



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB1333

Introduced 1/28/2025, by Rep. Paul Jacobs and Tony M. McCombie

SYNOPSIS AS INTRODUCED:

See Index

Repeals the Reproductive Health Act. Creates the Illinois Abortion Law of 2025 containing the provisions of the Illinois Abortion Law of 1975 before its repeal by Public Act 101-13, as well as provisions defining "viability" to include when, in the medical judgment of the attending physician based on the particular facts of the case before the attending physician, the unborn child has a fetal heartbeat, and defining "fetal heartbeat" as the cardiac activity or the steady and repetitive rhythmic contraction of the fetal heart within the gestational sac. Creates the Partial-birth Abortion Ban Act of 2025 and the Abortion Performance Refusal Act of 2025 containing the provisions of the Partial-birth Abortion Ban Act and the Abortion Performance Refusal Act before their repeal by Public Act 101-13. Amends various Acts by restoring the language that existed before the amendment of those Acts by Public Act 101-13. Effective immediately.

LRB104 03612 JRC 13636 b

1 AN ACT concerning abortion.

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

4 Article 1.

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

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

14 (1) "Viability" means either:

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

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

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

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

6 (3) "Department" means the Department of Public Health.

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

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

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

20 (6.5) "Fetal heartbeat" means cardiac activity or the
21 steady and repetitive rhythmic contraction of the fetal heart
22 within the gestational sac.

23 (7) "Abortifacient" means any instrument, medicine, drug,
24 or any other substance or device which is known to cause fetal
25 death when employed in the usual and customary use for which it
26 is manufactured, whether or not the fetus is known to exist

1 when such substance or device is employed.

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

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

21 Section 5. When fetus is viable.

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

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

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

11 Section 6. Abortion methods, restrictions, and
12 requirements.

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

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

25 (c) Any physician who intentionally, knowingly, or

1 recklessly violates Section 6(1)(a) commits a Class 3 felony.

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

17 (b) Subsequent to the abortion, if a child is born alive,
18 the physician required by Section 6(2)(a) to be in attendance
19 shall exercise the same degree of professional skill, care,
20 and diligence to preserve the life and health of the child as
21 would be required of a physician providing immediate medical
22 care to a child born alive in the course of a pregnancy
23 termination which was not an abortion. Any such physician who
24 intentionally, knowingly, or recklessly violates Section
25 6(2)(b) commits a Class 3 felony.

26 (3) The law of this State shall not be construed to imply

1 that any living individual organism of the species homo
2 sapiens who has been born alive is not an individual under the
3 Criminal Code of 1961 or Criminal Code of 2012.

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

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

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

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

24 (6) When the fetus is viable and when there exists
25 reasonable medical certainty (a) that the particular method of
26 abortion to be employed will cause organic pain to the fetus,

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

1 abortion.

2 (7) No person shall sell or experiment upon a fetus
3 produced by the fertilization of a human ovum by a human sperm
4 unless such experimentation is therapeutic to the fetus
5 thereby produced. Intentional violation of this section is a
6 Class A misdemeanor. Nothing in this subsection is intended to
7 prohibit the performance of in vitro fertilization.

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

18 Section 10. Report and form. A report of each abortion
19 performed shall be made to the Department on forms prescribed
20 by it. Such report forms shall not identify the patient by
21 name, but by an individual number to be noted in the patient's
22 permanent record in the possession of the physician, and shall
23 include information concerning:

24 (1) the identification of the physician who performed
25 the abortion and the facility where the abortion was

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

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

26 If a complication of an abortion occurs or becomes known

1 after submission of such form, a correction using the same
2 patient identification number shall be submitted to the
3 Department within 10 days of its becoming known.

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

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

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

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

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

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

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

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

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

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

1 fact an abortifacient, and intentionally, knowingly, or
2 recklessly fails to inform the person for whom it is
3 prescribed or upon whom it is administered that it is an
4 abortifacient commits a Class C misdemeanor.

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

11 Section 11.1. Referral fees.

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

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

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

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

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

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

1 Section 14. Severability; rules; effective dates.

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

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

21 Section 15. Short title. This Article shall be known and
22 may be cited as the Illinois Abortion Law of 2025. References
23 in this Article to "this Act" mean this Article.

1 Article 2.

2 Section 201. Short title. This Article may be cited as the
3 Partial-birth Abortion Ban Act of 2025. References in this
4 Article to "this Act" mean this Article.

5 Section 205. Definitions. In this Act:

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

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

22 Section 215. Civil action. The maternal grandparents of

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

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

17 Article 3.

18 Section 301. Short title. This Article may be cited as the
19 Abortion Performance Refusal Act of 2025. References in this
20 Article to "this Act" mean this Article.

21 Section 305. Liability; discrimination for refusal.

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

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

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

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

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

22 Article 4.

23 (775 ILCS 55/Act rep.)

24 Section 405. The Reproductive Health Act is repealed.

1 Article 5.

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

4 (210 ILCS 5/6.2 new)

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

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

15 (410 ILCS 70/9.1 new)

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

20 Section 515. The Code of Civil Procedure is amended by

1 adding Section 11-107.1a as follows:

2 (735 ILCS 5/11-107.1a new)

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

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

16 Article 6.

17 Section 605. The State Employees Group Insurance Act of
18 1971 is amended by changing Section 6.11 as follows:

19 (5 ILCS 375/6.11)

20 Sec. 6.11. Required health benefits; Illinois Insurance
21 Code requirements. The program of health benefits shall
22 provide the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t of the Illinois Insurance Code. The program of
3 health benefits shall provide the coverage required under
4 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,
5 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
6 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
7 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
8 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
9 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
10 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~
11 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, and 356z.77 of the
12 Illinois Insurance Code. The program of health benefits must
13 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and
14 370c.1 and Article XXXIIB of the Illinois Insurance Code. The
15 program of health benefits shall provide the coverage required
16 under Section 356m of the Illinois Insurance Code and, for the
17 employees of the State Employee Group Insurance Program only,
18 the coverage as also provided in Section 6.11B of this Act. The
19 Department of Insurance shall enforce the requirements of this
20 Section with respect to Sections 370c and 370c.1 of the
21 Illinois Insurance Code; all other requirements of this
22 Section shall be enforced by the Department of Central
23 Management Services.

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

1 Act and all rules and procedures of the Joint Committee on
2 Administrative Rules; any purported rule not so adopted, for
3 whatever reason, is unauthorized.

4 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
6 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
7 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
8 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
9 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
10 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
11 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
12 8-11-23; 103-605, eff. 7-1-24; 103-718, eff. 7-19-24; 103-751,
13 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;
14 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.
15 1-1-25; revised 11-26-24.)

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

18 (20 ILCS 505/5)

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

23 (a) For purposes of this Section:

24 (1) "Children" means persons found within the State

1 who are under the age of 18 years. The term also includes
2 persons under age 21 who:

3 (A) were committed to the Department pursuant to
4 the Juvenile Court Act or the Juvenile Court Act of
5 1987 and who continue under the jurisdiction of the
6 court; or

7 (B) were accepted for care, service and training
8 by the Department prior to the age of 18 and whose best
9 interest in the discretion of the Department would be
10 served by continuing that care, service and training
11 because of severe emotional disturbances, physical
12 disability, social adjustment or any combination
13 thereof, or because of the need to complete an
14 educational or vocational training program.

