



Rep. Bob Morgan

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1 AMENDMENT TO HOUSE BILL 559

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 559 by replacing  
3 everything after the enacting clause with the following:

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

1 the Department of Public Health:

2 (1) The power to suspend the requirements for  
3 permanent or temporary licensure of persons who are  
4 licensed in another state and are working ~~under the~~  
5 ~~direction of the Illinois Emergency Management Agency and~~  
6 ~~the Department of Public Health~~ pursuant to a declared  
7 disaster.

8 (2) The power to modify the scope of practice  
9 restrictions under any licensing act administered by the  
10 Department for any person working under the direction of  
11 the Illinois Emergency Management Agency and the Illinois  
12 Department of Public Health pursuant to the declared  
13 disaster.

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

23 (b) Persons exempt from licensure under paragraph (1) of  
24 subsection (a) of this Section and persons operating under  
25 modified scope of practice provisions under paragraph (2) of  
26 subsection (a) of this Section shall be exempt from licensure

1 or be subject to modified scope of practice only until the  
2 declared disaster has ended as provided by law. For purposes  
3 of this Section, persons working under the direction of an  
4 emergency services and disaster agency accredited by the  
5 Illinois Emergency Management Agency and a local public health  
6 department, pursuant to a declared disaster, shall be deemed  
7 to be working under the direction of the Illinois Emergency  
8 Management Agency and the Department of Public Health.

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

11 (d) Any person who was issued a temporary out-of-state  
12 permit by the Department, pursuant to a proclamation issued by  
13 the Secretary or related action by the Director in response to  
14 the COVID-19 pandemic, may continue to practice under his or  
15 her temporary out-of-state permit if he or she submits an  
16 application for licensure by endorsement to the Department on  
17 or before May 11, 2023. Any such person may continue to  
18 practice under his or her temporary out-of-state permit until  
19 the Department issues the license or denies the application,  
20 at which time the temporary out-of-state permit shall expire.  
21 If the Department does not issue the license or does not deny  
22 the application by May 11, 2024, the temporary out-of-state  
23 permit shall expire. If the person holding a temporary  
24 out-of-state permit does not submit an application for  
25 licensure by endorsement to the Department on or before May  
26 11, 2023, the temporary out-of-state COVID permit shall expire

1 on that date. This subsection applies to the following  
2 licensed professions: physician; registered nurse; practical  
3 nurse; advanced practice registered nurse; full practice  
4 advanced practice registered nurse; pharmacist; occupational  
5 therapist; occupational therapy assistant; physical therapist;  
6 physical therapy assistant; clinical psychologist; physician  
7 assistant; clinical social worker; social worker; dietitian  
8 nutritionist; professional counselor; clinical professional  
9 counselor; and respiratory care practitioner.

10 (e) Any person who was issued a temporary reinstatement  
11 permit by the Department, pursuant to a proclamation issued by  
12 the Secretary or related action by the Director in response to  
13 the COVID-19 pandemic, may continue to practice under his or  
14 her temporary reinstatement permit if he or she submits an  
15 application for restoration or reinstatement of his or her  
16 license to the Department on or before May 11, 2023. Any such  
17 person may continue to practice under his or her temporary  
18 reinstatement permit until the Department restores or  
19 reinstates the license or denies the application, at which  
20 time the temporary reinstatement permit shall expire. If the  
21 Department does not restore or reinstate the license or does  
22 not deny the application by May 11, 2024, the temporary  
23 reinstatement permit shall expire. If the person holding a  
24 temporary reinstatement permit does not submit an application  
25 for restoration or reinstatement to the Department on or  
26 before May 11, 2023, the temporary reinstatement permit shall

1 expire on that date. This subsection applies to the following  
2 licensed professions: physician; registered nurse; practical  
3 nurse; advanced practice registered nurse; full practice  
4 advanced practice registered nurse; pharmacist; occupational  
5 therapist; occupational therapy assistant; physical therapist;  
6 physical therapy assistant; clinical psychologist; physician  
7 assistant; clinical social worker; social worker; dietitian  
8 nutritionist; professional counselor; clinical professional  
9 counselor; and respiratory care practitioner.

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

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

13 (210 ILCS 9/40)

14 Sec. 40. Probationary licenses. If the applicant has not  
15 been previously licensed under this Act or if the  
16 establishment is not in operation at the time the application  
17 is made and if the Department determines that the applicant  
18 meets the licensure requirements of this Act, the Department  
19 shall issue a probationary license. A probationary license  
20 shall be valid for 120 days, except that probationary licenses  
21 shall be valid for the duration of a disaster proclaimed by the  
22 Governor, unless sooner suspended or revoked. Within 30 days  
23 prior to the termination of a probationary license, the  
24 Department shall fully and completely review the establishment

1 and, if the establishment meets the applicable requirements  
2 for licensure, shall issue a license, except that during a  
3 disaster proclaimed by the Governor, the Department shall  
4 fully and completely review the establishment to the extent  
5 feasible. If the Department finds that the establishment does  
6 not meet the requirements for licensure, but has made  
7 substantial progress toward meeting those requirements, the  
8 license may be renewed once for a period not to exceed 120 days  
9 from the expiration date of the initial probationary license.

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

11 (210 ILCS 9/110)

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

13 (a) The Department shall conduct an annual unannounced  
14 on-site visit at each assisted living and shared housing  
15 establishment to determine compliance with applicable  
16 licensure requirements and standards, except that during a  
17 disaster proclaimed by the Governor, the Department shall  
18 conduct on-site reviews and annual unannounced on-site visits  
19 to the extent feasible. Additional visits may be conducted  
20 without prior notice to the assisted living or shared housing  
21 establishment.

22 (b) Upon receipt of information that may indicate the  
23 failure of the assisted living or shared housing establishment  
24 or a service provider to comply with a provision of this Act,  
25 the Department shall investigate the matter or make

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

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

17 (d) (Blank).

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

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

1 (g) (Blank).

2 (h) Beginning January 1, 2000, the Department shall begin  
3 drafting rules necessary for the administration of this Act.

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

5 Section 15. The Nursing Home Care Act is amended by  
6 changing Sections 3-102.2, 3-116, 3-702, 3-102.2, 3-202.5,  
7 3-202.6, 3-206, and 3-401 as follows:

8 (210 ILCS 45/3-102.2)

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



1 Department may revoke the waiver if it determines that the  
2 facility is not in compliance with the program plan. Nothing  
3 in this Section prohibits the Department from conducting  
4 complaint investigations.

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

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

13 (210 ILCS 45/3-116) (from Ch. 111 1/2, par. 4153-116)

14 Sec. 3-116. If the applicant has not been previously  
15 licensed or if the facility is not in operation at the time  
16 application is made, the Department shall issue only a  
17 probationary license. A probationary license shall be valid  
18 for 120 days, except that probationary licenses shall be valid  
19 for the duration of a disaster proclaimed by the Governor,  
20 unless sooner suspended or revoked under Section 3-119. Within  
21 30 days prior to the termination of a probationary license,  
22 the Department shall fully and completely inspect the facility  
23 and, if the facility meets the applicable requirements for  
24 licensure, shall issue a license under Section 3-109, except  
25 that during a disaster proclaimed by the Governor, the

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

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

9 (210 ILCS 45/3-202.5)

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

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

1 Final approval of the drawings and specifications for  
2 compliance with design and construction standards shall be  
3 obtained from the Department before the alteration, addition,  
4 or new construction is begun.

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

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

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

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

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

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

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

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

9           (1) (Blank).

10          (2) (Blank).

11          (3) If the estimated dollar value of the alteration,  
12 addition, or new construction is \$100,000 or more but less  
13 than \$500,000, the fee shall be the greater of \$2,400 or  
14 1.2% of that value.

15          (4) If the estimated dollar value of the alteration,  
16 addition, or new construction is \$500,000 or more but less  
17 than \$1,000,000, the fee shall be the greater of \$6,000 or  
18 0.96% of that value.

