103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5076

Introduced 2/8/2024, by Rep. Jenn Ladisch Douglass

SYNOPSIS AS INTRODUCED:

5 ILCS 140/7.5 20 ILCS 2305/2 210 ILCS 85/6.17 225 ILCS 60/64 225 ILCS 65/70-170 225 ILCS 95/25	from Ch. 111 1/2, par. 22
410 ILCS 50/3	from Ch. 111 1/2, par. 5403
410 ILCS 325/Act title	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
410 ILCS 325/1	from Ch. 111 1/2, par. 7401
410 ILCS 325/2	from Ch. 111 1/2, par. 7402
410 ILCS 325/3	from Ch. 111 1/2, par. 7403
410 ILCS 325/4	from Ch. 111 1/2, par. 7404
410 ILCS 325/5	from Ch. 111 1/2, par. 7405
410 ILCS 325/5.5	from Ch. 111 1/2, par. 7405.5
410 ILCS 325/6	from Ch. 111 1/2, par. 7406
410 ILCS 325/7	from Ch. 111 1/2, par. 7407
410 ILCS 325/8	from Ch. 111 1/2, par. 7408
410 ILCS 325/9	from Ch. 111 1/2, par. 7409
325 ILCS 5/5	from Ch. 23, par. 2055
410 ILCS 335/15	
705 ILCS 405/2-11	from Ch. 37, par. 802-11

Amends the Illinois Sexually Transmissible Disease Control Act. Changes the short title of the Act to the Illinois Sexually Transmitted Infection Control Act. Changes references to "sexually transmissible diseases" to "sexually transmitted infections". Makes conforming changes throughout the statutes. Provides that, in determining which infections are to be designated sexually transmitted infections, the Department of Public Health shall consider human papillomavirus (HPV) and mpox. Effective immediately.

LRB103 39339 CES 69501 b

1 AN ACT concerning health.

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

4 Section 5. The Freedom of Information Act is amended by 5 changing Section 7.5 as follows:

6 (5 ILCS 140/7.5)

7 (Text of Section before amendment by P.A. 103-472)

8 Sec. 7.5. Statutory exemptions. To the extent provided for 9 by the statutes referenced below, the following shall be 10 exempt from inspection and copying:

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

14 (b) Library circulation and order records identifying
15 library users with specific materials under the Library
16 Records Confidentiality Act.

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

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(d) Information and records held by the Department of

Public Health and its authorized representatives relating to known or suspected cases of sexually <u>transmitted</u> <u>infection</u> transmissible disease or any information the disclosure of which is restricted under the Illinois Sexually <u>Transmitted Infection</u> Transmissible Disease Control Act.

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

9 (f) Firm performance evaluations under Section 55 of 10 the Architectural, Engineering, and Land Surveying 11 Qualifications Based Selection Act.

12 (g) Information the disclosure of which is restricted
13 and exempted under Section 50 of the Illinois Prepaid
14 Tuition Act.

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

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

(j) Information and data concerning the distribution
 of surcharge moneys collected and remitted by carriers

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under the Emergency Telephone System Act.

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

6 (1) Records and information provided to a residential 7 health care facility resident sexual assault and death 8 review team or the Executive Council under the Abuse 9 Prevention Review Team Act.

10 (m) Information provided to the predatory lending 11 database created pursuant to Article 3 of the Residential 12 Real Property Disclosure Act, except to the extent 13 authorized under that Article.

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

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

(p) Security portions of system safety program plans,
 investigation reports, surveys, schedules, lists, data, or
 information compiled, collected, or prepared by or for the

Department of Transportation under Sections 2705-300 and 1 2 2705-616 of the Department of Transportation Law of the 3 Civil Administrative Code of Illinois, the Regional Transportation Authority under Section 2.11 4 of the 5 Regional Transportation Authority Act, or the St. Clair County Transit District under the Bi-State Transit Safety 6 7 Act (repealed).

8 (q) Information prohibited from being disclosed by the
9 Personnel Record Review Act.

(r) Information prohibited from being disclosed by theIllinois School Student Records Act.

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

14 (t) (Blank).

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

(v) Names and information of people who have applied 18 for or received Firearm Owner's Identification Cards under 19 20 the Firearm Owners Identification Card Act or applied for or received a concealed carry license under the Firearm 21 22 Concealed Carry Act, unless otherwise authorized by the 23 Firearm Concealed Carry Act; and databases under the 24 Firearm Concealed Carry Act, records of the Concealed 25 Carry Licensing Review Board under the Firearm Concealed 26 Carry Act, and law enforcement agency objections under the

1 Firearm Concealed Carry Act.

2 (v-5) Records of the Firearm Owner's Identification
3 Card Review Board that are exempted from disclosure under
4 Section 10 of the Firearm Owners Identification Card Act.

5 (w) Personally identifiable information which is 6 exempted from disclosure under subsection (g) of Section 7 19.1 of the Toll Highway Act.

8 (x) Information which is exempted from disclosure 9 under Section 5-1014.3 of the Counties Code or Section 10 8-11-21 of the Illinois Municipal Code.

11 (V) Confidential information under the Adult 12 Protective Services Act and its predecessor enabling statute, the Elder Abuse and Neglect Act, including 13 14 information about the identity and administrative finding 15 against any caregiver of a verified and substantiated 16 decision of abuse, neglect, or financial exploitation of 17 an eligible adult maintained in the Registry established under Section 7.5 of the Adult Protective Services Act. 18

19 (z) Records and information provided to a fatality 20 review team or the Illinois Fatality Review Team Advisory 21 Council under Section 15 of the Adult Protective Services 22 Act.

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

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

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1 (cc) Recordings made under the Law Enforcement 2 Officer-Worn Body Camera Act, except to the extent 3 authorized under that Act.

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

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

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

11 (gg) Information that is prohibited from being 12 disclosed under Section 7-603.5 of the Illinois Vehicle 13 Code.

14 (hh) Records that are exempt from disclosure under15 Section 1A-16.7 of the Election Code.

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

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

24 (kk) Information prohibited from disclosure under the25 Seizure and Forfeiture Reporting Act.

(ll) Information the disclosure of which is restricted

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and exempted under Section 5-30.8 of the Illinois Public
 Aid Code.

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

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

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

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

15 (qq) Information and records held by the Department of 16 Public Health and its authorized representatives collected 17 under the Reproductive Health Act.

18 (rr) Information that is exempt from disclosure under19 the Cannabis Regulation and Tax Act.

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

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

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(uu) Information that is exempt from disclosure under

Section 50 of the Sexual Assault Evidence Submission Act. 1 2 (vv) Information that is exempt from disclosure under 3 subsections (f) and (j) of Section 5-36 of the Illinois Public Aid Code. 4 5 (ww) Information that is exempt from disclosure under Section 16.8 of the State Treasurer Act. 6 7 (xx) Information that is exempt from disclosure or information that shall not be made public under the 8 Illinois Insurance Code. 9 10 (yy) Information prohibited from being disclosed under 11 the Illinois Educational Labor Relations Act. 12 (zz) Information prohibited from being disclosed under the Illinois Public Labor Relations Act. 13 (aaa) Information prohibited from being disclosed 14 15 under Section 1-167 of the Illinois Pension Code. 16 (bbb) Information that is prohibited from disclosure by the Illinois Police Training Act and the Illinois State 17 Police Act. 18 19 (ccc) Records exempt from disclosure under Section 2605-304 of the Illinois State Police Law of the Civil 20 Administrative Code of Illinois. 21 22 (ddd) Information prohibited from being disclosed 23 under Section 35 of the Address Confidentiality for

25 Trafficking, or Stalking Act.

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(eee) Information prohibited from being disclosed

Victims of Domestic Violence, Sexual Assault, Human

under subsection (b) of Section 75 of the Domestic
 Violence Fatality Review Act.

3 (fff) Images from cameras under the Expressway Camera
4 Act. This subsection (fff) is inoperative on and after
5 July 1, 2025.

6 (ggg) Information prohibited from disclosure under
7 paragraph (3) of subsection (a) of Section 14 of the Nurse
8 Agency Licensing Act.

9 (hhh) Information submitted to the Illinois State 10 Police in an affidavit or application for an assault 11 weapon endorsement, assault weapon attachment endorsement, 12 .50 caliber rifle endorsement, or .50 caliber cartridge 13 endorsement under the Firearm Owners Identification Card 14 Act.

15 (iii) Data exempt from disclosure under Section 50 of16 the School Safety Drill Act.

<u>(jjj)</u> (hhh) Information exempt from disclosure under
 Section 30 of the Insurance Data Security Law.