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

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

22 (A) protecting and promoting the health, safety
23 and welfare of children, including homeless,
24 dependent, or neglected children;

25 (B) remedying, or assisting in the solution of
26 problems which may result in, the neglect, abuse,

1 exploitation, or delinquency of children;

2 (C) preventing the unnecessary separation of
3 children from their families by identifying family
4 problems, assisting families in resolving their
5 problems, and preventing the breakup of the family
6 where the prevention of child removal is desirable and
7 possible when the child can be cared for at home
8 without endangering the child's health and safety;

9 (D) restoring to their families children who have
10 been removed, by the provision of services to the
11 child and the families when the child can be cared for
12 at home without endangering the child's health and
13 safety;

14 (E) placing children in suitable permanent family
15 arrangements, through guardianship or adoption, in
16 cases where restoration to the birth family is not
17 safe, possible, or appropriate;

18 (F) at the time of placement, conducting
19 concurrent planning, as described in subsection (1-1)
20 of this Section, so that permanency may occur at the
21 earliest opportunity. Consideration should be given so
22 that if reunification fails or is delayed, the
23 placement made is the best available placement to
24 provide permanency for the child;

25 (G) (blank);

26 (H) (blank); and

1 (I) placing and maintaining children in facilities
2 that provide separate living quarters for children
3 under the age of 18 and for children 18 years of age
4 and older, unless a child 18 years of age is in the
5 last year of high school education or vocational
6 training, in an approved individual or group treatment
7 program, in a licensed shelter facility, or secure
8 child care facility. The Department is not required to
9 place or maintain children:

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

11 (ii) who are persons with a developmental
12 disability, as defined in the Mental Health and
13 Developmental Disabilities Code, or

14 (iii) who are female children who are
15 pregnant, pregnant and parenting, or parenting, or

16 (iv) who are siblings, in facilities that
17 provide separate living quarters for children 18
18 years of age and older and for children under 18
19 years of age.

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

23 (b-5) The Department shall adopt rules to establish a
24 process for all licensed residential providers in Illinois to
25 submit data as required by the Department if they contract or
26 receive reimbursement for children's mental health, substance

1 use, and developmental disability services from the Department
2 of Human Services, the Department of Juvenile Justice, or the
3 Department of Healthcare and Family Services. The requested
4 data must include, but is not limited to, capacity, staffing,
5 and occupancy data for the purpose of establishing State need
6 and placement availability.

7 All information collected, shared, or stored pursuant to
8 this subsection shall be handled in accordance with all State
9 and federal privacy laws and accompanying regulations and
10 rules, including without limitation the federal Health
11 Insurance Portability and Accountability Act of 1996 (Public
12 Law 104-191) and the Mental Health and Developmental
13 Disabilities Confidentiality Act.

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

19 (d) The Director may authorize advance disbursements for
20 any new program initiative to any agency contracting with the
21 Department. As a prerequisite for an advance disbursement, the
22 contractor must post a surety bond in the amount of the advance
23 disbursement and have a purchase of service contract approved
24 by the Department. The Department may pay up to 2 months
25 operational expenses in advance. The amount of the advance
26 disbursement shall be prorated over the life of the contract

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

11 (e) (Blank).

12 (f) (Blank).

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

18 (1) adoption;

19 (2) foster care;

20 (3) family counseling;

21 (4) protective services;

22 (5) (blank);

23 (6) homemaker service;

24 (7) return of runaway children;

25 (8) (blank);

26 (9) placement under Section 5-7 of the Juvenile Court

1 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
2 Court Act of 1987 in accordance with the federal Adoption
3 Assistance and Child Welfare Act of 1980; and

4 (10) interstate services.

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

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

25 (i) Service programs shall be available throughout the
26 State and shall include but not be limited to the following

1 services:

- 2 (1) case management;
- 3 (2) homemakers;
- 4 (3) counseling;
- 5 (4) parent education;
- 6 (5) day care; and
- 7 (6) emergency assistance and advocacy.

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

- 10 (1) comprehensive family-based services;
- 11 (2) assessments;
- 12 (3) respite care; and
- 13 (4) in-home health services.

14 The Department shall provide transportation for any of the
15 services it makes available to children or families or for
16 which it refers children or families.

17 (j) The Department may provide categories of financial
18 assistance and education assistance grants, and shall
19 establish rules and regulations concerning the assistance and
20 grants, to persons who adopt children with physical or mental
21 disabilities, children who are older, or other hard-to-place
22 children who (i) immediately prior to their adoption were
23 youth in care or (ii) were determined eligible for financial
24 assistance with respect to a prior adoption and who become
25 available for adoption because the prior adoption has been
26 dissolved and the parental rights of the adoptive parents have

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

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

23 Any financial assistance provided under this subsection is
24 inalienable by assignment, sale, execution, attachment,
25 garnishment, or any other remedy for recovery or collection of
26 a judgment or debt.

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

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

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

1 create a private right of action or claim on the part of any
2 individual or child welfare agency, except that when a child
3 is the subject of an action under Article II of the Juvenile
4 Court Act of 1987 and the child's service plan calls for
5 services to facilitate achievement of the permanency goal, the
6 court hearing the action under Article II of the Juvenile
7 Court Act of 1987 may order the Department to provide the
8 services set out in the plan, if those services are not
9 provided with reasonable promptness and if those services are
10 available.

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

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

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

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

23 As soon as is possible after August 7, 2009 (the effective
24 date of Public Act 96-134), the Department shall develop and
25 implement a special program of family preservation services to
26 support intact, foster, and adoptive families who are

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

25 (1-1) The General Assembly recognizes that the best
26 interests of the child require that the child be placed in the

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

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

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

1 reunification services after such a finding.

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

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

12 (1) the likelihood of prompt reunification;

13 (2) the past history of the family;

14 (3) the barriers to reunification being addressed by
15 the family;

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

17 (5) the foster parents' willingness to work with the
18 family to reunite;

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

21 (7) the age of the child;

22 (8) placement of siblings.

23 (m) The Department may assume temporary custody of any
24 child if:

25 (1) it has received a written consent to such
26 temporary custody signed by the parents of the child or by

1 the parent having custody of the child if the parents are
2 not living together or by the guardian or custodian of the
3 child if the child is not in the custody of either parent,
4 or

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

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

24 The Department shall have the authority, responsibilities
25 and duties that a legal custodian of the child would have
26 pursuant to subsection (9) of Section 1-3 of the Juvenile

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

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

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

1 custody of the requesting parent, guardian, or custodian not
2 later than the expiration of the 10-day period, at which time
3 the authority and duties of the Department with respect to the
4 temporary custody of the child shall terminate.

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

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

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

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

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

23 (o) The Department shall establish an administrative
24 review and appeal process for children and families who
25 request or receive child welfare services from the Department.
26 Youth in care who are placed by private child welfare

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

21 (p) (Blank).

22 (q) The Department may receive and use, in their entirety,
23 for the benefit of children any gift, donation, or bequest of
24 money or other property which is received on behalf of such
25 children, or any financial benefits to which such children are
26 or may become entitled while under the jurisdiction or care of

1 the Department, except that the benefits described in Section
2 5.46 must be used and conserved consistent with the provisions
3 under Section 5.46.

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

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

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

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

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

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

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

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

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

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

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

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

26 The Department shall provide written notification to the

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

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

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

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

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

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

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

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

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

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

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

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

23 (v-2) Prior to final approval for placement of a child,
24 the Department shall check its child abuse and neglect
25 registry for information concerning prospective foster and
26 adoptive parents, and any adult living in the home. If any

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

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

26 (x) The Department shall conduct annual credit history

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

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

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

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

14 For purposes of this subsection:

15 "Background information" means all of the following:

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

23 (ii) Information obtained by the Department of
24 Children and Family Services after performing a check of
25 the Illinois State Police's Sex Offender Database, as
26 authorized by Section 120 of the Sex Offender Community

1 Notification Law, concerning a Department employee or
2 Department applicant.

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

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

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

19 (Source: P.A. 102-538, eff. 8-20-21; 102-558, eff. 8-20-21;
20 102-1014, eff. 5-27-22; 103-22, eff. 8-8-23; 103-50, eff.
21 1-1-24; 103-546, eff. 8-11-23; 103-605, eff. 7-1-24.)

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

24 (5 ILCS 140/7.5)

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

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

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

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

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

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

24 (f) Firm performance evaluations under Section 55 of
25 the Architectural, Engineering, and Land Surveying
26 Qualifications Based Selection Act.

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

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

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

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

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

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

25 (m) Information provided to the predatory lending
26 database created pursuant to Article 3 of the Residential

1 Real Property Disclosure Act, except to the extent
2 authorized under that Article.

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

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

13 (p) Security portions of system safety program plans,
14 investigation reports, surveys, schedules, lists, data, or
15 information compiled, collected, or prepared by or for the
16 Department of Transportation under Sections 2705-300 and
17 2705-616 of the Department of Transportation Law of the
18 Civil Administrative Code of Illinois, the Regional
19 Transportation Authority under Section 2.11 of the
20 Regional Transportation Authority Act, or the St. Clair
21 County Transit District under the Bi-State Transit Safety
22 Act (repealed).

