



93RD GENERAL ASSEMBLY

State of Illinois

2003 and 2004

HB4246

Introduced 1/28/2004, by Angelo Saviano

SYNOPSIS AS INTRODUCED:

- 225 ILCS 75/3.1
 - 225 ILCS 75/19
 - 225 ILCS 90/1
 - 225 ILCS 90/17
 - 410 ILCS 70/2.2
 - 410 ILCS 70/5
 - 410 ILCS 70/6.4
 - 410 ILCS 225/2
 - 410 ILCS 225/6
 - 410 ILCS 305/7
 - 410 ILCS 305/8
 - 410 ILCS 305/9
 - 410 ILCS 325/4
 - 410 ILCS 325/5.5
 - 410 ILCS 325/6
 - 410 ILCS 210/1
 - 410 ILCS 210/2
 - 410 ILCS 210/3
 - 410 ILCS 210/5
- from Ch. 111, par. 3719
 - from Ch. 111, par. 4251
 - from Ch. 111, par. 4267
 - from Ch. 111 1/2, par. 87-5
 - from Ch. 111 1/2, par. 87-6.4
 - from Ch. 111 1/2, par. 7022
 - from Ch. 111 1/2, par. 7026
 - from Ch. 111 1/2, par. 7307
 - from Ch. 111 1/2, par. 7308
 - from Ch. 111 1/2, par. 7309
 - from Ch. 111 1/2, par. 7404
 - from Ch. 111 1/2, par. 7405.5
 - from Ch. 111 1/2, par. 7406
 - from Ch. 111, par. 4501
 - from Ch. 111, par. 4502
 - from Ch. 111, par. 4503
 - from Ch. 111, par. 4505

Amends the Illinois Occupational Therapy Practice Act, the Illinois Physical Therapy Act, the Sexual Assault Survivors Emergency Treatment Act, the Prenatal and Newborn Care Act, the AIDS Confidentiality Act, the Illinois Sexually Transmissible Disease Control Act, and the Consent by Minors to Medical Procedures Act. Allows an advanced practice nurse to engage in activities permitted under a written collaborative agreement with a collaborating physician and a physician assistant to engage in the provision of health services that the physician assistant's supervising physician has delegated to that physician assistant. Effective immediately.

LRB093 18998 AMC 44733 b

1 AN ACT concerning health care.

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

4 Section 5. The Illinois Occupational Therapy Practice Act
5 is amended by changing Sections 3.1 and 19 as follows:

6 (225 ILCS 75/3.1)

7 (Section scheduled to be repealed on January 1, 2014)

8 Sec. 3.1. Referrals. A licensed occupational therapist or
9 licensed occupational therapy assistant may consult with,
10 educate, evaluate, and monitor services for clients concerning
11 non-medical occupational therapy needs. Implementation of
12 direct occupational therapy to individuals for their specific
13 health care conditions shall be based upon a referral from a
14 licensed physician, dentist, podiatrist, advanced practice
15 nurse, physician assistant, or optometrist.

16 An occupational therapist shall refer to a licensed
17 physician, dentist, optometrist, advanced practice nurse,
18 physician assistant, or podiatrist any patient whose medical
19 condition should, at the time of evaluation or treatment, be
20 determined to be beyond the scope of practice of the
21 occupational therapist.

22 (Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03.)

23 (225 ILCS 75/19) (from Ch. 111, par. 3719)

24 (Section scheduled to be repealed on January 1, 2014)

25 Sec. 19. (a) The Department may refuse to issue or renew,
26 or may revoke, suspend, place on probation, reprimand or take
27 other disciplinary action as the Department may deem proper,
28 including fines not to exceed \$2,500 for each violation, with
29 regard to any license for any one or combination of the
30 following:

31 (1) Material misstatement in furnishing information to

1 the Department;

2 (2) Wilfully violating this Act, or of the rules
3 promulgated thereunder;

4 (3) Conviction of any crime under the laws of the
5 United States or any state or territory thereof which is a
6 felony or which is a misdemeanor, an essential element of
7 which is dishonesty, or of any crime which is directly
8 related to the practice of occupational therapy;

9 (4) Making any misrepresentation for the purpose of
10 obtaining certification, or violating any provision of
11 this Act or the rules promulgated thereunder pertaining to
12 advertising;

13 (5) Having demonstrated unworthiness, or incompetency
14 to act as an occupational therapist or occupational therapy
15 assistant in such manner as to safeguard the interest of
16 the public;

17 (6) Wilfully aiding or assisting another person, firm,
18 partnership or corporation in violating any provision of
19 this Act or rules;

20 (7) Failing, within 60 days, to provide information in
21 response to a written request made by the Department;

22 (8) Engaging in dishonorable, unethical or
23 unprofessional conduct of a character likely to deceive,
24 defraud or harm the public;

25 (9) Habitual intoxication or addiction to the use of
26 drugs;

27 (10) Discipline by another state, the District of
28 Columbia, a territory, or foreign nation, if at least one
29 of the grounds for the discipline is the same or
30 substantially equivalent to those set forth herein;

31 (11) Directly or indirectly giving to or receiving from
32 any person, firm, corporation, partnership or association
33 any fee, commission, rebate or other form of compensation
34 for professional services not actually or personally
35 rendered;

36 (12) A finding by the Department that the license

1 holder, after having his license disciplined, has violated
2 the terms of the discipline;

3 (13) Wilfully making or filing false records or reports
4 in the practice of occupational therapy, including but not
5 limited to false records filed with the State agencies or
6 departments;

7 (14) Physical illness, including but not limited to,
8 deterioration through the aging process, or loss of motor
9 skill which results in the inability to practice the
10 profession with reasonable judgment, skill or safety;

11 (15) Solicitation of professional services other than
12 by permitted advertising;

13 (16) Wilfully exceeding the scope of practice
14 customarily undertaken by persons licensed under this Act,
15 which conduct results in, or may result in, harm to the
16 public;

17 (17) Holding one's self out to practice occupational
18 therapy under any name other than his own or impersonation
19 of any other occupational therapy licensee;

20 (18) Gross negligence;

21 (19) Malpractice;

22 (20) Obtaining a fee in money or gift in kind of any
23 other items of value or in the form of financial profit or
24 benefit as personal compensation, or as compensation, or
25 charge, profit or gain for an employer or for any other
26 person or persons, on the fraudulent misrepresentation
27 that a manifestly incurable condition of sickness, disease
28 or injury to any person can be cured;

