

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Identification Card Act is amended  
5 by changing Section 4 as follows:

6 (15 ILCS 335/4) (from Ch. 124, par. 24)

7 Sec. 4. Identification Card.

8 (a) The Secretary of State shall issue a standard Illinois  
9 Identification Card to any natural person who is a resident of  
10 the State of Illinois who applies for such card, or renewal  
11 thereof, or who applies for a standard Illinois Identification  
12 Card upon release as a committed person on parole, mandatory  
13 supervised release, aftercare release, final discharge, or  
14 pardon from the Department of Corrections or Department of  
15 Juvenile Justice by submitting an identification card issued by  
16 the Department of Corrections or Department of Juvenile Justice  
17 under Section 3-14-1 or Section 3-2.5-70 of the Unified Code of  
18 Corrections, together with the prescribed fees. No  
19 identification card shall be issued to any person who holds a  
20 valid foreign state identification card, license, or permit  
21 unless the person first surrenders to the Secretary of State  
22 the valid foreign state identification card, license, or  
23 permit. The card shall be prepared and supplied by the

1 Secretary of State and shall include a photograph and signature  
2 or mark of the applicant. However, the Secretary of State may  
3 provide by rule for the issuance of Illinois Identification  
4 Cards without photographs if the applicant has a bona fide  
5 religious objection to being photographed or to the display of  
6 his or her photograph. The Illinois Identification Card may be  
7 used for identification purposes in any lawful situation only  
8 by the person to whom it was issued. As used in this Act,  
9 "photograph" means any color photograph or digitally produced  
10 and captured image of an applicant for an identification card.  
11 As used in this Act, "signature" means the name of a person as  
12 written by that person and captured in a manner acceptable to  
13 the Secretary of State.

14 (a-5) If an applicant for an identification card has a  
15 current driver's license or instruction permit issued by the  
16 Secretary of State, the Secretary may require the applicant to  
17 utilize the same residence address and name on the  
18 identification card, driver's license, and instruction permit  
19 records maintained by the Secretary. The Secretary may  
20 promulgate rules to implement this provision.

21 (a-10) If the applicant is a judicial officer as defined in  
22 Section 1-10 of the Judicial Privacy Act or a peace officer,  
23 the applicant may elect to have his or her office or work  
24 address listed on the card instead of the applicant's residence  
25 or mailing address. The Secretary may promulgate rules to  
26 implement this provision. For the purposes of this subsection

1 (a-10), "peace officer" means any person who by virtue of his  
2 or her office or public employment is vested by law with a duty  
3 to maintain public order or to make arrests for a violation of  
4 any penal statute of this State, whether that duty extends to  
5 all violations or is limited to specific violations.

6 (b) The Secretary of State shall issue a special Illinois  
7 Identification Card, which shall be known as an Illinois Person  
8 with a Disability Identification Card, to any natural person  
9 who is a resident of the State of Illinois, who is a person  
10 with a disability as defined in Section 4A of this Act, who  
11 applies for such card, or renewal thereof. No Illinois Person  
12 with a Disability Identification Card shall be issued to any  
13 person who holds a valid foreign state identification card,  
14 license, or permit unless the person first surrenders to the  
15 Secretary of State the valid foreign state identification card,  
16 license, or permit. The Secretary of State shall charge no fee  
17 to issue such card. The card shall be prepared and supplied by  
18 the Secretary of State, and shall include a photograph and  
19 signature or mark of the applicant, a designation indicating  
20 that the card is an Illinois Person with a Disability  
21 Identification Card, and shall include a comprehensible  
22 designation of the type and classification of the applicant's  
23 disability as set out in Section 4A of this Act. However, the  
24 Secretary of State may provide by rule for the issuance of  
25 Illinois Person with a Disability Identification Cards without  
26 photographs if the applicant has a bona fide religious

1 objection to being photographed or to the display of his or her  
2 photograph. If the applicant so requests, the card shall  
3 include a description of the applicant's disability and any  
4 information about the applicant's disability or medical  
5 history which the Secretary determines would be helpful to the  
6 applicant in securing emergency medical care. If a mark is used  
7 in lieu of a signature, such mark shall be affixed to the card  
8 in the presence of two witnesses who attest to the authenticity  
9 of the mark. The Illinois Person with a Disability  
10 Identification Card may be used for identification purposes in  
11 any lawful situation by the person to whom it was issued.

12 The Illinois Person with a Disability Identification Card  
13 may be used as adequate documentation of disability in lieu of  
14 a physician's determination of disability, a determination of  
15 disability from a physician assistant ~~who has been delegated~~  
16 ~~the authority to make this determination by his or her~~  
17 ~~supervising physician,~~ a determination of disability from an  
18 advanced practice nurse ~~who has a written collaborative~~  
19 ~~agreement with a collaborating physician that authorizes the~~  
20 ~~advanced practice nurse to make this determination,~~ or any  
21 other documentation of disability whenever any State law  
22 requires that a disabled person provide such documentation of  
23 disability, however an Illinois Person with a Disability  
24 Identification Card shall not qualify the cardholder to  
25 participate in any program or to receive any benefit which is  
26 not available to all persons with like disabilities.

1 Notwithstanding any other provisions of law, an Illinois Person  
2 with a Disability Identification Card, or evidence that the  
3 Secretary of State has issued an Illinois Person with a  
4 Disability Identification Card, shall not be used by any person  
5 other than the person named on such card to prove that the  
6 person named on such card is a disabled person or for any other  
7 purpose unless the card is used for the benefit of the person  
8 named on such card, and the person named on such card consents  
9 to such use at the time the card is so used.

10 An optometrist's determination of a visual disability  
11 under Section 4A of this Act is acceptable as documentation for  
12 the purpose of issuing an Illinois Person with a Disability  
13 Identification Card.

14 When medical information is contained on an Illinois Person  
15 with a Disability Identification Card, the Office of the  
16 Secretary of State shall not be liable for any actions taken  
17 based upon that medical information.

18 (c) The Secretary of State shall provide that each original  
19 or renewal Illinois Identification Card or Illinois Person with  
20 a Disability Identification Card issued to a person under the  
21 age of 21 shall be of a distinct nature from those Illinois  
22 Identification Cards or Illinois Person with a Disability  
23 Identification Cards issued to individuals 21 years of age or  
24 older. The color designated for Illinois Identification Cards  
25 or Illinois Person with a Disability Identification Cards for  
26 persons under the age of 21 shall be at the discretion of the

1 Secretary of State.

2 (c-1) Each original or renewal Illinois Identification  
3 Card or Illinois Person with a Disability Identification Card  
4 issued to a person under the age of 21 shall display the date  
5 upon which the person becomes 18 years of age and the date upon  
6 which the person becomes 21 years of age.

7 (c-3) The General Assembly recognizes the need to identify  
8 military veterans living in this State for the purpose of  
9 ensuring that they receive all of the services and benefits to  
10 which they are legally entitled, including healthcare,  
11 education assistance, and job placement. To assist the State in  
12 identifying these veterans and delivering these vital services  
13 and benefits, the Secretary of State is authorized to issue  
14 Illinois Identification Cards and Illinois Person with a  
15 Disability Identification Cards with the word "veteran"  
16 appearing on the face of the cards. This authorization is  
17 predicated on the unique status of veterans. The Secretary may  
18 not issue any other identification card which identifies an  
19 occupation, status, affiliation, hobby, or other unique  
20 characteristics of the identification card holder which is  
21 unrelated to the purpose of the identification card.

22 (c-5) Beginning on or before July 1, 2015, the Secretary of  
23 State shall designate a space on each original or renewal  
24 identification card where, at the request of the applicant, the  
25 word "veteran" shall be placed. The veteran designation shall  
26 be available to a person identified as a veteran under

1 subsection (b) of Section 5 of this Act who was discharged or  
2 separated under honorable conditions.

3 (d) The Secretary of State may issue a Senior Citizen  
4 discount card, to any natural person who is a resident of the  
5 State of Illinois who is 60 years of age or older and who  
6 applies for such a card or renewal thereof. The Secretary of  
7 State shall charge no fee to issue such card. The card shall be  
8 issued in every county and applications shall be made available  
9 at, but not limited to, nutrition sites, senior citizen centers  
10 and Area Agencies on Aging. The applicant, upon receipt of such  
11 card and prior to its use for any purpose, shall have affixed  
12 thereon in the space provided therefor his signature or mark.

13 (e) The Secretary of State, in his or her discretion, may  
14 designate on each Illinois Identification Card or Illinois  
15 Person with a Disability Identification Card a space where the  
16 card holder may place a sticker or decal, issued by the  
17 Secretary of State, of uniform size as the Secretary may  
18 specify, that shall indicate in appropriate language that the  
19 card holder has renewed his or her Illinois Identification Card  
20 or Illinois Person with a Disability Identification Card.

21 (Source: P.A. 97-371, eff. 1-1-12; 97-739, eff. 1-1-13; 97-847,  
22 eff. 1-1-13; 97-1064, eff. 1-1-13; 98-323, eff. 1-1-14; 98-463,  
23 eff. 8-16-13; 98-558, eff. 1-1-14; 98-756, eff. 7-16-14.)

24 Section 10. The Alcoholism and Other Drug Abuse and  
25 Dependency Act is amended by changing Section 5-23 as follows:

1 (20 ILCS 301/5-23)

2 Sec. 5-23. Drug Overdose Prevention Program.

3 (a) Reports of drug overdose.

4 (1) The Director of the Division of Alcoholism and  
5 Substance Abuse may publish annually a report on drug  
6 overdose trends statewide that reviews State death rates  
7 from available data to ascertain changes in the causes or  
8 rates of fatal and nonfatal drug overdose for the preceding  
9 period of not less than 5 years. The report shall also  
10 provide information on interventions that would be  
11 effective in reducing the rate of fatal or nonfatal drug  
12 overdose.

13 (2) The report may include:

14 (A) Trends in drug overdose death rates.