19          (5) If the estimated dollar value of the alteration,  
20 addition, or new construction is \$1,000,000 or more but  
21 less than \$5,000,000, the fee shall be the greater of  
22 \$9,600 or 0.22% of that value.

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

1           The fees provided in this subsection (d) shall not apply  
2 to major construction projects involving facility changes that  
3 are required by Department rule amendments.

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

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

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

1 this Section.

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

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

13 (g) The Department shall conduct an on-site inspection of  
14 the completed project no later than 30 days after notification  
15 from the applicant that the project has been completed and all  
16 certifications required by the Department have been received  
17 and accepted by the Department, except that during a disaster  
18 proclaimed by the Governor, the Department shall conduct an  
19 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 that  
21 during a disaster proclaimed by the Governor, the Department  
22 shall conduct an on-site inspection of the completed project  
23 to the extent feasible. The Department may extend this  
24 deadline if a federally mandated survey time frame takes  
25 precedence. The Department shall provide written approval for  
26 occupancy to the applicant within 7 working days after the

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

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

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

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

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

23 (210 ILCS 45/3-206) (from Ch. 111 1/2, par. 4153-206)

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

1 care aides.

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

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

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

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

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

23 (5) Begin a current course of training for nursing  
24 assistants, habilitation aides, or child care aides,  
25 approved by the Department, within 45 days of initial  
26 employment in the capacity of a nursing assistant,

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

26 The Department may accept comparable training in lieu

1 of the 120-hour course for student nurses, foreign nurses,  
2 military personnel, or employees of the Department of  
3 Human Services.

4 The Department shall accept on-the-job experience in  
5 lieu of clinical training from any individual who  
6 participated in the temporary nursing assistant program  
7 during the COVID-19 pandemic before the end date of the  
8 temporary nursing assistant program and left the program  
9 in good standing, and the Department shall notify all  
10 approved certified nurse assistant training programs in  
11 the State of this requirement. The individual shall  
12 receive one hour of credit for every hour employed as a  
13 temporary nursing assistant, up to 40 total hours, and  
14 shall be permitted 90 days after the end date of the  
15 temporary nursing assistant program to enroll in an  
16 approved certified nursing assistant training program and  
17 240 days to successfully complete the certified nursing  
18 assistant training program. Temporary nursing assistants  
19 who enroll in a certified nursing assistant training  
20 program within 90 days of the end of the temporary nursing  
21 assistant program may continue to work as a nursing  
22 assistant for up to 240 days after enrollment in the  
23 certified nursing assistant training program. As used in  
24 this Section, "temporary nursing assistant program" means  
25 the program implemented by the Department of Public Health  
26 by emergency rule, as listed in 44 Ill. Reg. 7936,

1 effective April 21, 2020.

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

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

20 (6) Be familiar with and have general skills related  
21 to resident care.

22 (a-0.5) An educational entity, other than a secondary  
23 school, conducting a nursing assistant, habilitation aide, or  
24 child care aide training program shall initiate a criminal  
25 history record check in accordance with the Health Care Worker  
26 Background Check Act prior to entry of an individual into the



1 training program. A secondary school may initiate a criminal  
2 history record check in accordance with the Health Care Worker  
3 Background Check Act at any time during or after a training  
4 program.

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

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

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

23 (d) Proof of compliance by each employee with the  
24 requirements set out in this Section shall be maintained for  
25 each such employee by each facility in the individual  
26 personnel folder of the employee. Proof of training shall be

1 obtained only from the Health Care Worker Registry.

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

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

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

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

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

22           (Source: P.A. 100-297, eff. 8-24-17; 100-432, eff. 8-25-17;  
23 100-863, eff. 8-14-18; 101-655, eff. 3-12-21.)

24           (210 ILCS 45/3-401) (from Ch. 111 1/2, par. 4153-401)

25           Sec. 3-401. A facility may involuntarily transfer or

1 discharge a resident only for one or more of the following  
2 reasons:

3 (a) for medical reasons;

4 (b) for the resident's physical safety;

5 (c) for the physical safety of other residents, the  
6 facility staff or facility visitors; or

7 (d) for either late payment or nonpayment for the  
8 resident's stay, except as prohibited by Titles XVIII and  
9 XIX of the federal Social Security Act or during a  
10 disaster proclaimed by the Governor. For purposes of this

11 Section, "late payment" means non-receipt of payment after  
12 submission of a bill. If payment is not received within 45  
13 days after submission of a bill, a facility may send a  
14 notice to the resident and responsible party requesting  
15 payment within 30 days. If payment is not received within  
16 such 30 days, the facility may thereupon institute  
17 transfer or discharge proceedings by sending a notice of  
18 transfer or discharge to the resident and responsible  
19 party by registered or certified mail. The notice shall  
20 state, in addition to the requirements of Section 3-403 of  
21 this Act, that the responsible party has the right to pay  
22 the amount of the bill in full up to the date the transfer  
23 or discharge is to be made and then the resident shall have  
24 the right to remain in the facility. Such payment shall  
25 terminate the transfer or discharge proceedings. This  
26 subsection does not apply to those residents whose care is

1 provided for under the Illinois Public Aid Code. The  
2 Department shall adopt rules setting forth the criteria  
3 and procedures to be applied in cases of involuntary  
4 transfer or discharge permitted under this Section.

5 (Source: P.A. 91-357, eff. 7-29-99.)

6 (210 ILCS 45/3-702) (from Ch. 111 1/2, par. 4153-702)

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

1 information provided are far more difficult to respond to and  
2 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 disaster proclaimed by the  
26 Governor, all other complaints shall be investigated within

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

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

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

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

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

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



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

5 (1) the total number of complaints received;

6 (2) the breakdown of 24-hour, 7-day, and 30-day  
7 complaints;

8 (3) the breakdown of anonymous and non-anonymous  
9 complaints;

10 (4) the number of complaints that were substantiated  
11 versus unsubstantiated;

12 (5) the total number of substantiated complaints that  
13 were completed in the time frame determined under  
14 subsection (d);

15 (6) the total number of informal dispute resolutions  
16 requested;

17 (7) the total number of informal dispute resolution  
18 requests approved;

19 (8) the total number of informal dispute resolutions  
20 that were overturned or reduced in severity;

21 (9) the total number of nurse surveyors hired during  
22 the calendar year;

23 (10) the total number of nurse surveyors who left  
24 Department employment;

25 (11) the average length of tenure for nurse surveyors  
26 employed by the Department at the time the report is

1 created;

2 (12) the total number of times the Department imposed  
3 discretionary denial of payment within 15 days of notice  
4 and within 2 days of notice as well as the number of times  
5 the discretionary denial of payment took effect; and

6 (13) any other complaint information requested by the  
7 Long-Term Care Facility Advisory Board created under  
8 Section 2-204 of this Act or the Illinois Long-Term Care  
9 Council created under Section 4.04a of the Illinois Act on  
10 the Aging.

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

18 (h) Any person who knowingly transmits a false report to  
19 the Department commits the offense of disorderly conduct under  
20 subsection (a)(8) of Section 26-1 of the Criminal Code of  
21 2012.

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

24 Section 20. The MC/DD Act is amended by changing Sections  
25 3-116, 3-202.5, 3-401, and 3-702 as follows:

1 (210 ILCS 46/3-116)

2 Sec. 3-116. Probationary license. If the applicant has not  
3 been previously licensed or if the facility is not in  
4 operation at the time application is made, the Department  
5 shall issue only a probationary license. A probationary  
6 license shall be valid for 120 days, except that probationary  
7 licenses shall be valid for the duration of a disaster  
8 proclaimed by the Governor, unless sooner suspended or revoked  
9 under Section 3-119. Within 30 days prior to the termination  
10 of a probationary license, the Department shall fully and  
11 completely inspect the facility and, if the facility meets the  
12 applicable requirements for licensure, shall issue a license  
13 under Section 3-109, except that during a disaster proclaimed  
14 by the Governor, the Department shall inspect facilities  
15 within an appropriate timeframe to the extent feasible. If the  
16 Department finds that the facility does not meet the  
17 requirements for licensure but has made substantial progress  
18 toward meeting those requirements, the license may be renewed  
19 once for a period not to exceed 120 days from the expiration  
20 date of the initial probationary license.

