shall make
9 available, through its website and upon request, information
10 regarding the oral and phone intake processes and the list of
11 questions that will be asked of the complainant. The
12 Department shall request information identifying the
13 complainant, including the name, address and telephone number,
14 to help enable appropriate follow up. The Department shall act
15 on such complaints via on-site visits or other methods deemed
16 appropriate to handle the complaints with or without such
17 identifying information, as otherwise provided under this
18 Section. The complainant shall be informed that compliance
19 with such request is not required to satisfy the procedures
20 for filing a complaint under this Act. The Department must
21 notify complainants that complaints with less information
22 provided are far more difficult to respond to and investigate.

23 (b) The substance of the complaint shall be provided in
24 writing to the licensee, owner or administrator no earlier
25 than at the commencement of an on-site inspection of the
26 facility which takes place pursuant to the complaint.

1 (c) The Department shall not disclose the name of the
2 complainant unless the complainant consents in writing to the
3 disclosure or the investigation results in a judicial
4 proceeding, or unless disclosure is essential to the
5 investigation. The complainant shall be given the opportunity
6 to withdraw the complaint before disclosure. Upon the request
7 of the complainant, the Department may permit the complainant
8 or a representative of the complainant to accompany the person
9 making the on-site inspection of the facility.

10 (d) Upon receipt of a complaint, the Department shall
11 determine whether this Act or a rule promulgated under this
12 Act has been or is being violated. The Department shall
13 investigate all complaints alleging abuse or neglect within 7
14 days after the receipt of the complaint except that complaints
15 of abuse or neglect which indicate that a resident's life or
16 safety is in imminent danger shall be investigated within 24
17 hours after receipt of the complaint. All other complaints
18 shall be investigated within 30 days after the receipt of the
19 complaint, except that, during a statewide public health
20 emergency, as defined in the Illinois Emergency Management
21 Agency Act, all other complaints shall be investigated within
22 an appropriate time frame to the extent feasible. The
23 Department employees investigating a complaint shall conduct a
24 brief, informal exit conference with the facility to alert its
25 administration of any suspected serious deficiency that poses
26 a direct threat to the health, safety or welfare of a resident

1 to enable an immediate correction for the alleviation or
2 elimination of such threat. Such information and findings
3 discussed in the brief exit conference shall become a part of
4 the investigating record but shall not in any way constitute
5 an official or final notice of violation as provided under
6 Section 3-301. All complaints shall be classified as "an
7 invalid report", "a valid report", or "an undetermined
8 report". For any complaint classified as "a valid report", the
9 Department must determine within 30 working days if any rule
10 or provision of this Act has been or is being violated.

11 (d-1) The Department shall, whenever possible, combine an
12 on site investigation of a complaint in a facility with other
13 inspections in order to avoid duplication of inspections.

14 (e) In all cases, the Department shall inform the
15 complainant of its findings within 10 days of its
16 determination unless otherwise indicated by the complainant,
17 and the complainant may direct the Department to send a copy of
18 such findings to another person. The Department's findings may
19 include comments or documentation provided by either the
20 complainant or the licensee pertaining to the complaint. The
21 Department shall also notify the facility of such findings
22 within 10 days of the determination, but the name of the
23 complainant or residents shall not be disclosed in this notice
24 to the facility. The notice of such findings shall include a
25 copy of the written determination; the correction order, if
26 any; the warning notice, if any; the inspection report; or the

1 State licensure form on which the violation is listed.

2 (f) A written determination, correction order, or warning
3 notice concerning a complaint, together with the facility's
4 response, shall be available for public inspection, but the
5 name of the complainant or resident shall not be disclosed
6 without his or her consent.

7 (g) A complainant who is dissatisfied with the
8 determination or investigation by the Department may request a
9 hearing under Section 3-703. The facility shall be given
10 notice of any such hearing and may participate in the hearing
11 as a party. If a facility requests a hearing under Section
12 3-703 which concerns a matter covered by a complaint, the
13 complainant shall be given notice and may participate in the
14 hearing as a party. A request for a hearing by either a
15 complainant or a facility shall be submitted in writing to the
16 Department within 30 days after the mailing of the
17 Department's findings as described in subsection (e) of this
18 Section. Upon receipt of the request the Department shall
19 conduct a hearing as provided under Section 3-703.

20 (g-5) The Department shall conduct an annual review and
21 make a report concerning the complaint process that includes
22 the number of complaints received, the breakdown of anonymous
23 and non-anonymous complaints and whether the complaints were
24 substantiated or not, the total number of substantiated
25 complaints, and any other complaint information requested by
26 the DD Facility Advisory Board. This report shall be provided

1 to the DD Facility Advisory Board. The DD Facility Advisory
2 Board shall review the report and suggest any changes deemed
3 necessary to the Department for review and action, including
4 how to investigate and substantiate anonymous complaints.

5 (h) Any person who knowingly transmits a false report to
6 the Department commits the offense of disorderly conduct under
7 subsection (a)(8) of Section 26-1 of the Criminal Code of
8 2012.

9 (Source: P.A. 97-1150, eff. 1-25-13; 98-988, eff. 8-18-14.)

10 Section 30. The Specialized Mental Health Rehabilitation
11 Act of 2013 is amended by changing Section 4-105 as follows:

12 (210 ILCS 49/4-105)

13 Sec. 4-105. Provisional licensure duration. A provisional
14 license shall be valid upon fulfilling the requirements
15 established by the Department by emergency rule. The license
16 shall remain valid as long as a facility remains in compliance
17 with the licensure provisions established in rule. Provisional
18 licenses issued upon initial licensure as a specialized mental
19 health rehabilitation facility shall expire at the end of a
20 3-year period, which commences on the date the provisional
21 license is issued. Issuance of a provisional license for any
22 reason other than initial licensure (including, but not
23 limited to, change of ownership, location, number of beds, or
24 services) shall not extend the maximum 3-year period, at the

1 end of which a facility must be licensed pursuant to Section
2 4-201. An extension for 120 days may be granted if requested
3 and approved by the Department. Notwithstanding any other
4 provision of this Act or the Specialized Mental Health
5 Rehabilitation Facilities Code, 77 Ill. ~~Adm.~~ ~~Admin.~~ Code 380,
6 to the contrary, if a facility has received notice from the
7 Department that its application for provisional licensure to
8 provide recovery and rehabilitation services has been accepted
9 as complete and the facility has attested in writing to the
10 Department that it will comply with the staff training plan
11 approved by the Division of Mental Health, then a provisional
12 license for recovery and rehabilitation services shall be
13 issued to the facility within 60 days after the Department
14 determines that the facility is in compliance with the
15 requirements of the Life Safety Code in accordance with
16 Section 4-104.5 of this Act.