29 (21) Accepting commissions or rebates or other forms of
30 remuneration for referring persons to other professionals;

31 (22) Failure to file a return, or to pay the tax,
32 penalty or interest shown in a filed return, or to pay any
33 final assessment of tax, penalty or interest, as required
34 by any tax Act administered by the Illinois Department of
35 Revenue, until such time as the requirements of any such
36 tax Act are satisfied;

1 (23) Violating the Health Care Worker Self-Referral
2 Act; and

3 (24) Having treated patients other than by the practice
4 of occupational therapy as defined in this Act, or having
5 treated patients as a licensed occupational therapist
6 independent of a referral from a physician, advanced
7 practice nurse who has a written collaborative agreement
8 with a collaborating physician, physician assistant to
9 whom the physician assistant's supervising physician has
10 delegated the provision of health services, dentist,
11 podiatrist, or optometrist, or having failed to notify the
12 physician, advanced practice nurse, physician assistant,
13 dentist, podiatrist, or optometrist who established a
14 diagnosis that the patient is receiving occupational
15 therapy pursuant to that diagnosis.

16 (b) The determination by a circuit court that a license
17 holder is subject to involuntary admission or judicial
18 admission as provided in the Mental Health and Developmental
19 Disabilities Code, as now or hereafter amended, operates as an
20 automatic suspension. Such suspension will end only upon a
21 finding by a court that the patient is no longer subject to
22 involuntary admission or judicial admission, an order by the
23 court so finding and discharging the patient, and the
24 recommendation of the Board to the Director that the license
25 holder be allowed to resume his practice.

26 (c) The Department may refuse to issue or take disciplinary
27 action concerning the license of any person who fails to file a
28 return, to pay the tax, penalty, or interest shown in a filed
29 return, or to pay any final assessment of tax, penalty, or
30 interest as required by any tax Act administered by the
31 Department of Revenue, until such time as the requirements of
32 any such tax Act are satisfied as determined by the Department
33 of Revenue.

34 (d) In enforcing this Section, the Board, upon a showing of
35 a possible violation, may compel a licensee or applicant to
36 submit to a mental or physical examination, or both, as

1 required by and at the expense of the Department. The examining
2 physicians or clinical psychologists shall be those
3 specifically designated by the Board. The Board or the
4 Department may order (i) the examining physician to present
5 testimony concerning the mental or physical examination of a
6 licensee or applicant or (ii) the examining clinical
7 psychologist to present testimony concerning the mental
8 examination of a licensee or applicant. No information shall be
9 excluded by reason of any common law or statutory privilege
10 relating to communications between a licensee or applicant and
11 the examining physician or clinical psychologist. An
12 individual to be examined may have, at his or her own expense,
13 another physician or clinical psychologist of his or her choice
14 present during all aspects of the examination. Failure of an
15 individual to submit to a mental or physical examination, when
16 directed, is grounds for suspension of his or her license. The
17 license must remain suspended until the person submits to the
18 examination or the Board finds, after notice and hearing, that
19 the refusal to submit to the examination was with reasonable
20 cause.

21 If the Board finds an individual unable to practice because
22 of the reasons set forth in this Section, the Board must
23 require the individual to submit to care, counseling, or
24 treatment by a physician or clinical psychologist approved by
25 the Board, as a condition, term, or restriction for continued,
26 reinstated, or renewed licensure to practice. In lieu of care,
27 counseling, or treatment, the Board may recommend that the
28 Department file a complaint to immediately suspend or revoke
29 the license of the individual or otherwise discipline the
30 licensee.

31 Any individual whose license was granted, continued,
32 reinstated, or renewed subject to conditions, terms, or
33 restrictions, as provided for in this Section, or any
34 individual who was disciplined or placed on supervision
35 pursuant to this Section must be referred to the Director for a
36 determination as to whether the person shall have his or her

1 license suspended immediately, pending a hearing by the Board.
2 (Source: P.A. 93-461, eff. 8-8-03.)

3 Section 10. The Illinois Physical Therapy Act is amended by
4 changing Sections 1 and 17 as follows:

5 (225 ILCS 90/1) (from Ch. 111, par. 4251)

6 (Section scheduled to be repealed on January 1, 2006)

7 Sec. 1. Definitions. As used in this Act:

8 (1) "Physical therapy" means the evaluation or treatment of
9 a person by the use of the effective properties of physical
10 measures and heat, cold, light, water, radiant energy,
11 electricity, sound, and air; and the use of therapeutic
12 massage, therapeutic exercise, mobilization, and the
13 rehabilitative procedures with or without assistive devices
14 for the purposes of preventing, correcting, or alleviating a
15 physical or mental disability, or promoting physical fitness
16 and well-being. Physical therapy includes, but is not limited
17 to: (a) performance of specialized tests and measurements, (b)
18 administration of specialized treatment procedures, (c)
19 interpretation of referrals from physicians, dentists,
20 advanced practice nurses, physician assistants, and
21 podiatrists, (d) establishment, and modification of physical
22 therapy treatment programs, (e) administration of topical
23 medication used in generally accepted physical therapy
24 procedures when such medication is prescribed by the patient's
25 physician, licensed to practice medicine in all its branches,
26 the patient's physician licensed to practice podiatric
27 medicine, the patient's advanced practice nurse who has a
28 written collaborative agreement with a collaborating
29 physician, the patient's physician assistant to whom the
30 physician assistant's supervising physician has delegated the
31 provision of health services, or the patient's dentist, and (f)
32 supervision or teaching of physical therapy. Physical therapy
33 does not include radiology, electrosurgery, chiropractic
34 technique or determination of a differential diagnosis;

1 provided, however, the limitation on determining a
2 differential diagnosis shall not in any manner limit a physical
3 therapist licensed under this Act from performing an evaluation
4 pursuant to such license. Nothing in this Section shall limit a
5 physical therapist from employing appropriate physical therapy
6 techniques that he or she is educated and licensed to perform.
7 A physical therapist shall refer to a licensed physician,
8 dentist, advanced practice nurse, physician assistant, or
9 podiatrist any patient whose medical condition should, at the
10 time of evaluation or treatment, be determined to be beyond the
11 scope of practice of the physical therapist.

12 (2) "Physical therapist" means a person who practices
13 physical therapy and who has met all requirements as provided
14 in this Act.