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

22 (210 ILCS 46/3-202.5)

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

24 (a) Before commencing construction of a new facility or

1 specified types of alteration or additions to an existing  
2 facility involving major construction, as defined by rule by  
3 the Department, with an estimated cost greater than \$100,000,  
4 architectural drawings and specifications for the facility  
5 shall be submitted to the Department for review and approval.

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

19 (b) The Department shall inform an applicant in writing  
20 within 10 working days after receiving drawings and  
21 specifications and the required fee, if any, from the  
22 applicant whether the applicant's submission is complete or  
23 incomplete. Failure to provide the applicant with this notice  
24 within 10 working days shall result in the submission being  
25 deemed complete for purposes of initiating the 60 day review  
26 period under this Section. If the submission is incomplete,

1 the Department shall inform the applicant of the deficiencies  
2 with the submission in writing. If the submission is complete  
3 the required fee, if any, has been paid, the Department shall  
4 approve or disapprove drawings and specifications submitted to  
5 the Department no later than 60 days following receipt by the  
6 Department. The drawings and specifications shall be of  
7 sufficient detail, as provided by Department rule, to enable  
8 the Department to render a determination of compliance with  
9 design and construction standards under this Act. If the  
10 Department finds that the drawings are not of sufficient  
11 detail for it to render a determination of compliance, the  
12 plans shall be determined to be incomplete and shall not be  
13 considered for purposes of initiating the 60 day review  
14 period. If a submission of drawings and specifications is  
15 incomplete, the applicant may submit additional information.  
16 The 60 day review period shall not commence until the  
17 Department determines that a submission of drawings and  
18 specifications is complete or the submission is deemed  
19 complete. If the Department has not approved or disapproved  
20 the drawings and specifications within 60 days, the  
21 construction, major alteration, or addition shall be deemed  
22 approved. If the drawings and specifications are disapproved,  
23 the Department shall state in writing, with specificity, the  
24 reasons for the disapproval. The entity submitting the  
25 drawings and specifications may submit additional information  
26 in response to the written comments from the Department or

1 request a reconsideration of the disapproval. A final decision  
2 of approval or disapproval shall be made within 45 days of the  
3 receipt of the additional information or reconsideration  
4 request. If denied, the Department shall state the specific  
5 reasons for the denial.

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

10 (1) the Department reviewed and approved or deemed  
11 approved the drawings and specifications for compliance  
12 with design and construction standards;

13 (2) the construction, major alteration, or addition  
14 was built as submitted;

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

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

20 (d) (Blank).

21 (e) All fees received by the Department under this Section  
22 shall be deposited into the Health Facility Plan Review Fund,  
23 a special fund created in the State Treasury. Moneys shall be  
24 appropriated from that Fund to the Department only to pay the  
25 costs of conducting reviews under this Section, under Section  
26 3-202.5 of the Nursing Home Care Act, or under Section 3-202.5

1 of the ID/DD Community Care Act. None of the moneys in the  
2 Health Facility Plan Review Fund shall be used to reduce the  
3 amount of General Revenue Fund moneys appropriated to the  
4 Department for facility plan reviews conducted pursuant to  
5 this Section.

6 (f) (Blank).

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

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

1 (i) The Department shall establish, by rule, an expedited  
2 process for emergency repairs or replacement of like  
3 equipment.

4 (j) Nothing in this Section shall be construed to apply to  
5 maintenance, upkeep, or renovation that does not affect the  
6 structural integrity of the building, does not add beds or  
7 services over the number for which the facility is licensed,  
8 and provides a reasonable degree of safety for the residents.

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

10 (210 ILCS 46/3-401)

11 Sec. 3-401. Involuntary transfer or discharge of resident.  
12 A facility may involuntarily transfer or discharge a resident  
13 only for one or more of the following reasons:

14 (a) for medical reasons;

15 (b) for the resident's physical safety;

16 (c) for the physical safety of other residents, the  
17 facility staff or facility visitors; or

18 (d) for either late payment or nonpayment for the  
19 resident's stay, except as prohibited by Titles XVIII and XIX  
20 of the federal Social Security Act or during a disaster  
21 proclaimed by the Governor. For purposes of this Section,  
22 "late payment" means non-receipt of payment after submission  
23 of a bill. If payment is not received within 45 days after  
24 submission of a bill, a facility may send a notice to the  
25 resident and responsible party requesting payment within 30



1 days. If payment is not received within such 30 days, the  
2 facility may thereupon institute transfer or discharge  
3 proceedings by sending a notice of transfer or discharge to  
4 the resident and responsible party by registered or certified  
5 mail. The notice shall state, in addition to the requirements  
6 of Section 3-403 of this Act, that the responsible party has  
7 the right to pay the amount of the bill in full up to the date  
8 the transfer or discharge is to be made and then the resident  
9 shall have the right to remain in the facility. Such payment  
10 shall terminate the transfer or discharge proceedings. This  
11 subsection does not apply to those residents whose care is  
12 provided for under the Illinois Public Aid Code. The  
13 Department shall adopt rules setting forth the criteria and  
14 procedures to be applied in cases of involuntary transfer or  
15 discharge permitted under this Section.

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

17 (210 ILCS 46/3-702)

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

19 (a) A person who believes that this Act or a rule  
20 promulgated under this Act may have been violated may request  
21 an investigation. The request may be submitted to the  
22 Department in writing, by telephone, by electronic means, or  
23 by personal visit. An oral complaint shall be reduced to  
24 writing by the Department. The Department shall make  
25 available, through its website and upon request, information

1 regarding the oral and phone intake processes and the list of  
2 questions that will be asked of the complainant. The  
3 Department shall request information identifying the  
4 complainant, including the name, address and telephone number,  
5 to help enable appropriate follow up. The Department shall act  
6 on such complaints via on-site visits or other methods deemed  
7 appropriate to handle the complaints with or without such  
8 identifying information, as otherwise provided under this  
9 Section. The complainant shall be informed that compliance  
10 with such request is not required to satisfy the procedures  
11 for filing a complaint under this Act. The Department must  
12 notify complainants that complaints with less information  
13 provided are far more difficult to respond to and investigate.

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

18 (c) The Department shall not disclose the name of the  
19 complainant unless the complainant consents in writing to the  
20 disclosure or the investigation results in a judicial  
21 proceeding, or unless disclosure is essential to the  
22 investigation. The complainant shall be given the opportunity  
23 to withdraw the complaint before disclosure. Upon the request  
24 of the complainant, the Department may permit the complainant  
25 or a representative of the complainant to accompany the person  
26 making the on-site inspection of the facility.

1           (d) Upon receipt of a complaint, the Department shall  
2 determine whether this Act or a rule promulgated under this  
3 Act has been or is being violated. The Department shall  
4 investigate all complaints alleging abuse or neglect within 7  
5 days after the receipt of the complaint except that complaints  
6 of abuse or neglect which indicate that a resident's life or  
7 safety is in imminent danger shall be investigated within 24  
8 hours after receipt of the complaint. All other complaints  
9 shall be investigated within 30 days after the receipt of the  
10 complaint, except that during a disaster proclaimed by the  
11 Governor, all other complaints shall be investigated within an  
12 appropriate timeframe to the extent feasible. The Department  
13 employees investigating a complaint shall conduct a brief,  
14 informal exit conference with the facility to alert its  
15 administration of any suspected serious deficiency that poses  
16 a direct threat to the health, safety or welfare of a resident  
17 to enable an immediate correction for the alleviation or  
18 elimination of such threat. Such information and findings  
19 discussed in the brief exit conference shall become a part of  
20 the investigating record but shall not in any way constitute  
21 an official or final notice of violation as provided under  
22 Section 3-301. All complaints shall be classified as "an  
23 invalid report", "a valid report", or "an undetermined  
24 report". For any complaint classified as "a valid report", the  
25 Department must determine within 30 working days if any rule  
26 or provision of this Act has been or is being violated.