15 (B) Trends in emergency room utilization related  
16 to drug overdose and the cost impact of emergency room  
17 utilization.

18 (C) Trends in utilization of pre-hospital and  
19 emergency services and the cost impact of emergency  
20 services utilization.

21 (D) Suggested improvements in data collection.

22 (E) A description of other interventions effective  
23 in reducing the rate of fatal or nonfatal drug  
24 overdose.

25 (b) Programs; drug overdose prevention.



1           (1) The Director may establish a program to provide for  
2           the production and publication, in electronic and other  
3           formats, of drug overdose prevention, recognition, and  
4           response literature. The Director may develop and  
5           disseminate curricula for use by professionals,  
6           organizations, individuals, or committees interested in  
7           the prevention of fatal and nonfatal drug overdose,  
8           including, but not limited to, drug users, jail and prison  
9           personnel, jail and prison inmates, drug treatment  
10          professionals, emergency medical personnel, hospital  
11          staff, families and associates of drug users, peace  
12          officers, firefighters, public safety officers, needle  
13          exchange program staff, and other persons. In addition to  
14          information regarding drug overdose prevention,  
15          recognition, and response, literature produced by the  
16          Department shall stress that drug use remains illegal and  
17          highly dangerous and that complete abstinence from illegal  
18          drug use is the healthiest choice. The literature shall  
19          provide information and resources for substance abuse  
20          treatment.

21          The Director may establish or authorize programs for  
22          prescribing, dispensing, or distributing naloxone  
23          hydrochloride or any other similarly acting and equally  
24          safe drug approved by the U.S. Food and Drug Administration  
25          for the treatment of drug overdose. Such programs may  
26          include the prescribing of naloxone hydrochloride or any

1 other similarly acting and equally safe drug approved by  
2 the U.S. Food and Drug Administration for the treatment of  
3 drug overdose to and education about administration by  
4 individuals who are not personally at risk of opioid  
5 overdose.

6 (2) The Director may provide advice to State and local  
7 officials on the growing drug overdose crisis, including  
8 the prevalence of drug overdose incidents, trends in drug  
9 overdose incidents, and solutions to the drug overdose  
10 crisis.

11 (c) Grants.

12 (1) The Director may award grants, in accordance with  
13 this subsection, to create or support local drug overdose  
14 prevention, recognition, and response projects. Local  
15 health departments, correctional institutions, hospitals,  
16 universities, community-based organizations, and  
17 faith-based organizations may apply to the Department for a  
18 grant under this subsection at the time and in the manner  
19 the Director prescribes.

20 (2) In awarding grants, the Director shall consider the  
21 necessity for overdose prevention projects in various  
22 settings and shall encourage all grant applicants to  
23 develop interventions that will be effective and viable in  
24 their local areas.

25 (3) The Director shall give preference for grants to  
26 proposals that, in addition to providing life-saving

1 interventions and responses, provide information to drug  
2 users on how to access drug treatment or other strategies  
3 for abstaining from illegal drugs. The Director shall give  
4 preference to proposals that include one or more of the  
5 following elements:

6 (A) Policies and projects to encourage persons,  
7 including drug users, to call 911 when they witness a  
8 potentially fatal drug overdose.

9 (B) Drug overdose prevention, recognition, and  
10 response education projects in drug treatment centers,  
11 outreach programs, and other organizations that work  
12 with, or have access to, drug users and their families  
13 and communities.

14 (C) Drug overdose recognition and response  
15 training, including rescue breathing, in drug  
16 treatment centers and for other organizations that  
17 work with, or have access to, drug users and their  
18 families and communities.

19 (D) The production and distribution of targeted or  
20 mass media materials on drug overdose prevention and  
21 response.

22 (E) Prescription and distribution of naloxone  
23 hydrochloride or any other similarly acting and  
24 equally safe drug approved by the U.S. Food and Drug  
25 Administration for the treatment of drug overdose.

26 (F) The institution of education and training

1 projects on drug overdose response and treatment for  
2 emergency services and law enforcement personnel.

3 (G) A system of parent, family, and survivor  
4 education and mutual support groups.

5 (4) In addition to moneys appropriated by the General  
6 Assembly, the Director may seek grants from private  
7 foundations, the federal government, and other sources to  
8 fund the grants under this Section and to fund an  
9 evaluation of the programs supported by the grants.

10 (d) Health care professional prescription of drug overdose  
11 treatment medication.

12 (1) A health care professional who, acting in good  
13 faith, directly or by standing order, prescribes or  
14 dispenses an opioid antidote to a patient who, in the  
15 judgment of the health care professional, is capable of  
16 administering the drug in an emergency, shall not, as a  
17 result of his or her acts or omissions, be subject to  
18 disciplinary or other adverse action under the Medical  
19 Practice Act of 1987, the Physician Assistant Practice Act  
20 of 1987, the Nurse Practice Act, the Pharmacy Practice Act,  
21 or any other professional licensing statute.

22 (2) A person who is not otherwise licensed to  
23 administer an opioid antidote may in an emergency  
24 administer without fee an opioid antidote if the person has  
25 received the patient information specified in paragraph  
26 (4) of this subsection and believes in good faith that

1 another person is experiencing a drug overdose. The person  
2 shall not, as a result of his or her acts or omissions, be  
3 liable for any violation of the Medical Practice Act of  
4 1987, the Physician Assistant Practice Act of 1987, the  
5 Nurse Practice Act, the Pharmacy Practice Act, or any other  
6 professional licensing statute, or subject to any criminal  
7 prosecution arising from or related to the unauthorized  
8 practice of medicine or the possession of an opioid  
9 antidote.

10 (3) A health care professional prescribing an opioid  
11 antidote to a patient shall ensure that the patient  
12 receives the patient information specified in paragraph  
13 (4) of this subsection. Patient information may be provided  
14 by the health care professional or a community-based  
15 organization, substance abuse program, or other  
16 organization with which the health care professional  
17 establishes a written agreement that includes a  
18 description of how the organization will provide patient  
19 information, how employees or volunteers providing  
20 information will be trained, and standards for documenting  
21 the provision of patient information to patients.  
22 Provision of patient information shall be documented in the  
23 patient's medical record or through similar means as  
24 determined by agreement between the health care  
25 professional and the organization. The Director of the  
26 Division of Alcoholism and Substance Abuse, in

1 consultation with statewide organizations representing  
2 physicians, advanced practice nurses, physician  
3 assistants, substance abuse programs, and other interested  
4 groups, shall develop and disseminate to health care  
5 professionals, community-based organizations, substance  
6 abuse programs, and other organizations training materials  
7 in video, electronic, or other formats to facilitate the  
8 provision of such patient information.

9 (4) For the purposes of this subsection:

10 "Opioid antidote" means naloxone hydrochloride or any  
11 other similarly acting and equally safe drug approved by  
12 the U.S. Food and Drug Administration for the treatment of  
13 drug overdose.

14 "Health care professional" means a physician licensed  
15 to practice medicine in all its branches, a licensed  
16 physician assistant ~~who has been delegated the~~  
17 ~~prescription or dispensation of an opioid antidote by his~~  
18 ~~or her supervising physician, a licensed an~~ advanced  
19 practice ~~registered~~ nurse ~~who has a written collaborative~~  
20 ~~agreement with a collaborating physician that authorizes~~  
21 ~~the prescription or dispensation of an opioid antidote, or~~  
22 an advanced practice nurse who practices in a hospital or  
23 ambulatory surgical treatment center and possesses  
24 appropriate clinical privileges in accordance with the  
25 Nurse Practice Act.

26 "Patient" includes a person who is not at risk of

1           opioid overdose but who, in the judgment of the physician,  
2           may be in a position to assist another individual during an  
3           overdose and who has received patient information as  
4           required in paragraph (2) of this subsection on the  
5           indications for and administration of an opioid antidote.

6           "Patient information" includes information provided to  
7           the patient on drug overdose prevention and recognition;  
8           how to perform rescue breathing and resuscitation; opioid  
9           antidote dosage and administration; the importance of  
10          calling 911; care for the overdose victim after  
11          administration of the overdose antidote; and other issues  
12          as necessary.

13          (Source: P.A. 96-361, eff. 1-1-10.)

14          Section 15. The School Code is amended by changing Sections  
15          22-30, 24-5, 24-6, 26-1, and 27-8.1 as follows:

16                 (105 ILCS 5/22-30)

17                 Sec. 22-30. Self-administration and self-carry of asthma  
18                 medication and epinephrine auto-injectors; administration of  
19                 undesignated epinephrine auto-injectors.

20                 (a) For the purpose of this Section only, the following  
21                 terms shall have the meanings set forth below:

22                         "Asthma inhaler" means a quick reliever asthma inhaler.

23                         "Epinephrine auto-injector" means a single-use device used  
24                         for the automatic injection of a pre-measured dose of

1 epinephrine into the human body.

2 "Asthma medication" means a medicine, prescribed by (i) a  
3 physician licensed to practice medicine in all its branches,  
4 (ii) a licensed physician assistant ~~who has been delegated the~~  
5 ~~authority to prescribe asthma medications by his or her~~  
6 ~~supervising physician,~~ or (iii) a licensed ~~an~~ advanced practice  
7 nurse ~~who has a written collaborative agreement with a~~  
8 ~~collaborating physician that delegates the authority to~~  
9 ~~prescribe asthma medications,~~ for a pupil that pertains to the  
10 pupil's asthma and that has an individual prescription label.

11 "School nurse" means a registered nurse working in a school  
12 with or without licensure endorsed in school nursing.

13 "Self-administration" means a pupil's discretionary use of  
14 his or her prescribed asthma medication or epinephrine  
15 auto-injector.

16 "Self-carry" means a pupil's ability to carry his or her  
17 prescribed asthma medication or epinephrine auto-injector.