19 <u>(kkk)</u> (iii) Confidential business information 20 prohibited from disclosure under Section 45 of the Paint 21 Stewardship Act.

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(111) (Reserved).

23 (mmm) (iii) Information prohibited from being
 24 disclosed under subsection (e) of Section 1-129 of the
 25 Illinois Power Agency Act.

26 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;

102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
 eff. 1-1-24; 103-508, eff. 8-4-23; 103-580, eff. 12-8-23;
 revised 1-2-24.)

7 (Text of Section after amendment by P.A. 103-472)

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subsections (f) and (j) of Section 5-36 of the Illinois
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3 (ww) Information that is exempt from disclosure under
 4 Section 16.8 of the State Treasurer Act.

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

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

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

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

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Police Act.

17 (ccc) Records exempt from disclosure under Section
18 2605-304 of the Illinois State Police Law of the Civil
19 Administrative Code of Illinois.

20 (ddd) Information prohibited from being disclosed
21 under Section 35 of the Address Confidentiality for
22 Victims of Domestic Violence, Sexual Assault, Human
23 Trafficking, or Stalking Act.

(eee) Information prohibited from being disclosed
under subsection (b) of Section 75 of the Domestic
Violence Fatality Review Act.

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(fff) Images from cameras under the Expressway Camera
 Act. This subsection (fff) is inoperative on and after
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13 (iii) Data exempt from disclosure under Section 50 of14 the School Safety Drill Act.

15 <u>(jjj)</u> (hhh) Information exempt from disclosure under
 16 Section 30 of the Insurance Data Security Law.

17 <u>(kkk)</u> (iii) Confidential business information 18 prohibited from disclosure under Section 45 of the Paint 19 Stewardship Act.

20 <u>(111)</u> (iii) Data exempt from disclosure under Section
 21 2-3.196 of the School Code.

22 <u>(mmm)</u> (iii) Information prohibited from being 23 disclosed under subsection (e) of Section 1-129 of the 24 Illinois Power Agency Act.

25 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
26 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.

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8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
 eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23;
 103-580, eff. 12-8-23; revised 1-2-24.)

- 6 Section 10. The Department of Public Health Act is amended
 7 by changing Section 2 as follows:
- 8 (20 ILCS 2305/2) (from Ch. 111 1/2, par. 22)
- 9 Sec. 2. Powers.

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10 (a) The State Department of Public Health has general 11 supervision of the interests of the health and lives of the people of the State. It has supreme authority in matters of 12 quarantine and isolation, and may declare and enforce 13 14 quarantine and isolation when none exists, and may modify or 15 relax guarantine and isolation when it has been established. 16 The Department may adopt, promulgate, repeal and amend rules and regulations and make such sanitary investigations and 17 18 inspections as it may from time to time deem necessary for the preservation and improvement of the public health, consistent 19 20 with law regulating the following:

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(1) Transportation of the remains of deceased persons.

(2) Sanitary practices relating to drinking water made
 accessible to the public for human consumption or for
 lavatory or culinary purposes.

1 (3) Sanitary practices relating to rest room 2 facilities made accessible to the public or to persons 3 handling food served to the public.

4 (4) Sanitary practices relating to disposal of human
5 wastes in or from all buildings and places where people
6 live, work or assemble.

7 The provisions of the Illinois Administrative Procedure 8 Act are hereby expressly adopted and shall apply to all 9 administrative rules and procedures of the Department of 10 Public Health under this Act, except that Section 5-35 of the 11 Illinois Administrative Procedure Act relating to procedures 12 for rule-making does not apply to the adoption of any rule 13 required by federal law in connection with which the Department is precluded by law from exercising any discretion. 14

15 All local boards of health, health authorities and 16 officers, police officers, sheriffs and all other officers and 17 employees of the state or any locality shall enforce the rules 18 and regulations so adopted and orders issued by the Department 19 pursuant to this Section.

The Department of Public Health shall conduct a public information campaign to inform Hispanic women of the high incidence of breast cancer and the importance of mammograms and where to obtain a mammogram. This requirement may be satisfied by translation into Spanish and distribution of the breast cancer summaries required by Section 2310-345 of the Department of Public Health Powers and Duties Law (20 ILCS 1 2310/2310-345). The information provided by the Department of 2 Public Health shall include (i) a statement that mammography 3 is the most accurate method for making an early detection of 4 breast cancer, however, no diagnostic tool is 100% effective 5 and (ii) instructions for performing breast self-examination 6 and a statement that it is important to perform a breast 7 self-examination monthly.

8 The Department of Public Health shall investigate the 9 causes of dangerously contagious or infectious diseases, 10 especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease 11 12 becomes, or threatens to become epidemic, in any locality and 13 the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or 14 15 suppression or to act with sufficient promptness or 16 efficiency, or whenever the local board of health or local 17 authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously 18 19 contagious or infectious diseases, the Department of Public 20 Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so 21 22 incurred shall be paid by the locality for which services are 23 rendered.

(b) Subject to the provisions of subsection (c), the
 Department may order a person or group of persons to be
 quarantined or isolated or may order a place to be closed and

made off limits to the public to prevent the probable spread of 1 2 a dangerously contagious or infectious disease, including non-compliant tuberculosis patients, until such time as the 3 condition can be corrected or the danger to the public health 4 5 eliminated or reduced in such a manner that no substantial danger to the public's health any longer exists. Orders for 6 isolation of a person or quarantine of a place to prevent the 7 8 of а sexually transmitted infection probable spread 9 transmissible disease shall be governed by the provisions of 10 Section 7 of the Illinois Sexually Transmitted Infection 11 Transmissible Disease Control Act and not this Section.

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12 (c) Except as provided in this Section, no person or a group of persons may be ordered to be guarantined or isolated 13 and no place may be ordered to be closed and made off limits to 14 15 the public except with the consent of the person or owner of 16 the place or upon the prior order of a court of competent 17 jurisdiction. The Department may, however, order a person or a group of persons to be guarantined or isolated or may order a 18 place to be closed and made off limits to the public on an 19 20 immediate basis without prior consent or court order if, in 21 the reasonable judgment of the Department, immediate action is 22 required to protect the public from a dangerously contagious 23 or infectious disease. In the event of an immediate order 24 issued without prior consent or court order, the Department shall, as soon as practical, within 48 hours after issuing the 25 26 order, obtain the consent of the person or owner or file a

petition requesting a court order authorizing the isolation or quarantine or closure. When exigent circumstances exist that cause the court system to be unavailable or that make it impossible to obtain consent or file a petition within 48

3 cause the court system to be unavailable or that make it impossible to obtain consent or file a petition within 48 4 5 hours after issuance of an immediate order, the Department must obtain consent or file a petition requesting a court 6 7 order as soon as reasonably possible. To obtain a court order, 8 the Department, by clear and convincing evidence, must prove 9 that the public's health and welfare are significantly 10 endangered by a person or group of persons that has, that is 11 suspected of having, that has been exposed to, or that is 12 reasonably believed to have been exposed to a dangerously 13 contagious or infectious disease including non-compliant 14 tuberculosis patients or by a place where there is a 15 significant amount of activity likely to spread a dangerously 16 contagious or infectious disease. The Department must also 17 prove that all other reasonable means of correcting the exhausted and less 18 problem have been no restrictive 19 alternative exists. For purposes of this subsection, in 20 determining whether no less restrictive alternative exists, the court shall consider evidence showing that, under the 21 22 circumstances presented by the case in which an order is 23 sought, quarantine or isolation is the measure provided for in a rule of the Department or in guidelines issued by the Centers 24 25 for Disease Control and Prevention or the World Health 26 Organization. Persons who are or are about to be ordered to be

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isolated or quarantined and owners of places that are or are 1 2 about to be closed and made off limits to the public shall have 3 the right to counsel. If a person or owner is indigent, the court shall appoint counsel for that person or owner. Persons 4 5 who are ordered to be isolated or quarantined or who are owners of places that are ordered to be closed and made off limits to 6 7 the public, shall be given a written notice of such order. The 8 written notice shall additionally include the following: (1) 9 notice of the right to counsel; (2) notice that if the person 10 or owner is indigent, the court will appoint counsel for that 11 person or owner; (3) notice of the reason for the order for 12 isolation, quarantine, or closure; (4) notice of whether the order is an immediate order, and if so, the time frame for the 13 14 Department to seek consent or to file a petition requesting a 15 court order as set out in this subsection; and (5) notice of 16 the anticipated duration of the isolation, quarantine, or 17 closure.