15 (3) "Department" means the Department of Professional
16 Regulation.

17 (4) "Director" means the Director of Professional
18 Regulation.

19 (5) "Committee" means the Physical Therapy Examining
20 Committee approved by the Director.

21 (6) (Blank) ~~"Referral" for the purpose of this Act means~~
22 ~~the following of guidance or direction to the physical~~
23 ~~therapist given by the physician, dentist, or podiatrist who~~
24 ~~shall maintain supervision of the patient.~~

25 (7) "Documented current and relevant diagnosis" for the
26 purpose of this Act means a diagnosis, substantiated by
27 signature or oral verification of a physician, dentist,
28 advanced practice nurse, physician assistant, or podiatrist,
29 that a patient's condition is such that it may be treated by
30 physical therapy as defined in this Act, which diagnosis shall
31 remain in effect until changed by the physician, dentist,
32 advanced practice nurse, physician assistant, or podiatrist.

33 (8) "State" includes:

- 34 (a) the states of the United States of America;
35 (b) the District of Columbia; and
36 (c) the Commonwealth of Puerto Rico.

1 (9) "Physical therapist assistant" means a person licensed
2 to assist a physical therapist and who has met all requirements
3 as provided in this Act and who works under the supervision of
4 a licensed physical therapist to assist in implementing the
5 physical therapy treatment program as established by the
6 licensed physical therapist. The patient care activities
7 provided by the physical therapist assistant shall not include
8 the interpretation of referrals, evaluation procedures, or the
9 planning or major modification of patient programs.

10 (10) "Physical therapy aide" means a person who has
11 received on the job training, specific to the facility in which
12 he is employed, but who has not completed an approved physical
13 therapist assistant program.

14 (Source: P.A. 92-651, eff. 7-11-02.)

15 (225 ILCS 90/17) (from Ch. 111, par. 4267)

16 (Section scheduled to be repealed on January 1, 2006)

17 Sec. 17. (1) The Department may refuse to issue or to
18 renew, or may revoke, suspend, place on probation, reprimand,
19 or take other disciplinary action as the Department deems
20 appropriate, including the issuance of fines not to exceed
21 \$5000, with regard to a license for any one or a combination of
22 the following:

23 A. Material misstatement in furnishing information to
24 the Department or otherwise making misleading, deceptive,
25 untrue, or fraudulent representations in violation of this
26 Act or otherwise in the practice of the profession;

27 B. Violations of this Act, or of the rules or
28 regulations promulgated hereunder;

29 C. Conviction of any crime under the laws of the United
30 States or any state or territory thereof which is a felony
31 or which is a misdemeanor, an essential element of which is
32 dishonesty, or of any crime which is directly related to
33 the practice of the profession; conviction, as used in this
34 paragraph, shall include a finding or verdict of guilty, an
35 admission of guilt or a plea of nolo contendere;

1 D. Making any misrepresentation for the purpose of
2 obtaining licenses, or violating any provision of this Act
3 or the rules promulgated thereunder pertaining to
4 advertising;

5 E. A pattern of practice or other behavior which
6 demonstrates incapacity or incompetency to practice under
7 this Act;

8 F. Aiding or assisting another person in violating any
9 provision of this Act or Rules;

10 G. Failing, within 60 days, to provide information in
11 response to a written request made by the Department;

12 H. Engaging in dishonorable, unethical or
13 unprofessional conduct of a character likely to deceive,
14 defraud or harm the public. Unprofessional conduct shall
15 include any departure from or the failure to conform to the
16 minimal standards of acceptable and prevailing physical
17 therapy practice, in which proceeding actual injury to a
18 patient need not be established;

19 I. Unlawful distribution of any drug or narcotic, or
20 unlawful conversion of any drug or narcotic not belonging
21 to the person for such person's own use or benefit or for
22 other than medically accepted therapeutic purposes;

23 J. Habitual or excessive use or addiction to alcohol,
24 narcotics, stimulants, or any other chemical agent or drug
25 which results in a physical therapist's or physical
26 therapist assistant's inability to practice with
27 reasonable judgment, skill or safety;

28 K. Revocation or suspension of a license to practice
29 physical therapy as a physical therapist or physical
30 therapist assistant or the taking of other disciplinary
31 action by the proper licensing authority of another state,
32 territory or country;

33 L. Directly or indirectly giving to or receiving from
34 any person, firm, corporation, partnership or association
35 any fee, commission, rebate or other form of compensation
36 for any professional services not actually or personally

1 rendered;

2 M. A finding by the Committee that the licensee after
3 having his or her license placed on probationary status has
4 violated the terms of probation;

5 N. Abandonment of a patient;

6 O. Willfully failing to report an instance of suspected
7 child abuse or neglect as required by the Abused and
8 Neglected Child Reporting Act;

9 P. Willfully failing to report an instance of suspected
10 elder abuse or neglect as required by the Elder Abuse
11 Reporting Act;

12 Q. Physical illness, including but not limited to,
13 deterioration through the aging process, or loss of motor
14 skill which results in the inability to practice the
15 profession with reasonable judgement, skill or safety;

16 R. The use of any words (such as physical therapy,
17 physical therapist physiotherapy or physiotherapist),
18 abbreviations, figures or letters with the intention of
19 indicating practice as a licensed physical therapist
20 without a valid license as a physical therapist issued
21 under this Act;

22 S. The use of the term physical therapist assistant, or
23 abbreviations, figures, or letters with the intention of
24 indicating practice as a physical therapist assistant
25 without a valid license as a physical therapist assistant
26 issued under this Act;

27 T. Willfully violating or knowingly assisting in the
28 violation of any law of this State relating to the practice
29 of abortion;

30 U. Continued practice by a person knowingly having an
31 infectious, communicable or contagious disease;

32 V. Having treated ailments of human beings otherwise
33 than by the practice of physical therapy as defined in this
34 Act, or having treated ailments of human beings as a
35 licensed physical therapist independent of a documented
36 referral or a documented current and relevant diagnosis

1 from a physician, dentist, advanced practice nurse,
2 physician assistant, or podiatrist, or having failed to
3 notify the physician, dentist, advanced practice nurse,
4 physician assistant, or podiatrist who established a
5 documented current and relevant diagnosis that the patient
6 is receiving physical therapy pursuant to that diagnosis;