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

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

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

3 (t) (Blank).

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

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

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

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

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

26 (y) Confidential information under the Adult

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

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

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

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

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

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

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

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

26 (gg) Information that is prohibited from being

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

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

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

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

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

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

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

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

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

26 (pp) Names and all identifying information relating to

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

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

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

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

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

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

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

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

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

26 (yy) Information prohibited from being disclosed under

1 the Illinois Educational Labor Relations Act.

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

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

6 (bbb) Information that is prohibited from disclosure
7 by the Illinois Police Training Act and the Illinois State
8 Police Act.

9 (ccc) Records exempt from disclosure under Section
10 2605-304 of the Illinois State Police Law of the Civil
11 Administrative Code of Illinois.

12 (ddd) Information prohibited from being disclosed
13 under Section 35 of the Address Confidentiality for
14 Victims of Domestic Violence, Sexual Assault, Human
15 Trafficking, or Stalking Act.

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

19 (fff) Images from cameras under the Expressway Camera
20 Act. This subsection (fff) is inoperative on and after
21 July 1, 2025.

22 (ggg) Information prohibited from disclosure under
23 paragraph (3) of subsection (a) of Section 14 of the Nurse
24 Agency Licensing Act.

25 (hhh) Information submitted to the Illinois State
26 Police in an affidavit or application for an assault

1 weapon endorsement, assault weapon attachment endorsement,
2 .50 caliber rifle endorsement, or .50 caliber cartridge
3 endorsement under the Firearm Owners Identification Card
4 Act.

5 (iii) Data exempt from disclosure under Section 50 of
6 the School Safety Drill Act.

7 (jjj) Information exempt from disclosure under Section
8 30 of the Insurance Data Security Law.

9 (kkk) Confidential business information prohibited
10 from disclosure under Section 45 of the Paint Stewardship
11 Act.

12 (lll) Data exempt from disclosure under Section
13 2-3.196 of the School Code.

14 (mmm) Information prohibited from being disclosed
15 under subsection (e) of Section 1-129 of the Illinois
16 Power Agency Act.

17 (nnn) Materials received by the Department of Commerce
18 and Economic Opportunity that are confidential under the
19 Music and Musicians Tax Credit and Jobs Act.

20 (ooo) ~~(nnn)~~ Data or information provided pursuant to
21 Section 20 of the Statewide Recycling Needs and Assessment
22 Act.

23 (ppp) ~~(nnn)~~ Information that is exempt from disclosure
24 under Section 28-11 of the Lawful Health Care Activity
25 Act.

26 (qqq) ~~(nnn)~~ Information that is exempt from disclosure

1 under Section 7-101 of the Illinois Human Rights Act.

2 (rrr) ~~(mmm)~~ Information prohibited from being
3 disclosed under Section 4-2 of the Uniform Money
4 Transmission Modernization Act.

5 (sss) ~~(nnn)~~ Information exempt from disclosure under
6 Section 40 of the Student-Athlete Endorsement Rights Act.

7 (Source: P.A. 102-36, eff. 6-25-21; 102-237, eff. 1-1-22;
8 102-292, eff. 1-1-22; 102-520, eff. 8-20-21; 102-559, eff.
9 8-20-21; 102-813, eff. 5-13-22; 102-946, eff. 7-1-22;
10 102-1042, eff. 6-3-22; 102-1116, eff. 1-10-23; 103-8, eff.
11 6-7-23; 103-34, eff. 6-9-23; 103-142, eff. 1-1-24; 103-372,
12 eff. 1-1-24; 103-472, eff. 8-1-24; 103-508, eff. 8-4-23;
13 103-580, eff. 12-8-23; 103-592, eff. 6-7-24; 103-605, eff.
14 7-1-24; 103-636, eff. 7-1-24; 103-724, eff. 1-1-25; 103-786,
15 eff. 8-7-24; 103-859, eff. 8-9-24; 103-991, eff. 8-9-24;
16 103-1049, eff. 8-9-24; revised 11-26-24.)

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

19 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 jurors in the county.

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

9 In every case in which a drug overdose is officially
10 determined to be the cause or a contributing factor in the
11 death, the coroner or medical examiner shall report the death
12 to the Department of Public Health. The Department of Public
13 Health shall adopt rules regarding specific information that
14 must be reported in the event of such a death, including, at a
15 minimum, the following information, if possible: (i) the cause
16 of the overdose; (ii) whether or not fentanyl was part or all
17 of the consumed substance; (iii) if fentanyl is part of the
18 consumed substance, what other substances were consumed; and
19 (iv) if fentanyl is part of the consumed substance, in what
20 proportion was fentanyl consumed to other substance or
21 substances. The coroner must also communicate whether there
22 was a suspicious level of fentanyl in combination with other
23 controlled substances present to all law enforcement agencies
24 in whose jurisdiction the deceased's body was found in a
25 prompt manner. As used in this paragraph, "overdose" has the
26 same meaning as it does in Section 414 of the Illinois

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

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

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

26 (Source: P.A. 102-538, eff. 8-20-21; 102-982, eff. 7-1-23;

1 103-154, eff. 6-30-23; 103-842, eff. 1-1-25.)

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

4 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

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

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

18 (210 ILCS 5/3) (from Ch. 111 1/2, par. 157-8.3)

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

22 (A) "Ambulatory surgical treatment center" means any
23 institution, place or building devoted primarily to the

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

16 The term "ambulatory surgical treatment center" does not
17 include any of the following:

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

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

25 (3) Hospitals or ambulatory surgical treatment centers
26 maintained by the State or any department or agency

1 thereof, where such department or agency has authority
2 under law to establish and enforce standards for the
3 hospitals or ambulatory surgical treatment centers under
4 its management and control.

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

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

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

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

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

1 (D) "Director" means the Director of the Department of
2 Public Health of the State of Illinois.

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

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

7 (G) "Podiatric physician" means a person licensed to
8 practice podiatry under the Podiatric Medical Practice Act of
9 1987.

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

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

13 (215 ILCS 5/356z.4)

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

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

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

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

24 (C) The General Assembly intends to build on existing

1 State and federal law to promote gender equity and women's
2 health and to ensure greater contraceptive coverage equity
3 and timely access to all federal Food and Drug
4 Administration approved methods of birth control for all
5 individuals covered by an individual or group health
6 insurance policy in Illinois.

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

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

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

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

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

- 1 (i) they are approved as safe and effective;
- 2 (ii) they are pharmaceutical equivalents in that they
- 3 (A) contain identical amounts of the same active drug
- 4 ingredient in the same dosage form and route of
- 5 administration and (B) meet compendial or other applicable
- 6 standards of strength, quality, purity, and identity;
- 7 (iii) they are bioequivalent in that (A) they do not
- 8 present a known or potential bioequivalence problem and
- 9 they meet an acceptable in vitro standard or (B) if they do
- 10 present such a known or potential problem, they are shown
- 11 to meet an appropriate bioequivalence standard;
- 12 (iv) they are adequately labeled; and
- 13 (v) they are manufactured in compliance with Current
- 14 Good Manufacturing Practice regulations.

15 (3) An individual or group policy of accident and health

16 insurance amended, delivered, issued, or renewed in this State

17 after the effective date of this amendatory Act of the 99th

18 General Assembly shall provide coverage for all of the

19 following services and contraceptive methods:

20 (A) All contraceptive drugs, devices, and other

21 products approved by the United States Food and Drug

22 Administration. This includes all over-the-counter

23 contraceptive drugs, devices, and products approved by the

24 United States Food and Drug Administration, excluding male

25 condoms, except as provided in the current comprehensive

26 guidelines supported by the Health Resources and Services

1 Administration. The following apply:

2 (i) If the United States Food and Drug
3 Administration has approved one or more therapeutic
4 equivalent versions of a contraceptive drug, device,
5 or product, a policy is not required to include all
6 such therapeutic equivalent versions in its formulary,
7 so long as at least one is included and covered without
8 cost-sharing and in accordance with this Section.