17 (Source: P.A. 99-712, eff. 8-5-16; 100-365, eff. 8-25-17;
18 revised 2-28-22.)

19 Section 35. The Illinois Insurance Code is amended by
20 adding Section 356z.61 as follows:

21 (215 ILCS 5/356z.61 new)

22 Sec. 356z.61. Coverage of pharmacy testing, screening,
23 vaccinations, and treatment.

24 A group or individual policy of accident and health

1 insurance or a managed care plan that is amended, delivered,
2 issued, or renewed on or after January 1, 2025 shall provide
3 coverage for health care or patient care services provided by
4 a pharmacist if:

5 (1) the pharmacist meets the requirements and scope of
6 practice described in paragraph (15), (16), or (17) of
7 subsection (d) of Section 3 of the Pharmacy Practice Act;

8 (2) the health plan provides coverage for the same
9 service provided by a licensed physician, an advanced
10 practice registered nurse, or a physician assistant;

11 (3) the pharmacist is included in the health benefit
12 plan's network of participating providers; and

13 (4) reimbursement has been successfully negotiated in
14 good faith between the pharmacist and the health plan.

15 Section 45. The Medical Practice Act of 1987 is amended by
16 changing Sections 2 and 54.2 as follows:

17 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

18 (Section scheduled to be repealed on January 1, 2027)

19 Sec. 2. Definitions. For purposes of this Act, the
20 following definitions shall have the following meanings,
21 except where the context requires otherwise:

22 "Act" means the Medical Practice Act of 1987.

23 "Address of record" means the designated address recorded
24 by the Department in the applicant's or licensee's application

1 file or license file as maintained by the Department's
2 licensure maintenance unit.

3 "Chiropractic physician" means a person licensed to treat
4 human ailments without the use of drugs and without operative
5 surgery. Nothing in this Act shall be construed to prohibit a
6 chiropractic physician from providing advice regarding the use
7 of non-prescription products or from administering atmospheric
8 oxygen. Nothing in this Act shall be construed to authorize a
9 chiropractic physician to prescribe drugs.

10 "Department" means the Department of Financial and
11 Professional Regulation.

12 "Disciplinary action" means revocation, suspension,
13 probation, supervision, practice modification, reprimand,
14 required education, fines or any other action taken by the
15 Department against a person holding a license.

16 "Email address of record" means the designated email
17 address recorded by the Department in the applicant's
18 application file or the licensee's license file, as maintained
19 by the Department's licensure maintenance unit.

20 "Final determination" means the governing body's final
21 action taken under the procedure followed by a health care
22 institution, or professional association or society, against
23 any person licensed under the Act in accordance with the
24 bylaws or rules and regulations of such health care
25 institution, or professional association or society.

26 "Fund" means the Illinois State Medical Disciplinary Fund.

1 "Impaired" means the inability to practice medicine with
2 reasonable skill and safety due to physical or mental
3 disabilities as evidenced by a written determination or
4 written consent based on clinical evidence including
5 deterioration through the aging process or loss of motor
6 skill, or abuse of drugs or alcohol, of sufficient degree to
7 diminish a person's ability to deliver competent patient care.

8 "International medical graduate" means a medical graduate
9 (i) who has been trained in a country other than the United
10 States; (ii) whose education has been certified by the
11 Educational Commission for Foreign Medical Graduates; (iii)
12 who has passed Step 1, Step 2 Clinical Knowledge, and Step 3 of
13 the United States Medical Licensing Examination as required by
14 this Act; (iv) who maintains an unencumbered license from
15 another country; and (v) who is not licensed to practice
16 medicine in any state or territory of the United States.

17 "Medical Board" means the Illinois State Medical Board.

18 "Physician" means a person licensed under the Medical
19 Practice Act to practice medicine in all of its branches or a
20 chiropractic physician.

21 "Professional association" means an association or society
22 of persons licensed under this Act, and operating within the
23 State of Illinois, including but not limited to, medical
24 societies, osteopathic organizations, and chiropractic
25 organizations, but this term shall not be deemed to include
26 hospital medical staffs.

1 "Program of care, counseling, or treatment" means a
2 written schedule of organized treatment, care, counseling,
3 activities, or education, satisfactory to the Medical Board,
4 designed for the purpose of restoring an impaired person to a
5 condition whereby the impaired person can practice medicine
6 with reasonable skill and safety of a sufficient degree to
7 deliver competent patient care.

8 "Reinstate" means to change the status of a license or
9 permit from inactive or nonrenewed status to active status.

10 "Restore" means to remove an encumbrance from a license
11 due to probation, suspension, or revocation.

12 "Secretary" means the Secretary of Financial and
13 Professional Regulation.

14 (Source: P.A. 102-20, eff. 1-1-22; 102-1117, eff. 1-13-23.)

15 (225 ILCS 60/54.2)

16 (Section scheduled to be repealed on January 1, 2027)

17 Sec. 54.2. Physician delegation of authority.

18 (a) Nothing in this Act shall be construed to limit the
19 delegation of patient care tasks or duties by a physician, to a
20 licensed practical nurse, a registered professional nurse, or
21 other licensed person practicing within the scope of his or
22 her individual licensing Act. Delegation by a physician
23 licensed to practice medicine in all its branches to physician
24 assistants or advanced practice registered nurses is also
25 addressed in Section 54.5 of this Act. No physician may

1 delegate any patient care task or duty that is statutorily or
2 by rule mandated to be performed by a physician.