18 "Standing protocol" may be issued by (i) a physician  
19 licensed to practice medicine in all its branches, (ii) a  
20 licensed physician assistant ~~who has been delegated the~~  
21 ~~authority to prescribe asthma medications or epinephrine~~  
22 ~~auto injectors by his or her supervising physician,~~ or (iii) a  
23 licensed ~~an~~ advanced practice nurse ~~who has a collaborative~~  
24 ~~agreement with a collaborating physician that delegates~~  
25 ~~authority to issue a standing protocol for asthma medications~~  
26 ~~or epinephrine auto injectors.~~



1 "Trained personnel" means any school employee or volunteer  
2 personnel authorized in Sections 10-22.34, 10-22.34a, and  
3 10-22.34b of this Code who has completed training under  
4 subsection (g) of this Section to recognize and respond to  
5 anaphylaxis.

6 "Undesignated epinephrine auto-injector" means an  
7 epinephrine auto-injector prescribed in the name of a school  
8 district, public school, or nonpublic school.

9 (b) A school, whether public or nonpublic, must permit the  
10 self-administration and self-carry of asthma medication by a  
11 pupil with asthma or the self-administration and self-carry of  
12 an epinephrine auto-injector by a pupil, provided that:

13 (1) the parents or guardians of the pupil provide to  
14 the school (i) written authorization from the parents or  
15 guardians for (A) the self-administration and self-carry  
16 of asthma medication or (B) the self-carry of asthma  
17 medication or (ii) for (A) the self-administration and  
18 self-carry of an epinephrine auto-injector or (B) the  
19 self-carry of an epinephrine auto-injector, written  
20 authorization from the pupil's physician, physician  
21 assistant, or advanced practice nurse; and

22 (2) the parents or guardians of the pupil provide to  
23 the school (i) the prescription label, which must contain  
24 the name of the asthma medication, the prescribed dosage,  
25 and the time at which or circumstances under which the  
26 asthma medication is to be administered, or (ii) for the

1 self-administration or self-carry of an epinephrine  
2 auto-injector, a written statement from the pupil's  
3 physician, physician assistant, or advanced practice nurse  
4 containing the following information:

5 (A) the name and purpose of the epinephrine  
6 auto-injector;

7 (B) the prescribed dosage; and

8 (C) the time or times at which or the special  
9 circumstances under which the epinephrine  
10 auto-injector is to be administered.

11 The information provided shall be kept on file in the office of  
12 the school nurse or, in the absence of a school nurse, the  
13 school's administrator.

14 (b-5) A school district, public school, or nonpublic school  
15 may authorize the provision of a student-specific or  
16 undesignated epinephrine auto-injector to a student or any  
17 personnel authorized under a student's Individual Health Care  
18 Action Plan, Illinois Food Allergy Emergency Action Plan and  
19 Treatment Authorization Form, or plan pursuant to Section 504  
20 of the federal Rehabilitation Act of 1973 to administer an  
21 epinephrine auto-injector to the student, that meets the  
22 student's prescription on file.

23 (b-10) The school district, public school, or nonpublic  
24 school may authorize a school nurse or trained personnel to do  
25 the following: (i) provide an undesignated epinephrine  
26 auto-injector to a student for self-administration only or any

1 personnel authorized under a student's Individual Health Care  
2 Action Plan, Illinois Food Allergy Emergency Action Plan and  
3 Treatment Authorization Form, or plan pursuant to Section 504  
4 of the federal Rehabilitation Act of 1973 to administer to the  
5 student, that meets the student's prescription on file; (ii)  
6 administer an undesignated epinephrine auto-injector that  
7 meets the prescription on file to any student who has an  
8 Individual Health Care Action Plan, Illinois Food Allergy  
9 Emergency Action Plan and Treatment Authorization Form, or plan  
10 pursuant to Section 504 of the federal Rehabilitation Act of  
11 1973 that authorizes the use of an epinephrine auto-injector;  
12 and (iii) administer an undesignated epinephrine auto-injector  
13 to any person that the school nurse or trained personnel in  
14 good faith believes is having an anaphylactic reaction.

15 (c) The school district, public school, or nonpublic school  
16 must inform the parents or guardians of the pupil, in writing,  
17 that the school district, public school, or nonpublic school  
18 and its employees and agents, including a physician, physician  
19 assistant, or advanced practice nurse providing standing  
20 protocol or prescription for school epinephrine  
21 auto-injectors, are to incur no liability or professional  
22 discipline, except for willful and wanton conduct, as a result  
23 of any injury arising from the administration of asthma  
24 medication or of an epinephrine auto-injector regardless of  
25 whether authorization was given by the pupil's parents or  
26 guardians or by the pupil's physician, physician assistant, or

1 advanced practice nurse. The parents or guardians of the pupil  
2 must sign a statement acknowledging that the school district,  
3 public school, or nonpublic school and its employees and agents  
4 are to incur no liability, except for willful and wanton  
5 conduct, as a result of any injury arising from the  
6 administration of asthma medication or of an epinephrine  
7 auto-injector regardless of whether authorization was given by  
8 the pupil's parents or guardians or by the pupil's physician,  
9 physician assistant, or advanced practice nurse and that the  
10 parents or guardians must indemnify and hold harmless the  
11 school district, public school, or nonpublic school and its  
12 employees and agents against any claims, except a claim based  
13 on willful and wanton conduct, arising out of the  
14 administration of asthma medication or of an epinephrine  
15 auto-injector regardless of whether authorization was given by  
16 the pupil's parents or guardians or by the pupil's physician,  
17 physician assistant, or advanced practice nurse.

18 (c-5) Upon the effective date of this amendatory Act of the  
19 98th General Assembly, when a school nurse or trained personnel  
20 administers an undesignated epinephrine auto-injector to a  
21 person whom the school nurse or trained personnel in good faith  
22 believes is having an anaphylactic reaction, notwithstanding  
23 the lack of notice to the parents or guardians of the pupil or  
24 the absence of the parents or guardians signed statement  
25 acknowledging no liability, except for willful and wanton  
26 conduct, the school district, public school, or nonpublic

1 school and its employees and agents, and a physician, a  
2 physician assistant, or an advanced practice nurse providing  
3 standing protocol or prescription for undesignated epinephrine  
4 auto-injectors, are to incur no liability or professional  
5 discipline, except for willful and wanton conduct, as a result  
6 of any injury arising from the use of an undesignated  
7 epinephrine auto-injector regardless of whether authorization  
8 was given by the pupil's parents or guardians or by the pupil's  
9 physician, physician assistant, or advanced practice nurse.

10 (d) The permission for self-administration and self-carry  
11 of asthma medication or the self-administration and self-carry  
12 of an epinephrine auto-injector is effective for the school  
13 year for which it is granted and shall be renewed each  
14 subsequent school year upon fulfillment of the requirements of  
15 this Section.

16 (e) Provided that the requirements of this Section are  
17 fulfilled, a pupil with asthma may self-administer and  
18 self-carry his or her asthma medication or a pupil may  
19 self-administer and self-carry an epinephrine auto-injector  
20 (i) while in school, (ii) while at a school-sponsored activity,  
21 (iii) while under the supervision of school personnel, or (iv)  
22 before or after normal school activities, such as while in  
23 before-school or after-school care on school-operated  
24 property.

25 (e-5) Provided that the requirements of this Section are  
26 fulfilled, a school nurse or trained personnel may administer

1 an undesignated epinephrine auto-injector to any person whom  
2 the school nurse or trained personnel in good faith believes to  
3 be having an anaphylactic reaction (i) while in school, (ii)  
4 while at a school-sponsored activity, (iii) while under the  
5 supervision of school personnel, or (iv) before or after normal  
6 school activities, such as while in before-school or  
7 after-school care on school-operated property. A school nurse  
8 or trained personnel may carry undesignated epinephrine  
9 auto-injectors on his or her person while in school or at a  
10 school-sponsored activity.

11 (f) The school district, public school, or nonpublic school  
12 may maintain a supply of undesignated epinephrine  
13 auto-injectors in any secure location where an allergic person  
14 is most at risk, including, but not limited to, classrooms and  
15 lunchrooms. A physician, a physician assistant who has been  
16 delegated prescriptive authority for asthma medication or  
17 epinephrine auto-injectors in accordance with Section 7.5 of  
18 the Physician Assistant Practice Act of 1987, or an advanced  
19 practice nurse who has been delegated prescriptive authority  
20 for asthma medication or epinephrine auto-injectors in  
21 accordance with Section 65-40 of the Nurse Practice Act may  
22 prescribe undesignated epinephrine auto-injectors in the name  
23 of the school district, public school, or nonpublic school to  
24 be maintained for use when necessary. Any supply of epinephrine  
25 auto-injectors shall be maintained in accordance with the  
26 manufacturer's instructions.

1 (f-5) Upon any administration of an epinephrine  
2 auto-injector, a school district, public school, or nonpublic  
3 school must immediately activate the EMS system and notify the  
4 student's parent, guardian, or emergency contact, if known.

5 (f-10) Within 24 hours of the administration of an  
6 undesignated epinephrine auto-injector, a school district,  
7 public school, or nonpublic school must notify the physician,  
8 physician assistant, or advance practice nurse who provided the  
9 standing protocol or prescription for the undesignated  
10 epinephrine auto-injector of its use.

11 (g) Prior to the administration of an undesignated  
12 epinephrine auto-injector, trained personnel must submit to  
13 his or her school's administration proof of completion of a  
14 training curriculum to recognize and respond to anaphylaxis  
15 that meets the requirements of subsection (h) of this Section.  
16 Training must be completed annually. Trained personnel must  
17 also submit to his or her school's administration proof of  
18 cardiopulmonary resuscitation and automated external  
19 defibrillator certification. The school district, public  
20 school, or nonpublic school must maintain records related to  
21 the training curriculum and trained personnel.