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

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

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

26 (B) Voluntary sterilization procedures.

1 (C) Contraceptive services, patient education, and
2 counseling on contraception.

3 (D) Follow-up services related to the drugs, devices,
4 products, and procedures covered under this Section,
5 including, but not limited to, management of side effects,
6 counseling for continued adherence, and device insertion
7 and removal.

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

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

20 (6) If, at any time, the Secretary of the United States
21 Department of Health and Human Services, or its successor
22 agency, promulgates rules or regulations to be published in
23 the Federal Register or publishes a comment in the Federal
24 Register or issues an opinion, guidance, or other action that
25 would require the State, pursuant to any provision of the
26 Patient Protection and Affordable Care Act (Public Law

1 111-148), including, but not limited to, 42 U.S.C.
2 18031(d)(3)(B) or any successor provision, to defray the cost
3 of any coverage outlined in this subsection (a), then this
4 subsection (a) is inoperative with respect to all coverage
5 outlined in this subsection (a) other than that authorized
6 under Section 1902 of the Social Security Act, 42 U.S.C.
7 1396a, and the State shall not assume any obligation for the
8 cost of the coverage set forth in this subsection (a).

9 (b) This subsection (b) shall become operative if and only
10 if subsection (a) becomes inoperative.

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

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

1 As used in this subsection (b), "outpatient contraceptive
2 service" means consultations, examinations, procedures, and
3 medical services, provided on an outpatient basis and related
4 to the use of contraceptive methods (including natural family
5 planning) to prevent an unintended pregnancy.

6 (c) Nothing in this Section shall be construed to require
7 an insurance company to cover services related to an abortion
8 as the term "abortion" is defined in the Illinois Abortion Law
9 of 2025. ~~(Blank).~~

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

18 (Source: P.A. 103-551, eff. 8-11-23.)

19 (215 ILCS 5/356z.4a rep.)

20 Section 632. The Illinois Insurance Code is amended by
21 repealing Section 356z.4a.

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

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

2 (Text of Section before amendment by P.A. 103-808)

3 Sec. 5-3. Insurance Code provisions.

4 (a) Health Maintenance Organizations shall be subject to
5 the provisions of Sections 133, 134, 136, 137, 139, 140,
6 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
7 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
8 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,
9 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,
10 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
11 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
12 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,
13 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,
14 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,
15 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,
16 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,
17 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,
18 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,
19 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,
20 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
21 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
22 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
23 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
24 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
25 Insurance Code.

26 (b) For purposes of the Illinois Insurance Code, except

1 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
2 Health Maintenance Organizations in the following categories
3 are deemed to be "domestic companies":

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

6 (2) a corporation organized under the laws of this
7 State; or

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

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

17 (1) the Director shall give primary consideration to
18 the continuation of benefits to enrollees and the
19 financial conditions of the acquired Health Maintenance
20 Organization after the merger, consolidation, or other
21 acquisition of control takes effect;

22 (2) (i) the criteria specified in subsection (1) (b) of
23 Section 131.8 of the Illinois Insurance Code shall not
24 apply and (ii) the Director, in making his determination
25 with respect to the merger, consolidation, or other
26 acquisition of control, need not take into account the

1 effect on competition of the merger, consolidation, or
2 other acquisition of control;

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

5 (A) certification by an independent actuary of the
6 adequacy of the reserves of the Health Maintenance
7 Organization sought to be acquired;

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

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

19 (D) such other information as the Director shall
20 require.

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

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

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

18 (i) the amount of, and other terms and conditions with
19 respect to, the refund or additional premium are set forth
20 in the group or enrollment unit contract agreed in advance
21 of the period for which a refund is to be paid or
22 additional premium is to be charged (which period shall
23 not be less than one year); and

24 (ii) the amount of the refund or additional premium
25 shall not exceed 20% of the Health Maintenance
26 Organization's profitable or unprofitable experience with

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

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

25 In no event shall the Illinois Health Maintenance
26 Organization Guaranty Association be liable to pay any

1 contractual obligation of an insolvent organization to pay any
2 refund authorized under this Section.

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

9 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
10 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
11 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
12 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
13 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
14 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
15 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
16 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
17 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
18 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
19 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
20 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
21 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
22 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.
23 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

24 (Text of Section after amendment by P.A. 103-808)

25 Sec. 5-3. Insurance Code provisions.

1 (a) Health Maintenance Organizations shall be subject to
2 the provisions of Sections 133, 134, 136, 137, 139, 140,
3 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
4 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
5 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,
6 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
7 356z.3a, 356z.4, ~~356z.4a~~, 356z.5, 356z.6, 356z.8, 356z.9,
8 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
9 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
10 356z.25, 356z.26, 356z.28, 356z.29, ~~356z.30~~, 356z.31, ~~356z.32~~,
11 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
12 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
13 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
14 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
15 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
16 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
17 356z.77, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
18 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
19 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
20 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
21 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
22 Illinois Insurance Code.

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

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

3 (2) a corporation organized under the laws of this
4 State; or

5 (3) a corporation organized under the laws of another
6 state, 30% or more of the enrollees of which are residents
7 of this State, except a corporation subject to
8 substantially the same requirements in its state of
9 organization as is a "domestic company" under Article VIII
10 1/2 of the Illinois Insurance Code.

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

14 (1) the Director shall give primary consideration to
15 the continuation of benefits to enrollees and the
16 financial conditions of the acquired Health Maintenance
17 Organization after the merger, consolidation, or other
18 acquisition of control takes effect;

19 (2) (i) the criteria specified in subsection (1) (b) of
20 Section 131.8 of the Illinois Insurance Code shall not
21 apply and (ii) the Director, in making his determination
22 with respect to the merger, consolidation, or other
23 acquisition of control, need not take into account the
24 effect on competition of the merger, consolidation, or
25 other acquisition of control;

26 (3) the Director shall have the power to require the

1 following information:

2 (A) certification by an independent actuary of the
3 adequacy of the reserves of the Health Maintenance
4 Organization sought to be acquired;

5 (B) pro forma financial statements reflecting the
6 combined balance sheets of the acquiring company and
7 the Health Maintenance Organization sought to be
8 acquired as of the end of the preceding year and as of
9 a date 90 days prior to the acquisition, as well as pro
10 forma financial statements reflecting projected
11 combined operation for a period of 2 years;

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

16 (D) such other information as the Director shall
17 require.

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

24 (e) In considering any management contract or service
25 agreement subject to Section 141.1 of the Illinois Insurance
26 Code, the Director (i) shall, in addition to the criteria

1 specified in Section 141.2 of the Illinois Insurance Code,
2 take into account the effect of the management contract or
3 service agreement on the continuation of benefits to enrollees
4 and the financial condition of the health maintenance
5 organization to be managed or serviced, and (ii) need not take
6 into account the effect of the management contract or service
7 agreement on competition.

8 (f) Except for small employer groups as defined in the
9 Small Employer Rating, Renewability and Portability Health
10 Insurance Act and except for medicare supplement policies as
11 defined in Section 363 of the Illinois Insurance Code, a
12 Health Maintenance Organization may by contract agree with a
13 group or other enrollment unit to effect refunds or charge
14 additional premiums under the following terms and conditions:

15 (i) the amount of, and other terms and conditions with
16 respect to, the refund or additional premium are set forth
17 in the group or enrollment unit contract agreed in advance
18 of the period for which a refund is to be paid or
19 additional premium is to be charged (which period shall
20 not be less than one year); and

21 (ii) the amount of the refund or additional premium
22 shall not exceed 20% of the Health Maintenance
23 Organization's profitable or unprofitable experience with
24 respect to the group or other enrollment unit for the
25 period (and, for purposes of a refund or additional
26 premium, the profitable or unprofitable experience shall

1 be calculated taking into account a pro rata share of the
2 Health Maintenance Organization's administrative and
3 marketing expenses, but shall not include any refund to be
4 made or additional premium to be paid pursuant to this
5 subsection (f)). The Health Maintenance Organization and
6 the group or enrollment unit may agree that the profitable
7 or unprofitable experience may be calculated taking into
8 account the refund period and the immediately preceding 2
9 plan years.