3 (b) In an office or practice setting and within a
4 physician-patient relationship, a physician may delegate
5 patient care tasks or duties to an unlicensed person who
6 possesses appropriate training and experience provided a
7 health care professional, who is practicing within the scope
8 of such licensed professional's individual licensing Act, is
9 on site to provide assistance.

10 (c) Any such patient care task or duty delegated to a
11 licensed or unlicensed person must be within the scope of
12 practice, education, training, or experience of the delegating
13 physician and within the context of a physician-patient
14 relationship.

15 (d) Nothing in this Section shall be construed to affect
16 referrals for professional services required by law.

17 (e) The Department shall have the authority to promulgate
18 rules concerning a physician's delegation, including but not
19 limited to, the use of light emitting devices for patient care
20 or treatment.

21 (f) Nothing in this Act shall be construed to limit the
22 method of delegation that may be authorized by any means,
23 including, but not limited to, oral, written, electronic,
24 standing orders, protocols, guidelines, or verbal orders.

25 (g) A physician licensed to practice medicine in all of
26 its branches under this Act may delegate any and all authority

1 prescribed to him or her by law to international medical
2 graduate physicians, so long as the tasks or duties are within
3 the scope of practice, education, training, or experience of
4 the delegating physician who is on site to provide assistance.
5 An international medical graduate working in Illinois pursuant
6 to this subsection is subject to all statutory and regulatory
7 requirements of this Act, as applicable, relating to the
8 standards of care. An international medical graduate physician
9 is limited to providing treatment under the supervision of a
10 physician licensed to practice medicine in all of its
11 branches. The supervising physician or employer must keep
12 record of and make available upon request by the Department
13 the following: (1) evidence of education certified by the
14 Educational Commission for Foreign Medical Graduates; (2)
15 evidence of passage of Step 1, Step 2 Clinical Knowledge, and
16 Step 3 of the United States Medical Licensing Examination as
17 required by this Act; and (3) evidence of an unencumbered
18 license from another country. This subsection does not apply
19 to any international medical graduate whose license as a
20 physician is revoked, suspended, or otherwise encumbered.

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

22 Section 50. The Pharmacy Practice Act is amended by
23 changing Section 3 and by adding Section 9.6 as follows:

24 (225 ILCS 85/3)

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

2 Sec. 3. Definitions. For the purpose of this Act, except
3 where otherwise limited therein:

4 (a) "Pharmacy" or "drugstore" means and includes every
5 store, shop, pharmacy department, or other place where
6 pharmacist care is provided by a pharmacist (1) where drugs,
7 medicines, or poisons are dispensed, sold or offered for sale
8 at retail, or displayed for sale at retail; or (2) where
9 prescriptions of physicians, dentists, advanced practice
10 registered nurses, physician assistants, veterinarians,
11 podiatric physicians, or optometrists, within the limits of
12 their licenses, are compounded, filled, or dispensed; or (3)
13 which has upon it or displayed within it, or affixed to or used
14 in connection with it, a sign bearing the word or words
15 "Pharmacist", "Druggist", "Pharmacy", "Pharmaceutical Care",
16 "Apothecary", "Drugstore", "Medicine Store", "Prescriptions",
17 "Drugs", "Dispensary", "Medicines", or any word or words of
18 similar or like import, either in the English language or any
19 other language; or (4) where the characteristic prescription
20 sign (Rx) or similar design is exhibited; or (5) any store, or
21 shop, or other place with respect to which any of the above
22 words, objects, signs or designs are used in any
23 advertisement.

24 (b) "Drugs" means and includes (1) articles recognized in
25 the official United States Pharmacopoeia/National Formulary
26 (USP/NF), or any supplement thereto and being intended for and

1 having for their main use the diagnosis, cure, mitigation,
2 treatment or prevention of disease in man or other animals, as
3 approved by the United States Food and Drug Administration,
4 but does not include devices or their components, parts, or
5 accessories; and (2) all other articles intended for and
6 having for their main use the diagnosis, cure, mitigation,
7 treatment or prevention of disease in man or other animals, as
8 approved by the United States Food and Drug Administration,
9 but does not include devices or their components, parts, or
10 accessories; and (3) articles (other than food) having for
11 their main use and intended to affect the structure or any
12 function of the body of man or other animals; and (4) articles
13 having for their main use and intended for use as a component
14 or any articles specified in clause (1), (2) or (3); but does
15 not include devices or their components, parts or accessories.

16 (c) "Medicines" means and includes all drugs intended for
17 human or veterinary use approved by the United States Food and
18 Drug Administration.

19 (d) "Practice of pharmacy" means:

20 (1) the interpretation and the provision of assistance
21 in the monitoring, evaluation, and implementation of
22 prescription drug orders;

23 (2) the dispensing of prescription drug orders;

24 (3) participation in drug and device selection;

25 (4) drug administration limited to the administration
26 of oral, topical, injectable, and inhalation as follows:

1 (A) in the context of patient education on the
2 proper use or delivery of medications;

3 (B) vaccination of patients 7 years of age and
4 older pursuant to a valid prescription or standing
5 order, by a physician licensed to practice medicine in
6 all its branches, except for vaccinations covered by
7 paragraph (15), upon completion of appropriate
8 training, including how to address contraindications
9 and adverse reactions set forth by rule, with
10 notification to the patient's physician and
11 appropriate record retention, or pursuant to hospital
12 pharmacy and therapeutics committee policies and
13 procedures. Eligible vaccines are those listed on the
14 U.S. Centers for Disease Control and Prevention (CDC)
15 Recommended Immunization Schedule, the CDC's Health
16 Information for International Travel, or the U.S. Food
17 and Drug Administration's Vaccines Licensed and
18 Authorized for Use in the United States. As applicable
19 to the State's Medicaid program and other payers,
20 vaccines ordered and administered in accordance with
21 this subsection shall be covered and reimbursed at no
22 less than the rate that the vaccine is reimbursed when
23 ordered and administered by a physician;