7 W. Being named as a perpetrator in an indicated report
8 by the Department of Children and Family Services pursuant
9 to the Abused and Neglected Child Reporting Act, and upon
10 proof by clear and convincing evidence that the licensee
11 has caused a child to be an abused child or neglected child
12 as defined in the Abused and Neglected Child Reporting Act;

13 X. Interpretation of referrals, performance of
14 evaluation procedures, planning or making major
15 modifications of patient programs by a physical therapist
16 assistant;

17 Y. Failure by a physical therapist assistant and
18 supervising physical therapist to maintain continued
19 contact, including periodic personal supervision and
20 instruction, to insure safety and welfare of patients;

21 Z. Violation of the Health Care Worker Self-Referral
22 Act.

23 (2) The determination by a circuit court that a licensee is
24 subject to involuntary admission or judicial admission as
25 provided in the Mental Health and Developmental Disabilities
26 Code operates as an automatic suspension. Such suspension will
27 end only upon a finding by a court that the patient is no
28 longer subject to involuntary admission or judicial admission
29 and the issuance of an order so finding and discharging the
30 patient; and upon the recommendation of the Committee to the
31 Director that the licensee be allowed to resume his practice.

32 (3) The Department may refuse to issue or may suspend the
33 license of any person who fails to file a return, or to pay the
34 tax, penalty or interest shown in a filed return, or to pay any
35 final assessment of tax, penalty or interest, as required by
36 any tax Act administered by the Illinois Department of Revenue,

1 until such time as the requirements of any such tax Act are
2 satisfied.

3 (Source: P.A. 89-387, eff. 1-1-96.)

4 Section 15. The Sexual Assault Survivors Emergency
5 Treatment Act is amended by changing Sections 2.2, 5, and 6.4
6 as follows:

7 (410 ILCS 70/2.2)

8 Sec. 2.2. Emergency contraception.

9 (a) The General Assembly finds:

10 (1) Crimes of sexual violence cause significant
11 physical, emotional, and psychological trauma to the
12 victims. This trauma is compounded by a victim's fear of
13 becoming pregnant and bearing a child as a result of the
14 sexual assault.

15 (2) Each year over 32,000 women become pregnant in the
16 United States as the result of rape and approximately 50%
17 of these pregnancies end in abortion.

18 (3) As approved for use by the Federal Food and Drug
19 Administration (FDA), emergency contraception can
20 significantly reduce the risk of pregnancy if taken within
21 72 hours after the sexual assault.

22 (4) By providing emergency contraception to rape
23 victims in a timely manner, the trauma of rape can be
24 significantly reduced.

25 (b) Within 120 days after the effective date of this
26 amendatory Act of the 92nd General Assembly, every hospital
27 providing services to alleged sexual assault survivors in
28 accordance with a plan approved under Section 2 must develop a
29 protocol that ensures that each survivor of sexual assault will
30 receive medically and factually accurate and written and oral
31 information about emergency contraception; the indications and
32 counter-indications and risks associated with the use of
33 emergency contraception; and a description of how and when
34 victims may be provided emergency contraception upon the

1 written order of a physician licensed to practice medicine in
2 all its branches, an advanced practice nurse who has a written
3 collaborative agreement with a collaborating physician, or a
4 physician assistant to whom the physician assistant's
5 supervising physician has delegated the provision of health
6 services. The Department shall approve the protocol if it finds
7 that the implementation of the protocol would provide
8 sufficient protection for survivors of an alleged sexual
9 assault.

10 The hospital shall implement the protocol upon approval by
11 the Department. The Department shall adopt rules and
12 regulations establishing one or more safe harbor protocols and
13 setting minimum acceptable protocol standards that hospitals
14 may develop and implement. The Department shall approve any
15 protocol that meets those standards. The Department may provide
16 a sample acceptable protocol upon request.

17 (Source: P.A. 92-156, eff. 1-1-02.)

18 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

19 Sec. 5. Minimum requirements for hospitals providing
20 emergency service to sexual assault survivors.

21 (a) Every hospital providing emergency hospital services
22 to an alleged sexual assault survivor under this Act shall, as
23 minimum requirements for such services, provide, with the
24 consent of the alleged sexual assault survivor, and as ordered
25 by the attending physician, an advanced practice nurse who has
26 a written collaborative agreement with a collaborating
27 physician, or a physician assistant to whom the physician
28 assistant's supervising physician has delegated the provision
29 of health services, the following:

30 (1) appropriate medical examinations and laboratory
31 tests required to ensure the health, safety, and welfare of
32 an alleged sexual assault survivor or which may be used as
33 evidence in a criminal proceeding against a person accused
34 of the sexual assault, or both; and records of the results
35 of such examinations and tests shall be maintained by the

1 hospital and made available to law enforcement officials
2 upon the request of the alleged sexual assault survivor;

3 (2) appropriate oral and written information
4 concerning the possibility of infection, sexually
5 transmitted disease and pregnancy resulting from sexual
6 assault;

7 (3) appropriate oral and written information
8 concerning accepted medical procedures, medication, and
9 possible contraindications of such medication available
10 for the prevention or treatment of infection or disease
11 resulting from sexual assault;

12 (4) such medication as deemed appropriate by the
13 attending physician, an advanced practice nurse who has a
14 written collaborative agreement with a collaborating
15 physician, or a physician assistant to whom the physician
16 assistant's supervising physician has delegated the
17 provision of health services;

18 (5) a blood test to determine the presence or absence
19 of sexually transmitted disease;

20 (6) written and oral instructions indicating the need
21 for a second blood test 6 weeks after the sexual assault to
22 determine the presence or absence of sexually transmitted
23 disease; and

24 (7) appropriate counseling as determined by the
25 hospital, by trained personnel designated by the hospital.

26 (b) Any minor who is an alleged survivor of sexual assault
27 who seeks emergency services under this Act shall be provided
28 such services without the consent of the parent, guardian or
29 custodian of the minor.

30 (Source: P.A. 91-888, eff. 7-6-00.)