10 The Health Maintenance Organization shall include a
11 statement in the evidence of coverage issued to each enrollee
12 describing the possibility of a refund or additional premium,
13 and upon request of any group or enrollment unit, provide to
14 the group or enrollment unit a description of the method used
15 to calculate (1) the Health Maintenance Organization's
16 profitable experience with respect to the group or enrollment
17 unit and the resulting refund to the group or enrollment unit
18 or (2) the Health Maintenance Organization's unprofitable
19 experience with respect to the group or enrollment unit and
20 the resulting additional premium to be paid by the group or
21 enrollment unit.

22 In no event shall the Illinois Health Maintenance
23 Organization Guaranty Association be liable to pay any
24 contractual obligation of an insolvent organization to pay any
25 refund authorized under this Section.

26 (g) Rulemaking authority to implement Public Act 95-1045,

1 if any, is conditioned on the rules being adopted in
2 accordance with all provisions of the Illinois Administrative
3 Procedure Act and all rules and procedures of the Joint
4 Committee on Administrative Rules; any purported rule not so
5 adopted, for whatever reason, is unauthorized.

6 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
8 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
9 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
10 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
11 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
12 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
13 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
14 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
15 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
16 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
17 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
18 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
19 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
20 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
21 11-26-24.)

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

24 (215 ILCS 165/10) (from Ch. 32, par. 604)

1 Sec. 10. Application of Insurance Code provisions. Health
2 services plan corporations and all persons interested therein
3 or dealing therewith shall be subject to the provisions of
4 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
5 143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,
6 355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,
7 356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,
8 356z.3a, 356z.4, ~~356z.4a,~~ 356z.5, 356z.6, 356z.8, 356z.9,
9 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
10 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, ~~356z.30,~~
11 ~~356z.32,~~ 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,
12 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,
13 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,
14 356z.72, 356z.74, 356z.75, 356z.77, 364.01, 364.3, 367.2,
15 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
16 paragraphs (7) and (15) of Section 367 of the Illinois
17 Insurance Code.

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
25 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
26 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,

1 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
2 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
3 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
4 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
5 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.
6 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
7 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;
8 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.
9 1-1-25; revised 11-26-24.)

10 Section 645. The Medical Practice Act of 1987 is amended
11 by changing Sections 22 and 36 as follows:

12 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

14 Sec. 22. Disciplinary action.

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

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

24 (a) a facility licensed pursuant to the Ambulatory

1 Surgical Treatment Center Act;

2 (b) an institution licensed under the Hospital
3 Licensing Act;

4 (c) an ambulatory surgical treatment center or
5 hospitalization or care facility maintained by the
6 State or any agency thereof, where such department or
7 agency has authority under law to establish and
8 enforce standards for the ambulatory surgical
9 treatment centers, hospitalizations, or care
10 facilities under its management and control;

11 (d) ambulatory surgical treatment centers,
12 hospitalization, or care facilities maintained by the
13 federal government; or

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

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

22 (3) A plea of guilty or nolo contendere, finding of
23 guilt, jury verdict, or entry of judgment or sentencing,
24 including, but not limited to, convictions, preceding
25 sentences of supervision, conditional discharge, or first
26 offender probation, under the laws of any jurisdiction of

1 the United States of any crime that is a felony.

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

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

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

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

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

14 (9) Fraud or misrepresentation in applying for, or
15 procuring, a license under this Act or in connection with
16 applying for renewal of a license under this Act.

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

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

24 (12) Adverse action taken by another state or
25 jurisdiction against a license or other authorization to
26 practice as a medical doctor, doctor of osteopathy, doctor

1 of osteopathic medicine, or doctor of chiropractic, a
2 certified copy of the record of the action taken by the
3 other state or jurisdiction being prima facie evidence
4 thereof. This includes any adverse action taken by a State
5 or federal agency that prohibits a medical doctor, doctor
6 of osteopathy, doctor of osteopathic medicine, or doctor
7 of chiropractic from providing services to the agency's
8 participants.

9 (13) Violation of any provision of this Act or of the
10 Medical Practice Act prior to the repeal of that Act, or
11 violation of the rules, or a final administrative action
12 of the Secretary, after consideration of the
13 recommendation of the Medical Board.

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

16 (15) A finding by the Medical Board that the
17 registrant after having his or her license placed on
18 probationary status or subjected to conditions or
19 restrictions violated the terms of the probation or failed
20 to comply with such terms or conditions.

21 (16) Abandonment of a patient.

22 (17) Prescribing, selling, administering,
23 distributing, giving, or self-administering any drug
24 classified as a controlled substance (designated product)
25 or narcotic for other than medically accepted therapeutic
26 purposes.

1 (18) Promotion of the sale of drugs, devices,
2 appliances, or goods provided for a patient in such manner
3 as to exploit the patient for financial gain of the
4 physician.

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

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

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

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

25 (23) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

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

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

18 (26) A pattern of practice or other behavior which
19 demonstrates incapacity or incompetence to practice under
20 this Act.

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

24 (28) Physical illness, including, but not limited to,
25 deterioration through the aging process, or loss of motor
26 skill which results in a physician's inability to practice

1 under this Act with reasonable judgment, skill, or safety.

2 (29) Cheating on or attempting to subvert the
3 licensing examinations administered under this Act.

4 (30) Willfully or negligently violating the
5 confidentiality between physician and patient except as
6 required by law.

7 (31) The use of any false, fraudulent, or deceptive
8 statement in any document connected with practice under
9 this Act.

10 (32) Aiding and abetting an individual not licensed
11 under this Act in the practice of a profession licensed
12 under this Act.

13 (33) Violating State or federal laws or regulations
14 relating to controlled substances, legend drugs, or
15 ephedra as defined in the Ephedra Prohibition Act.

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

26 (35) Failure to report to the Department surrender of

1 a license or authorization to practice as a medical
2 doctor, a doctor of osteopathy, a doctor of osteopathic
3 medicine, or doctor of chiropractic in another state or
4 jurisdiction, or surrender of membership on any medical
5 staff or in any medical or professional association or
6 society, while under disciplinary investigation by any of
7 those authorities or bodies, for acts or conduct similar
8 to acts or conduct which would constitute grounds for
9 action as defined in this Section.

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

15 (37) Failure to provide copies of medical records as
16 required by law.

17 (38) Failure to furnish the Department, its
18 investigators or representatives, relevant information,
19 legally requested by the Department after consultation
20 with the Chief Medical Coordinator or the Deputy Medical
21 Coordinator.

22 (39) Violating the Health Care Worker Self-Referral
23 Act.

24 (40) (Blank).

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

1 (42) Entering into an excessive number of written
2 collaborative agreements with licensed advanced practice
3 registered nurses resulting in an inability to adequately
4 collaborate.

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

7 (44) Violating the Compassionate Use of Medical
8 Cannabis Program Act.

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

13 (46) Repeated failure to adequately collaborate with a
14 licensed prescribing psychologist.

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

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

25 (49) Entering into an excessive number of written
26 collaborative agreements with licensed physician

1 assistants resulting in an inability to adequately
2 collaborate.

3 (50) Repeated failure to adequately collaborate with a
4 physician assistant.

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

1 the Department under Section 23 of this Act of such settlement
2 or final judgment in which to investigate and commence formal
3 disciplinary proceedings under Section 36 of this Act, except
4 as otherwise provided by law. The time during which the holder
5 of the license was outside the State of Illinois shall not be
6 included within any period of time limiting the commencement
7 of disciplinary action by the Department.