(d) The Department may order physical examinations and 18 19 tests and collect laboratory specimens as necessary for the 20 diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious 21 22 Physical examinations, tests, or collection of disease. 23 laboratory specimens must not be such as are reasonably likely to lead to serious harm to the affected individual. To prevent 24 25 the spread of a dangerously contagious or infectious disease, 26 the Department may, pursuant to the provisions of subsection

(c) of this Section, isolate or quarantine any person whose 1 2 refusal of physical examination or testing or collection of laboratory specimens results in uncertainty regarding whether 3 he or she has been exposed to or is infected with a dangerously 4 5 contagious or infectious disease or otherwise poses a danger to the public's health. An individual may refuse to consent to 6 7 a physical examination, test, or collection of laboratory 8 specimens. An individual shall be given a written notice that 9 shall include notice of the following: (i) that the individual 10 may refuse to consent to physical examination, test, or 11 collection of laboratory specimens; (ii) that if the 12 individual consents to physical examination, tests, or 13 laboratory specimens, the results of that collection of 14 examination, test, or collection of laboratory specimens may 15 subject the individual to isolation or quarantine pursuant to 16 the provisions of subsection (c) of this Section; (iii) that 17 if the individual refuses to consent to physical examination, tests, or collection of laboratory specimens and that refusal 18 19 results in uncertainty regarding whether he or she has been 20 exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's 21 22 health, the individual may be subject to isolation or 23 quarantine pursuant to the provisions of subsection (c) of this Section; and (iv) that if the individual refuses to 24 25 consent to physical examinations, tests, or collection of 26 laboratory specimens and becomes subject to isolation and

quarantine as provided in this subsection (d), he or she shall have the right to counsel pursuant to the provisions of subsection (c) of this Section. To the extent feasible without endangering the public's health, the Department shall respect and accommodate the religious beliefs of individuals in implementing this subsection.

7 The Department may order the administration of (e) 8 vaccines, medications, or other treatments to persons as 9 necessary in order to prevent the probable spread of a 10 dangerously contagious or infectious disease. A vaccine, 11 medication, or other treatment to be administered must not be 12 such as is reasonably likely to lead to serious harm to the 13 affected individual. To prevent the spread of a dangerously 14 contagious or infectious disease, the Department may, pursuant 15 to the provisions of subsection (c) of this Section, isolate 16 or quarantine persons who are unable or unwilling to receive 17 vaccines, medications, or other treatments pursuant to this Section. An individual may refuse to receive vaccines, 18 medications, or other treatments. An individual shall be given 19 20 a written notice that shall include notice of the following: (i) that the individual may refuse to consent to vaccines, 21 22 medications, or other treatments; (ii) that if the individual 23 refuses to receive vaccines, medications, or other treatments, 24 the individual may be subject to isolation or quarantine 25 pursuant to the provisions of subsection (c) of this Section; and (iii) that if the individual refuses to receive vaccines, 26

medications, or other treatments and becomes subject to 1 2 isolation or quarantine as provided in this subsection (e), he 3 or she shall have the right to counsel pursuant to the provisions of subsection (c) of this Section. To the extent 4 5 feasible without endangering the public's health, the 6 Department shall respect and accommodate the religious beliefs 7 of individuals in implementing this subsection.

8 (f) The Department may order observation and monitoring of 9 persons to prevent the probable spread of a dangerously 10 contagious or infectious disease. To prevent the spread of a 11 dangerously contagious or infectious disease, the Department 12 may, pursuant to the provisions of subsection (c) of this 13 Section, isolate or quarantine persons whose refusal to 14 undergo observation and monitoring results in uncertainty 15 regarding whether he or she has been exposed to or is infected 16 with a dangerously contagious or infectious disease or 17 otherwise poses a danger to the public's health. An individual to undergo observation and monitoring. 18 mav refuse An individual shall be given written notice that shall include 19 20 notice of the following: (i) that the individual may refuse to undergo observation and monitoring; (ii) 21 that if the 22 individual consents to observation and monitoring, the results 23 of that observation and monitoring may subject the individual 24 to isolation or quarantine pursuant to the provisions of 25 subsection (c) of this Section; (iii) that if the individual 26 refuses to undergo observation and monitoring and that refusal

results in uncertainty regarding whether he or she has been 1 2 exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's 3 health, the individual may be subject to isolation or 4 5 quarantine pursuant to the provisions of subsection (c) of 6 this Section; and (iv) that if the individual refuses to undergo observation and monitoring and becomes subject to 7 8 isolation or quarantine as provided in this subsection (f), he 9 or she shall have the right to counsel pursuant to the 10 provisions of subsection (c) of this Section.

11 (g) To prevent the spread of a dangerously contagious or 12 infectious disease among humans, the Department may examine, test, disinfect, seize, or destroy animals or other related 13 property believed to be sources of infection. An owner of such 14 15 animal or other related property shall be given written notice 16 regarding such examination, testing, disinfection, seizure, or 17 destruction. When the Department determines that any animal or related property is infected with or has been exposed to a 18 dangerously contagious or infectious disease, it may agree 19 20 with the owner upon the value of the animal or of any related 21 property that it may be found necessary to destroy, and in case 22 such an agreement cannot be made, the animals or related 23 property shall be appraised by 3 competent and disinterested 24 appraisers, one to be selected by the Department, one by the 25 claimant, and one by the 2 appraisers thus selected. The 26 appraisers shall subscribe to an oath made in writing to

fairly value the animals or related property in accordance 1 2 with the requirements of this Act. The oath, together with the 3 valuation fixed by the appraisers, shall be filed with the Department and preserved by it. Upon the appraisal being made, 4 5 the owner or the Department shall immediately destroy the animals by "humane euthanasia" as that term is defined in 6 Section 2.09 of the Humane Care for Animals Act. Dogs and cats, 7 8 however, shall be euthanized pursuant to the provisions of the 9 Humane Euthanasia in Animal Shelters Act. The owner or the 10 Department shall additionally, dispose of the carcasses, and 11 disinfect, change, or destroy the premises occupied by the 12 animals, in accordance with rules prescribed by the Department 13 governing such destruction and disinfection. Upon his or her 14 failure so to do or to cooperate with the Department, the 15 Department shall cause the animals or related property to be 16 destroyed and disposed of in the same manner, and thereupon 17 the owner shall forfeit all right to receive any compensation for the destruction of the animals or related property. All 18 final administrative decisions of the Department hereunder 19 20 shall be subject to judicial review pursuant to the provisions of the Administrative Review Law, and all amendments and 21 22 modifications thereof, and the rules adopted pursuant thereto. 23 The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure. 24

(h) To prevent the spread of a dangerously contagious orinfectious disease, the Department, local boards of health,

and local public health authorities shall have emergency 1 2 access to medical or health information or records or data 3 upon the condition that the Department, local boards of health, and local public health authorities shall protect the 4 5 privacy and confidentiality of any medical or health 6 information or records or data obtained pursuant to this with federal 7 Section in accordance and State law. 8 Additionally, any such medical or health information or 9 records or data shall be exempt from inspection and copying under the Freedom of Information Act. Other than a hearing for 10 11 the purpose of this Act, any information, records, reports, 12 statements, notes, memoranda, or other data in the possession of the Department, local boards of health, or local public 13 health authorities shall not be admissible as evidence, nor 14 15 discoverable in any action of any kind in any court or before 16 any tribunal, board, agency, or person. The access to or 17 disclosure of any of this information or data by the Department, a local board of health, or a local public 18 authority shall not waive or have any effect upon its 19 20 non-discoverability or non-admissibility. Any person, facility, institution, or agency that provides emergency 21 22 access to health information and data under this subsection 23 shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by 24 25 reason of these actions except in the event of willful and wanton misconduct. The privileged quality of communication 26

between any professional person or any facility shall not 1 2 constitute grounds for failure to provide emergency access. 3 Nothing in this subsection shall prohibit the sharing of information as authorized in Section 2.1 of this Act. The 4 5 disclosure of any of this information, records, reports, statements, notes, memoranda, or other data obtained in any 6 7 activity under this Act, except that necessary for the 8 purposes of this Act, is unlawful, and any person convicted of 9 violating this provision is guilty of a Class A misdemeanor.

10 (i) (A) The Department, in order to prevent and 11 control disease, injury, or disability among citizens of 12 the State of Illinois, may develop and implement, in 13 consultation with local public health authorities, a 14 Statewide system for syndromic data collection through the 15 access to interoperable networks, information exchanges, 16 and databases. The Department may also develop a system 17 for the reporting of comprehensive, integrated data to identify and address unusual occurrences of 18 disease 19 symptoms and other medical complexes affecting the 20 public's health.

21 (B) The Department may enter into contracts or 22 agreements with individuals, corporations, hospitals, 23 universities, not-for-profit corporations, governmental 24 entities, or other organizations, whereby those 25 individuals or entities agree to provide assistance in the 26 compilation of the syndromic data collection and reporting

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system.