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

4 (e) In all cases, the Department shall inform the  
5 complainant of its findings within 10 days of its  
6 determination unless otherwise indicated by the complainant,  
7 and the complainant may direct the Department to send a copy of  
8 such findings to another person. The Department's findings may  
9 include comments or documentation provided by either the  
10 complainant or the licensee pertaining to the complaint. The  
11 Department shall also notify the facility of such findings  
12 within 10 days of the determination, but the name of the  
13 complainant or residents shall not be disclosed in this notice  
14 to the facility. The notice of such findings shall include a  
15 copy of the written determination; the correction order, if  
16 any; the warning notice, if any; the inspection report; or the  
17 State licensure form on which the violation is listed.

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

23 (g) A complainant who is dissatisfied with the  
24 determination or investigation by the Department may request a  
25 hearing under Section 3-703. The facility shall be given  
26 notice of any such hearing and may participate in the hearing

1 as a party. If a facility requests a hearing under Section  
2 3-703 which concerns a matter covered by a complaint, the  
3 complainant shall be given notice and may participate in the  
4 hearing as a party. A request for a hearing by either a  
5 complainant or a facility shall be submitted in writing to the  
6 Department within 30 days after the mailing of the  
7 Department's findings as described in subsection (e) of this  
8 Section. Upon receipt of the request the Department shall  
9 conduct a hearing as provided under Section 3-703.

10 (g-5) The Department shall conduct an annual review and  
11 make a report concerning the complaint process that includes  
12 the number of complaints received, the breakdown of anonymous  
13 and non-anonymous complaints and whether the complaints were  
14 substantiated or not, the total number of substantiated  
15 complaints, and any other complaint information requested by  
16 the DD Facility Advisory Board. This report shall be provided  
17 to the DD Facility Advisory Board. The DD Facility Advisory  
18 Board shall review the report and suggest any changes deemed  
19 necessary to the Department for review and action, including  
20 how to investigate and substantiate anonymous complaints.

21 (h) Any person who knowingly transmits a false report to  
22 the Department commits the offense of disorderly conduct under  
23 subsection (a)(8) of Section 26-1 of the Criminal Code of  
24 2012.

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

1 Section 25. The ID/DD Community Care Act is amended by  
2 changing Sections 3-116, 3-206, 3-401, and 3-702 as follows:

3 (210 ILCS 47/3-116)

4 Sec. 3-116. Probationary license. If the applicant has not  
5 been previously licensed or if the facility is not in  
6 operation at the time application is made, the Department  
7 shall issue only a probationary license. A probationary  
8 license shall be valid for 120 days, except that probationary  
9 licenses shall be valid for the duration of a disaster  
10 proclaimed by the Governor, unless sooner suspended or revoked  
11 under Section 3-119. Within 30 days prior to the termination  
12 of a probationary license, the Department shall fully and  
13 completely inspect the facility and, if the facility meets the  
14 applicable requirements for licensure, shall issue a license  
15 under Section 3-109 except that during a disaster proclaimed  
16 by the Governor, the Department shall inspect facilities  
17 within an appropriate timeframe to the extent feasible. If the  
18 Department finds that the facility does not meet the  
19 requirements for licensure but has made substantial progress  
20 toward meeting those requirements, the license may be renewed  
21 once for a period not to exceed 120 days from the expiration  
22 date of the initial probationary license.

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

24 (210 ILCS 47/3-206)

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

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

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

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

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

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

26           (5) Begin a current course of training for nursing

1 assistants, habilitation aides, or child care aides,  
2 approved by the Department, within 45 days of initial  
3 employment in the capacity of a nursing assistant,  
4 habilitation aide, or child care aide at any facility.  
5 Such courses of training shall be successfully completed  
6 within 120 days of initial employment in the capacity of  
7 nursing assistant, habilitation aide, or child care aide  
8 at a facility, except that during a disaster proclaimed by  
9 the Governor training shall be completed to the extent  
10 feasible. Nursing assistants, habilitation aides, and  
11 child care aides who are enrolled in approved courses in  
12 community colleges or other educational institutions on a  
13 term, semester or trimester basis, shall be exempt from  
14 the 120-day completion time limit. The Department shall  
15 adopt rules for such courses of training. These rules  
16 shall include procedures for facilities to carry on an  
17 approved course of training within the facility.

18 The Department may accept comparable training in lieu  
19 of the 120-hour course for student nurses, foreign nurses,  
20 military personnel, or employees of the Department of  
21 Human Services.

22 The facility shall develop and implement procedures,  
23 which shall be approved by the Department, for an ongoing  
24 review process, which shall take place within the  
25 facility, for nursing assistants, habilitation aides, and  
26 child care aides.



1           At the time of each regularly scheduled licensure  
2           survey, or at the time of a complaint investigation, the  
3           Department may require any nursing assistant, habilitation  
4           aide, or child care aide to demonstrate, either through  
5           written examination or action, or both, sufficient  
6           knowledge in all areas of required training. If such  
7           knowledge is inadequate the Department shall require the  
8           nursing assistant, habilitation aide, or child care aide  
9           to complete inservice training and review in the facility  
10          until the nursing assistant, habilitation aide, or child  
11          care aide demonstrates to the Department, either through  
12          written examination or action, or both, sufficient  
13          knowledge in all areas of required training; and

14           (6) Be familiar with and have general skills related  
15          to resident care.

16           (a-0.5) An educational entity, other than a secondary  
17          school, conducting a nursing assistant, habilitation aide, or  
18          child care aide training program shall initiate a criminal  
19          history record check in accordance with the Health Care Worker  
20          Background Check Act prior to entry of an individual into the  
21          training program. A secondary school may initiate a criminal  
22          history record check in accordance with the Health Care Worker  
23          Background Check Act at any time during or after a training  
24          program.

25           (a-1) Nursing assistants, habilitation aides, or child  
26          care aides seeking to be included on the Health Care Worker

1 Registry under the Health Care Worker Background Check Act  
2 must authorize the Department of Public Health or its designee  
3 to request a criminal history record check in accordance with  
4 the Health Care Worker Background Check Act and submit all  
5 necessary information. An individual may not newly be included  
6 on the Health Care Worker Registry unless a criminal history  
7 record check has been conducted with respect to the  
8 individual.

9 (b) Persons subject to this Section shall perform their  
10 duties under the supervision of a licensed nurse or other  
11 appropriately trained, licensed, or certified personnel.

12 (c) It is unlawful for any facility to employ any person in  
13 the capacity of nursing assistant, habilitation aide, or child  
14 care aide, or under any other title, not licensed by the State  
15 of Illinois to assist in the personal, medical, or nursing  
16 care of residents in such facility unless such person has  
17 complied with this Section.

18 (d) Proof of compliance by each employee with the  
19 requirements set out in this Section shall be maintained for  
20 each such employee by each facility in the individual  
21 personnel folder of the employee. Proof of training shall be  
22 obtained only from the Health Care Worker Registry.

23 (e) Each facility shall obtain access to the Health Care  
24 Worker Registry's web application, maintain the employment and  
25 demographic information relating to each employee, and verify  
26 by the category and type of employment that each employee

1 subject to this Section meets all the requirements of this  
2 Section.

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

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

18 The Department's rules shall provide that such training  
19 may be conducted in house at each facility subject to the  
20 requirements of this subsection, in which case such training  
21 shall be monitored by the Department. The Department's rules  
22 shall also provide for circumstances and procedures whereby  
23 any person who has received training that meets the  
24 requirements of this subsection shall not be required to  
25 undergo additional training if he or she is transferred to or  
26 obtains employment at a different facility or a facility other

1 than those licensed under this Act but remains continuously  
2 employed as a nursing assistant, habilitation aide, or child  
3 care aide. Individuals who have performed no nursing,  
4 nursing-related services, or habilitation services for a  
5 period of 24 consecutive months shall be listed as inactive  
6 and as such do not meet the requirements of this Section.  
7 Licensed sheltered care facilities shall be exempt from the  
8 requirements of this Section.