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

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

25 The Department, upon the recommendation of the Medical
26 Board, shall adopt rules which set forth standards to be used

1 in determining:

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

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

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

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

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

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

1 involved in providing the mental or physical examination and
2 evaluation, or both. The multidisciplinary team shall be led
3 by a physician licensed to practice medicine in all of its
4 branches and may consist of one or more or a combination of
5 physicians licensed to practice medicine in all of its
6 branches, licensed chiropractic physicians, licensed clinical
7 psychologists, licensed clinical social workers, licensed
8 clinical professional counselors, and other professional and
9 administrative staff. Any examining physician or member of the
10 multidisciplinary team may require any person ordered to
11 submit to an examination and evaluation pursuant to this
12 Section to submit to any additional supplemental testing
13 deemed necessary to complete any examination or evaluation
14 process, including, but not limited to, blood testing,
15 urinalysis, psychological testing, or neuropsychological
16 testing. The Medical Board or the Department may order the
17 examining physician or any member of the multidisciplinary
18 team to provide to the Department or the Medical Board any and
19 all records, including business records, that relate to the
20 examination and evaluation, including any supplemental testing
21 performed. The Medical Board or the Department may order the
22 examining physician or any member of the multidisciplinary
23 team to present testimony concerning this examination and
24 evaluation of the licensee, permit holder, or applicant,
25 including testimony concerning any supplemental testing or
26 documents relating to the examination and evaluation. No

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

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

18 An individual licensed under this Act, affected under this
19 Section, shall be afforded an opportunity to demonstrate to
20 the Medical Board that he or she can resume practice in
21 compliance with acceptable and prevailing standards under the
22 provisions of his or her license.

23 The Medical Board, in determining mental capacity of an
24 individual licensed under this Act, shall consider the latest
25 recommendations of the Federation of State Medical Boards.

26 The Department may promulgate rules for the imposition of

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

8 All fines imposed under this Section shall be paid within
9 60 days after the effective date of the order imposing the fine
10 or in accordance with the terms set forth in the order imposing
11 the fine.

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

23 (C) The Department shall not revoke, suspend, place on
24 probation, reprimand, refuse to issue or renew, or take any
25 other disciplinary or non-disciplinary action against the
26 license or permit issued under this Act to practice medicine

1 to a physician:

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

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

10 (3) based solely upon the physician providing,
11 authorizing, recommending, aiding, assisting, referring
12 for, or otherwise participating in any health care
13 service, so long as the care was not unlawful under the
14 laws of this State, regardless of whether the patient was
15 a resident of this State or another state; or

16 (4) based upon the physician's license being revoked
17 or suspended, or the physician being otherwise disciplined
18 by any other state, if that revocation, suspension, or
19 other form of discipline was based solely on the physician
20 violating another state's laws prohibiting the provision
21 of, authorization of, recommendation of, aiding or
22 assisting in, referring for, or participation in any
23 health care service if that health care service as
24 provided would not have been unlawful under the laws of
25 this State and is consistent with the standards of conduct
26 for the physician if it occurred in Illinois.

1 (D) (Blank).

2 (E) The conduct specified in subsection (C) shall not
3 trigger reporting requirements under Section 23, constitute
4 grounds for suspension under Section 25, or be included on the
5 physician's profile required under Section 10 of the Patients'
6 Right to Know Act.

7 (F) An applicant seeking licensure, certification, or
8 authorization pursuant to this Act and who has been subject to
9 disciplinary action by a duly authorized professional
10 disciplinary agency of another jurisdiction solely on the
11 basis of having provided, authorized, recommended, aided,
12 assisted, referred for, or otherwise participated in health
13 care shall not be denied such licensure, certification, or
14 authorization, unless the Department determines that the
15 action would have constituted professional misconduct in this
16 State; however, nothing in this Section shall be construed as
17 prohibiting the Department from evaluating the conduct of the
18 applicant and making a determination regarding the licensure,
19 certification, or authorization to practice a profession under
20 this Act.

21 (G) The Department may adopt rules to implement the
22 changes made by Public Act 102-1117 ~~this amendatory Act of the~~
23 ~~102nd General Assembly.~~

24 (Source: P.A. 102-20, eff. 1-1-22; 102-558, eff. 8-20-21;
25 102-813, eff. 5-13-22; 102-1117, eff. 1-13-23; 103-442, eff.
26 1-1-24; revised 10-22-24.)

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

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

3 Sec. 36. Investigation; notice.

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

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

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

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

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

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

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

14 (Source: P.A. 101-13, eff. 6-12-19; 101-316, eff. 8-9-19;
15 102-20, eff. 1-1-22; 102-558, eff. 8-20-21.)

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

18 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

20 Sec. 65-35. Written collaborative agreements.

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

1 privileged to practice in a hospital, hospital affiliate, or
2 ambulatory surgical treatment center.

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

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

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

1 telecommunications or electronic communications as set forth
2 in the written agreement.

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

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

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

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

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

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

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

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

24 (e) Nothing in this Act shall be construed to limit the
25 delegation of tasks or duties by a physician to a licensed
26 practical nurse, a registered professional nurse, or other

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

7 (e-5) Nothing in this Act shall be construed to authorize
8 an advanced practice registered nurse to provide health care
9 services required by law or rule to be performed by a
10 physician, including those acts to be performed by a physician
11 in Section 3.1 of the Illinois Abortion Law of 2025. ~~The scope~~
12 ~~of practice of an advanced practice registered nurse does not~~
13 ~~include operative surgery. Nothing in this Section shall be~~
14 ~~construed to preclude an advanced practice registered nurse~~
15 ~~from assisting in surgery.~~

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

21 (g) (Blank).

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

24 (225 ILCS 65/65-43)

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

1 Sec. 65-43. Full practice authority.

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

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

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

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

1 Department may accept other evidence of clinical experience as
2 established by rule.

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

5 (1) all matters included in subsection (c) of Section
6 65-30 of this Act;

7 (2) practicing without a written collaborative
8 agreement in all practice settings consistent with
9 national certification;

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

20 (4) prescribing Schedule II narcotic drugs, such as
21 opioids, only in a consultation relationship with a
22 physician; this consultation relationship shall be
23 recorded in the Prescription Monitoring Program website,
24 pursuant to Section 316 of the Illinois Controlled
25 Substances Act, by the physician and advanced practice
26 registered nurse with full practice authority and is not

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

14 (4.5) prescribing up to a 120-day supply of
15 benzodiazepines without a consultation relationship with a
16 physician; thereafter, continued prescription of
17 benzodiazepines shall require a consultation with a
18 physician; nothing in this subsection shall be construed
19 to require a prescription by an advanced practice
20 registered nurse with full practice authority to require a
21 physician name;

22 (5) authority to obtain an Illinois controlled
23 substance license and a federal Drug Enforcement
24 Administration number; and

25 (6) use of only local anesthetic.

26 The scope of practice of an advanced practice registered

1 nurse does not include operative surgery. ~~Nothing in this~~
2 ~~Section shall be construed to preclude an advanced practice~~
3 ~~registered nurse from assisting in surgery.~~

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

7 (e) Nothing in this Act shall be construed to authorize an
8 advanced practice registered nurse with full practice
9 authority to provide health care services required by law or
10 rule to be performed by a physician, including, but not
11 limited to, those acts to be performed by a physician in
12 Section 3.1 of the Illinois Abortion Law of 2025.

13 (Source: P.A. 102-75, eff. 1-1-22; 103-60, eff. 1-1-24.)

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

16 (225 ILCS 95/7.5)

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

18 Sec. 7.5. Written collaborative agreements; prescriptive
19 authority.

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

23 (1) A written collaborative agreement shall describe
24 the working relationship of the physician assistant with

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

1 routinely provides individually or through delegation to
2 other persons so that the physician has the experience and
3 ability to collaborate and provide consultation.

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

6 (A) Participates in the joint formulation and
7 joint approval of orders or guidelines with the
8 physician assistant and he or she periodically reviews
9 such orders and the services provided patients under
10 such orders in accordance with accepted standards of
11 medical practice and physician assistant practice.

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

13 (3) A copy of the signed, written collaborative
14 agreement must be available to the Department upon request
15 from both the physician assistant and the collaborating
16 physician.

17 (4) A physician assistant shall inform each
18 collaborating physician of all written collaborative
19 agreements he or she has signed and provide a copy of these
20 to any collaborating physician upon request.