22 (h) A training curriculum to recognize and respond to  
23 anaphylaxis, including the administration of an undesignated  
24 epinephrine auto-injector, may be conducted online or in  
25 person. It must include, but is not limited to:

26 (1) how to recognize symptoms of an allergic reaction;

1           (2) a review of high-risk areas within the school and  
2           its related facilities;

3           (3) steps to take to prevent exposure to allergens;

4           (4) how to respond to an emergency involving an  
5           allergic reaction;

6           (5) how to administer an epinephrine auto-injector;

7           (6) how to respond to a student with a known allergy as  
8           well as a student with a previously unknown allergy;

9           (7) a test demonstrating competency of the knowledge  
10          required to recognize anaphylaxis and administer an  
11          epinephrine auto-injector; and

12          (8) other criteria as determined in rules adopted  
13          pursuant to this Section.

14          In consultation with statewide professional organizations  
15          representing physicians licensed to practice medicine in all of  
16          its branches, registered nurses, and school nurses, the Board  
17          shall make available resource materials consistent with  
18          criteria in this subsection (h) for educating trained personnel  
19          to recognize and respond to anaphylaxis. The Board may take  
20          into consideration the curriculum on this subject developed by  
21          other states, as well as any other curricular materials  
22          suggested by medical experts and other groups that work on  
23          life-threatening allergy issues. The Board is not required to  
24          create new resource materials. The Board shall make these  
25          resource materials available on its Internet website.

26          (i) Within 3 days after the administration of an



1 undesignated epinephrine auto-injector by a school nurse,  
2 trained personnel, or a student at a school or school-sponsored  
3 activity, the school must report to the Board in a form and  
4 manner prescribed by the Board the following information:

5 (1) age and type of person receiving epinephrine  
6 (student, staff, visitor);

7 (2) any previously known diagnosis of a severe allergy;

8 (3) trigger that precipitated allergic episode;

9 (4) location where symptoms developed;

10 (5) number of doses administered;

11 (6) type of person administering epinephrine (school  
12 nurse, trained personnel, student); and

13 (7) any other information required by the Board.

14 (j) By October 1, 2015 and every year thereafter, the Board  
15 shall submit a report to the General Assembly identifying the  
16 frequency and circumstances of epinephrine administration  
17 during the preceding academic year. This report shall be  
18 published on the Board's Internet website on the date the  
19 report is delivered to the General Assembly.

20 (k) The Board may adopt rules necessary to implement this  
21 Section.

22 (Source: P.A. 97-361, eff. 8-15-11; 98-795, eff. 8-1-14.)

23 (105 ILCS 5/24-5) (from Ch. 122, par. 24-5)

24 Sec. 24-5. Physical fitness and professional growth.

25 (a) In this Section, "employee" means any employee of a

1 school district, a student teacher, an employee of a contractor  
2 that provides services to students or in schools, or any other  
3 individual subject to the requirements of Section 10-21.9 or  
4 34-18.5 of this Code.

5 (b) School boards shall require of new employees evidence  
6 of physical fitness to perform duties assigned and freedom from  
7 communicable disease. Such evidence shall consist of a physical  
8 examination by a physician licensed in Illinois or any other  
9 state to practice medicine and surgery in all its branches, a  
10 licensed ~~an~~ advanced practice nurse ~~who has a written~~  
11 ~~collaborative agreement with a collaborating physician that~~  
12 ~~authorizes the advanced practice nurse to perform health~~  
13 ~~examinations,~~ or a licensed physician assistant ~~who has been~~  
14 ~~delegated the authority to perform health examinations by his~~  
15 ~~or her supervising physician~~ not more than 90 days preceding  
16 time of presentation to the board, and the cost of such  
17 examination shall rest with the employee. A new or existing  
18 employee may be subject to additional health examinations,  
19 including screening for tuberculosis, as required by rules  
20 adopted by the Department of Public Health or by order of a  
21 local public health official. The board may from time to time  
22 require an examination of any employee by a physician licensed  
23 in Illinois to practice medicine and surgery in all its  
24 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~  
25 ~~written collaborative agreement with a collaborating physician~~  
26 ~~that authorizes the advanced practice nurse to perform health~~

1 ~~examinations, or a licensed physician assistant ~~who has been~~~~  
2 ~~delegated the authority to perform health examinations by his~~  
3 ~~or her supervising physician~~ and shall pay the expenses thereof  
4 from school funds.

5 (c) School boards may require teachers in their employ to  
6 furnish from time to time evidence of continued professional  
7 growth.

8 (Source: P.A. 98-716, eff. 7-16-14.)

9 (105 ILCS 5/24-6)

10 Sec. 24-6. Sick leave. The school boards of all school  
11 districts, including special charter districts, but not  
12 including school districts in municipalities of 500,000 or  
13 more, shall grant their full-time teachers, and also shall  
14 grant such of their other employees as are eligible to  
15 participate in the Illinois Municipal Retirement Fund under the  
16 "600-Hour Standard" established, or under such other  
17 eligibility participation standard as may from time to time be  
18 established, by rules and regulations now or hereafter  
19 promulgated by the Board of that Fund under Section 7-198 of  
20 the Illinois Pension Code, as now or hereafter amended, sick  
21 leave provisions not less in amount than 10 days at full pay in  
22 each school year. If any such teacher or employee does not use  
23 the full amount of annual leave thus allowed, the unused amount  
24 shall be allowed to accumulate to a minimum available leave of  
25 180 days at full pay, including the leave of the current year.

1 Sick leave shall be interpreted to mean personal illness,  
2 quarantine at home, serious illness or death in the immediate  
3 family or household, or birth, adoption, or placement for  
4 adoption. The school board may require a certificate from a  
5 physician licensed in Illinois to practice medicine and surgery  
6 in all its branches, a chiropractic physician licensed under  
7 the Medical Practice Act of 1987, a licensed ~~an~~ advanced  
8 practice nurse ~~who has a written collaborative agreement with a~~  
9 ~~collaborating physician that authorizes the advanced practice~~  
10 ~~nurse to perform health examinations,~~ a licensed physician  
11 assistant ~~who has been delegated the authority to perform~~  
12 ~~health examinations by his or her supervising physician,~~ or, if  
13 the treatment is by prayer or spiritual means, a spiritual  
14 adviser or practitioner of the teacher's or employee's faith as  
15 a basis for pay during leave after an absence of 3 days for  
16 personal illness or 30 days for birth or as the school board  
17 may deem necessary in other cases. If the school board does  
18 require a certificate as a basis for pay during leave of less  
19 than 3 days for personal illness, the school board shall pay,  
20 from school funds, the expenses incurred by the teachers or  
21 other employees in obtaining the certificate. For paid leave  
22 for adoption or placement for adoption, the school board may  
23 require that the teacher or other employee provide evidence  
24 that the formal adoption process is underway, and such leave is  
25 limited to 30 days unless a longer leave has been negotiated  
26 with the exclusive bargaining representative.

1           If, by reason of any change in the boundaries of school  
2 districts, or by reason of the creation of a new school  
3 district, the employment of a teacher is transferred to a new  
4 or different board, the accumulated sick leave of such teacher  
5 is not thereby lost, but is transferred to such new or  
6 different district.

7           For purposes of this Section, "immediate family" shall  
8 include parents, spouse, brothers, sisters, children,  
9 grandparents, grandchildren, parents-in-law, brothers-in-law,  
10 sisters-in-law, and legal guardians.

11           (Source: P.A. 95-151, eff. 8-14-07; 96-51, eff. 7-23-09;  
12 96-367, eff. 8-13-09; 96-1000, eff. 7-2-10.)

13           (105 ILCS 5/26-1) (from Ch. 122, par. 26-1)

14           Sec. 26-1. Compulsory school age-Exemptions. Whoever has  
15 custody or control of any child (i) between the ages of 7 and  
16 17 years (unless the child has already graduated from high  
17 school) for school years before the 2014-2015 school year or  
18 (ii) between the ages of 6 (on or before September 1) and 17  
19 years (unless the child has already graduated from high school)  
20 beginning with the 2014-2015 school year shall cause such child  
21 to attend some public school in the district wherein the child  
22 resides the entire time it is in session during the regular  
23 school term, except as provided in Section 10-19.1, and during  
24 a required summer school program established under Section  
25 10-22.33B; provided, that the following children shall not be

1 required to attend the public schools:

2 1. Any child attending a private or a parochial school  
3 where children are taught the branches of education taught  
4 to children of corresponding age and grade in the public  
5 schools, and where the instruction of the child in the  
6 branches of education is in the English language;

7 2. Any child who is physically or mentally unable to  
8 attend school, such disability being certified to the  
9 county or district truant officer by a competent physician  
10 licensed in Illinois to practice medicine and surgery in  
11 all its branches, a chiropractic physician licensed under  
12 the Medical Practice Act of 1987, a licensed ~~an~~ advanced  
13 practice nurse ~~who has a written collaborative agreement~~  
14 ~~with a collaborating physician that authorizes the~~  
15 ~~advanced practice nurse to perform health examinations,~~ a  
16 licensed physician assistant ~~who has been delegated the~~  
17 ~~authority to perform health examinations by his or her~~  
18 ~~supervising physician,~~ or a Christian Science practitioner  
19 residing in this State and listed in the Christian Science  
20 Journal; or who is excused for temporary absence for cause  
21 by the principal or teacher of the school which the child  
22 attends; the exemptions in this paragraph (2) do not apply  
23 to any female who is pregnant or the mother of one or more  
24 children, except where a female is unable to attend school  
25 due to a complication arising from her pregnancy and the  
26 existence of such complication is certified to the county

1 or district truant officer by a competent physician;

2 3. Any child necessarily and lawfully employed  
3 according to the provisions of the law regulating child  
4 labor may be excused from attendance at school by the  
5 county superintendent of schools or the superintendent of  
6 the public school which the child should be attending, on  
7 certification of the facts by and the recommendation of the  
8 school board of the public school district in which the  
9 child resides. In districts having part time continuation  
10 schools, children so excused shall attend such schools at  
11 least 8 hours each week;

12 4. Any child over 12 and under 14 years of age while in  
13 attendance at confirmation classes;

14 5. Any child absent from a public school on a  
15 particular day or days or at a particular time of day for  
16 the reason that he is unable to attend classes or to  
17 participate in any examination, study or work requirements  
18 on a particular day or days or at a particular time of day,  
19 because the tenets of his religion forbid secular activity  
20 on a particular day or days or at a particular time of day.  
21 Each school board shall prescribe rules and regulations  
22 relative to absences for religious holidays including, but  
23 not limited to, a list of religious holidays on which it  
24 shall be mandatory to excuse a child; but nothing in this  
25 paragraph 5 shall be construed to limit the right of any  
26 school board, at its discretion, to excuse an absence on

1 any other day by reason of the observance of a religious  
2 holiday. A school board may require the parent or guardian  
3 of a child who is to be excused from attending school due  
4 to the observance of a religious holiday to give notice,  
5 not exceeding 5 days, of the child's absence to the school  
6 principal or other school personnel. Any child excused from  
7 attending school under this paragraph 5 shall not be  
8 required to submit a written excuse for such absence after  
9 returning to school; and

10 6. Any child 16 years of age or older who (i) submits  
11 to a school district evidence of necessary and lawful  
12 employment pursuant to paragraph 3 of this Section and (ii)  
13 is enrolled in a graduation incentives program pursuant to  
14 Section 26-16 of this Code or an alternative learning  
15 opportunities program established pursuant to Article 13B  
16 of this Code.