24 (B-5) following the initial administration of
25 long-acting or extended-release form opioid
26 antagonists by a physician licensed to practice

1 medicine in all its branches, administration of
2 injections of long-acting or extended-release form
3 opioid antagonists for the treatment of substance use
4 disorder, pursuant to a valid prescription by a
5 physician licensed to practice medicine in all its
6 branches, upon completion of appropriate training,
7 including how to address contraindications and adverse
8 reactions, including, but not limited to, respiratory
9 depression and the performance of cardiopulmonary
10 resuscitation, set forth by rule, with notification to
11 the patient's physician and appropriate record
12 retention, or pursuant to hospital pharmacy and
13 therapeutics committee policies and procedures;

14 (C) administration of injections of
15 alpha-hydroxyprogesterone caproate, pursuant to a
16 valid prescription, by a physician licensed to
17 practice medicine in all its branches, upon completion
18 of appropriate training, including how to address
19 contraindications and adverse reactions set forth by
20 rule, with notification to the patient's physician and
21 appropriate record retention, or pursuant to hospital
22 pharmacy and therapeutics committee policies and
23 procedures; and

24 (D) administration of injections of long-term
25 antipsychotic medications pursuant to a valid
26 prescription by a physician licensed to practice

1 medicine in all its branches, upon completion of
2 appropriate training conducted by an Accreditation
3 Council of Pharmaceutical Education accredited
4 provider, including how to address contraindications
5 and adverse reactions set forth by rule, with
6 notification to the patient's physician and
7 appropriate record retention, or pursuant to hospital
8 pharmacy and therapeutics committee policies and
9 procedures.

10 (5) (blank);

11 (6) drug regimen review;

12 (7) drug or drug-related research;

13 (8) the provision of patient counseling;

14 (9) the practice of telepharmacy;

15 (10) the provision of those acts or services necessary
16 to provide pharmacist care;

17 (11) medication therapy management;

18 (12) the responsibility for compounding and labeling
19 of drugs and devices (except labeling by a manufacturer,
20 repackager, or distributor of non-prescription drugs and
21 commercially packaged legend drugs and devices), proper
22 and safe storage of drugs and devices, and maintenance of
23 required records;

24 (13) the assessment and consultation of patients and
25 dispensing of hormonal contraceptives; ~~and~~

26 (14) the initiation, dispensing, or administration of

1 drugs, laboratory tests, assessments, referrals, and
2 consultations for human immunodeficiency virus
3 pre-exposure prophylaxis and human immunodeficiency virus
4 post-exposure prophylaxis under Section 43.5;~~7~~

5 (15) vaccination of patients 7 years of age and older
6 for COVID-19 or influenza subcutaneously, intramuscularly,
7 or orally as authorized, approved, or licensed by the
8 United States Food and Drug Administration, pursuant to
9 the following conditions:

10 (A) the vaccine must be authorized or licensed by
11 the United States Food and Drug Administration;

12 (B) the vaccine must be ordered and administered
13 according to the Advisory Committee on Immunization
14 Practices standard immunization schedule;

15 (C) the pharmacist must complete a course of
16 training accredited by the Accreditation Council on
17 Pharmacy Education or a similar health authority or
18 professional body approved by the Division of
19 Professional Regulation;

20 (D) the pharmacist must have a current certificate
21 in basic cardiopulmonary resuscitation;

22 (E) the pharmacist must complete, during each
23 State licensing period, a minimum of 2 hours of
24 immunization-related continuing pharmacy education
25 approved by the Accreditation Council on Pharmacy
26 Education;

1 (F) the pharmacist must comply with recordkeeping
2 and reporting requirements of the jurisdiction in
3 which the pharmacist administers vaccines, including
4 informing the patient's primary-care provider, when
5 available, and complying with requirements whereby the
6 person administering a vaccine must review the vaccine
7 registry or other vaccination records prior to
8 administering the vaccine; and

9 (G) the pharmacist must inform the pharmacist's
10 patients who are less than 18 years old, as well as the
11 adult caregiver accompanying the child, of the
12 importance of a well-child visit with a pediatrician
13 or other licensed primary-care provider and must refer
14 patients as appropriate;

15 (16) the ordering and administration of COVID-19
16 therapeutics subcutaneously, intramuscularly, or orally
17 with notification to the patient's physician and
18 appropriate record retention or pursuant to hospital
19 pharmacy and therapeutics committee policies and
20 procedures. Eligible therapeutics are those approved,
21 authorized, or licensed by the United States Food and Drug
22 Administration and must be administered subcutaneously,
23 intramuscularly, or orally in accordance with that
24 approval, authorization, or licensing; and

25 (17) the ordering and administration of tests and
26 screenings for (i) influenza, (ii) SARS-COV 2, and (iii)

1 health conditions identified by a statewide public health
2 emergency, as defined in the Illinois Emergency Management
3 Agency Act, with notification to the patient's physician
4 and appropriate record retention or pursuant to hospital
5 pharmacy and therapeutics committee policies and
6 procedures. Eligible tests and screenings are those
7 approved, authorized, or licensed by the United States
8 Food and Drug Administration and must be administered in
9 accordance with that approval, authorization, or
10 licensing.

11 A pharmacist who orders or administers tests or
12 screenings for health conditions described in this
13 paragraph may use a test that may guide clinical
14 decision-making for the health condition that is waived
15 under the federal Clinical Laboratory Improvement
16 Amendments of 1988 and regulations promulgated thereunder
17 or any established screening procedure that is established
18 under a statewide protocol.

19 A pharmacist may delegate the administrative and
20 technical tasks of performing a test for the health
21 conditions described in this paragraph to a registered
22 pharmacy technician or student pharmacist acting under the
23 supervision of the pharmacist.