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2 (C) The Department shall not release any syndromic 3 data or information obtained pursuant to this subsection to any individuals or entities for purposes other than the 4 5 protection of the public health. All access to data by the Department, reports made to the Department, the identity 6 7 of or facts that would tend to lead to the identity of the 8 individual who is the subject of the report, and the 9 identity of or facts that would tend to lead to the 10 identity of the author of the report shall be strictly 11 confidential, are not subject to inspection or 12 dissemination, and shall be used only for public health 13 local purposes by the Department, public health authorities, or the Centers for Disease Control and 14 15 Prevention. Entities or individuals submitting reports or 16 providing access to the Department shall not be held 17 liable for the release of information or confidential data to the Department in accordance with this subsection. 18

(D) Nothing in this subsection prohibits the sharing
 of information as authorized in Section 2.1 of this Act.

(j) This Section shall be considered supplemental to the existing authority and powers of the Department and shall not be construed to restrain or restrict the Department in protecting the public health under any other provisions of the law.

26

(k) Any person who knowingly or maliciously disseminates

1 any false information or report concerning the existence of 2 any dangerously contagious or infectious disease in connection 3 with the Department's power of quarantine, isolation and 4 closure or refuses to comply with a quarantine, isolation or 5 closure order is guilty of a Class A misdemeanor.

6 (1) The Department of Public Health may establish and 7 maintain a chemical and bacteriologic laboratory for the 8 examination of water and wastes, and for the diagnosis of 9 diphtheria, typhoid fever, tuberculosis, malarial fever and 10 such other diseases as it deems necessary for the protection 11 of the public health.

As used in this Act, "locality" means any governmental agency which exercises power pertaining to public health in an area less than the State.

15 The terms "sanitary investigations and inspections" and 16 "sanitary practices" as used in this Act shall not include or 17 apply to "Public Water Supplies" or "Sewage Works" as defined 18 in the Environmental Protection Act. The Department may adopt 19 rules that are reasonable and necessary to implement and 20 effectuate this amendatory Act of the 93rd General Assembly.

(m) The public health measures set forth in subsections (a) through (h) of this Section may be used by the Department to respond to chemical, radiological, or nuclear agents or events. The individual provisions of subsections (a) through (h) of this Section apply to any order issued by the Department under this Section. The provisions of subsection (k) apply to

chemical, radiological, or nuclear agents or events. Prior to 1 2 the Department issuing an order for public health measures set forth in this Act for chemical, radiological, or nuclear 3 agents or events as authorized in subsection (m), 4 the 5 Department and the Illinois Emergency Management Agency shall 6 consult in accordance with the Illinois emergency response framework. When responding to chemical, radiological, or 7 8 nuclear agents or events, the Department shall determine the 9 health related risks and appropriate public health response 10 measures and provide recommendations for response to the 11 Illinois Emergency Management Agency. Nothing in this Section 12 shall supersede the current National Incident Management 13 System and the Illinois Emergency Operation Plan or response plans and procedures established pursuant to IEMA statutes. 14

15 (Source: P.A. 96-698, eff. 8-25-09.)

Section 15. The Hospital Licensing Act is amended by changing Section 6.17 as follows:

18 (210 ILCS 85/6.17)

Sec. 6.17. Protection of and confidential access to medical records and information.

(a) Every hospital licensed under this Act shall develop a
 medical record for each of its patients as required by the
 Department by rule.

24 (b) All information regarding a hospital patient gathered

by the hospital's medical staff and its agents and employees shall be the property and responsibility of the hospital and must be protected from inappropriate disclosure as provided in this Section.

5 (c) Every hospital shall preserve its medical records in a 6 format and for a duration established by hospital policy and for not less than 10 years, provided that if the hospital has 7 8 been notified in writing by an attorney before the expiration 9 of the 10 year retention period that there is litigation 10 pending in court involving the record of a particular patient 11 as possible evidence and that the patient is his client or is 12 the person who has instituted such litigation against his client, then the hospital shall retain the record of that 13 patient until notified in writing by the plaintiff's attorney, 14 15 with the approval of the defendant's attorney of record, that 16 the case in court involving such record has been concluded or 17 for a period of 12 years from the date that the record was produced, whichever occurs first in time. 18

19 (d) No member of a hospital's medical staff and no agent or 20 employee of a hospital shall disclose the nature or details of 21 services provided to patients, except that the information may 22 be disclosed to the patient, persons authorized by the 23 patient, the party making treatment decisions, if the patient 24 is incapable of making decisions regarding the health services provided, those parties directly involved with providing 25 26 treatment to the patient or processing the payment for that

treatment, those parties responsible for peer review, utilization review or quality assurance, risk management, or defense of claims brought against the hospital arising out of the care, and those parties required to be notified under the Abused and Neglected Child Reporting Act, the Illinois Sexually <u>Transmitted Infection</u> <u>Transmissible Disease</u> Control Act, or where otherwise authorized or required by law.

8 The hospital's medical staff members (e) and the 9 hospital's agents and employees may communicate, at any time 10 and in any fashion, with legal counsel for the hospital 11 concerning the patient medical record privacy and retention 12 requirements of this Section and any care or treatment they 13 provided or assisted in providing to any patient within the scope of their employment or affiliation with the hospital. 14

15 (e-5) Notwithstanding subsections (d) and (e), for actions 16 filed on or after January 1, 2004, after a complaint for 17 healing art malpractice is served upon the hospital or upon its agents or employees, members of the hospital's medical 18 staff who are not actual or alleged agents, employees, or 19 20 apparent agents of the hospital may not communicate with legal counsel for the hospital or with risk management of the 21 22 hospital concerning the claim alleged in the complaint for 23 healing art malpractice against the hospital except with the patient's consent or in discovery authorized by the Code of 24 25 Civil Procedure or the Supreme Court rules. For the purposes of this subsection (e-5), "hospital" includes a hospital 26

affiliate as defined in subsection (b) of Section 10.8 of this
 Act.

3 (f) Each hospital licensed under this Act shall provide 4 its federally designated organ procurement agency and any 5 tissue bank with which it has an agreement with access to the 6 medical records of deceased patients for the following 7 purposes:

8 (1) estimating the hospital's organ and tissue 9 donation potential;

10 (2) identifying the educational needs of the hospital
11 with respect to organ and tissue donation; and

12 (3) identifying the number of organ and tissue
13 donations and referrals to potential organ and tissue
14 donors.

15 (g) All hospital and patient information, interviews, 16 reports, statements, memoranda, and other data obtained or 17 created by a tissue bank or federally designated organ procurement agency from the medical records review described 18 19 in subsection (f) shall be privileged, strictly confidential, 20 and used only for the purposes put forth in subsection (f) of this Section and shall not be admissible as evidence nor 21 22 discoverable in an action of any kind in court or before a 23 tribunal, board, agency, or person.

(h) Any person who, in good faith, acts in accordance with
the terms of this Section shall not be subject to any type of
civil or criminal liability or discipline for unprofessional

1 conduct for those actions under any professional licensing 2 statute.

(i) Any individual who wilfully or wantonly discloses 3 hospital or medical record information in violation of this 4 5 Section is quilty of a Class A misdemeanor. As used in this subsection, "wilfully or wantonly" means a course of action 6 7 that shows an actual or deliberate intention to cause harm or that, if not intentional, shows an utter indifference to or 8 9 conscious disregard for the safety of others or their 10 property.

(j) The changes to this Section made by this amendatory Act of the 93rd General Assembly apply to any action filed on or after January 1, 2004.

14 (Source: P.A. 93-492, eff. 1-1-04.)

Section 20. The Medical Practice Act of 1987 is amended by changing Section 64 as follows:

17 (225 ILCS 60/64)

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

19 Sec. 64. Sexually <u>Transmitted Infection</u> Transmissible 20 Disease Control Act. No licensee under this Act may be 21 disciplined for providing expedited partner therapy in 22 accordance with the provisions of the Illinois Sexually 23 Transmitted Infection Transmissible Disease Control Act.

24 (Source: P.A. 96-613, eff. 1-1-10.)

1 Section 25. The Nurse Practice Act is amended by changing Section 70-170 as follows: 2

3 (225 ILCS 65/70-170)

(Section scheduled to be repealed on January 1, 2028) 4 5 Sec. 70-170. Sexually Transmitted Infection Transmissible 6 Disease Control Act. No licensee under this Act may be 7 disciplined for providing expedited partner therapy in 8 accordance with the provisions of the Illinois Sexually 9 Transmitted Infection Transmissible Disease Control Act.