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

10 (210 ILCS 47/3-401)

11 Sec. 3-401. Involuntary transfer or discharge of resident.  
12 A facility may involuntarily transfer or discharge a resident  
13 only for one or more of the following reasons:

14 (a) for medical reasons;

15 (b) for the resident's physical safety;

16 (c) for the physical safety of other residents, the  
17 facility staff or facility visitors; or

18 (d) for either late payment or nonpayment for the  
19 resident's stay, except as prohibited by Titles XVIII and XIX  
20 of the federal Social Security Act or during a disaster  
21 proclaimed by the Governor. For purposes of this Section,  
22 "late payment" means non-receipt of payment after submission  
23 of a bill. If payment is not received within 45 days after  
24 submission of a bill, a facility may send a notice to the  
25 resident and responsible party requesting payment within 30

1 days. If payment is not received within such 30 days, the  
2 facility may thereupon institute transfer or discharge  
3 proceedings by sending a notice of transfer or discharge to  
4 the resident and responsible party by registered or certified  
5 mail. The notice shall state, in addition to the requirements  
6 of Section 3-403 of this Act, that the responsible party has  
7 the right to pay the amount of the bill in full up to the date  
8 the transfer or discharge is to be made and then the resident  
9 shall have the right to remain in the facility. Such payment  
10 shall terminate the transfer or discharge proceedings. This  
11 subsection does not apply to those residents whose care is  
12 provided for under the Illinois Public Aid Code. The  
13 Department shall adopt rules setting forth the criteria and  
14 procedures to be applied in cases of involuntary transfer or  
15 discharge permitted under this Section.

16 (Source: P.A. 96-339, eff. 7-1-10; 96-1000, eff. 7-2-10.)

17 (210 ILCS 47/3-702)

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

19 (a) A person who believes that this Act or a rule  
20 promulgated under this Act may have been violated may request  
21 an investigation. The request may be submitted to the  
22 Department in writing, by telephone, by electronic means, or  
23 by personal visit. An oral complaint shall be reduced to  
24 writing by the Department. The Department shall make  
25 available, through its website and upon request, information

1 regarding the oral and phone intake processes and the list of  
2 questions that will be asked of the complainant. The  
3 Department shall request information identifying the  
4 complainant, including the name, address and telephone number,  
5 to help enable appropriate follow up. The Department shall act  
6 on such complaints via on-site visits or other methods deemed  
7 appropriate to handle the complaints with or without such  
8 identifying information, as otherwise provided under this  
9 Section. The complainant shall be informed that compliance  
10 with such request is not required to satisfy the procedures  
11 for filing a complaint under this Act. The Department must  
12 notify complainants that complaints with less information  
13 provided are far more difficult to respond to and investigate.

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

18 (c) The Department shall not disclose the name of the  
19 complainant unless the complainant consents in writing to the  
20 disclosure or the investigation results in a judicial  
21 proceeding, or unless disclosure is essential to the  
22 investigation. The complainant shall be given the opportunity  
23 to withdraw the complaint before disclosure. Upon the request  
24 of the complainant, the Department may permit the complainant  
25 or a representative of the complainant to accompany the person  
26 making the on-site inspection of the facility.

1 (d) Upon receipt of a complaint, the Department shall  
2 determine whether this Act or a rule promulgated under this  
3 Act has been or is being violated. The Department shall  
4 investigate all complaints alleging abuse or neglect within 7  
5 days after the receipt of the complaint except that complaints  
6 of abuse or neglect which indicate that a resident's life or  
7 safety is in imminent danger shall be investigated within 24  
8 hours after receipt of the complaint. All other complaints  
9 shall be investigated within 30 days after the receipt of the  
10 complaint, except that during a disaster proclaimed by the  
11 Governor, all other complaints shall be investigated within an  
12 appropriate timeframe to the extent feasible. The Department  
13 employees investigating a complaint shall conduct a brief,  
14 informal exit conference with the facility to alert its  
15 administration of any suspected serious deficiency that poses  
16 a direct threat to the health, safety or welfare of a resident  
17 to enable an immediate correction for the alleviation or  
18 elimination of such threat. Such information and findings  
19 discussed in the brief exit conference shall become a part of  
20 the investigating record but shall not in any way constitute  
21 an official or final notice of violation as provided under  
22 Section 3-301. All complaints shall be classified as "an  
23 invalid report", "a valid report", or "an undetermined  
24 report". For any complaint classified as "a valid report", the  
25 Department must determine within 30 working days if any rule  
26 or provision of this Act has been or is being violated.

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

4 (e) In all cases, the Department shall inform the  
5 complainant of its findings within 10 days of its  
6 determination unless otherwise indicated by the complainant,  
7 and the complainant may direct the Department to send a copy of  
8 such findings to another person. The Department's findings may  
9 include comments or documentation provided by either the  
10 complainant or the licensee pertaining to the complaint. The  
11 Department shall also notify the facility of such findings  
12 within 10 days of the determination, but the name of the  
13 complainant or residents shall not be disclosed in this notice  
14 to the facility. The notice of such findings shall include a  
15 copy of the written determination; the correction order, if  
16 any; the warning notice, if any; the inspection report; or the  
17 State licensure form on which the violation is listed.

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

23 (g) A complainant who is dissatisfied with the  
24 determination or investigation by the Department may request a  
25 hearing under Section 3-703. The facility shall be given  
26 notice of any such hearing and may participate in the hearing



1 as a party. If a facility requests a hearing under Section  
2 3-703 which concerns a matter covered by a complaint, the  
3 complainant shall be given notice and may participate in the  
4 hearing as a party. A request for a hearing by either a  
5 complainant or a facility shall be submitted in writing to the  
6 Department within 30 days after the mailing of the  
7 Department's findings as described in subsection (e) of this  
8 Section. Upon receipt of the request the Department shall  
9 conduct a hearing as provided under Section 3-703.

10 (g-5) The Department shall conduct an annual review and  
11 make a report concerning the complaint process that includes  
12 the number of complaints received, the breakdown of anonymous  
13 and non-anonymous complaints and whether the complaints were  
14 substantiated or not, the total number of substantiated  
15 complaints, and any other complaint information requested by  
16 the DD Facility Advisory Board. This report shall be provided  
17 to the DD Facility Advisory Board. The DD Facility Advisory  
18 Board shall review the report and suggest any changes deemed  
19 necessary to the Department for review and action, including  
20 how to investigate and substantiate anonymous complaints.

21 (h) Any person who knowingly transmits a false report to  
22 the Department commits the offense of disorderly conduct under  
23 subsection (a)(8) of Section 26-1 of the Criminal Code of  
24 2012.

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

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

3 (210 ILCS 49/4-105)

4 Sec. 4-105. Provisional licensure duration. A provisional  
5 license shall be valid upon fulfilling the requirements  
6 established by the Department by emergency rule. The license  
7 shall remain valid as long as a facility remains in compliance  
8 with the licensure provisions established in rule. Provisional  
9 licenses issued upon initial licensure as a specialized mental  
10 health rehabilitation facility shall expire at the end of a  
11 3-year period, which commences on the date the provisional  
12 license is issued. Issuance of a provisional license for any  
13 reason other than initial licensure (including, but not  
14 limited to, change of ownership, location, number of beds, or  
15 services) shall not extend the maximum 3-year period, at the  
16 end of which a facility must be licensed pursuant to Section  
17 4-201, except that provisional licenses shall be valid for the  
18 duration of a disaster proclaimed by the Governor.