24 A pharmacist who performs any of the acts defined as the
25 practice of pharmacy in this State must be actively licensed
26 as a pharmacist under this Act.

1 (e) "Prescription" means and includes any written, oral,
2 facsimile, or electronically transmitted order for drugs or
3 medical devices, issued by a physician licensed to practice
4 medicine in all its branches, dentist, veterinarian, podiatric
5 physician, or optometrist, within the limits of his or her
6 license, by a physician assistant in accordance with
7 subsection (f) of Section 4, or by an advanced practice
8 registered nurse in accordance with subsection (g) of Section
9 4, containing the following: (1) name of the patient; (2) date
10 when prescription was issued; (3) name and strength of drug or
11 description of the medical device prescribed; and (4)
12 quantity; (5) directions for use; (6) prescriber's name,
13 address, and signature; and (7) DEA registration number where
14 required, for controlled substances. The prescription may, but
15 is not required to, list the illness, disease, or condition
16 for which the drug or device is being prescribed. DEA
17 registration numbers shall not be required on inpatient drug
18 orders. A prescription for medication other than controlled
19 substances shall be valid for up to 15 months from the date
20 issued for the purpose of refills, unless the prescription
21 states otherwise.

22 (f) "Person" means and includes a natural person,
23 partnership, association, corporation, government entity, or
24 any other legal entity.

25 (g) "Department" means the Department of Financial and
26 Professional Regulation.

1 (h) "Board of Pharmacy" or "Board" means the State Board
2 of Pharmacy of the Department of Financial and Professional
3 Regulation.

4 (i) "Secretary" means the Secretary of Financial and
5 Professional Regulation.

6 (j) "Drug product selection" means the interchange for a
7 prescribed pharmaceutical product in accordance with Section
8 25 of this Act and Section 3.14 of the Illinois Food, Drug and
9 Cosmetic Act.

10 (k) "Inpatient drug order" means an order issued by an
11 authorized prescriber for a resident or patient of a facility
12 licensed under the Nursing Home Care Act, the ID/DD Community
13 Care Act, the MC/DD Act, the Specialized Mental Health
14 Rehabilitation Act of 2013, the Hospital Licensing Act, or the
15 University of Illinois Hospital Act, or a facility which is
16 operated by the Department of Human Services (as successor to
17 the Department of Mental Health and Developmental
18 Disabilities) or the Department of Corrections.

19 (k-5) "Pharmacist" means an individual health care
20 professional and provider currently licensed by this State to
21 engage in the practice of pharmacy.

22 (l) "Pharmacist in charge" means the licensed pharmacist
23 whose name appears on a pharmacy license and who is
24 responsible for all aspects of the operation related to the
25 practice of pharmacy.

26 (m) "Dispense" or "dispensing" means the interpretation,

1 evaluation, and implementation of a prescription drug order,
2 including the preparation and delivery of a drug or device to a
3 patient or patient's agent in a suitable container
4 appropriately labeled for subsequent administration to or use
5 by a patient in accordance with applicable State and federal
6 laws and regulations. "Dispense" or "dispensing" does not mean
7 the physical delivery to a patient or a patient's
8 representative in a home or institution by a designee of a
9 pharmacist or by common carrier. "Dispense" or "dispensing"
10 also does not mean the physical delivery of a drug or medical
11 device to a patient or patient's representative by a
12 pharmacist's designee within a pharmacy or drugstore while the
13 pharmacist is on duty and the pharmacy is open.

14 (n) "Nonresident pharmacy" means a pharmacy that is
15 located in a state, commonwealth, or territory of the United
16 States, other than Illinois, that delivers, dispenses, or
17 distributes, through the United States Postal Service,
18 commercially acceptable parcel delivery service, or other
19 common carrier, to Illinois residents, any substance which
20 requires a prescription.

21 (o) "Compounding" means the preparation and mixing of
22 components, excluding flavorings, (1) as the result of a
23 prescriber's prescription drug order or initiative based on
24 the prescriber-patient-pharmacist relationship in the course
25 of professional practice or (2) for the purpose of, or
26 incident to, research, teaching, or chemical analysis and not

1 for sale or dispensing. "Compounding" includes the preparation
2 of drugs or devices in anticipation of receiving prescription
3 drug orders based on routine, regularly observed dispensing
4 patterns. Commercially available products may be compounded
5 for dispensing to individual patients only if all of the
6 following conditions are met: (i) the commercial product is
7 not reasonably available from normal distribution channels in
8 a timely manner to meet the patient's needs and (ii) the
9 prescribing practitioner has requested that the drug be
10 compounded.

11 (p) (Blank).

12 (q) (Blank).

13 (r) "Patient counseling" means the communication between a
14 pharmacist or a student pharmacist under the supervision of a
15 pharmacist and a patient or the patient's representative about
16 the patient's medication or device for the purpose of
17 optimizing proper use of prescription medications or devices.
18 "Patient counseling" may include without limitation (1)
19 obtaining a medication history; (2) acquiring a patient's
20 allergies and health conditions; (3) facilitation of the
21 patient's understanding of the intended use of the medication;
22 (4) proper directions for use; (5) significant potential
23 adverse events; (6) potential food-drug interactions; and (7)
24 the need to be compliant with the medication therapy. A
25 pharmacy technician may only participate in the following
26 aspects of patient counseling under the supervision of a

1 pharmacist: (1) obtaining medication history; (2) providing
2 the offer for counseling by a pharmacist or student
3 pharmacist; and (3) acquiring a patient's allergies and health
4 conditions.

5 (s) "Patient profiles" or "patient drug therapy record"
6 means the obtaining, recording, and maintenance of patient
7 prescription information, including prescriptions for
8 controlled substances, and personal information.

9 (t) (Blank).