21 (b) A collaborating physician may, but is not required to,
22 delegate prescriptive authority to a physician assistant as
23 part of a written collaborative agreement. This authority may,
24 but is not required to, include prescription of, selection of,
25 orders for, administration of, storage of, acceptance of
26 samples of, and dispensing medical devices, over-the-counter

1 medications, legend drugs, medical gases, and controlled
2 substances categorized as Schedule II through V controlled
3 substances, as defined in Article II of the Illinois
4 Controlled Substances Act, and other preparations, including,
5 but not limited to, botanical and herbal remedies. The
6 collaborating physician must have a valid, current Illinois
7 controlled substance license and federal registration with the
8 Drug Enforcement Administration to delegate the authority to
9 prescribe controlled substances.

10 (1) To prescribe Schedule II, III, IV, or V controlled
11 substances under this Section, a physician assistant must
12 obtain a mid-level practitioner controlled substances
13 license. Medication orders issued by a physician assistant
14 shall be reviewed periodically by the collaborating
15 physician.

16 (2) The collaborating physician shall file with the
17 Department notice of delegation of prescriptive authority
18 to a physician assistant and termination of delegation,
19 specifying the authority delegated or terminated. Upon
20 receipt of this notice delegating authority to prescribe
21 controlled substances, the physician assistant shall be
22 eligible to register for a mid-level practitioner
23 controlled substances license under Section 303.05 of the
24 Illinois Controlled Substances Act. Nothing in this Act
25 shall be construed to limit the delegation of tasks or
26 duties by the collaborating physician to a nurse or other

1 appropriately trained persons in accordance with Section
2 54.2 of the Medical Practice Act of 1987.

3 (3) In addition to the requirements of this subsection
4 (b), a collaborating physician may, but is not required
5 to, delegate authority to a physician assistant to
6 prescribe Schedule II controlled substances, if all of the
7 following conditions apply:

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

17 (B) (Blank).

18 (C) Any prescription must be limited to no more
19 than a 30-day supply, with any continuation authorized
20 only after prior approval of the collaborating
21 physician.

22 (D) The physician assistant must discuss the
23 condition of any patients for whom a controlled
24 substance is prescribed monthly with the collaborating
25 physician.

26 (E) The physician assistant meets the education

1 requirements of Section 303.05 of the Illinois
2 Controlled Substances Act.

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

17 (c-5) Nothing in this Section shall be construed to apply
18 to any medication authority, including Schedule II controlled
19 substances of a licensed physician assistant for care provided
20 in a hospital, hospital affiliate, federally qualified health
21 center, or ambulatory surgical treatment center pursuant to
22 Section 7.7 of this Act.

23 (d) (Blank).

24 (e) Nothing in this Section shall be construed to prohibit
25 generic substitution.

26 (Source: P.A. 102-558, eff. 8-20-21; 103-65, eff. 1-1-24;

1 103-605, eff. 7-1-24.)

2 Section 655. The Vital Records Act is amended by changing
3 Section 1 as follows:

4 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

5 Sec. 1. As used in this Act, unless the context otherwise
6 requires:

7 (1) "Vital records" means records of births, deaths, fetal
8 deaths, marriages, dissolution of marriages, and data related
9 thereto.

10 (2) "System of vital records" includes the registration,
11 collection, preservation, amendment, and certification of
12 vital records, and activities related thereto.

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

17 (4) "Registration" means the acceptance by the Office of
18 Vital Records and the incorporation in its official records of
19 certificates, reports, or other records provided for in this
20 Act, of births, deaths, fetal deaths, adoptions, marriages, or
21 dissolution of marriages.

22 (5) "Live birth" means the complete expulsion or
23 extraction from its mother of a product of human conception,
24 irrespective of the duration of pregnancy, which after such

1 separation breathes or shows any other evidence of life such
2 as beating of the heart, pulsation of the umbilical cord, or
3 definite movement of voluntary muscles, whether or not the
4 umbilical cord has been cut or the placenta is attached.

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

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

17 (8) "Final disposition" means the burial, cremation, or
18 other disposition of a dead human body or fetus or parts
19 thereof.

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

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

1 (11) "Department" means the Department of Public Health of
2 the State of Illinois.

3 (12) "Director" means the Director of the Illinois
4 Department of Public Health.

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

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

16 (15) "Intersex condition" means a condition in which a
17 person is born with a reproductive or sexual anatomy or
18 chromosome pattern that does not fit typical definitions of
19 male or female.

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

25 (17) "Advanced practice registered nurse" means: (i) an
26 advanced practice registered nurse with full practice

1 authority; or (ii) an advanced practice registered nurse with
2 a collaborative agreement with a physician who has delegated
3 the completion of death certificates.

4 (18) "Certifying health care professional" means a
5 physician, physician assistant, or advanced practice
6 registered nurse.

7 (19) "Physician assistant" means a physician assistant who
8 practices in accordance with a written collaborative agreement
9 that includes the completion of death certificates.

10 (Source: P.A. 101-13, eff. 6-12-19; 102-257, eff. 1-1-22;
11 102-844, eff. 1-1-23.)

12 Section 660. The Environmental Protection Act is amended
13 by changing Section 56.1 as follows:

14 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

15 Sec. 56.1. Acts prohibited.

16 (A) No person shall:

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

21 (1) the infectious potential has been eliminated
22 from the sharps by treatment; and

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

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

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

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

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

18 (2) a potentially infectious medical waste
19 manifest is completed for the waste if a manifest is
20 required under subsection (h).

21 (e) Cause or allow the acceptance of any potentially
22 infectious medical waste for purposes of transport,
23 storage, treatment, or transfer except in accordance with
24 Board regulations.

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

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

4 (A) a person transporting potentially
5 infectious medical waste generated solely by that
6 person's activities;

7 (B) noncommercial transportation of less than
8 50 pounds of potentially infectious medical waste
9 at any one time; or

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

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

13 (3) In violation of any regulation adopted by the
14 Board.

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

17 (g) Beginning July 1, 1992, conduct any potentially
18 infectious medical waste treatment, storage, or transfer
19 operation:

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

25 (A) Person conducting a potentially infectious
26 medical waste treatment, storage, or transfer

1 operation for potentially infectious medical waste
2 generated by the person's own activities that are
3 treated, stored, or transferred within the site
4 where the potentially infectious medical waste is
5 generated.

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

10 (C) Sharps collection station that is operated
11 in accordance with Section 56.7.

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

14 (3) in violation of any regulation adopted by the
15 Board.

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

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

22 (1) potentially infectious medical waste being
23 transported by generators who generated the waste by
24 their own activities, when the potentially infectious
25 medical waste is transported within or between sites
26 or facilities owned, controlled, or operated by that

1 person;

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

5 (3) potentially infectious medical waste by the
6 U.S. Postal Service.

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

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

18 (k) Beginning July 1, 2015, knowingly mix household
19 sharps, including, but not limited to, hypodermic,
20 intravenous, or other medical needles or syringes or other
21 medical household waste containing used or unused sharps,
22 including, but not limited to, hypodermic, intravenous, or
23 other medical needles or syringes or other sharps, with
24 any other material intended for collection as a recyclable
25 material by a residential hauler.

26 (l) Beginning on July 1, 2015, knowingly place

1 household sharps into a container intended for collection
2 by a residential hauler for processing at a recycling
3 center.

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

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

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

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

20 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

21 Sec. 9-1.2. Intentional homicide of an unborn child.

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

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

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

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

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

15 (c) This Section shall not apply to acts which cause the
16 death of an unborn child if those acts were committed during
17 any abortion, as defined in Section 2 of the Illinois Abortion
18 Law of 2025 ~~Section 1-10 of the Reproductive Health Act~~, to
19 which the pregnant woman ~~individual~~ has consented. This
20 Section shall not apply to acts which were committed pursuant
21 to usual and customary standards of medical practice during
22 diagnostic testing or therapeutic treatment.

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

26 (1) (blank);

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

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

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

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

16 (Source: P.A. 103-51, eff. 1-1-24.)