19 Notwithstanding any other provision of this Act or the  
20 Specialized Mental Health Rehabilitation Facilities Code, 77  
21 Ill. ~~Adm. Admin.~~ Code 380, to the contrary, if a facility has  
22 received notice from the Department that its application for  
23 provisional licensure to provide recovery and rehabilitation  
24 services has been accepted as complete and the facility has  
25 attested in writing to the Department that it will comply with

1 the staff training plan approved by the Division of Mental  
2 Health, then a provisional license for recovery and  
3 rehabilitation services shall be issued to the facility within  
4 60 days after the Department determines that the facility is  
5 in compliance with the requirements of the Life Safety Code in  
6 accordance with Section 4-104.5 of this Act.

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

9 Section 35. The Health Care Worker Background Check Act is  
10 amended by changing Section 33 as follows:

11 (225 ILCS 46/33)

12 Sec. 33. Fingerprint-based criminal history records check.

13 (a) A fingerprint-based criminal history records check is  
14 not required for health care employees who have been  
15 continuously employed by a health care employer since October  
16 1, 2007, have met the requirements for criminal history  
17 background checks prior to October 1, 2007, and have no  
18 disqualifying convictions or requested and received a waiver  
19 of those disqualifying convictions. These employees shall be  
20 retained on the Health Care Worker Registry as long as they  
21 remain active. Nothing in this subsection (a) shall be  
22 construed to prohibit a health care employer from initiating a  
23 criminal history records check for these employees. Should  
24 these employees seek a new position with a different health

1 care employer, then a fingerprint-based criminal history  
2 records check shall be required.

3 (b) On October 1, 2007 or as soon thereafter as is  
4 reasonably practical, in the discretion of the Director of  
5 Public Health, and thereafter, any student, applicant, or  
6 employee who desires to be included on the Department of  
7 Public Health's Health Care Worker Registry shall authorize  
8 the Department of Public Health or its designee to request a  
9 fingerprint-based criminal history records check to determine  
10 if the individual has a conviction for a disqualifying  
11 offense. This authorization shall allow the Department of  
12 Public Health to request and receive information and  
13 assistance from any State or governmental agency. Each  
14 individual shall submit his or her fingerprints to the  
15 Illinois State Police in an electronic format that complies  
16 with the form and manner for requesting and furnishing  
17 criminal history record information prescribed by the Illinois  
18 State Police. The fingerprints submitted under this Section  
19 shall be checked against the fingerprint records now and  
20 hereafter filed in the Illinois State Police criminal history  
21 record databases. The Illinois State Police shall charge a fee  
22 for conducting the criminal history records check, which shall  
23 not exceed the actual cost of the records check. The livescan  
24 vendor may act as the designee for individuals, educational  
25 entities, or health care employers in the collection of  
26 Illinois State Police fees and deposit those fees into the

1 State Police Services Fund. The Illinois State Police shall  
2 provide information concerning any criminal convictions, now  
3 or hereafter filed, against the individual.

4 (c) On October 1, 2007 or as soon thereafter as is  
5 reasonably practical, in the discretion of the Director of  
6 Public Health, and thereafter, an educational entity, other  
7 than a secondary school, conducting a nurse aide training  
8 program shall initiate a fingerprint-based criminal history  
9 records check required by this Act prior to entry of an  
10 individual into the training program.

11 (d) On October 1, 2007 or as soon thereafter as is  
12 reasonably practical, in the discretion of the Director of  
13 Public Health, and thereafter, a health care employer who  
14 makes a conditional offer of employment to an applicant for a  
15 position as an employee shall initiate a fingerprint-based  
16 criminal history record check, requested by the Department of  
17 Public Health, on the applicant, if such a background check  
18 has not been previously conducted. Workforce intermediaries  
19 and organizations providing pro bono legal services may  
20 initiate a fingerprint-based criminal history record check if  
21 a conditional offer of employment has not been made and a  
22 background check has not been previously conducted for an  
23 individual who has a disqualifying conviction and is receiving  
24 services from a workforce intermediary or an organization  
25 providing pro bono legal services.

26 (e) When initiating a background check requested by the

1 Department of Public Health, an educational entity, health  
2 care employer, workforce intermediary, or organization that  
3 provides pro bono legal services shall electronically submit  
4 to the Department of Public Health the student's, applicant's,  
5 or employee's social security number, demographics,  
6 disclosure, and authorization information in a format  
7 prescribed by the Department of Public Health within 2 working  
8 days after the authorization is secured. The student,  
9 applicant, or employee shall have his or her fingerprints  
10 collected electronically and transmitted to the Illinois State  
11 Police within 10 working days. The educational entity, health  
12 care employer, workforce intermediary, or organization that  
13 provides pro bono legal services shall transmit all necessary  
14 information and fees to the livescan vendor and Illinois State  
15 Police within 10 working days after receipt of the  
16 authorization. This information and the results of the  
17 criminal history record checks shall be maintained by the  
18 Department of Public Health's Health Care Worker Registry.

19 (f) A direct care employer may initiate a  
20 fingerprint-based background check required by this Act for  
21 any of its employees, but may not use this process to initiate  
22 background checks for residents. The results of any  
23 fingerprint-based background check that is initiated with the  
24 Department as the requester shall be entered in the Health  
25 Care Worker Registry.

26 (g) As long as the employee or trainee has had a

1 fingerprint-based criminal history record check required by  
2 this Act and stays active on the Health Care Worker Registry,  
3 no further criminal history record checks are required, as the  
4 Illinois State Police shall notify the Department of Public  
5 Health of any additional convictions associated with the  
6 fingerprints previously submitted. Health care employers shall  
7 check the Health Care Worker Registry before hiring an  
8 employee to determine that the individual has had a  
9 fingerprint-based record check required by this Act and has no  
10 disqualifying convictions or has been granted a waiver  
11 pursuant to Section 40 of this Act. If the individual has not  
12 had such a background check or is not active on the Health Care  
13 Worker Registry, then the health care employer shall initiate  
14 a fingerprint-based record check requested by the Department  
15 of Public Health. If an individual is inactive on the Health  
16 Care Worker Registry, that individual is prohibited from being  
17 hired to work as a certified nursing assistant if, since the  
18 individual's most recent completion of a competency test,  
19 there has been a period of 24 consecutive months during which  
20 the individual has not provided nursing or nursing-related  
21 services for pay, except for an individual who has been in  
22 inactive status for a period of no more than 5 years, was in  
23 good standing at the time he or she became inactive, and  
24 completes and submits any forms required by the Department. If  
25 the individual can provide proof of having retained his or her  
26 certification by not having a 24-consecutive-month break in

1 service for pay, he or she may be hired as a certified nursing  
2 assistant and that employment information shall be entered  
3 into the Health Care Worker Registry.

4 (h) On October 1, 2007 or as soon thereafter as is  
5 reasonably practical, in the discretion of the Director of  
6 Public Health, and thereafter, if the Illinois State Police  
7 notifies the Department of Public Health that an employee has  
8 a new conviction of a disqualifying offense, based upon the  
9 fingerprints that were previously submitted, then (i) the  
10 Health Care Worker Registry shall notify the employee's last  
11 known employer of the offense, (ii) a record of the employee's  
12 disqualifying offense shall be entered on the Health Care  
13 Worker Registry, and (iii) the individual shall no longer be  
14 eligible to work as an employee unless he or she obtains a  
15 waiver pursuant to Section 40 of this Act.

16 (i) On October 1, 2007, or as soon thereafter, in the  
17 discretion of the Director of Public Health, as is reasonably  
18 practical, and thereafter, each direct care employer or its  
19 designee shall provide an employment verification for each  
20 employee no less than annually. The direct care employer or  
21 its designee shall log into the Health Care Worker Registry  
22 through a secure login. The health care employer or its  
23 designee shall indicate employment and termination dates  
24 within 30 days after hiring or terminating an employee, as  
25 well as the employment category and type. Failure to comply  
26 with this subsection (i) constitutes a licensing violation. A



1 fine of up to \$500 may be imposed for failure to maintain these  
2 records. This information shall be used by the Department of  
3 Public Health to notify the last known employer of any  
4 disqualifying offenses that are reported by the Illinois State  
5 Police.