10 (Source: P.A. 96-613, eff. 1-1-10.)

Section 30. The Physician Assistant Practice Act of 1987 11 12 is amended by changing Section 25 as follows:

13 (225 ILCS 95/25)

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(Section scheduled to be repealed on January 1, 2028) Sec. 25. Sexually <u>Transmitted Infection</u> Transmissible 15 Disease Control Act. No licensee under this Act may be 16 17 disciplined for providing expedited partner therapy in 18 accordance with the provisions of the Illinois Sexually 19 Transmitted Infection Transmissible Disease Control Act.

(Source: P.A. 96-613, eff. 1-1-10.) 20

21 Section 35. The Medical Patient Rights Act is amended by

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1 changing Section 3 as follows:

2 (410 ILCS 50/3) (from Ch. 111 1/2, par. 5403)

Sec. 3. The following rights are hereby established:

4 (a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the 5 6 name of the physician responsible for coordinating his or 7 her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment 8 to the extent permitted by law, and to privacy and 9 10 confidentiality of records except as otherwise provided by 11 law.

12 (b) The right of each patient, regardless of source of 13 payment, to examine and receive a reasonable explanation 14 of his total bill for services rendered by his physician 15 or health care provider, including the itemized charges 16 for specific services received. Each physician or health care provider shall be responsible only for a reasonable 17 explanation of those specific services provided by such 18 19 physician or health care provider.

20 (c) In the event an insurance company or health 21 services corporation cancels or refuses to renew an 22 individual policy or plan, the insured patient shall be 23 entitled to timely, prior notice of the termination of 24 such policy or plan.

25

An insurance company or health services corporation

1 that requires any insured patient or applicant for new or 2 continued insurance or coverage to be tested for infection 3 with human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency 4 5 syndrome (AIDS) shall (1) give the patient or applicant prior written notice of such requirement, (2) proceed with 6 7 such testing only upon the written authorization of the 8 applicant or patient, and (3) keep the results of such 9 testing confidential. Notice of an adverse underwriting or 10 coverage decision may be given to any appropriately 11 interested party, but the insurer may only disclose the 12 test result itself to a physician designated by the applicant or patient, and any such disclosure shall be in 13 14 a manner that assures confidentiality.

15 The Department of Insurance shall enforce the16 provisions of this subsection.

17 The right of each patient to privacy (d) and confidentiality in health care. Each physician, health 18 19 care provider, health services corporation and insurance 20 company shall refrain from disclosing the nature or 21 details of services provided to patients, except that such 22 information may be disclosed: (1) to the patient, (2) to 23 the party making treatment decisions if the patient is 24 incapable of making decisions regarding the health 25 services provided, (3) for treatment in accordance with 45 CFR 164.501 and 164.506, (4) for payment in accordance 26

with 45 CFR 164.501 and 164.506, (5) to those parties 1 2 responsible for peer review, utilization review, and 3 quality assurance, (6) for health care operations in accordance with 45 CFR 164.501 and 164.506, (7) to those 4 5 parties required to be notified under the Abused and 6 Neglected Child Reporting Act or the Illinois Sexually 7 Transmitted Infection Transmissible Disease Control Act, 8 or (8) as otherwise permitted, authorized, or required by 9 State or federal law. This right may be waived in writing 10 by the patient or the patient's guardian or legal 11 representative, but a physician or other health care 12 provider may not condition the provision of services on patient's, guardian's, or legal representative's 13 the 14 agreement to sign such a waiver. In the interest of public 15 health, safety, and welfare, patient information, 16 including, but not limited to, health information, 17 demographic information, and information about the services provided to patients, may be transmitted to or 18 through a health information exchange, as that term is 19 20 Section 2 of defined in the Mental Health and 21 Developmental Disabilities Confidentiality Act, in 22 accordance with the disclosures permitted pursuant to this 23 Section. Patients shall be provided the opportunity to opt 24 out of their health information being transmitted to or 25 through a health information exchange in accordance with Section 9.6 of the Mental Health and Developmental 26

Disabilities Confidentiality Act, Section 9.6 of the AIDS 1 2 Confidentiality Act, or Section 31.8 of the Genetic 3 Information Privacy Act, as applicable. In the case of a patient choosing to opt out of having his or her 4 5 information available on an HIE, nothing in this Act shall 6 cause the physician or health care provider to be liable 7 for the release of a patient's health information by other entities that may possess such information, including, but 8 9 not limited to, other health professionals, providers, laboratories, pharmacies, hospitals, ambulatory surgical 10 11 centers, and nursing homes.

12 (Source: P.A. 103-508, eff. 8-4-23.)

Section 40. The Illinois Sexually Transmissible Disease Control Act is amended by changing the title of the Act and Sections 1, 2, 3, 4, 5, 5.5, 6, 7, 8, and 9 as follows:

16 (410 ILCS 325/Act title)

An Act in relation to sexually <u>transmitted infection</u>
 transmissible disease control, amending an Act herein named.

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19 (410 ILCS 325/1) (from Ch. 111 1/2, par. 7401)
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20 Sec. 1. Short title. This Act shall be known and may be 21 cited as the Illinois Sexually <u>Transmitted Infection</u> 22 Transmissible Disease Control Act.

23 (Source: P.A. 85-681.)

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(410 ILCS 325/2) (from Ch. 111 1/2, par. 7402)

2 Sec. 2. Findings; intent. The General Assembly finds and 3 declares that sexually transmitted infections transmissible 4 diseases constitute a serious and sometimes fatal threat to the public and individual health and welfare of the people of 5 6 the State and visitors to the State. The General Assembly finds that the incidence of sexually transmitted infections 7 transmissible diseases is rising at an alarming rate and that 8 9 these infections diseases result in significant social, health and economic costs, including infant and maternal mortality, 10 11 temporary and lifelong disability and premature death. The 12 General Assembly finds that sexually transmitted infections transmissible diseases, by their nature, involve sensitive 13 14 issues of privacy, and it is the intent of the General Assembly 15 that all programs designed to deal with these infections 16 diseases afford patients privacy, confidentiality and dignity. General Assembly finds that medical knowledge and 17 The 18 information about sexually transmitted infections transmissible diseases are rapidly changing. The General 19 Assembly intends to provide a program that is sufficiently 20 21 flexible to meet emerging needs, deals efficiently and 22 effectively with reducing the incidence of sexually 23 transmitted infections transmissible diseases, and provides 24 patients with a secure knowledge that information they provide 25 will remain private and confidential.

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1 (Source: P.A. 85-681.)

2 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)
3 Sec. 3. Definitions. As used in this Act, unless the
4 context clearly requires otherwise:

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(1) "Department" means the Department of Public Health.

6 (2) "Local health authority" means the full-time official
7 health department of board of health, as recognized by the
8 Department, having jurisdiction over a particular area.

9 (3) "Sexually transmitted infections transmissible 10 disease" means a bacterial, viral, fungal or parasitic 11 infection disease, determined by rule of the Department to be 12 sexually transmissible, to be a threat to the public health 13 and welfare, and to be an infection a disease for which a 14 legitimate public interest will be served by providing for 15 regulation and treatment. In considering which infections 16 diseases are to be designated sexually transmitted infections transmissible diseases, the Department shall consider such 17 18 infections diseases as chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, 19 20 chlamydia, human papillomavirus (HPV), mpox, nongonococcal 21 urethritis (NGU), pelvic inflammatory disease (PID)/Acute 22 Salpingitis, syphilis, Acquired Immunodeficiency Syndrome Immunodeficiency Virus 23 (AIDS), and Human (HIV) for 24 designation, and shall consider the recommendations and classifications of the Centers for Disease Control and other 25

nationally recognized medical authorities. Not all <u>infections</u>
 diseases that are sexually transmissible need be designated
 for purposes of this Act.

4 (4) "Health care professional" means a physician licensed
5 to practice medicine in all its branches, a licensed physician
6 assistant, or a licensed advanced practice registered nurse.

"Expedited partner therapy" means to prescribe, 7 (5) 8 dispense, furnish, or otherwise provide prescription 9 antibiotic drugs to the partner or partners of persons 10 clinically diagnosed as infected with a sexually transmitted 11 infection transmissible disease, without physical examination 12 of the partner or partners.

13 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

- 14 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)
- 15

Sec. 4. Reporting required.

16 (a) A physician licensed under the provisions of the Medical Practice Act of 1987, an advanced practice registered 17 nurse licensed under the provisions of the Nurse Practice Act, 18 19 or a physician assistant licensed under the provisions of the Physician Assistant Practice Act of 1987 who makes a diagnosis 20 21 of or treats a person with a sexually transmitted infection 22 transmissible disease and each laboratory that performs a test 23 for a sexually transmitted infection transmissible disease 24 which concludes with a positive result shall report such facts 25 as may be required by the Department by rule, within such time

1 period as the Department may require by rule, but in no case to 2 exceed 2 weeks.