17 (Source: P.A. 98-544, eff. 7-1-14.)

18 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

19 Sec. 27-8.1. Health examinations and immunizations.

20 (1) In compliance with rules and regulations which the  
21 Department of Public Health shall promulgate, and except as  
22 hereinafter provided, all children in Illinois shall have a  
23 health examination as follows: within one year prior to  
24 entering kindergarten or the first grade of any public,  
25 private, or parochial elementary school; upon entering the



1 sixth and ninth grades of any public, private, or parochial  
2 school; prior to entrance into any public, private, or  
3 parochial nursery school; and, irrespective of grade,  
4 immediately prior to or upon entrance into any public, private,  
5 or parochial school or nursery school, each child shall present  
6 proof of having been examined in accordance with this Section  
7 and the rules and regulations promulgated hereunder. Any child  
8 who received a health examination within one year prior to  
9 entering the fifth grade for the 2007-2008 school year is not  
10 required to receive an additional health examination in order  
11 to comply with the provisions of Public Act 95-422 when he or  
12 she attends school for the 2008-2009 school year, unless the  
13 child is attending school for the first time as provided in  
14 this paragraph.

15 A tuberculosis skin test screening shall be included as a  
16 required part of each health examination included under this  
17 Section if the child resides in an area designated by the  
18 Department of Public Health as having a high incidence of  
19 tuberculosis. Additional health examinations of pupils,  
20 including eye examinations, may be required when deemed  
21 necessary by school authorities. Parents are encouraged to have  
22 their children undergo eye examinations at the same points in  
23 time required for health examinations.

24 (1.5) In compliance with rules adopted by the Department of  
25 Public Health and except as otherwise provided in this Section,  
26 all children in kindergarten and the second and sixth grades of

1 any public, private, or parochial school shall have a dental  
2 examination. Each of these children shall present proof of  
3 having been examined by a dentist in accordance with this  
4 Section and rules adopted under this Section before May 15th of  
5 the school year. If a child in the second or sixth grade fails  
6 to present proof by May 15th, the school may hold the child's  
7 report card until one of the following occurs: (i) the child  
8 presents proof of a completed dental examination or (ii) the  
9 child presents proof that a dental examination will take place  
10 within 60 days after May 15th. The Department of Public Health  
11 shall establish, by rule, a waiver for children who show an  
12 undue burden or a lack of access to a dentist. Each public,  
13 private, and parochial school must give notice of this dental  
14 examination requirement to the parents and guardians of  
15 students at least 60 days before May 15th of each school year.

16 (1.10) Except as otherwise provided in this Section, all  
17 children enrolling in kindergarten in a public, private, or  
18 parochial school on or after the effective date of this  
19 amendatory Act of the 95th General Assembly and any student  
20 enrolling for the first time in a public, private, or parochial  
21 school on or after the effective date of this amendatory Act of  
22 the 95th General Assembly shall have an eye examination. Each  
23 of these children shall present proof of having been examined  
24 by a physician licensed to practice medicine in all of its  
25 branches or a licensed optometrist within the previous year, in  
26 accordance with this Section and rules adopted under this

1 Section, before October 15th of the school year. If the child  
2 fails to present proof by October 15th, the school may hold the  
3 child's report card until one of the following occurs: (i) the  
4 child presents proof of a completed eye examination or (ii) the  
5 child presents proof that an eye examination will take place  
6 within 60 days after October 15th. The Department of Public  
7 Health shall establish, by rule, a waiver for children who show  
8 an undue burden or a lack of access to a physician licensed to  
9 practice medicine in all of its branches who provides eye  
10 examinations or to a licensed optometrist. Each public,  
11 private, and parochial school must give notice of this eye  
12 examination requirement to the parents and guardians of  
13 students in compliance with rules of the Department of Public  
14 Health. Nothing in this Section shall be construed to allow a  
15 school to exclude a child from attending because of a parent's  
16 or guardian's failure to obtain an eye examination for the  
17 child.

18 (2) The Department of Public Health shall promulgate rules  
19 and regulations specifying the examinations and procedures  
20 that constitute a health examination, which shall include the  
21 collection of data relating to obesity (including at a minimum,  
22 date of birth, gender, height, weight, blood pressure, and date  
23 of exam), and a dental examination and may recommend by rule  
24 that certain additional examinations be performed. The rules  
25 and regulations of the Department of Public Health shall  
26 specify that a tuberculosis skin test screening shall be

1 included as a required part of each health examination included  
2 under this Section if the child resides in an area designated  
3 by the Department of Public Health as having a high incidence  
4 of tuberculosis. The Department of Public Health shall specify  
5 that a diabetes screening as defined by rule shall be included  
6 as a required part of each health examination. Diabetes testing  
7 is not required.

8 Physicians licensed to practice medicine in all of its  
9 branches, licensed advanced practice nurses ~~who have a written~~  
10 ~~collaborative agreement with a collaborating physician which~~  
11 ~~authorizes them to perform health examinations,~~ or licensed  
12 physician assistants ~~who have been delegated the performance of~~  
13 ~~health examinations by their supervising physician~~ shall be  
14 responsible for the performance of the health examinations,  
15 other than dental examinations, eye examinations, and vision  
16 and hearing screening, and shall sign all report forms required  
17 by subsection (4) of this Section that pertain to those  
18 portions of the health examination for which the physician,  
19 advanced practice nurse, or physician assistant is  
20 responsible. If a registered nurse performs any part of a  
21 health examination, then a physician licensed to practice  
22 medicine in all of its branches must review and sign all  
23 required report forms. Licensed dentists shall perform all  
24 dental examinations and shall sign all report forms required by  
25 subsection (4) of this Section that pertain to the dental  
26 examinations. Physicians licensed to practice medicine in all

1 its branches or licensed optometrists shall perform all eye  
2 examinations required by this Section and shall sign all report  
3 forms required by subsection (4) of this Section that pertain  
4 to the eye examination. For purposes of this Section, an eye  
5 examination shall at a minimum include history, visual acuity,  
6 subjective refraction to best visual acuity near and far,  
7 internal and external examination, and a glaucoma evaluation,  
8 as well as any other tests or observations that in the  
9 professional judgment of the doctor are necessary. Vision and  
10 hearing screening tests, which shall not be considered  
11 examinations as that term is used in this Section, shall be  
12 conducted in accordance with rules and regulations of the  
13 Department of Public Health, and by individuals whom the  
14 Department of Public Health has certified. In these rules and  
15 regulations, the Department of Public Health shall require that  
16 individuals conducting vision screening tests give a child's  
17 parent or guardian written notification, before the vision  
18 screening is conducted, that states, "Vision screening is not a  
19 substitute for a complete eye and vision evaluation by an eye  
20 doctor. Your child is not required to undergo this vision  
21 screening if an optometrist or ophthalmologist has completed  
22 and signed a report form indicating that an examination has  
23 been administered within the previous 12 months."

24 (3) Every child shall, at or about the same time as he or  
25 she receives a health examination required by subsection (1) of  
26 this Section, present to the local school proof of having

1 received such immunizations against preventable communicable  
2 diseases as the Department of Public Health shall require by  
3 rules and regulations promulgated pursuant to this Section and  
4 the Communicable Disease Prevention Act.

5 (4) The individuals conducting the health examination,  
6 dental examination, or eye examination shall record the fact of  
7 having conducted the examination, and such additional  
8 information as required, including for a health examination  
9 data relating to obesity (including at a minimum, date of  
10 birth, gender, height, weight, blood pressure, and date of  
11 exam), on uniform forms which the Department of Public Health  
12 and the State Board of Education shall prescribe for statewide  
13 use. The examiner shall summarize on the report form any  
14 condition that he or she suspects indicates a need for special  
15 services, including for a health examination factors relating  
16 to obesity. The individuals confirming the administration of  
17 required immunizations shall record as indicated on the form  
18 that the immunizations were administered.