31 (410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

32 Sec. 6.4. Sexual assault evidence collection program.

33 (a) There is created a statewide sexual assault evidence
34 collection program to facilitate the prosecution of persons
35 accused of sexual assault. This program shall be administered

1 by the Illinois State Police. The program shall consist of the
2 following: (1) distribution of sexual assault evidence
3 collection kits which have been approved by the Illinois State
4 Police to hospitals that request them, or arranging for such
5 distribution by the manufacturer of the kits, (2) collection of
6 the kits from hospitals after the kits have been used to
7 collect evidence, (3) analysis of the collected evidence and
8 conducting of laboratory tests, and (4) maintaining the chain
9 of custody and safekeeping of the evidence for use in a legal
10 proceeding. The standardized evidence collection kit for the
11 State of Illinois shall be the State Police Evidence Collection
12 Kit, also known as "S.P.E.C.K.". A sexual assault evidence
13 collection kit may not be released by a hospital without the
14 written consent of the sexual assault survivor. In the case of
15 a survivor who is a minor 13 years of age or older, evidence
16 and information concerning the alleged sexual assault may be
17 released at the written request of the minor. If the survivor
18 is a minor who is under 13 years of age, evidence and
19 information concerning the alleged sexual assault may be
20 released at the written request of the parent, guardian,
21 investigating law enforcement officer, or Department of
22 Children and Family Services. Any health care professional,
23 including any physician, advanced practice nurse, physician
24 assistant, or nurse, sexual assault nurse examiner, and any
25 health care institution, including any hospital, who provides
26 evidence or information to a law enforcement officer pursuant
27 to a written request as specified in this Section is immune
28 from any civil or professional liability that might arise from
29 those actions, with the exception of willful or wanton
30 misconduct. The immunity provision applies only if all of the
31 requirements of this Section are met.

32 (b) The Illinois State Police shall administer a program to
33 train hospitals and hospital personnel participating in the
34 sexual assault evidence collection program, in the correct use
35 and application of the sexual assault evidence collection kits.
36 A sexual assault nurse examiner may conduct examinations using

1 the sexual assault evidence collection kits, without the
2 presence or participation of a physician. The Department of
3 Public Health shall cooperate with the Illinois State Police in
4 this program as it pertains to medical aspects of the evidence
5 collection.

6 (c) In this Section, "sexual assault nurse examiner" means
7 a registered nurse who has completed a sexual assault nurse
8 examiner (SANE) training program that meets the Forensic Sexual
9 Assault Nurse Examiner Education Guidelines established by the
10 International Association of Forensic Nurses.

11 (Source: P.A. 91-888, eff. 7-6-00; 92-514, eff. 1-1-02.)

12 Section 20. The Prenatal and Newborn Care Act is amended by
13 changing Sections 2 and 6 as follows:

14 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

15 Sec. 2. Definitions. As used in this Act, unless the
16 context otherwise requires:

17 "Advanced practice nurse" or "APN" has the meaning given to
18 that term in the Nursing and Advanced Practice Nursing Act.

19 ~~(a)~~ "Department" means the Illinois Department of Human
20 Services.

21 ~~(b)~~ "Early and Periodic Screening, Diagnosis and Treatment
22 (EPSDT)" means the provision of preventative health care under
23 42 C.F.R. 441.50 et seq., including medical and dental
24 services, needed to assess growth and development and detect
25 and treat health problems.

26 ~~(c)~~ "Hospital" means a hospital as defined under the
27 Hospital Licensing Act.

28 ~~(d)~~ "Local health authority" means the full-time official
29 health department or board of health, as recognized by the
30 Illinois Department of Public Health, having jurisdiction over
31 a particular area.

32 ~~(e)~~ "Nurse" means a nurse licensed under the Nursing and
33 Advanced Practice Nursing Act.

34 ~~(f)~~ "Physician" means a physician licensed to practice

1 medicine in all of its branches.

2 "Physician Assistant" has the meaning given to that term in
3 the Physician Assistant Practice Act of 1987.

4 ~~(g)~~ "Postnatal visit" means a visit occurring after birth,
5 with reference to the newborn.

6 ~~(h)~~ "Prenatal visit" means a visit occurring before birth.

7 ~~(i)~~ "Program" means the Prenatal and Newborn Care Program
8 established pursuant to this Act.

9 (Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

10 (410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

11 Sec. 6. Covered services.

12 (a) Covered services under the program may include, but are
13 not necessarily limited to, the following:

14 (1) Laboratory services related to a recipient's
15 pregnancy, performed or ordered by a physician, advanced
16 practice nurse, or physician assistant.

17 (2) Screening and treatment for sexually transmitted
18 disease.

19 (3) Prenatal visits to a physician in the physician's
20 office, an advanced practice nurse in the advanced practice
21 nurse's office, a physician assistant in the physician
22 assistant's office, or to a hospital outpatient prenatal
23 clinic, local health department maternity clinic, or
24 community health center.

25 (4) Radiology services which are directly related to
26 the pregnancy, are determined to be medically necessary and
27 are ordered by a physician, an advanced practice nurse, or
28 a physician assistant.

29 (5) Pharmacy services related to the pregnancy.

30 (6) Other medical consultations related to the
31 pregnancy.

32 (7) Physician, advanced practice nurse, physician
33 assistant, or nurse services associated with delivery.

34 (8) One postnatal office visit within 60 days after
35 delivery.

1 (9) Two EPSDT-equivalent screenings for the infant
2 within 90 days after birth.

3 (10) Social and support services.

4 (11) Nutrition services.

5 (12) Case management services.

6 (b) The following services shall not be covered under the
7 program:

8 (1) Services determined by the Department not to be
9 medically necessary.

10 (2) Services not directly related to the pregnancy,
11 except for the 2 covered EPSDT-equivalent screenings.

12 (3) Hospital inpatient services.

13 (4) Anesthesiologist and radiologist services during a
14 period of hospital inpatient care.

15 (5) Physician, advanced practice nurse, and physician
16 assistant hospital visits.

17 (6) Services considered investigational or
18 experimental.

19 (Source: P.A. 89-187, eff. 7-19-95.)

20 Section 25. The AIDS Confidentiality Act is amended by
21 changing Sections 7, 8, and 9 as follows:

22 (410 ILCS 305/7) (from Ch. 111 1/2, par. 7307)

23 Sec. 7. (a) Notwithstanding the provisions of Sections 4, 5
24 and 6 of this Act, written informed consent is not required for
25 a health care provider or health facility to perform a test
26 when the health care provider or health facility procures,
27 processes, distributes or uses a human body part donated for a
28 purpose specified under the Uniform Anatomical Gift Act, or
29 semen provided prior to the effective date of this Act for the
30 purpose of artificial insemination, and such a test is
31 necessary to assure medical acceptability of such gift or semen
32 for the purposes intended.