3 The Department shall adopt rules specifying the (b) information required in reporting a sexually transmitted 4 5 infection transmissible disease, the method of reporting and specifying a minimum time period for reporting. In adopting 6 7 such rules, the Department shall consider the need for 8 information, protections for the privacy and confidentiality 9 of the patient, and the practical abilities of persons and 10 laboratories to report in a reasonable fashion.

(c) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually <u>transmitted infections</u> transmissible disease under this Section is guilty of a Class A misdemeanor.

(d) Any person who violates the provisions of this Section or the rules adopted hereunder may be fined by the Department up to \$500 for each violation. The Department shall report each violation of this Section to the regulatory agency responsible for licensing a health care professional or a laboratory to which these provisions apply.

21 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

22

(410 ILCS 325/5) (from Ch. 111 1/2, par. 7405)

23 Sec. 5. Contact investigation. (a) The Department shall 24 adopt rules authorizing interviews and its authorized 25 representatives may interview, or cause to be interviewed, all - 48 - LRB103 39339 CES 69501 b

persons infected with a sexually <u>transmitted infection</u> transmissible disease and all persons whom the Department reasonably believes may be infected with such <u>infection</u> disease for the purpose of investigating the source and spread of the <u>infection</u> disease and for the purpose of ordering a person to submit to examination and treatment as necessary for the protection of the public health and safety.

8 (b) All information gathered in the course of contact 9 investigation pursuant to this Section shall be considered 10 confidential and subject to the provisions of Section 8 of 11 this Act. Such information shall be exempt from inspection and 12 copying under The Freedom of Information Act, as amended.

(c) No person contacted under this Section or reasonably believed to be infected with a sexually <u>transmitted infection</u> transmissible disease who reveals the name or names of sexual contacts during the course of an investigation shall be held liable in a civil action for such revelation, unless the revelation is made falsely or with reckless disregard for the truth.

(d) Any person who knowingly or maliciously disseminates
any false information or report concerning the existence of
any sexually <u>transmitted infection</u> transmissible disease under
this Section is guilty of a Class A misdemeanor.

24 (Source: P.A. 85-681.)

25

(410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

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Sec. 5.5. Risk assessment.

2 (a) Whenever the Department receives a report of HIV 3 infection or AIDS pursuant to this Act and the Department determines that the subject of the report may present or may 4 5 have presented a possible risk of HIV transmission, the 6 Department shall, when medically appropriate, investigate the 7 subject of the report and that person's contacts as defined in 8 subsection (c), to assess the potential risks of transmission. 9 Any investigation and action shall be conducted in a timely 10 fashion. All contacts other than those defined in subsection 11 (c) shall be investigated in accordance with Section 5 of this 12 Act.

13 (b) If the Department determines that there is or may have been potential risks of HIV transmission from the subject of 14 15 the report to other persons, the Department shall afford the 16 subject the opportunity to submit any information and comment 17 on proposed actions the Department intends to take with respect to the subject's contacts who are at potential risk of 18 transmission of HIV prior to notification of the subject's 19 20 contacts. The Department shall also afford the subject of the report the opportunity to notify the subject's contacts in a 21 22 timely fashion who are at potential risk of transmission of 23 HIV prior to the Department taking any steps to notify such contacts. If the subject declines to notify such contacts or 24 25 if the Department determines the notices to be inadequate or 26 incomplete, the Department shall endeavor to notify such other

1 persons of the potential risk, and offer testing and 2 counseling services to these individuals. When the contacts 3 are notified, they shall be informed of the disclosure 4 provisions of the AIDS Confidentiality Act and the penalties 5 therein and this Section.

(c) Contacts investigated under this Section shall in the 6 7 case of HIV infection include (i) individuals who have 8 undergone invasive procedures performed by an HIV infected 9 health care provider and (ii) health care providers who have 10 performed invasive procedures for persons infected with HIV, 11 provided the Department has determined that there is or may 12 have been potential risk of HIV transmission from the health 13 care provider to those individuals or from infected persons to 14 health care providers. The Department shall have access to the 15 subject's records to review for the identity of contacts. The 16 subject's records shall not be copied or seized by the 17 Department.

For purposes of this subsection, the term "invasive 18 procedures" means those procedures termed invasive by the 19 20 quidelines Centers for Disease Control in current or recommendations for the prevention of HIV transmission in 21 22 health care settings, and the term "health care provider" 23 means any physician, dentist, podiatric physician, advanced practice registered nurse, physician assistant, nurse, or 24 25 other person providing health care services of any kind.

26 (d) All information and records held by the Department and

local health authorities pertaining to activities conducted 1 2 pursuant to this Section shall be strictly confidential and 3 exempt from copying and inspection under the Freedom of Information Act. Such information and records shall not be 4 5 released or made public by the Department or local health authorities, and shall not be admissible as evidence, nor 6 7 discoverable in any action of any kind in any court or before 8 any tribunal, board, agency or person and shall be treated in 9 the same manner as the information and those records subject 10 to the provisions of Part 21 of Article VIII of the Code of 11 Civil Procedure except under the following circumstances:

- 12 (1) When made with the written consent of all persons13 to whom this information pertains;
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(2) (Blank); or

(3) When made by the Department for the purpose of
seeking a warrant authorized by Sections 6 and 7 of this
Act. Such disclosure shall conform to the requirements of
subsection (a) of Section 8 of this Act.

(e) Any person who knowingly or maliciously disseminates
 any information or report concerning the existence of any
 <u>infection</u> disease under this Section is guilty of a Class A
 misdemeanor.

23 (Source: P.A. 102-168, eff. 7-27-21.)

24 (410 ILCS 325/6) (from Ch. 111 1/2, par. 7406)
 25 Sec. 6. Physical examination and treatment.

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1 (a) Subject to the provisions of subsection (c) of this 2 Section, the Department and its authorized representatives may 3 examine or cause to be examined persons reasonably believed to 4 be infected with or to have been exposed to a sexually 5 transmitted infection transmissible disease.

(b) Subject to the provisions of subsection (c) of this 6 Section, persons with a sexually transmitted infection 7 8 transmissible disease shall report for complete treatment to a 9 physician licensed under the provisions of the Medical 10 Practice Act of 1987, or shall submit to treatment at a 11 facility provided by a local health authority or other public 12 facility, as the Department shall require by rule or 13 regulation until the infection disease is noncommunicable or 14 the Department determines that the person does not present a 15 real and present danger to the public health. This subsection 16 (b) shall not be construed to require the Department or local 17 health authorities to pay for or provide such treatment.

(c) No person shall be apprehended, examined or treated 18 19 for a sexually transmitted infection transmissible disease against his will, under the provisions of this Act, except 20 21 upon the presentation of a warrant duly authorized by a court 22 of competent jurisdiction. In requesting the issuance of such 23 a warrant the Department shall show by a preponderance of evidence that the person is infectious and that a real and 24 25 present danger to the public health and welfare exists unless such warrant is issued and shall show that all 26 other

reasonable means of obtaining compliance have been exhausted and that no other less restrictive alternative is available. The court shall require any proceedings authorized by this subsection (c) to be conducted in camera. A record shall be made of such proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal.

8 (d) Any person who knowingly or maliciously disseminates 9 any false information or report concerning the existence of 10 any sexually <u>transmitted infection</u> transmissible disease under 11 this Section is guilty of a Class A misdemeanor.

(e) Taking into account the recommendations of the U.S. 12 13 for Disease Control and Prevention Centers and other 14 nationally recognized medical authorities, the Department 15 shall provide information and technical assistance as 16 appropriate to health care professionals who provide expedited 17 partner therapy services for persons with sexually transmitted infections transmissible diseases. 18

19 (1) Notwithstanding any other provision of law, a 20 health care professional who makes a clinical diagnosis of 21 chlamydia, gonorrhea, or trichomoniasis may prescribe, 22 dispense, furnish, or otherwise provide prescription 23 antibiotic drugs to the infected person's sexual partner 24 or partners for the treatment of the sexually transmitted 25 transmissible disease without infection physical 26 examination of the partner or partners, if in the judgment

1 of the health care professional the partner is unlikely or unable to present for comprehensive healthcare, including 2 3 evaluation, testing, and treatment for sexually transmitted infections transmissible diseases. Expedited 4 5 partner therapy shall be limited to partners who may have 6 been exposed to а sexually transmitted infection 7 transmissible disease within the previous 60 days, if the patient is able to contact the partner. 8

9 (2) Health care professionals who provide expedited 10 partner therapy shall comply with Sections 4 and 5 of <u>this</u> 11 the Illinois Sexually Transmissible Disease Control Act.