19 (5) If a child does not submit proof of having had either  
20 the health examination or the immunization as required, then  
21 the child shall be examined or receive the immunization, as the  
22 case may be, and present proof by October 15 of the current  
23 school year, or by an earlier date of the current school year  
24 established by a school district. To establish a date before  
25 October 15 of the current school year for the health  
26 examination or immunization as required, a school district must

1 give notice of the requirements of this Section 60 days prior  
2 to the earlier established date. If for medical reasons one or  
3 more of the required immunizations must be given after October  
4 15 of the current school year, or after an earlier established  
5 date of the current school year, then the child shall present,  
6 by October 15, or by the earlier established date, a schedule  
7 for the administration of the immunizations and a statement of  
8 the medical reasons causing the delay, both the schedule and  
9 the statement being issued by the physician, advanced practice  
10 nurse, physician assistant, registered nurse, or local health  
11 department that will be responsible for administration of the  
12 remaining required immunizations. If a child does not comply by  
13 October 15, or by the earlier established date of the current  
14 school year, with the requirements of this subsection, then the  
15 local school authority shall exclude that child from school  
16 until such time as the child presents proof of having had the  
17 health examination as required and presents proof of having  
18 received those required immunizations which are medically  
19 possible to receive immediately. During a child's exclusion  
20 from school for noncompliance with this subsection, the child's  
21 parents or legal guardian shall be considered in violation of  
22 Section 26-1 and subject to any penalty imposed by Section  
23 26-10. This subsection (5) does not apply to dental  
24 examinations and eye examinations. If the student is an  
25 out-of-state transfer student and does not have the proof  
26 required under this subsection (5) before October 15 of the

1 current year or whatever date is set by the school district,  
2 then he or she may only attend classes (i) if he or she has  
3 proof that an appointment for the required vaccinations has  
4 been scheduled with a party authorized to submit proof of the  
5 required vaccinations. If the proof of vaccination required  
6 under this subsection (5) is not submitted within 30 days after  
7 the student is permitted to attend classes, then the student is  
8 not to be permitted to attend classes until proof of the  
9 vaccinations has been properly submitted. No school district or  
10 employee of a school district shall be held liable for any  
11 injury or illness to another person that results from admitting  
12 an out-of-state transfer student to class that has an  
13 appointment scheduled pursuant to this subsection (5).

14 (6) Every school shall report to the State Board of  
15 Education by November 15, in the manner which that agency shall  
16 require, the number of children who have received the necessary  
17 immunizations and the health examination (other than a dental  
18 examination or eye examination) as required, indicating, of  
19 those who have not received the immunizations and examination  
20 as required, the number of children who are exempt from health  
21 examination and immunization requirements on religious or  
22 medical grounds as provided in subsection (8). On or before  
23 December 1 of each year, every public school district and  
24 registered nonpublic school shall make publicly available the  
25 immunization data they are required to submit to the State  
26 Board of Education by November 15. The immunization data made



1 publicly available must be identical to the data the school  
2 district or school has reported to the State Board of  
3 Education.

4 Every school shall report to the State Board of Education  
5 by June 30, in the manner that the State Board requires, the  
6 number of children who have received the required dental  
7 examination, indicating, of those who have not received the  
8 required dental examination, the number of children who are  
9 exempt from the dental examination on religious grounds as  
10 provided in subsection (8) of this Section and the number of  
11 children who have received a waiver under subsection (1.5) of  
12 this Section.

13 Every school shall report to the State Board of Education  
14 by June 30, in the manner that the State Board requires, the  
15 number of children who have received the required eye  
16 examination, indicating, of those who have not received the  
17 required eye examination, the number of children who are exempt  
18 from the eye examination as provided in subsection (8) of this  
19 Section, the number of children who have received a waiver  
20 under subsection (1.10) of this Section, and the total number  
21 of children in noncompliance with the eye examination  
22 requirement.

23 The reported information under this subsection (6) shall be  
24 provided to the Department of Public Health by the State Board  
25 of Education.

26 (7) Upon determining that the number of pupils who are

1 required to be in compliance with subsection (5) of this  
2 Section is below 90% of the number of pupils enrolled in the  
3 school district, 10% of each State aid payment made pursuant to  
4 Section 18-8.05 to the school district for such year may be  
5 withheld by the State Board of Education until the number of  
6 students in compliance with subsection (5) is the applicable  
7 specified percentage or higher.

8 (8) Parents or legal guardians who object to health,  
9 dental, or eye examinations or any part thereof, or to  
10 immunizations, on religious grounds shall not be required to  
11 submit their children or wards to the examinations or  
12 immunizations to which they so object if such parents or legal  
13 guardians present to the appropriate local school authority a  
14 signed statement of objection, detailing the grounds for the  
15 objection. If the physical condition of the child is such that  
16 any one or more of the immunizing agents should not be  
17 administered, the examining physician, advanced practice  
18 nurse, or physician assistant responsible for the performance  
19 of the health examination shall endorse that fact upon the  
20 health examination form. Exempting a child from the health,  
21 dental, or eye examination does not exempt the child from  
22 participation in the program of physical education training  
23 provided in Sections 27-5 through 27-7 of this Code.

24 (9) For the purposes of this Section, "nursery schools"  
25 means those nursery schools operated by elementary school  
26 systems or secondary level school units or institutions of

1 higher learning.

2 (Source: P.A. 97-216, eff. 1-1-12; 97-910, eff. 1-1-13; 98-673,  
3 eff. 6-30-14.)

4 Section 20. The Illinois Clinical Laboratory and Blood Bank  
5 Act is amended by changing Section 7-101 as follows:

6 (210 ILCS 25/7-101) (from Ch. 111 1/2, par. 627-101)

7 Sec. 7-101. Examination of specimens. A clinical  
8 laboratory shall examine specimens only at the request of (i) a  
9 licensed physician, (ii) a licensed dentist, (iii) a licensed  
10 podiatric physician, (iv) a licensed optometrist, (v) a  
11 licensed physician assistant ~~in accordance with the written~~  
12 ~~supervision agreement required under Section 7.5 of the~~  
13 ~~Physician Assistant Practice Act of 1987 or when authorized~~  
14 ~~under Section 7.7 of the Physician Assistant Practice Act of~~  
15 ~~1987, (v-A) a licensed an advanced practice nurse in accordance~~  
16 ~~with the written collaborative agreement required under~~  
17 ~~Section 65-35 of the Nurse Practice Act or when authorized~~  
18 ~~under Section 65-45 of the Nurse Practice Act, (vi) an~~  
19 authorized law enforcement agency or, in the case of blood  
20 alcohol, at the request of the individual for whom the test is  
21 to be performed in compliance with Sections 11-501 and 11-501.1  
22 of the Illinois Vehicle Code, or (vii) a genetic counselor with  
23 the specific authority from a referral to order a test or tests  
24 pursuant to subsection (b) of Section 20 of the Genetic

1 Counselor Licensing Act. If the request to a laboratory is  
2 oral, the physician or other authorized person shall submit a  
3 written request to the laboratory within 48 hours. If the  
4 laboratory does not receive the written request within that  
5 period, it shall note that fact in its records. For purposes of  
6 this Section, a request made by electronic mail or fax  
7 constitutes a written request.

8 (Source: P.A. 97-333, eff. 8-12-11; 98-185, eff. 1-1-14;  
9 98-214, eff. 8-9-13; 98-756, eff. 7-16-14; 98-767, eff.  
10 1-1-15.)

11 Section 25. The Home Health, Home Services, and Home  
12 Nursing Agency Licensing Act is amended by changing Section  
13 2.05 as follows:

14 (210 ILCS 55/2.05) (from Ch. 111 1/2, par. 2802.05)

15 Sec. 2.05. "Home health services" means services provided  
16 to a person at his residence according to a plan of treatment  
17 for illness or infirmity prescribed by a physician licensed to  
18 practice medicine in all its branches, a licensed physician  
19 assistant ~~who has been delegated the authority to prescribe~~  
20 ~~home health services by his or her supervising physician, or a~~  
21 licensed ~~an~~ advanced practice nurse ~~who has a written~~  
22 ~~collaborative agreement with a collaborating physician that~~  
23 ~~delegates the authority to prescribe home health services.~~ Such  
24 services include part time and intermittent nursing services

1 and other therapeutic services such as physical therapy,  
2 occupational therapy, speech therapy, medical social services,  
3 or services provided by a home health aide.

4 (Source: P.A. 98-261, eff. 8-9-13.)

5 Section 30. The Illinois Insurance Code is amended by  
6 changing Sections 356g.5 and 356z.1 as follows:

7 (215 ILCS 5/356g.5)

8 Sec. 356g.5. Clinical breast exam.

9 (a) The General Assembly finds that clinical breast  
10 examinations are a critical tool in the early detection of  
11 breast cancer, while the disease is in its earlier and  
12 potentially more treatable stages. Insurer reimbursement of  
13 clinical breast examinations is essential to the effort to  
14 reduce breast cancer deaths in Illinois.

15 (b) Every insurer shall provide, in each group or  
16 individual policy, contract, or certificate of accident or  
17 health insurance issued or renewed for persons who are  
18 residents of Illinois, coverage for complete and thorough  
19 clinical breast examinations as indicated by guidelines of  
20 practice, performed by a physician licensed to practice  
21 medicine in all its branches, a licensed ~~an~~ advanced practice  
22 nurse ~~who has a collaborative agreement with a collaborating~~  
23 ~~physician that authorizes breast examinations,~~ or a licensed  
24 physician assistant ~~who has been delegated authority to provide~~

1 ~~breast examinations~~, to check for lumps and other changes for  
2 the purpose of early detection and prevention of breast cancer  
3 as follows:

4 (1) at least every 3 years for women at least 20 years  
5 of age but less than 40 years of age; and

6 (2) annually for women 40 years of age or older.

7 (c) Upon approval of a nationally recognized separate and  
8 distinct clinical breast exam code that is compliant with all  
9 State and federal laws, rules, and regulations, public and  
10 private insurance plans shall take action to cover clinical  
11 breast exams on a separate and distinct basis.

12 (Source: P.A. 95-189, eff. 8-16-07.)

13 (215 ILCS 5/356z.1)

14 Sec. 356z.1. Prenatal HIV testing. An individual or group  
15 policy of accident and health insurance that provides maternity  
16 coverage and is amended, delivered, issued, or renewed after  
17 the effective date of this amendatory Act of the 92nd General  
18 Assembly must provide coverage for prenatal HIV testing ordered  
19 by an attending physician licensed to practice medicine in all  
20 its branches, or by a physician assistant or advanced practice  
21 registered nurse ~~who has a written collaborative agreement with~~  
22 ~~a collaborating physician that authorizes these services,~~  
23 including but not limited to orders consistent with the  
24 recommendations of the American College of Obstetricians and  
25 Gynecologists or the American Academy of Pediatrics.