10 (u) "Medical device" or "device" means an instrument,
11 apparatus, implement, machine, contrivance, implant, in vitro
12 reagent, or other similar or related article, including any
13 component part or accessory, required under federal law to
14 bear the label "Caution: Federal law requires dispensing by or
15 on the order of a physician". A seller of goods and services
16 who, only for the purpose of retail sales, compounds, sells,
17 rents, or leases medical devices shall not, by reasons
18 thereof, be required to be a licensed pharmacy.

19 (v) "Unique identifier" means an electronic signature,
20 handwritten signature or initials, thumb print, or other
21 acceptable biometric or electronic identification process as
22 approved by the Department.

23 (w) "Current usual and customary retail price" means the
24 price that a pharmacy charges to a non-third-party payor.

25 (x) "Automated pharmacy system" means a mechanical system
26 located within the confines of the pharmacy or remote location

1 that performs operations or activities, other than compounding
2 or administration, relative to storage, packaging, dispensing,
3 or distribution of medication, and which collects, controls,
4 and maintains all transaction information.

5 (y) "Drug regimen review" means and includes the
6 evaluation of prescription drug orders and patient records for
7 (1) known allergies; (2) drug or potential therapy
8 contraindications; (3) reasonable dose, duration of use, and
9 route of administration, taking into consideration factors
10 such as age, gender, and contraindications; (4) reasonable
11 directions for use; (5) potential or actual adverse drug
12 reactions; (6) drug-drug interactions; (7) drug-food
13 interactions; (8) drug-disease contraindications; (9)
14 therapeutic duplication; (10) patient laboratory values when
15 authorized and available; (11) proper utilization (including
16 over or under utilization) and optimum therapeutic outcomes;
17 and (12) abuse and misuse.

18 (z) "Electronically transmitted prescription" means a
19 prescription that is created, recorded, or stored by
20 electronic means; issued and validated with an electronic
21 signature; and transmitted by electronic means directly from
22 the prescriber to a pharmacy. An electronic prescription is
23 not an image of a physical prescription that is transferred by
24 electronic means from computer to computer, facsimile to
25 facsimile, or facsimile to computer.

26 (aa) "Medication therapy management services" means a

1 distinct service or group of services offered by licensed
2 pharmacists, physicians licensed to practice medicine in all
3 its branches, advanced practice registered nurses authorized
4 in a written agreement with a physician licensed to practice
5 medicine in all its branches, or physician assistants
6 authorized in guidelines by a supervising physician that
7 optimize therapeutic outcomes for individual patients through
8 improved medication use. In a retail or other non-hospital
9 pharmacy, medication therapy management services shall consist
10 of the evaluation of prescription drug orders and patient
11 medication records to resolve conflicts with the following:

- 12 (1) known allergies;
- 13 (2) drug or potential therapy contraindications;
- 14 (3) reasonable dose, duration of use, and route of
15 administration, taking into consideration factors such as
16 age, gender, and contraindications;
- 17 (4) reasonable directions for use;
- 18 (5) potential or actual adverse drug reactions;
- 19 (6) drug-drug interactions;
- 20 (7) drug-food interactions;
- 21 (8) drug-disease contraindications;
- 22 (9) identification of therapeutic duplication;
- 23 (10) patient laboratory values when authorized and
24 available;
- 25 (11) proper utilization (including over or under
26 utilization) and optimum therapeutic outcomes; and

1 (12) drug abuse and misuse.

2 "Medication therapy management services" includes the
3 following:

4 (1) documenting the services delivered and
5 communicating the information provided to patients'
6 prescribers within an appropriate time frame, not to
7 exceed 48 hours;

8 (2) providing patient counseling designed to enhance a
9 patient's understanding and the appropriate use of his or
10 her medications; and

11 (3) providing information, support services, and
12 resources designed to enhance a patient's adherence with
13 his or her prescribed therapeutic regimens.

14 "Medication therapy management services" may also include
15 patient care functions authorized by a physician licensed to
16 practice medicine in all its branches for his or her
17 identified patient or groups of patients under specified
18 conditions or limitations in a standing order from the
19 physician.

20 "Medication therapy management services" in a licensed
21 hospital may also include the following:

22 (1) reviewing assessments of the patient's health
23 status; and

24 (2) following protocols of a hospital pharmacy and
25 therapeutics committee with respect to the fulfillment of
26 medication orders.

1 (bb) "Pharmacist care" means the provision by a pharmacist
2 of medication therapy management services, with or without the
3 dispensing of drugs or devices, intended to achieve outcomes
4 that improve patient health, quality of life, and comfort and
5 enhance patient safety.

6 (cc) "Protected health information" means individually
7 identifiable health information that, except as otherwise
8 provided, is:

9 (1) transmitted by electronic media;

10 (2) maintained in any medium set forth in the
11 definition of "electronic media" in the federal Health
12 Insurance Portability and Accountability Act; or

13 (3) transmitted or maintained in any other form or
14 medium.

15 "Protected health information" does not include
16 individually identifiable health information found in:

17 (1) education records covered by the federal Family
18 Educational Right and Privacy Act; or

19 (2) employment records held by a licensee in its role
20 as an employer.

21 (dd) "Standing order" means a specific order for a patient
22 or group of patients issued by a physician licensed to
23 practice medicine in all its branches in Illinois.

24 (ee) "Address of record" means the designated address
25 recorded by the Department in the applicant's application file
26 or licensee's license file maintained by the Department's

1 licensure maintenance unit.

2 (ff) "Home pharmacy" means the location of a pharmacy's
3 primary operations.

4 (gg) "Email address of record" means the designated email
5 address recorded by the Department in the applicant's
6 application file or the licensee's license file, as maintained
7 by the Department's licensure maintenance unit.

8 (Source: P.A. 101-349, eff. 1-1-20; 102-16, eff. 6-17-21;
9 102-103, eff. 1-1-22; 102-558, eff. 8-20-21; 102-813, eff.
10 5-13-22; 102-1051, eff. 1-1-23.)