12 (3) Health care professionals who provide expedited 13 partner therapy shall provide counseling for the patient 14 and written materials provided by the Department to be 15 given by the patient to the partner or partners that 16 include at a minimum the following:

(A) a warning that a woman who is pregnant or might
be pregnant must not take certain antibiotics and must
immediately contact a health care professional for an
examination, and a recommendation for such an
examination;

(B) information about the antibiotic and dosage
provided or prescribed; clear and explicit allergy and
side effect warnings, including a warning that a
partner who has a history of allergy to the antibiotic
or the pharmaceutical class of antibiotic must not

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take the antibiotic and must be immediately examined by a health care professional, and a recommendation for such an examination;

4 (C) information about the treatment and prevention
 5 of sexually <u>transmitted infections</u> transmissible
 6 diseases;

(D) the requirement of abstinence until a periodof time after treatment to prevent infecting others;

9 (E) notification of the importance of the partner 10 or partners of the patient to receive examination and 11 testing for HIV and other sexually <u>transmitted</u> 12 <u>infections</u> transmissible diseases, and available 13 resources;

14 (F) notification of the risk to self, others, and 15 the public health if the sexually <u>transmitted</u> 16 <u>infection</u> transmissible disease is not completely and 17 successfully treated;

18 (G) the responsibility of the partner or partners 19 to inform his or her sex partner or partners of the 20 risk of sexually <u>transmitted infection</u> transmissible 21 disease and the importance of prompt examination and 22 treatment; and

(H) other information as deemed necessary by theDepartment.

(4) The Department shall develop and disseminate in
 electronic and other formats the following written

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materials:

(A) informational materials for partners, as
 required in item (3) of this subsection (e);

(B) informational materials for persons who are
 repeatedly diagnosed with sexually <u>transmitted</u>
 <u>infections</u> transmissible diseases; and

7 (C) guidance for health care professionals on the
8 safe and effective provision of expedited partner
9 therapy.

10 The Department may offer educational programs about 11 expedited partner therapy for health care professionals 12 and pharmacists licensed under the Pharmacy Practice Act.

13 professional prescribing, (5) А health care 14 dispensing, furnishing, or otherwise providing in good 15 faith without fee or compensation prescription antibiotics 16 to partners under this subsection (e) and providing 17 counseling and written materials as required by item (3) of this subsection (e) shall not be subject to civil or 18 professional liability, except for willful and wanton 19 20 misconduct. A health care professional shall not be 21 subject to civil or professional liability for choosing 22 not to provide expedited partner therapy.

(6) A pharmacist or pharmacy shall not be subject to
 civil or professional liability for choosing not to fill a
 prescription that would cause the pharmacist or pharmacy
 to violate any provision of the Pharmacy Practice Act,

including the definition of "prescription" set forth in subsection (e) of Section 3 of the Pharmacy Practice Act or the definition of "drug regimen review" set forth in subsection (y) of Section 3 of the Pharmacy Practice Act. (Source: P.A. 102-185, eff. 1-1-22.)

- 6 (410 ILCS 325/7) (from Ch. 111 1/2, par. 7407)
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Sec. 7. Quarantine and isolation.

8 (a) Subject to the provisions of subsection (b) of this 9 Section, the Department may order a person to be isolated or a 10 place to be quarantined and made off limits to the public to 11 prevent the probable spread of a sexually transmitted 12 infection transmissible disease, until such time as the condition can be corrected or the danger to the public health 13 eliminated or reduced in such a manner that no substantial 14 15 danger to the public's health any longer exists.

16 (b) No person may be ordered to be isolated, and no place may be ordered to be quarantined, except with the consent of 17 such person or owner of such place or upon the order of a court 18 19 of competent jurisdiction and upon proof by the Department, by clear and convincing evidence, that the public's health and 20 21 welfare are significantly endangered by a person with a 22 sexually transmitted infection transmissible disease or by a place where there is a significant amount of sexual activity 23 24 sexually transmitted likely to spread а infection 25 transmissible disease, and upon proof that all other

1 reasonable means of correcting the problem have been exhausted 2 and no less restrictive alternative exists.

3 (c) This Section shall be considered supplemental to the 4 existing authorities and powers of the Department, and shall 5 not be construed to restrain or restrict the Department in 6 protecting the public health under any other provisions of the 7 law.

8 (d) Any person who knowingly or maliciously disseminates 9 any false information or report concerning the existence of 10 any sexually <u>transmitted infection</u> transmissible disease in 11 connection with the Department's power of quarantine and 12 isolation is guilty of a Class A misdemeanor.

13 (Source: P.A. 85-681.)

14 (410 ILCS 325/8) (from Ch. 111 1/2, par. 7408)

15 Sec. 8. Confidentiality.

16 (a) All information and records held by the Department and its authorized representatives relating to known or suspected 17 18 cases of sexually transmitted infections transmissible diseases shall be strictly confidential and exempt from 19 inspection and copying under The Freedom of Information Act, 20 21 as amended. The Department and its authorized representatives 22 shall not disclose information and records held by them 23 relating to known or suspected cases of sexually transmitted 24 infections transmissible diseases publicly or in any action of 25 any kind in any court or before any tribunal, board, or agency,

and such information shall not be released or made public by a court conducting proceedings authorized by subsection (c) of Section 6 of this Act, except that release of such information may be made under the following circumstances:

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(1) When made with the consent of all persons to which the information applies;

7 (2) When made for statistical purposes and medical or
8 epidemiologic information is summarized so that no person
9 can be identified and no names are revealed;

(3) When made to medical personnel, appropriate State
 agencies or courts of appropriate jurisdiction to enforce
 the provisions of this Act and related rules; or

13 (4) When made to persons determined by the Department
14 to be or have been at potential risk of HIV transmission
15 pursuant to Section 5.5 of this Act.

16 (b) (Blank).

(c) A court hearing a request for the issuance of a warrant as authorized in subsection (c) of Section 6 of this Act shall conduct such proceedings in camera. A record shall be made of authorized proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal.

(d) No employee of the Department or its authorized representatives shall be examined in a civil, criminal, special or other proceeding concerning the existence or contents of pertinent records of a person examined or treated

for a sexually transmitted infection transmissible disease by 1 2 the Department or its authorized representatives pursuant to the provisions of this Act, or concerning the existence or 3 contents of such reports received from a private physician or 4 5 private health facility, pursuant to the provisions of this Act, without the consent of the person examined and treated 6 7 for such infections diseases, except in proceedings under Sections 6 and 7 of this Act. 8

9 (e) Any person who knowingly violates the confidentiality
10 provisions of this Section is guilty of a Class A misdemeanor.

(f) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually <u>transmitted infection</u> transmissible disease under this Section is guilty of a Class A misdemeanor.

15 (Source: P.A. 89-381, eff. 8-18-95.)

16 (410 ILCS 325/9) (from Ch. 111 1/2, par. 7409)

17 Sec. 9. Prisoners.

18 (a) The Department and its authorized representatives may, at its discretion, enter any State, county or municipal 19 detention facility to interview, examine and treat any 20 21 prisoner for a sexually transmitted infection transmissible 22 Any such State, county or municipal detention disease. 23 facility shall cooperate with the Department and its authorized representative to provide such space as 24 is 25 necessary for the examination and treatment of all prisoners

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suffering from or suspected of having a sexually <u>transmitted</u>
 infection transmissible disease.

3 (b) Nothing in this Section shall be construed as 4 relieving the Department of Corrections or any county or 5 municipality of their primary responsibility for providing 6 medical treatment for prisoners under their jurisdiction, 7 including treatment for sexually <u>transmitted infections</u> 8 transmissible diseases.

9 (c) Any person who knowingly or maliciously disseminates 10 any false information or report concerning the existence of 11 any sexually <u>transmitted infection</u> transmissible disease under 12 this Section is guilty of a Class A misdemeanor.

13 (d) The Department, in consultation with the Department of 14 Corrections, shall develop and implement written procedures that establish a process for confidentially notifying and 15 16 recommending sexually transmitted infection transmissible 17 disease testing of the contacts of a committed person who has 18 been diagnosed with а sexually transmitted infection 19 transmissible disease and for notifying and recommending sexually transmitted infection transmissible disease testing 20 21 of a committed person who has had contact with one diagnosed 22 with a sexually transmitted infection transmissible disease. 23 The process shall be in accordance with Sections 3, 5, and 8 of 24 this Act.

25 (Source: P.A. 97-928, eff. 8-10-12.)