1 (Source: P.A. 92-130, eff. 7-20-01.)

2 Section 33. The Medical Practice Act of 1987 is amended by  
3 changing Section 54.5 as follows:

4 (225 ILCS 60/54.5)

5 (Section scheduled to be repealed on December 31, 2015)

6 Sec. 54.5. Physician delegation of authority to physician  
7 assistants, advanced practice nurses, and prescribing  
8 psychologists.

9 (a) Physicians licensed to practice medicine in all its  
10 branches may delegate care and treatment responsibilities to a  
11 physician assistant under guidelines in accordance with the  
12 requirements of the Physician Assistant Practice Act of 1987. A  
13 physician licensed to practice medicine in all its branches may  
14 enter into supervising physician agreements with no more than 5  
15 physician assistants as set forth in subsection (a) of Section  
16 7 of the Physician Assistant Practice Act of 1987.

17 (b) A physician licensed to practice medicine in all its  
18 branches in active clinical practice may collaborate with an  
19 advanced practice nurse in accordance with the requirements of  
20 the Nurse Practice Act. Collaboration is for the purpose of  
21 providing medical consultation, and no employment relationship  
22 is required. A written collaborative agreement shall conform to  
23 the requirements of Section 65-35 of the Nurse Practice Act.  
24 The written collaborative agreement shall be for services in

1 the same area of practice or specialty as the collaborating  
2 physician ~~generally provides or may provide~~ in his or her  
3 clinical medical practice. A written collaborative agreement  
4 shall be adequate with respect to collaboration with advanced  
5 practice nurses if all of the following apply:

6 (1) The agreement is written to promote the exercise of  
7 professional judgment by the advanced practice nurse  
8 commensurate with his or her education and experience. ~~The~~  
9 ~~agreement need not describe the exact steps that an~~  
10 ~~advanced practice nurse must take with respect to each~~  
11 ~~specific condition, disease, or symptom, but must specify~~  
12 ~~those procedures that require a physician's presence as the~~  
13 ~~procedures are being performed.~~

14 ~~(2) Practice guidelines and orders are developed and~~  
15 ~~approved jointly by the advanced practice nurse and~~  
16 ~~collaborating physician, as needed, based on the practice~~  
17 ~~of the practitioners. Such guidelines and orders and the~~  
18 ~~patient services provided thereunder are periodically~~  
19 ~~reviewed by the collaborating physician.~~

20 (2) ~~(3)~~ The advance practice nurse provides services  
21 based upon a written collaborative agreement with the  
22 collaborating physician ~~generally provides or may provide~~  
23 ~~in his or her clinical medical practice,~~ except as set  
24 forth in subsection (b-5) of this Section. With respect to  
25 labor and delivery, the collaborating physician must  
26 provide delivery services in order to participate with a



1 certified nurse midwife.

2 ~~(4) The collaborating physician and advanced practice~~  
3 ~~nurse consult at least once a month to provide~~  
4 ~~collaboration and consultation.~~

5 (3) ~~(5)~~ Methods of communication are available with the  
6 collaborating physician in person or through  
7 telecommunications for consultation, collaboration, and  
8 referral as needed to address patient care needs.

9 ~~(6) The agreement contains provisions detailing notice~~  
10 ~~for termination or change of status involving a written~~  
11 ~~collaborative agreement, except when such notice is given~~  
12 ~~for just cause.~~

13 (b-5) An anesthesiologist or physician licensed to  
14 practice medicine in all its branches may collaborate with a  
15 certified registered nurse anesthetist in accordance with  
16 Section 65-35 of the Nurse Practice Act for the provision of  
17 anesthesia services. With respect to the provision of  
18 anesthesia services, the collaborating anesthesiologist or  
19 physician shall have training and experience in the delivery of  
20 anesthesia services consistent with Department rules.  
21 Collaboration shall be adequate if:

22 (1) an anesthesiologist or a physician participates in  
23 the joint formulation and joint approval of orders or  
24 guidelines and periodically reviews such orders and the  
25 services provided patients under such orders; and

26 (2) for anesthesia services, the anesthesiologist or

1 physician participates through discussion of and agreement  
2 with the anesthesia plan and is physically present and  
3 available on the premises during the delivery of anesthesia  
4 services for diagnosis, consultation, and treatment of  
5 emergency medical conditions. Anesthesia services in a  
6 hospital shall be conducted in accordance with Section 10.7  
7 of the Hospital Licensing Act and in an ambulatory surgical  
8 treatment center in accordance with Section 6.5 of the  
9 Ambulatory Surgical Treatment Center Act.

10 (b-10) The anesthesiologist or operating physician must  
11 agree with the anesthesia plan prior to the delivery of  
12 services.

13 (c) The supervising physician shall have access to the  
14 medical records of all patients attended by a physician  
15 assistant. The collaborating physician shall have access to the  
16 medical records of all patients attended to by an advanced  
17 practice nurse.

18 (d) (Blank).

19 (e) A physician shall not be liable for the acts or  
20 omissions of a prescribing psychologist, physician assistant,  
21 or advanced practice nurse solely on the basis of having signed  
22 a supervision agreement or guidelines or a collaborative  
23 agreement, an order, a standing medical order, a standing  
24 delegation order, or other order or guideline authorizing a  
25 prescribing psychologist, physician assistant, or advanced  
26 practice nurse to perform acts, unless the physician has reason

1 to believe the prescribing psychologist, physician assistant,  
2 or advanced practice nurse lacked the competency to perform the  
3 act or acts or commits willful and wanton misconduct.

4 (f) A collaborating physician may, but is not required to,  
5 delegate prescriptive authority to an advanced practice nurse  
6 as part of a written collaborative agreement, and the  
7 delegation of prescriptive authority shall conform to the  
8 requirements of Section 65-40 of the Nurse Practice Act.

9 (g) A supervising physician may, but is not required to,  
10 delegate prescriptive authority to a physician assistant as  
11 part of a written supervision agreement, and the delegation of  
12 prescriptive authority shall conform to the requirements of  
13 Section 7.5 of the Physician Assistant Practice Act of 1987.

14 (h) (Blank). ~~For the purposes of this Section, "generally~~  
15 ~~provides or may provide in his or her clinical medical~~  
16 ~~practice" means categories of care or treatment, not specific~~  
17 ~~tasks or duties, that the physician provides individually or~~  
18 ~~through delegation to other persons so that the physician has~~  
19 ~~the experience and ability to provide collaboration and~~  
20 ~~consultation. This definition shall not be construed to~~  
21 ~~prohibit an advanced practice nurse from providing primary~~  
22 ~~health treatment or care within the scope of his or her~~  
23 ~~training and experience, including, but not limited to, health~~  
24 ~~screenings, patient histories, physical examinations, women's~~  
25 ~~health examinations, or school physicals that may be provided~~  
26 ~~as part of the routine practice of an advanced practice nurse~~

1 ~~or on a volunteer basis.~~

2 (i) A collaborating physician shall delegate prescriptive  
3 authority to a prescribing psychologist as part of a written  
4 collaborative agreement, and the delegation of prescriptive  
5 authority shall conform to the requirements of Section 4.3 of  
6 the Clinical Psychologist Licensing Act.

7 (Source: P.A. 97-358, eff. 8-12-11; 97-1071, eff. 8-24-12;  
8 98-192, eff. 1-1-14; 98-668, eff. 6-25-14.)

9 Section 35. The Nurse Practice Act is amended by changing  
10 Sections 50-10, 65-35, and 65-45 and by adding Section 65-35.1  
11 as follows:

12 (225 ILCS 65/50-10) (was 225 ILCS 65/5-10)

13 (Section scheduled to be repealed on January 1, 2018)

14 Sec. 50-10. Definitions. Each of the following terms, when  
15 used in this Act, shall have the meaning ascribed to it in this  
16 Section, except where the context clearly indicates otherwise:

17 "Academic year" means the customary annual schedule of  
18 courses at a college, university, or approved school,  
19 customarily regarded as the school year as distinguished from  
20 the calendar year.

21 "Advanced practice nurse" or "APN" means a person who has  
22 met the qualifications for a (i) certified nurse midwife (CNM);  
23 (ii) certified nurse practitioner (CNP); (iii) certified  
24 registered nurse anesthetist (CRNA); or (iv) clinical nurse

1 specialist (CNS) and has been licensed by the Department. All  
2 advanced practice nurses licensed and practicing in the State  
3 of Illinois shall use the title APN and may use specialty  
4 credentials CNM, CNP, CRNA, or CNS after their name. All  
5 advanced practice nurses may only practice in accordance with  
6 national certification and this Act.

7 "Approved program of professional nursing education" and  
8 "approved program of practical nursing education" are programs  
9 of professional or practical nursing, respectively, approved  
10 by the Department under the provisions of this Act.

11 "Board" means the Board of Nursing appointed by the  
12 Secretary.

13 "Collaboration" means a process involving 2 or more health  
14 care professionals working together, each contributing one's  
15 respective area of expertise to provide more comprehensive  
16 patient care.

17 "Consultation" means the process whereby an advanced  
18 practice nurse seeks the advice or opinion of another health  
19 care professional.

20 "Credentialed" means the process of assessing and  
21 validating the qualifications of a health care professional.

22 "Current nursing practice update course" means a planned  
23 nursing education curriculum approved by the Department  
24 consisting of activities that have educational objectives,  
25 instructional methods, content or subject matter, clinical  
26 practice, and evaluation methods, related to basic review and

1 updating content and specifically planned for those nurses  
2 previously licensed in the United States or its territories and  
3 preparing for reentry into nursing practice.

4 "Dentist" means a person licensed to practice dentistry  
5 under the Illinois Dental Practice Act.

6 "Department" means the Department of Financial and  
7 Professional Regulation.