6 (j) In the event that an applicant or employee has a waiver  
7 for one or more disqualifying offenses pursuant to Section 40  
8 of this Act and he or she is otherwise eligible to work, the  
9 Health Care Worker Registry shall indicate that the applicant  
10 or employee is eligible to work and that additional  
11 information is available on the Health Care Worker Registry.  
12 The Health Care Worker Registry may indicate that the  
13 applicant or employee has received a waiver.

14 (k) The student, applicant, or employee shall be notified  
15 of each of the following whenever a fingerprint-based criminal  
16 history records check is required:

17 (1) That the educational entity, health care employer,  
18 or long-term care facility shall initiate a  
19 fingerprint-based criminal history record check required  
20 by this Act of the student, applicant, or employee.

21 (2) That the student, applicant, or employee has a  
22 right to obtain a copy of the criminal records report that  
23 indicates a conviction for a disqualifying offense and  
24 challenge the accuracy and completeness of the report  
25 through an established Illinois State Police procedure of  
26 Access and Review.

1           (3) That the applicant, if hired conditionally, may be  
2 terminated if the criminal records report indicates that  
3 the applicant has a record of a conviction of any of the  
4 criminal offenses enumerated in Section 25, unless the  
5 applicant obtains a waiver pursuant to Section 40 of this  
6 Act.

7           (4) That the applicant, if not hired conditionally,  
8 shall not be hired if the criminal records report  
9 indicates that the applicant has a record of a conviction  
10 of any of the criminal offenses enumerated in Section 25,  
11 unless the applicant obtains a waiver pursuant to Section  
12 40 of this Act.

13           (5) That the employee shall be terminated if the  
14 criminal records report indicates that the employee has a  
15 record of a conviction of any of the criminal offenses  
16 enumerated in Section 25.

17           (6) If, after the employee has originally been  
18 determined not to have disqualifying offenses, the  
19 employer is notified that the employee has a new  
20 conviction(s) of any of the criminal offenses enumerated  
21 in Section 25, then the employee shall be terminated.

22           (1) A health care employer or long-term care facility may  
23 conditionally employ an applicant for up to 6 ~~3~~ months pending  
24 the results of a fingerprint-based criminal history record  
25 check requested by the Department of Public Health.

26           (m) The Department of Public Health or an entity

1 responsible for inspecting, licensing, certifying, or  
2 registering the health care employer or long-term care  
3 facility shall be immune from liability for notices given  
4 based on the results of a fingerprint-based criminal history  
5 record check.

6 (n) As used in this Section:

7 "Workforce intermediaries" means organizations that  
8 function to provide job training and employment services.  
9 Workforce intermediaries include institutions of higher  
10 education, faith-based and community organizations, and  
11 workforce investment boards.

12 "Organizations providing pro bono legal services" means  
13 legal services performed without compensation or at a  
14 significantly reduced cost to the recipient that provide  
15 services designed to help individuals overcome statutory  
16 barriers that would prevent them from entering positions in  
17 the healthcare industry.

18 (Source: P.A. 101-176, eff. 7-31-19; 102-538, eff. 8-20-21.)

19 Section 40. The Medical Practice Act of 1987 is amended by  
20 changing Sections 2 and 54.2 as follows:

21 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

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

23 Sec. 2. Definitions. For purposes of this Act, the  
24 following definitions shall have the following meanings,

1 except where the context requires otherwise:

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

3 "Address of record" means the designated address recorded  
4 by the Department in the applicant's or licensee's application  
5 file or license file as maintained by the Department's  
6 licensure maintenance unit.

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

14 "Department" means the Department of Financial and  
15 Professional Regulation.

16 "Disciplinary action" means revocation, suspension,  
17 probation, supervision, practice modification, reprimand,  
18 required education, fines or any other action taken by the  
19 Department against a person holding a license.

20 "Email address of record" means the designated email  
21 address recorded by the Department in the applicant's  
22 application file or the licensee's license file, as maintained  
23 by the Department's licensure maintenance unit.

24 "Final determination" means the governing body's final  
25 action taken under the procedure followed by a health care  
26 institution, or professional association or society, against

1 any person licensed under the Act in accordance with the  
2 bylaws or rules and regulations of such health care  
3 institution, or professional association or society.

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

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

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

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

21 "Physician" means a person licensed under the Medical  
22 Practice Act to practice medicine in all of its branches or a  
23 chiropractic physician.

24 "Professional association" means an association or society  
25 of persons licensed under this Act, and operating within the  
26 State of Illinois, including but not limited to, medical

1 societies, osteopathic organizations, and chiropractic  
2 organizations, but this term shall not be deemed to include  
3 hospital medical staffs.

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

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

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

15 "Secretary" means the Secretary of Financial and  
16 Professional Regulation.

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

18 (225 ILCS 60/54.2)

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

20 Sec. 54.2. Physician delegation of authority.

21 (a) Nothing in this Act shall be construed to limit the  
22 delegation of patient care tasks or duties by a physician, to a  
23 licensed practical nurse, a registered professional nurse, or  
24 other licensed person practicing within the scope of his or  
25 her individual licensing Act. Delegation by a physician

1 licensed to practice medicine in all its branches to physician  
2 assistants or advanced practice registered nurses is also  
3 addressed in Section 54.5 of this Act. No physician may  
4 delegate any patient care task or duty that is statutorily or  
5 by rule mandated to be performed by a physician.

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

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

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

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

24 (f) Nothing in this Act shall be construed to limit the  
25 method of delegation that may be authorized by any means,  
26 including, but not limited to, oral, written, electronic,

1 standing orders, protocols, guidelines, or verbal orders.

2 (g) A physician licensed to practice medicine in all of  
3 its branches under this Act may delegate any and all authority  
4 prescribed to him or her by law to international medical  
5 graduate physicians. An international medical graduate  
6 physician working in Illinois pursuant to this subsection is  
7 subject to all statutory and regulatory requirements of this  
8 Act, as applicable, relating to the standards of care. An  
9 international medical graduate physician must attest that he  
10 or she has complied with this subsection on a form provided by  
11 the Department. An international medical graduate physician is  
12 limited to providing treatment under the supervision of a  
13 physician licensed to practice medicine in all of its branches  
14 under this Act. An international medical graduate physician  
15 practicing pursuant to this subsection must provide the  
16 Department with his or her name, contact information, country  
17 or other origin of licensure, license number, respective date  
18 of beginning services, and date of ending services on an  
19 International Medical Graduate Physician Temporary Practice  
20 Application. This subsection does not apply to any  
21 international medical graduate physician whose license as a  
22 physician is revoked, suspended, or otherwise encumbered.

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

24 Section 45. The Pharmacy Practice Act is amended by  
25 changing Section 3 and by adding Section 9.6 as follows:



1 (225 ILCS 85/3)

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

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

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

25 (b) "Drugs" means and includes (1) articles recognized in

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

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

21 (d) "Practice of pharmacy" means:

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

25 (2) the dispensing of prescription drug orders;

26 (3) participation in drug and device selection;

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

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

5 (B) vaccination of patients 7 years of age and  
6 older ~~pursuant to a valid prescription or standing~~  
7 ~~order, by a physician licensed to practice medicine in~~  
8 ~~all its branches,~~ upon completion of an appropriate  
9 training course accredited by the Accreditation  
10 Council for Pharmacy Education or a similar health  
11 authority or professional body and a minimum of 2  
12 hours of continuing pharmacy education training  
13 accredited by the Accreditation Council for Pharmacy  
14 Education during each licensing period, including how  
15 to address contraindications and adverse reactions set  
16 forth by rule, with notification to the patient's  
17 physician and appropriate record retention, or  
18 pursuant to hospital pharmacy and therapeutics  
19 committee policies and procedures. Eligible vaccines  
20 are those listed on the U.S. Centers for Disease  
21 Control and Prevention (CDC) Recommended Immunization  
22 Schedule, the CDC's Health Information for  
23 International Travel, or the U.S. Food and Drug  
24 Administration's Vaccines Licensed and Authorized for  
25 Use in the United States. As applicable to the State's  
26 Medicaid program and other payers, vaccines ordered