17 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

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

1 Serious provocation is conduct sufficient to excite an
2 intense passion in a reasonable person.

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

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

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

16 (e) This Section shall not apply to acts which cause the
17 death of an unborn child if those acts were committed during
18 any abortion, as defined in ~~Section 1-10 of the Reproductive~~
19 ~~Health Act,~~ Section 2 of the Illinois Abortion Law of 2025, to
20 which the pregnant ~~individual~~ woman has consented. This
21 Section shall not apply to acts which were committed pursuant
22 to usual and customary standards of medical practice during
23 diagnostic testing or therapeutic treatment.

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

25 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

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

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

11 (b) Sentence.

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

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

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

21 (d) This Section shall not apply to acts which cause the
22 death of an unborn child if those acts were committed during
23 any abortion, as defined in Section 2 of the Illinois Abortion
24 Law of 2025 ~~1-10 of the Reproductive Health Act~~, to which the
25 pregnant woman ~~individual~~ has consented. This Section shall
26 not apply to acts which were committed pursuant to usual and

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

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

7 (Source: P.A. 101-13, eff. 6-12-19; 102-558, eff. 8-20-21.)

8 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

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

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

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

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

23 (c) Sentence. Battery of an unborn child is a Class A
24 misdemeanor. Aggravated battery of an unborn child is a Class
25 2 felony.

1 (d) This Section shall not apply to acts which cause
2 bodily harm to an unborn child if those acts were committed
3 during any abortion, as defined in ~~Section 1-10 of the~~
4 ~~Reproductive Health Act,~~ Section 2 of the Illinois Abortion
5 Law of 2025, to which the pregnant ~~individual~~ woman has
6 consented. This Section shall not apply to acts which were
7 committed pursuant to usual and customary standards of medical
8 practice during diagnostic testing or therapeutic treatment.

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

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

12 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

13 Sec. 8-802. Physician and patient. No physician or surgeon
14 shall be permitted to disclose any information he or she may
15 have acquired in attending any patient in a professional
16 character, necessary to enable him or her professionally to
17 serve the patient, except only (1) in trials for homicide when
18 the disclosure relates directly to the fact or immediate
19 circumstances of the homicide, (2) in actions, civil or
20 criminal, against the physician for malpractice, (3) with the
21 expressed consent of the patient, or in case of his or her
22 death or disability, of his or her personal representative or
23 other person authorized to sue for personal injury or of the
24 beneficiary of an insurance policy on his or her life, health,

1 or physical condition, or as authorized by Section 8-2001.5,
2 (4) in all actions brought by or against the patient, his or
3 her personal representative, a beneficiary under a policy of
4 insurance, or the executor or administrator of his or her
5 estate wherein the patient's physical or mental condition is
6 an issue, (5) upon an issue as to the validity of a document as
7 a will of the patient, (6) ~~(blank)~~ in any criminal action where
8 the charge is either first degree murder by abortion,
9 attempted abortion, or abortion, (7) in actions, civil or
10 criminal, arising from the filing of a report in compliance
11 with the Abused and Neglected Child Reporting Act, (8) to any
12 department, agency, institution or facility which has custody
13 of the patient pursuant to State statute or any court order of
14 commitment, (9) in prosecutions where written results of blood
15 alcohol tests are admissible pursuant to Section 11-501.4 of
16 the Illinois Vehicle Code, (10) in prosecutions where written
17 results of blood alcohol tests are admissible under Section
18 5-11a of the Boat Registration and Safety Act, (11) in
19 criminal actions arising from the filing of a report of
20 suspected terrorist offense in compliance with Section
21 29D-10(p)(7) of the Criminal Code of 2012, (12) upon the
22 issuance of a subpoena pursuant to Section 38 of the Medical
23 Practice Act of 1987; the issuance of a subpoena pursuant to
24 Section 25.1 of the Illinois Dental Practice Act; the issuance
25 of a subpoena pursuant to Section 22 of the Nursing Home
26 Administrators Licensing and Disciplinary Act; or the issuance

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

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

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

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

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

23 (745 ILCS 70/3) (from Ch. 111 1/2, par. 5303)

24 Sec. 3. Definitions. As used in this Act, unless the

1 context clearly otherwise requires:

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

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

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

20 (d) "Health care facility" means any public or private
21 hospital, clinic, center, medical school, medical training
22 institution, laboratory or diagnostic facility,
23 physician's office, infirmary, dispensary, ambulatory
24 surgical treatment center or other institution or location
25 wherein health care services are provided to any person,
26 including physician organizations and associations,

1 networks, joint ventures, and all other combinations of
2 those organizations;

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

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

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

15 The above definitions include not only the traditional
16 combinations and forms of these persons and organizations but
17 also all new and emerging forms and combinations of these
18 persons and organizations.

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

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

22 (750 ILCS 65/15) (from Ch. 40, par. 1015)

23 Sec. 15. (a)(1) The expenses of the family and of the
24 education of the children shall be chargeable upon the

1 property of both husband and wife, or of either of them, in
2 favor of creditors therefor, and in relation thereto they may
3 be sued jointly or separately.

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

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

11 (B) an expense for goods or merchandise purchased by or in
12 the possession of the other spouse or former spouse, or for
13 services ordered by the other spouse or former spouse.

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

20 (4) No creditor shall, with respect to any claim against a
21 spouse or former spouse for which the creditor is prohibited
22 under this subsection (a) from maintaining an action against
23 the other spouse or former spouse, engage in any collection
24 efforts against the other spouse or former spouse, including,
25 but not limited to, informal or formal collection attempts,
26 referral of the claim to a collector or collection agency for

1 collection from the other spouse or former spouse, or making
2 any representation to a credit reporting agency that the other
3 spouse or former spouse is any way liable for payment of the
4 claim.

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

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

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

20 Article 99.

21 Section 9995. No acceleration or delay. Where this Act
22 makes changes in a statute that is represented in this Act by
23 text that is not yet or no longer in effect (for example, a
24 Section represented by multiple versions), the use of that

1 text does not accelerate or delay the taking effect of (i) the
2 changes made by this Act or (ii) provisions derived from any
3 other Public Act.

4 Section 9999. Effective date. This Act takes effect upon
5 becoming law.

1

INDEX

2

Statutes amended in order of appearance

3

New Act

4

775 ILCS 55/Act rep.

5

210 ILCS 5/6.2 new

6

410 ILCS 70/9.1 new

7

735 ILCS 5/11-107.1a new

8

5 ILCS 375/6.11

9

20 ILCS 505/5

10

5 ILCS 140/7.5

11

55 ILCS 5/3-3013

from Ch. 34, par. 3-3013

12

210 ILCS 5/2

from Ch. 111 1/2, par. 157-8.2

13

210 ILCS 5/3

from Ch. 111 1/2, par. 157-8.3

14

215 ILCS 5/356z.4

15

215 ILCS 5/356z.4a rep.

16

215 ILCS 125/5-3

from Ch. 111 1/2, par. 1411.2

17

215 ILCS 165/10

from Ch. 32, par. 604

18

225 ILCS 60/22

from Ch. 111, par. 4400-22

19

225 ILCS 60/36

from Ch. 111, par. 4400-36

20

225 ILCS 65/65-35

was 225 ILCS 65/15-15

21

225 ILCS 65/65-43

22

225 ILCS 95/7.5

23

410 ILCS 535/1

from Ch. 111 1/2, par. 73-1

24

415 ILCS 5/56.1

from Ch. 111 1/2, par. 1056.1

25

720 ILCS 5/9-1.2

from Ch. 38, par. 9-1.2

- | | | |
|---|-------------------|-----------------------------|
| 1 | 720 ILCS 5/9-2.1 | from Ch. 38, par. 9-2.1 |
| 2 | 720 ILCS 5/9-3.2 | from Ch. 38, par. 9-3.2 |
| 3 | 720 ILCS 5/12-3.1 | from Ch. 38, par. 12-3.1 |
| 4 | 735 ILCS 5/8-802 | from Ch. 110, par. 8-802 |
| 5 | 745 ILCS 70/3 | from Ch. 111 1/2, par. 5303 |
| 6 | 750 ILCS 65/15 | from Ch. 40, par. 1015 |