11 (225 ILCS 85/9.6 new)

12 Sec. 9.6. Administration of vaccines and therapeutics by
13 registered pharmacy technicians and student pharmacists.

14 (a) Under the supervision of an appropriately trained
15 pharmacist, a registered pharmacy technician or student
16 pharmacist may administer COVID-19 and influenza vaccines
17 subcutaneously, intramuscularly, or orally as authorized,
18 approved, or licensed by the United States Food and Drug
19 Administration, subject to the following conditions:

20 (1) the vaccination must be ordered by the supervising
21 pharmacist;

22 (2) the supervising pharmacist must be readily and
23 immediately available to the immunizing pharmacy
24 technician or student pharmacist;

25 (3) the pharmacy technician or student pharmacist must

1 complete a practical training program that is approved by
2 the Accreditation Council for Pharmacy Education and that
3 includes hands-on injection technique training and
4 training in the recognition and treatment of emergency
5 reactions to vaccines;

6 (4) the pharmacy technician or student pharmacist must
7 have a current certificate in basic cardiopulmonary
8 resuscitation;

9 (5) the pharmacy technician or student pharmacist must
10 complete, during the relevant licensing period, a minimum
11 of 2 hours of immunization-related continuing pharmacy
12 education that is approved by the Accreditation Council
13 for Pharmacy Education;

14 (6) the supervising pharmacist must comply with all
15 relevant recordkeeping and reporting requirements;

16 (7) the supervising pharmacist must be responsible for
17 complying with requirements related to reporting adverse
18 events;

19 (8) the supervising pharmacist must review the vaccine
20 registry or other vaccination records prior to ordering
21 the vaccination to be administered by the pharmacy
22 technician or student pharmacist;

23 (9) the pharmacy technician or student pharmacist
24 must, if the patient is 18 years of age or younger, inform
25 the patient and the adult caregiver accompanying the
26 patient of the importance of a well-child visit with a

1 pediatrician or other licensed primary-care provider and
2 must refer patients as appropriate;

3 (10) in the case of a COVID-19 vaccine, the
4 vaccination must be ordered and administered according to
5 the Advisory Committee on Immunization Practices' COVID-19
6 vaccine recommendations;

7 (11) in the case of a COVID-19 vaccine, the
8 supervising pharmacist must comply with any applicable
9 requirements or conditions of use as set forth in the
10 Centers for Disease Control and Prevention COVID-19
11 vaccination provider agreement and any other federal
12 requirements that apply to the administration of COVID-19
13 vaccines being administered; and

14 (12) the registered pharmacy technician or student
15 pharmacist and the supervising pharmacist must comply with
16 all other requirements of this Act and the rules adopted
17 thereunder pertaining to the administration of drugs.

18 (b) Under the supervision of an appropriately trained
19 pharmacist, a registered pharmacy technician or student
20 pharmacist may administer COVID-19 therapeutics
21 subcutaneously, intramuscularly, or orally as authorized,
22 approved, or licensed by the United States Food and Drug
23 Administration, subject to the following conditions:

24 (1) the COVID-19 therapeutic must be authorized,
25 approved or licensed by the United States Food and Drug
26 Administration;

1 (2) the COVID-19 therapeutic must be administered
2 subcutaneously, intramuscularly, or orally in accordance
3 with the United States Food and Drug Administration
4 approval, authorization, or licensing;

5 (3) a pharmacy technician or student pharmacist
6 practicing pursuant to this Section must complete a
7 practical training program that is approved by the
8 Accreditation Council for Pharmacy Education and that
9 includes hands-on injection technique training, clinical
10 evaluation of indications and contraindications of
11 COVID-19 therapeutics training, training in the
12 recognition and treatment of emergency reactions to
13 COVID-19 therapeutics, and any additional training
14 required in the United States Food and Drug Administration
15 approval, authorization, or licensing;

16 (4) the pharmacy technician or student pharmacist must
17 have a current certificate in basic cardiopulmonary
18 resuscitation;

19 (5) the pharmacy technician or student pharmacist must
20 comply with any applicable requirements or conditions of
21 use that apply to the administration of COVID-19
22 therapeutics;

23 (6) the supervising pharmacist must comply with all
24 relevant recordkeeping and reporting requirements;

25 (7) the supervising pharmacist must be readily and
26 immediately available to the pharmacy technician or

1 student pharmacist; and
2 (8) the registered pharmacy technician or student
3 pharmacist and the supervising pharmacist must comply with
4 all other requirements of this Act and the rules adopted
5 thereunder pertaining to the administration of drugs.

6 Section 55. The Illinois Speech-Language Pathology and
7 Audiology Practice Act is amended by changing Section 8.8 as
8 follows:

9 (225 ILCS 110/8.8)

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

11 Sec. 8.8. Supervision of speech-language pathology
12 assistants.

13 (a) A speech-language pathology assistant shall practice
14 only under the supervision of a speech-language pathologist
15 who has at least 2 years experience in addition to the
16 supervised professional experience required under subsection
17 (f) of Section 8 of this Act. A speech-language pathologist
18 who supervises a speech-language pathology assistant (i) must
19 have completed at least 6 clock hours of training in
20 supervision related to speech-language pathology, and (ii)
21 must complete at least 2 clock hours of continuing education
22 in supervision related to speech-language pathology in each
23 new licensing cycle after completion of the initial training
24 required under item (i). The Department shall promulgate rules

1 describing the supervision training requirements. The rules
2 may allow a speech-language pathologist to apply to the Board
3 for an exemption from this training requirement based upon
4 prior supervisory experience.

5 (b) A speech-language pathology assistant must be under
6 the direct supervision of a speech-language pathologist at
7 least 30% of the speech-language pathology assistant's actual
8 patient or client contact time per patient or client during
9 the first 90 days of initial employment as a speech-language
10 pathology assistant. Thereafter, a speech-language pathology
11 assistant must be under the direct supervision of a
12 speech-language pathologist at least 20% of the
13 speech-language pathology assistant's actual patient or client
14 contact time per patient or client. Supervision of a
15 speech-language pathology assistant beyond the minimum
16 requirements of this subsection may be imposed at the
17 discretion of the supervising speech-language pathologist. A
18 supervising speech-language pathologist must be available to
19 communicate with a speech-language pathology assistant
20 whenever the assistant is in contact with a patient or client.