33 (b) Written informed consent is not required for a health
34 care provider or health facility to perform a test when a

1 health care provider or employee of a health facility, or a
2 firefighter or an EMT-A, EMT-I or EMT-P, is involved in an
3 accidental direct skin or mucous membrane contact with the
4 blood or bodily fluids of an individual which is of a nature
5 that may transmit HIV, as determined by a physician in his
6 medical judgment, by an advanced practice nurse who has a
7 written collaborative agreement with a collaborating
8 physician, or by a physician assistant to whom the physician
9 assistant's supervising physician has delegated the provision
10 of health services. Should such test prove to be positive, the
11 patient and the health care provider, health facility employee,
12 firefighter, EMT-A, EMT-I, or EMT-P shall be provided
13 appropriate counseling consistent with this Act.

14 (c) Written informed consent is not required for a health
15 care provider or health facility to perform a test when a law
16 enforcement officer is involved in the line of duty in a direct
17 skin or mucous membrane contact with the blood or bodily fluids
18 of an individual which is of a nature that may transmit HIV, as
19 determined by a physician in his medical judgment, by an
20 advanced practice nurse who has a written collaborative
21 agreement with a collaborating physician, or by a physician
22 assistant to whom the physician assistant's supervising
23 physician has delegated the provision of health services.
24 Should such test prove to be positive, the patient shall be
25 provided appropriate counseling consistent with this Act. For
26 purposes of this subsection (c), "law enforcement officer"
27 means any person employed by the State, a county or a
28 municipality as a policeman, peace officer, auxiliary
29 policeman, correctional officer or in some like position
30 involving the enforcement of the law and protection of the
31 public interest at the risk of that person's life.

32 (Source: P.A. 86-887; 86-891; 86-1028; 87-459.)

33 (410 ILCS 305/8) (from Ch. 111 1/2, par. 7308)

34 Sec. 8. Notwithstanding the provisions of Sections 4 and 5
35 of this Act, written informed consent, information and

1 counseling are not required for the performance of an HIV test:

2 (a) for the purpose of research, if the testing is performed in
3 such a way that the identity of the test subject is not known
4 and may not be retrieved by the researcher, and in such a way
5 that the test subject is not informed of the results of the
6 testing, or (b) when in the judgment of the physician, advanced
7 practice nurse, or physician assistant, such testing is
8 medically indicated to provide appropriate diagnosis and
9 treatment to the subject of the test, provided that the subject
10 of the test has otherwise provided his or her consent to such
11 physician, advanced practice nurse, or physician assistant for
12 medical treatment.

13 (Source: P.A. 85-1399.)

14 (410 ILCS 305/9) (from Ch. 111 1/2, par. 7309)

15 Sec. 9. No person may disclose or be compelled to disclose
16 the identity of any person upon whom a test is performed, or
17 the results of such a test in a manner which permits
18 identification of the subject of the test, except to the
19 following persons:

20 (a) The subject of the test or the subject's legally
21 authorized representative. A physician, advanced practice
22 nurse, or physician assistant may notify the spouse of the test
23 subject, if the test result is positive and has been confirmed
24 pursuant to rules adopted by the Department, provided that the
25 physician, advanced practice nurse, or physician assistant has
26 first sought unsuccessfully to persuade the patient to notify
27 the spouse or that, a reasonable time after the patient has
28 agreed to make the notification, the physician, advanced
29 practice nurse, or physician assistant has reason to believe
30 that the patient has not provided the notification. This
31 paragraph shall not create a duty or obligation under which a
32 physician, advanced practice nurse, or physician assistant
33 must notify the spouse of the test results, nor shall such duty
34 or obligation be implied. No civil liability or criminal
35 sanction under this Act shall be imposed for any disclosure or

1 non-disclosure of a test result to a spouse by a physician,
2 advanced practice nurse, or physician assistant acting in good
3 faith under this paragraph. For the purpose of any proceedings,
4 civil or criminal, the good faith of any physician, advanced
5 practice nurse, or physician assistant acting under this
6 paragraph shall be presumed.

7 (b) Any person designated in a legally effective release of
8 the test results executed by the subject of the test or the
9 subject's legally authorized representative.

10 (c) An authorized agent or employee of a health facility or
11 health care provider if the health facility or health care
12 provider itself is authorized to obtain the test results, the
13 agent or employee provides patient care or handles or processes
14 specimens of body fluids or tissues, and the agent or employee
15 has a need to know such information.

16 (d) The Department, in accordance with rules for reporting
17 and controlling the spread of disease, as otherwise provided by
18 State law. Neither the Department nor its authorized
19 representatives shall disclose information and records held by
20 them relating to known or suspected cases of AIDS or HIV
21 infection, publicly or in any action of any kind in any court
22 or before any tribunal, board, or agency. AIDS and HIV
23 infection data shall be protected from disclosure in accordance
24 with the provisions of Sections 8-2101 through 8-2105 of the
25 Code of Civil Procedure.

26 (e) A health facility or health care provider which
27 procures, processes, distributes or uses: (i) a human body part
28 from a deceased person with respect to medical information
29 regarding that person; or (ii) semen provided prior to the
30 effective date of this Act for the purpose of artificial
31 insemination.

32 (f) Health facility staff committees for the purposes of
33 conducting program monitoring, program evaluation or service
34 reviews.

35 (g) (Blank).

36 (h) Any health care provider or employee of a health

1 facility, and any firefighter or EMT-A, EMT-P, or EMT-I,
2 involved in an accidental direct skin or mucous membrane
3 contact with the blood or bodily fluids of an individual which
4 is of a nature that may transmit HIV, as determined by a
5 physician in his medical judgment, by an advanced practice
6 nurse who has a written collaborative agreement with a
7 collaborating physician, or by a physician assistant to whom
8 the physician assistant's supervising physician has delegated
9 the provision of health services.

10 (i) Any law enforcement officer, as defined in subsection
11 (c) of Section 7, involved in the line of duty in a direct skin
12 or mucous membrane contact with the blood or bodily fluids of
13 an individual which is of a nature that may transmit HIV, as
14 determined by a physician in his medical judgment, by an
15 advanced practice nurse who has a written collaborative
16 agreement with a collaborating physician, or by a physician
17 assistant to whom the physician assistant's supervising
18 physician has delegated the provision of health services.