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- Section 45. The Abused and Neglected Child Reporting Act
 is amended by changing Section 5 as follows:
- 3 (325 ILCS 5/5) (from Ch. 23, par. 2055)

4 Sec. 5. An officer of a local law enforcement agency, 5 designated employee of the Department, or a physician treating a child may take or retain temporary protective custody of the 6 7 child without the consent of the person responsible for the child's welfare, if (1) the officer of a local law enforcement 8 9 agency, designated employee of the Department, or a physician 10 treating a child has reason to believe that the child cannot be 11 cared for at home or in the custody of the person responsible 12 for the child's welfare without endangering the child's health 13 or safety; and (2) there is not time to apply for a court order 14 under the Juvenile Court Act of 1987 for temporary custody of 15 the child. The person taking or retaining a child in temporary 16 protective custody shall immediately make every reasonable effort to notify the person responsible for the child's 17 welfare and shall immediately notify the Department. 18 The 19 Department shall provide to the temporary caretaker of a child 20 any information in the Department's possession concerning the 21 positive results of a test performed on the child to determine 22 of the antibody or antigen the presence to Human Immunodeficiency Virus (HIV), or of HIV infection, as well as 23 24 any communicable diseases or communicable infections that the 25 child has. The temporary caretaker of a child shall not

disclose to another person any information received by the 1 2 temporary caretaker from the Department concerning the results of a test performed on the child to determine the presence of 3 the antibody or antigen to HIV, or of HIV infection, except 4 5 pursuant to Section 9 of the AIDS Confidentiality Act, as now or hereafter amended. The Department shall promptly initiate 6 proceedings under the Juvenile Court Act of 1987 for the 7 8 continued temporary custody of the child.

9 Where the physician keeping a child in the physician's 10 custody does so in the physician's capacity as a member of the 11 staff of a hospital or similar institution, the physician 12 shall notify the person in charge of the institution or the designated agent of the person in charge, who shall then 13 become responsible for the further care of such child in the 14 hospital or similar institution under the direction of the 15 16 Department.

Said care includes, but is not limited to the granting of permission to perform emergency medical treatment to a minor where the treatment itself does not involve a substantial risk of harm to the minor and the failure to render such treatment will likely result in death or permanent harm to the minor, and there is not time to apply for a court order under the Juvenile Court Act of 1987.

Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal, that might otherwise be

incurred or imposed as a result of such removal. Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of granting permission for emergency treatment.

With respect to any child taken into temporary protective 7 8 custody pursuant to this Section, the Department of Children 9 Familv Services Guardianship Administrator and or the 10 Guardianship Administrator's designee shall be deemed the 11 child's legally authorized representative for purposes of 12 consenting to an HIV test if deemed necessary and appropriate 13 Department's Guardianship Administrator the or the by 14 Guardianship Administrator's designee and obtaining and 15 disclosing information concerning such test pursuant to the 16 AIDS Confidentiality Act if deemed necessary and appropriate 17 Department's Guardianship Administrator the or the by Guardianship Administrator's designee and for purposes of 18 consenting to the release of information pursuant to the 19 20 Illinois Sexually Transmitted Infection Transmissible Disease Control Act if deemed necessary and appropriate by the 21 22 Department's Guardianship Administrator or designee.

Any person who administers an HIV test upon the consent of the Department of Children and Family Services Guardianship Administrator or the Guardianship Administrator's designee, or who discloses the results of such tests to the Department's

Guardianship Administrator or the Guardianship Administrator's designee, shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to administer or disclose the results of tests, or permitted to take such actions, shall be presumed.

8 (Source: P.A. 103-22, eff. 8-8-23.)

9 Section 50. The Perinatal HIV Prevention Act is amended by10 changing Section 15 as follows:

11 (410 ILCS 335/15)

12 Sec. 15. Reporting.

13 (a) Health care facilities shall adopt a policy that 14 provides that a report of a preliminarily HIV-positive woman 15 identified by a rapid HIV test or a report of a preliminarily HIV-exposed newborn infant identified by a rapid HIV test 16 shall be made to the Department's Perinatal HIV Hotline within 17 12 hours but not later than 24 hours of the test result. 18 19 Section 15 of the AIDS Confidentiality Act applies to 20 reporting under this Act, except that the immunities set forth 21 in that Section do not apply in cases of willful or wanton misconduct. 22

(b) The Department shall adopt rules specifying theinformation required in reporting the preliminarily

1 HIV-positive pregnant or post-partum woman and preliminarily 2 HIV-exposed newborn infant and the method of reporting. In 3 adopting the rules, the Department shall consider the need for information, protections for the privacy and confidentiality 4 5 of the infant and parents, the need to provide access to care and follow-up services to the infant, and procedures for 6 7 destruction of records maintained by the Department if, 8 through subsequent HIV testing, the pregnant or post-partum 9 woman or newborn infant is found to be HIV-negative.

(c) The confidentiality provisions of the AIDS
 Confidentiality Act shall apply to the reports of cases of
 perinatal HIV made pursuant to this Section.

13 (d) Health care facilities shall monthly report aggregate 14 statistics to the Department that include the number of 15 pregnant or delivering women who presented with known HIV 16 status; the number of pregnant women rapidly tested for HIV in 17 labor and delivery as either a first HIV test or a repeat third trimester HIV test; the number of newborn infants rapidly 18 19 tested for HIV-exposure because the HIV status of the 20 delivering woman was unknown in the third trimester, or the delivering woman refused testing; the number of preliminarily 21 22 HIV-positive pregnant or delivering women and preliminarily 23 HIV-exposed newborn infants identified; the number of families 24 referred to case management; and other information the 25 Department determines is necessary to measure progress under 26 the provisions of this Act. Health care facilities must report

the confirmatory test result when it becomes available for each preliminarily positive rapid HIV test performed on the pregnant or delivering woman and on a newborn.

4 (e) The Department or its authorized representative shall 5 provide case management services to the preliminarily positive 6 pregnant or post-partum woman or the parent or guardian of the 7 preliminarily positive newborn infant to ensure access to 8 treatment and care and other services where the pregnant or 9 post-partum woman or the parent or guardian of the newborn 10 infant has consented to the services.

11 (f) Every health care facility caring for a newborn infant 12 whose mother had been diagnosed HIV positive prior to labor and delivery shall report a case of perinatal HIV exposure in 13 14 accordance with the HIV/AIDS Registry Act, the Illinois 15 Sexually Transmitted Infection Transmissible Disease Control 16 Act, and rules to be developed by the Department. If after 18 17 months from the date that the report was submitted, a newborn infant is determined to not have HIV or AIDS, the Department 18 19 shall remove the newborn infant's name from all reports, 20 records, and files collected or created under this subsection (f). 21

22 (Source: P.A. 100-265, eff. 8-22-17.)

23 Section 55. The Juvenile Court Act of 1987 is amended by 24 changing Section 2-11 as follows:

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(705 ILCS 405/2-11) (from Ch. 37, par. 802-11)

Sec. 2-11. Medical and dental treatment and care. At all times during temporary custody or shelter care, the court may authorize a physician, a hospital or any other appropriate health care provider to provide medical, dental or surgical procedures if such procedures are necessary to safeguard the minor's life or health.

8 With respect to any minor for whom the Department of 9 Children and Family Services Guardianship Administrator is 10 appointed the temporary custodian, the Guardianship 11 Administrator or the Guardianship Administrator's designee 12 shall be deemed the minor's legally authorized representative for purposes of consenting to an HIV test and obtaining and 13 disclosing information concerning such test pursuant to the 14 15 AIDS Confidentiality Act and for purposes of consenting to the 16 release of information pursuant to the Illinois Sexually 17 Transmitted Infection Transmissible Disease Control Act.

Any person who administers an HIV test upon the consent of 18 the Department of Children and Family Services Guardianship 19 20 Administrator or the Guardianship Administrator's designee, or who discloses the results of such tests to the Department's 21 22 Guardianship Administrator or the Guardianship Administrator's 23 designee, shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of such 24 25 actions. For the purpose of any proceedings, civil or 26 criminal, the good faith of any persons required to administer HB5076 - 69 - LRB103 39339 CES 69501 b or disclose the results of tests, or permitted to take such actions, shall be presumed. (Source: P.A. 103-22, eff. 8-8-23.)

4 Section 95. No acceleration or delay. Where this Act makes 5 changes in a statute that is represented in this Act by text 6 that is not yet or no longer in effect (for example, a Section 7 represented by multiple versions), the use of that text does 8 not accelerate or delay the taking effect of (i) the changes 9 made by this Act or (ii) provisions derived from any other 10 Public Act.

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