21 (c) A speech-language pathologist that supervises a
22 speech-language pathology assistant must document direct
23 supervision activities. At a minimum, supervision
24 documentation must provide (i) information regarding the
25 quality of the speech-language pathology assistant's
26 performance of assigned duties, and (ii) verification that

1 clinical activity is limited to duties specified in Section
2 8.7.

3 (d) A full-time speech-language pathologist may supervise
4 no more than 2 speech-language pathology assistants. A
5 speech-language pathologist that does not work full-time may
6 supervise no more than one speech-language pathology
7 assistant.

8 (e) For purposes of this Section, "direct supervision"
9 means on-site, in-view observation and guidance by a
10 speech-language pathologist while an assigned activity is
11 performed by the speech-language pathology assistant or
12 supervision by a speech-language pathologist by way of video
13 conferencing technology during telehealth practice.

14 (Source: P.A. 100-530, eff. 1-1-18.)

15 Section 60. The Illinois Public Aid Code is amended by
16 adding Section 5-5.12f as follows:

17 (305 ILCS 5/5-5.12f new)

18 Sec. 5-5.12f. Coverage of pharmacy testing, screening,
19 vaccinations, and treatment.

20 (a) Subject to approval by the federal Centers for
21 Medicare and Medicaid Services, the medical assistance
22 program, including both the fee-for-service and managed care
23 medical assistance programs established under this Article,
24 shall cover services rendered under paragraph (15), (16), or

1 (17) of subsection (d) of Section 3 of the Pharmacy Practice
2 Act.

3 (b) The Department shall establish a fee schedule for
4 services rendered under paragraph (15), (16), or (17) of
5 subsection (d) of Section 3 of the Pharmacy Practice Act.

6 (c) The rate of reimbursement for services rendered under
7 paragraph (15), (16), or (17) of subsection (d) of Section 3 of
8 the Pharmacy Practice Act shall be at 85% of the fee schedule
9 for physician services under the medical assistance program.

10 (d) A pharmacist must be enrolled in the medical
11 assistance program as an ordering and referring provider prior
12 to providing services rendered pursuant to paragraph (15),
13 (16), or (17) of subsection (d) of Section 3 of the Pharmacy
14 Practice Act that is submitted by a pharmacy or pharmacist
15 provider for reimbursement pursuant to this Section.

16 (e) The Department shall apply for any necessary federal
17 waivers or approvals to implement this Section by January 1,
18 2024.

19 (f) This Section does not restrict or prohibit any
20 services currently provided by pharmacists as authorized by
21 law, including, but not limited to, pharmacist services
22 provided under this Code or authorized under the Illinois
23 Title XIX State Plan.

24 (g) The Department shall submit to the Joint Committee on
25 Administrative Rules a rulemaking proposal to implement this
26 Section as soon as practicable but no later than 6 months after

1 federal approval is received.

2 Section 65. The Radiation Protection Act of 1990 is
3 amended by changing Section 7a as follows:

4 (420 ILCS 40/7a) (from Ch. 111 1/2, par. 210-7a)

5 (Section scheduled to be repealed on January 1, 2027)

6 Sec. 7a. Certification of industrial radiographers.

7 (a) Beginning January 1, 1993, no person may perform
8 industrial radiography unless he or she is certified by the
9 Department of Nuclear Safety or its successor, the Illinois
10 Emergency Management Agency, to perform industrial
11 radiography. The Agency shall promulgate regulations
12 establishing standards and procedures for certification of
13 industrial radiographers. The regulations may include, without
14 limitation, provisions specifying a minimum course of study
15 and requiring that individuals seeking certification pass an
16 examination administered or approved by the Agency. Industrial
17 radiography certification shall be valid for 5 years, except
18 that certifications for industrial radiography trainees shall
19 be valid for 2 years or shall be extended pursuant to
20 subsection (e). The Agency shall establish by regulation
21 standards and procedures for renewal of certification. The
22 regulations shall provide that certification for industrial
23 radiography trainees shall be nonrenewable.

24 (b) The regulations of the Department of Nuclear Safety,

1 as the predecessor agency of the Illinois Emergency Management
2 Agency, shall provide for provisional certification of persons
3 who performed industrial radiography before January 1, 1993.
4 In order to obtain provisional certification, the industrial
5 radiographer must apply to the Department no later than
6 January 1, 1993. Provisional certification shall be valid for
7 2 years, except for those certifications extended pursuant to
8 subsection (e), provided that a person who has obtained a
9 provisional certification must take an examination that is
10 administered or approved by the Department within 12 months of
11 the date on which the provisional certification was issued.
12 Upon passing the examination, the Department shall certify the
13 individual as an industrial radiographer. Provisional
14 certification shall be nonrenewable.

15 (c) The Agency may, by regulation, assess certification
16 fees and fees to recover the cost of examining applicants for
17 certification.

18 (d) The Agency may suspend or revoke the certification of
19 an industrial radiographer, or take other action as provided
20 in Sections 36 and 38 of this Act, if a certified industrial
21 radiographer violates this Act or any rule or regulation
22 promulgated under this Act, or otherwise endangers the safety
23 of himself, his co-workers, or members of the general public.
24 It shall be a violation of this Act for any person to allow an
25 individual who is not a certified industrial radiographer to
26 perform industrial radiography.

1 (e) The Agency may extend the term of existing
2 certifications for industrial radiographers and industrial
3 radiographer trainees in 90-day increments, not to exceed a
4 maximum period of 6 months beyond the initial term, to allow
5 individuals time to meet the examination criteria. Industrial
6 radiographers and industrial radiographer trainees shall meet
7 all other requirements as set forth by the Agency.

8 (Source: P.A. 94-104, eff. 7-1-05.)

9 Section 99. Effective date. This Act takes effect upon
10 becoming law.