19 (j) A temporary caretaker of a child taken into temporary
20 protective custody by the Department of Children and Family
21 Services pursuant to Section 5 of the Abused and Neglected
22 Child Reporting Act, as now or hereafter amended.

23 (k) In the case of a minor under 18 years of age whose test
24 result is positive and has been confirmed pursuant to rules
25 adopted by the Department, the health care provider who ordered
26 the test shall make a reasonable effort to notify the minor's
27 parent or legal guardian if, in the professional judgement of
28 the health care provider, notification would be in the best
29 interest of the child and the health care provider has first
30 sought unsuccessfully to persuade the minor to notify the
31 parent or legal guardian or a reasonable time after the minor
32 has agreed to notify the parent or legal guardian, the health
33 care provider has reason to believe that the minor has not made
34 the notification. This subsection shall not create a duty or
35 obligation under which a health care provider must notify the
36 minor's parent or legal guardian of the test results, nor shall

1 a duty or obligation be implied. No civil liability or criminal
2 sanction under this Act shall be imposed for any notification
3 or non-notification of a minor's test result by a health care
4 provider acting in good faith under this subsection. For the
5 purpose of any proceeding, civil or criminal, the good faith of
6 any health care provider acting under this subsection shall be
7 presumed.

8 (Source: P.A. 93-482, eff. 8-8-03.)

9 Section 30. The Illinois Sexually Transmissible Disease
10 Control Act is amended by changing Sections 4, 5.5, and 6 as
11 follows:

12 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

13 Sec. 4. Reporting required.

14 (a) A physician licensed under the provisions of the
15 Medical Practice Act of 1987, an advanced practice nurse
16 licensed under the provisions of the Nursing and Advanced
17 Practice Nursing Act, or a physician assistant licensed under
18 the provisions of the Physician Assistant Practice Act of 1987
19 who makes a diagnosis of or treats a person with a sexually
20 transmissible disease and each laboratory that performs a test
21 for a sexually transmissible disease which concludes with a
22 positive result shall report such facts as may be required by
23 the Department by rule, within such time period as the
24 Department may require by rule, but in no case to exceed 2
25 weeks.

26 (b) The Department shall adopt rules specifying the
27 information required in reporting a sexually transmissible
28 disease, the method of reporting and specifying a minimum time
29 period for reporting. In adopting such rules, the Department
30 shall consider the need for information, protections for the
31 privacy and confidentiality of the patient, and the practical
32 abilities of persons and laboratories to report in a reasonable
33 fashion.

34 (c) Any person who knowingly or maliciously disseminates

1 any false information or report concerning the existence of any
2 sexually transmissible disease under this Section is guilty of
3 a Class A misdemeanor.

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

10 (Source: P.A. 90-14, eff. 7-1-97.)

11 (410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

12 Sec. 5.5. Risk assessment.

13 (a) Whenever the Department receives a report of HIV
14 infection or AIDS pursuant to this Act and the Department
15 determines that the subject of the report may present or may
16 have presented a possible risk of HIV transmission, the
17 Department shall, when medically appropriate, investigate the
18 subject of the report and that person's contacts as defined in
19 subsection (c), to assess the potential risks of transmission.
20 Any investigation and action shall be conducted in a timely
21 fashion. All contacts other than those defined in subsection
22 (c) shall be investigated in accordance with Section 5 of this
23 Act.

24 (b) If the Department determines that there is or may have
25 been potential risks of HIV transmission from the subject of
26 the report to other persons, the Department shall afford the
27 subject the opportunity to submit any information and comment
28 on proposed actions the Department intends to take with respect
29 to the subject's contacts who are at potential risk of
30 transmission of HIV prior to notification of the subject's
31 contacts. The Department shall also afford the subject of the
32 report the opportunity to notify the subject's contacts in a
33 timely fashion who are at potential risk of transmission of HIV
34 prior to the Department taking any steps to notify such
35 contacts. If the subject declines to notify such contacts or if

1 the Department determines the notices to be inadequate or
2 incomplete, the Department shall endeavor to notify such other
3 persons of the potential risk, and offer testing and counseling
4 services to these individuals. When the contacts are notified,
5 they shall be informed of the disclosure provisions of the AIDS
6 Confidentiality Act and the penalties therein and this Section.

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

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

27 (d) All information and records held by the Department and
28 local health authorities pertaining to activities conducted
29 pursuant to this Section shall be strictly confidential and
30 exempt from copying and inspection under the Freedom of
31 Information Act. Such information and records shall not be
32 released or made public by the Department or local health
33 authorities, and shall not be admissible as evidence, nor
34 discoverable in any action of any kind in any court or before
35 any tribunal, board, agency or person and shall be treated in
36 the same manner as the information and those records subject to

1 the provisions of Part 21 of the Code of Civil Procedure except
2 under the following circumstances:

3 (1) When made with the written consent of all persons
4 to whom this information pertains;

5 (2) When authorized under Section 8 to be released
6 under court order or subpoena pursuant to Section 12-16.2
7 of the Criminal Code of 1961; or

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

12 (e) Any person who knowingly or maliciously disseminates
13 any information or report concerning the existence of any
14 disease under this Section is guilty of a Class A misdemeanor.

15 (Source: P.A. 87-763.)

16 (410 ILCS 325/6) (from Ch. 111 1/2, par. 7406)

17 Sec. 6. Physical examination and treatment.

18 (a) Subject to the provisions of subsection (c) of this
19 Section, the Department and its authorized representatives may
20 examine or cause to be examined persons reasonably believed to
21 be infected with or to have been exposed to a sexually
22 transmissible disease.

23 (b) Subject to the provisions of subsection (c) of this
24 Section, persons with a sexually transmissible disease shall
25 report for complete treatment to a physician licensed under the
26 provisions of the Medical Practice Act of 1987, an advanced
27 practice nurse licensed under the provisions of the Nursing and
28 Advanced Practice Nursing Act, or a physician assistant
29 licensed under the provisions of the Physician Assistant
30 Practice Act of 1987, or shall submit to treatment at a
31 facility provided by a local health authority or other public
32 facility, as the Department shall require by rule or regulation
33 until the disease is noncommunicable or the Department
34 determines that the person does not present a real and present
35 danger to the public health. This subsection (b) shall not be

1 construed to require the Department or local health authorities
2 to pay for or provide such treatment.