1 and administered in accordance with this subsection  
2 shall be covered and reimbursed at no less than the  
3 rate that the vaccine is reimbursed when ordered and  
4 administered by a physician;

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

21 (C) administration of injections of  
22 alpha-hydroxyprogesterone caproate, pursuant to a  
23 valid prescription, by a physician licensed to  
24 practice medicine in all its branches, upon completion  
25 of appropriate training, including how to address  
26 contraindications and adverse reactions set forth by

1 rule, with notification to the patient's physician and  
2 appropriate record retention, or pursuant to hospital  
3 pharmacy and therapeutics committee policies and  
4 procedures; ~~and~~

5 (D) administration of injections of long-term  
6 antipsychotic medications pursuant to a valid  
7 prescription by a physician licensed to practice  
8 medicine in all its branches, upon completion of  
9 appropriate training conducted by an Accreditation  
10 Council of Pharmaceutical Education accredited  
11 provider, including how to address contraindications  
12 and adverse reactions set forth by rule, with  
13 notification to the patient's physician and  
14 appropriate record retention, or pursuant to hospital  
15 pharmacy and therapeutics committee policies and  
16 procedures; and -

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

1           licensing.

2           (5) (blank);

3           (6) drug regimen review;

4           (7) drug or drug-related research;

5           (8) the provision of patient counseling;

6           (9) the practice of telepharmacy;

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

9           (11) medication therapy management;

10           (12) the responsibility for compounding and labeling  
11           of drugs and devices (except labeling by a manufacturer,  
12           repackager, or distributor of non-prescription drugs and  
13           commercially packaged legend drugs and devices), proper  
14           and safe storage of drugs and devices, and maintenance of  
15           required records;

16           (13) the assessment and consultation of patients and  
17           dispensing of hormonal contraceptives; and

18           (14) the initiation, dispensing, or administration of  
19           drugs, laboratory tests, assessments, referrals, and  
20           consultations for human immunodeficiency virus  
21           pre-exposure prophylaxis and human immunodeficiency virus  
22           post-exposure prophylaxis under Section 43.5.

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

26           (e) "Prescription" means and includes any written, oral,

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

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

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

26 (h) "Board of Pharmacy" or "Board" means the State Board

1 of Pharmacy of the Department of Financial and Professional  
2 Regulation.

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

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

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

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

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

25 (m) "Dispense" or "dispensing" means the interpretation,  
26 evaluation, and implementation of a prescription drug order,



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

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

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

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

10 (p) (Blank).

11 (q) (Blank).

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

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

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

8 (t) (Blank).

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

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

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

24 (x) "Automated pharmacy system" means a mechanical system  
25 located within the confines of the pharmacy or remote location  
26 that performs operations or activities, other than compounding

1 or administration, relative to storage, packaging, dispensing,  
2 or distribution of medication, and which collects, controls,  
3 and maintains all transaction information.

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

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

25 (aa) "Medication therapy management services" means a  
26 distinct service or group of services offered by licensed

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

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

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

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

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

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

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

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

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

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

26 (bb) "Pharmacist care" means the provision by a pharmacist

1 of medication therapy management services, with or without the  
2 dispensing of drugs or devices, intended to achieve outcomes  
3 that improve patient health, quality of life, and comfort and  
4 enhance patient safety.

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

8 (1) transmitted by electronic media;

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

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

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

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

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

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

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

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

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

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

10 (225 ILCS 85/9.6 new)

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

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

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

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

24 (3) the pharmacy technician or student pharmacist must  
25 complete a practical training program that is approved by



1 the Accreditation Council for Pharmacy Education; this  
2 training program must include hands-on injection technique  
3 and the recognition and treatment of emergency reactions  
4 to vaccines;

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

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

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

15 (7) the supervising pharmacist is responsible for  
16 complying with requirements related to reporting adverse  
17 events;

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

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

1 refer patients as appropriate;

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

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

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

17 (b) A registered pharmacy technician or student  
18 pharmacist's may administer COVID-19 therapeutics  
19 subcutaneously, intramuscularly, or orally as authorized,  
20 approved, or licensed by the U.S. Food and Drug  
21 Administration, under the supervision of an appropriately  
22 trained pharmacist subject to the following conditions:

23 (1) the COVID-19 therapeutic must be authorized,  
24 approved or licensed by the U.S. Food and Drug  
25 Administration;

26 (2) the COVID-19 therapeutic must be administered

1       subcutaneously, intramuscularly, or orally in accordance  
2       with the U.S. Food and Drug Administration approval,  
3       authorization, or licensing;

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

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

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

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

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

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

5           Section 50. The Illinois Speech-Language Pathology and  
6           Audiology Practice Act is amended by changing Section 8.8 as  
7           follows:

8           (225 ILCS 110/8.8)

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

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

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

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

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

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

1 8.7.

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

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

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

14 Section 55. The Radiation Protection Act of 1990 is  
15 amended by changing Section 7a as follows:

16 (420 ILCS 40/7a) (from Ch. 111 1/2, par. 210-7a)

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

18 Sec. 7a. Certification of industrial radiographers.

19 (a) Beginning January 1, 1993, no person may perform  
20 industrial radiography unless he or she is certified by the  
21 Department of Nuclear Safety or its successor, the Illinois  
22 Emergency Management Agency, to perform industrial  
23 radiography. The Agency shall promulgate regulations  
24 establishing standards and procedures for certification of

1 industrial radiographers. The regulations may include, without  
2 limitation, provisions specifying a minimum course of study  
3 and requiring that individuals seeking certification pass an  
4 examination administered or approved by the Agency. Industrial  
5 radiography certification shall be valid for 5 years, except  
6 that certifications for industrial radiography trainees shall  
7 be valid for 2 years or those certifications extended pursuant  
8 to subsection (e) of this Section. The Agency shall establish  
9 by regulation standards and procedures for renewal of  
10 certification. The regulations shall provide that  
11 certification for industrial radiography trainees shall be  
12 nonrenewable.

13 (b) The regulations of the Department of Nuclear Safety,  
14 as the predecessor agency of the Illinois Emergency Management  
15 Agency, shall provide for provisional certification of persons  
16 who performed industrial radiography before January 1, 1993.  
17 In order to obtain provisional certification, the industrial  
18 radiographer must apply to the Department no later than  
19 January 1, 1993. Provisional certification shall be valid for  
20 2 years, except for those certifications extended pursuant to  
21 subsection (e) of this Section, provided that a person who has  
22 obtained a provisional certification must take an examination  
23 that is administered or approved by the Department within 12  
24 months of the date on which the provisional certification was  
25 issued. Upon passing the examination, the Department shall  
26 certify the individual as an industrial radiographer.

1 Provisional certification shall be nonrenewable.

2 (c) The Agency may, by regulation, assess certification  
3 fees and fees to recover the cost of examining applicants for  
4 certification.

5 (d) The Agency may suspend or revoke the certification of  
6 an industrial radiographer, or take other action as provided  
7 in Sections 36 and 38 of this Act, if a certified industrial  
8 radiographer violates this Act or any rule or regulation  
9 promulgated under this Act, or otherwise endangers the safety  
10 of himself, his co-workers, or members of the general public.  
11 It shall be a violation of this Act for any person to allow an  
12 individual who is not a certified industrial radiographer to  
13 perform industrial radiography.

14 (e) The Agency may extend the term of existing  
15 certifications for industrial radiographers and industrial  
16 radiographer trainees in 90-day increments, not to exceed a  
17 maximum period of 6 months beyond the initial term, to allow  
18 individuals time to meet the examination criteria. Industrial  
19 radiographers and industrial radiographer trainees shall meet  
20 all other requirements as set forth by the Agency.

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

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law."