3 (c) No person shall be apprehended, examined or treated for
4 a sexually transmissible disease against his will, under the
5 provisions of this Act, except upon the presentation of a
6 warrant duly authorized by a court of competent jurisdiction.
7 In requesting the issuance of such a warrant the Department
8 shall show by a preponderance of evidence that the person is
9 infectious and that a real and present danger to the public
10 health and welfare exists unless such warrant is issued and
11 shall show that all other reasonable means of obtaining
12 compliance have been exhausted and that no other less
13 restrictive alternative is available. The court shall require
14 any proceedings authorized by this subsection (c) to be
15 conducted in camera. A record shall be made of such proceedings
16 but shall be sealed, impounded and preserved in the records of
17 the court, to be made available to the reviewing court in the
18 event of an appeal.

19 (d) Any person who knowingly or maliciously disseminates
20 any false information or report concerning the existence of any
21 sexually transmissible disease under this Section is guilty of
22 a Class A misdemeanor.

23 (Source: P.A. 90-14, eff. 7-1-97.)

24 Section 35. The Consent by Minors to Medical Procedures Act
25 is amended by changing Sections 1, 2, 3, and 5 as follows:

26 (410 ILCS 210/1) (from Ch. 111, par. 4501)

27 Sec. 1. Consent by minor. The consent to the performance of
28 a medical or surgical procedure by a physician licensed to
29 practice medicine and surgery, an advanced practice nurse
30 licensed to perform a medical or surgical procedure within the
31 scope of said advanced practice nurse's written collaborative
32 agreement, or a physician assistant to whom the physician
33 assistant's supervising physician has delegated the provision
34 of the medical or surgical procedure executed by a married

1 person who is a minor, by a parent who is a minor, by a pregnant
2 woman who is a minor, or by any person 18 years of age or older,
3 is not voidable because of such minority, and, for such
4 purpose, a married person who is a minor, a parent who is a
5 minor, a pregnant woman who is a minor, or any person 18 years
6 of age or older, is deemed to have the same legal capacity to
7 act and has the same powers and obligations as has a person of
8 legal age.

9 (Source: P.A. 89-187, eff. 7-19-95.)

10 (410 ILCS 210/2) (from Ch. 111, par. 4502)

11 Sec. 2. Any parent, including a parent who is a minor, may
12 consent to the performance upon his or her child of a medical
13 or surgical procedure by a physician licensed to practice
14 medicine and surgery, an advanced practice nurse licensed to
15 perform a medical or surgical procedure within the scope of
16 said advanced practice nurse's written collaborative
17 agreement, or a physician assistant to whom the physician
18 assistant's supervising physician has delegated the provision
19 of the medical or surgical procedure or a dental procedure by a
20 licensed dentist. The consent of a parent who is a minor shall
21 not be voidable because of such minority, but, for such
22 purpose, a parent who is a minor shall be deemed to have the
23 same legal capacity to act and shall have the same powers and
24 obligations as has a person of legal age.

25 (Source: P.A. 77-1661.)

26 (410 ILCS 210/3) (from Ch. 111, par. 4503)

27 Sec. 3. (a) Where a hospital, ~~or~~ a physician, licensed to
28 practice medicine or surgery, an advanced practice nurse
29 licensed to perform a medical or surgical procedure within the
30 scope of said advanced practice nurse's written collaborative
31 agreement, or a physician assistant to whom the physician
32 assistant's supervising physician has delegated the provision
33 of the medical or surgical procedure renders emergency
34 treatment or first aid or a licensed dentist renders emergency

1 dental treatment to a minor, consent of the minor's parent or
2 legal guardian need not be obtained if, in the sole opinion of
3 the physician, advanced practice nurse, physician assistant,
4 dentist, or hospital, the obtaining of consent is not
5 reasonably feasible under the circumstances without adversely
6 affecting the condition of such minor's health.

7 (b) Where a minor is the victim of a predatory criminal
8 sexual assault of a child, aggravated criminal sexual assault,
9 criminal sexual assault, aggravated criminal sexual abuse or
10 criminal sexual abuse, as provided in Sections 12-13 through
11 12-16 of the Criminal Code of 1961, as now or hereafter
12 amended, the consent of the minor's parent or legal guardian
13 need not be obtained to authorize a hospital, physician,
14 advanced practice nurse, physician assistant, or other medical
15 personnel to furnish medical care or counseling related to the
16 diagnosis or treatment of any disease or injury arising from
17 such offense. The minor may consent to such counseling,
18 diagnosis or treatment as if the minor had reached his or her
19 age of majority. Such consent shall not be voidable, nor
20 subject to later disaffirmance, because of minority.

21 (Source: P.A. 89-428, eff. 12-13-95; 89-462, eff. 5-29-96.)

22 (410 ILCS 210/5) (from Ch. 111, par. 4505)

23 Sec. 5. Counseling; informing parent or guardian. Any
24 physician, advanced practice nurse, or physician assistant,
25 who provides diagnosis or treatment or any licensed clinical
26 psychologist or professionally trained social worker with a
27 master's degree or any qualified person employed (i) by an
28 organization licensed or funded by the Department of Human
29 Services, (ii) by units of local government, or (iii) by
30 agencies or organizations operating drug abuse programs funded
31 or licensed by the Federal Government or the State of Illinois
32 or any qualified person employed by or associated with any
33 public or private alcoholism or drug abuse program licensed by
34 the State of Illinois who provides counseling to a minor
35 patient who has come into contact with any sexually transmitted

1 disease referred to in Section 4 of this Act may, but shall not
2 be obligated to, inform the parent, parents, or guardian of the
3 minor as to the treatment given or needed. Any person described
4 in this Section who provides counseling to a minor who abuses
5 drugs or alcohol or has a family member who abuses drugs or
6 alcohol shall not inform the parent, parents, guardian, or
7 other responsible adult of the minor's condition or treatment
8 without the minor's consent unless that action is, in the
9 person's judgment, necessary to protect the safety of the
10 minor, a family member, or another individual.

11 Any such person shall, upon the minor's consent, make
12 reasonable efforts to involve the family of the minor in his or
13 her treatment, if the person furnishing the treatment believes
14 that the involvement of the family will not be detrimental to
15 the progress and care of the minor. Reasonable effort shall be
16 extended to assist the minor in accepting the involvement of
17 his or her family in the care and treatment being given.

18 (Source: P.A. 89-187, eff. 7-19-95; 89-507, eff. 7-1-97.)

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