8 "Impaired nurse" means a nurse licensed under this Act who  
9 is unable to practice with reasonable skill and safety because  
10 of a physical or mental disability as evidenced by a written  
11 determination or written consent based on clinical evidence,  
12 including loss of motor skills, abuse of drugs or alcohol, or a  
13 psychiatric disorder, of sufficient degree to diminish his or  
14 her ability to deliver competent patient care.

15 "License-pending advanced practice nurse" means a  
16 registered professional nurse who has completed all  
17 requirements for licensure as an advanced practice nurse except  
18 the certification examination and has applied to take the next  
19 available certification exam and received a temporary license  
20 from the Department.

21 "License-pending registered nurse" means a person who has  
22 passed the Department-approved registered nurse licensure exam  
23 and has applied for a license from the Department. A  
24 license-pending registered nurse shall use the title "RN lic  
25 pend" on all documentation related to nursing practice.

26 "Physician" means a person licensed to practice medicine in

1 all its branches under the Medical Practice Act of 1987.

2 "Podiatric physician" means a person licensed to practice  
3 podiatry under the Podiatric Medical Practice Act of 1987.

4 "Practical nurse" or "licensed practical nurse" means a  
5 person who is licensed as a practical nurse under this Act and  
6 practices practical nursing as defined in this Act. Only a  
7 practical nurse licensed under this Act is entitled to use the  
8 title "licensed practical nurse" and the abbreviation  
9 "L.P.N.".

10 "Practical nursing" means the performance of nursing acts  
11 requiring the basic nursing knowledge, judgment ~~judgement~~, and  
12 skill acquired by means of completion of an approved practical  
13 nursing education program. Practical nursing includes  
14 assisting in the nursing process as delegated by a registered  
15 professional nurse or an advanced practice nurse. The practical  
16 nurse may work under the direction of a licensed physician,  
17 dentist, podiatric physician, or other health care  
18 professional determined by the Department.

19 "Privileged" means the authorization granted by the  
20 governing body of a healthcare facility, agency, or  
21 organization to provide specific patient care services within  
22 well-defined limits, based on qualifications reviewed in the  
23 credentialing process.

24 "Registered Nurse" or "Registered Professional Nurse"  
25 means a person who is licensed as a professional nurse under  
26 this Act and practices nursing as defined in this Act. Only a

1 registered nurse licensed under this Act is entitled to use the  
2 titles "registered nurse" and "registered professional nurse"  
3 and the abbreviation, "R.N."

4 "Registered professional nursing practice" is a scientific  
5 process founded on a professional body of knowledge; it is a  
6 learned profession based on the understanding of the human  
7 condition across the life span and environment and includes all  
8 nursing specialties and means the performance of any nursing  
9 act based upon professional knowledge, judgment, and skills  
10 acquired by means of completion of an approved professional  
11 nursing education program. A registered professional nurse  
12 provides holistic nursing care through the nursing process to  
13 individuals, groups, families, or communities, that includes  
14 but is not limited to: (1) the assessment of healthcare needs,  
15 nursing diagnosis, planning, implementation, and nursing  
16 evaluation; (2) the promotion, maintenance, and restoration of  
17 health; (3) counseling, patient education, health education,  
18 and patient advocacy; (4) the administration of medications and  
19 treatments as prescribed by a physician licensed to practice  
20 medicine in all of its branches, a licensed dentist, a licensed  
21 podiatric physician, or a licensed optometrist or as prescribed  
22 by a physician assistant ~~in accordance with written guidelines~~  
23 ~~required under the Physician Assistant Practice Act of 1987~~ or  
24 by an advanced practice nurse ~~in accordance with Article 65 of~~  
25 ~~this Act~~; (5) the coordination and management of the nursing  
26 plan of care; (6) the delegation to and supervision of



1 individuals who assist the registered professional nurse  
2 implementing the plan of care; and (7) teaching nursing  
3 students. The foregoing shall not be deemed to include those  
4 acts of medical diagnosis or prescription of therapeutic or  
5 corrective measures.

6 "Professional assistance program for nurses" means a  
7 professional assistance program that meets criteria  
8 established by the Board of Nursing and approved by the  
9 Secretary, which provides a non-disciplinary treatment  
10 approach for nurses licensed under this Act whose ability to  
11 practice is compromised by alcohol or chemical substance  
12 addiction.

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

15 "Unencumbered license" means a license issued in good  
16 standing.

17 "Written collaborative agreement" means a written  
18 agreement between an advanced practice nurse and a  
19 collaborating physician, dentist, or podiatric physician  
20 pursuant to Section 65-35.

21 (Source: P.A. 97-813, eff. 7-13-12; 98-214, eff. 8-9-13.)

22 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 65-35. Written collaborative agreements.

25 (a) A written collaborative agreement is required for all

1 advanced practice nurses engaged in clinical practice, except  
2 for advanced practice nurses who are authorized to practice in  
3 a hospital, hospital affiliate, or ambulatory surgical  
4 treatment center.

5 (a-5) If an advanced practice nurse engages in clinical  
6 practice outside of a hospital, hospital affiliate, or  
7 ambulatory surgical treatment center in which he or she is  
8 authorized to practice, the advanced practice nurse must have a  
9 written collaborative agreement.

10 (b) A written collaborative agreement shall describe the  
11 ~~working~~ relationship of the advanced practice nurse with the  
12 collaborating physician or podiatric physician and shall  
13 describe ~~authorize~~ the categories of care, treatment, or  
14 procedures to be provided ~~performed~~ by the advanced practice  
15 nurse. A collaborative agreement with a dentist must be in  
16 accordance with subsection (c-10) of this Section.  
17 Collaboration does not require an employment relationship  
18 between the collaborating physician or podiatric physician and  
19 advanced practice nurse. ~~Collaboration means the relationship~~  
20 ~~under which an advanced practice nurse works with a~~  
21 ~~collaborating physician or podiatric physician in an active~~  
22 ~~clinical practice to deliver health care services in accordance~~  
23 ~~with (i) the advanced practice nurse's training, education, and~~  
24 ~~experience and (ii) collaboration and consultation as~~  
25 ~~documented in a jointly developed written collaborative~~  
26 ~~agreement.~~

1       ~~The agreement shall promote the exercise of professional~~  
2       ~~judgment by the advanced practice nurse commensurate with his~~  
3       ~~or her education and experience. The services to be provided by~~  
4       ~~the advanced practice nurse shall be services that the~~  
5       ~~collaborating physician or podiatric physician is authorized~~  
6       ~~to and generally provides or may provide in his or her clinical~~  
7       ~~medical or podiatric practice, except as set forth in~~  
8       ~~subsection (b 5) or (c 5) of this Section. The agreement need~~  
9       ~~not describe the exact steps that an advanced practice nurse~~  
10       ~~must take with respect to each specific condition, disease, or~~  
11       ~~symptom but must specify which authorized procedures require~~  
12       ~~the presence of the collaborating physician or podiatric~~  
13       ~~physician as the procedures are being performed. The~~  
14       collaborative relationship under an agreement shall not be  
15       construed to require the personal presence of a physician or  
16       podiatric physician at the place where services are rendered.  
17       Methods of communication shall be available for consultation  
18       with the collaborating physician or podiatric physician in  
19       person or by telecommunications or electronic communications  
20       ~~in accordance with established written guidelines~~ as set forth  
21       in the written agreement.

22       (b-5) Absent an employment relationship, a written  
23       collaborative agreement may not (1) restrict the categories of  
24       patients of an advanced practice nurse within the scope of the  
25       advanced practice nurses training and experience, (2) limit  
26       third party payors or government health programs, such as the

1 medical assistance program or Medicare with which the advanced  
2 practice nurse contracts, or (3) limit the geographic area or  
3 practice location of the advanced practice nurse in this State.

4 ~~(c) Collaboration and consultation under all collaboration~~  
5 ~~agreements shall be adequate if a collaborating physician or~~  
6 ~~podiatric physician does each of the following:~~

7 ~~(1) Participates in the joint formulation and joint~~  
8 ~~approval of orders or guidelines with the advanced practice~~  
9 ~~nurse and he or she periodically reviews such orders and~~  
10 ~~the services provided patients under such orders in~~  
11 ~~accordance with accepted standards of medical practice or~~  
12 ~~podiatric practice and advanced practice nursing practice.~~

13 ~~(2) Provides collaboration and consultation with the~~  
14 ~~advanced practice nurse at least once a month. In the case~~  
15 ~~of anesthesia services provided by a certified registered~~  
16 ~~nurse anesthetist, an anesthesiologist, a physician, a~~  
17 ~~dentist, or a podiatric physician must participate through~~  
18 ~~discussion of and agreement with the anesthesia plan and~~  
19 ~~remain physically present and available on the premises~~  
20 ~~during the delivery of anesthesia services for diagnosis,~~  
21 ~~consultation, and treatment of emergency medical~~  
22 ~~conditions.~~

23 ~~(3) Is available through telecommunications for~~  
24 ~~consultation on medical problems, complications, or~~  
25 ~~emergencies or patient referral. In the case of anesthesia~~  
26 services provided by a certified registered nurse

1           anesthetist, an anesthesiologist, a physician, a dentist,  
2           or a podiatric physician must participate through  
3           discussion of and agreement with the anesthesia plan and  
4           remain physically present and available on the premises  
5           during the delivery of anesthesia services for diagnosis,  
6           consultation, and treatment of emergency medical  
7           conditions.

8           ~~The agreement must contain provisions detailing notice for~~  
9           ~~termination or change of status involving a written~~  
10          ~~collaborative agreement, except when such notice is given for~~  
11          ~~just cause.~~

12          (c-5) A certified registered nurse anesthetist, who  
13          provides anesthesia services outside of a hospital or  
14          ambulatory surgical treatment center shall enter into a written  
15          collaborative agreement with an anesthesiologist or the  
16          physician licensed to practice medicine in all its branches or  
17          the podiatric physician performing the procedure. Outside of a  
18          hospital or ambulatory surgical treatment center, the  
19          certified registered nurse anesthetist may provide only those  
20          services that the collaborating podiatric physician is  
21          authorized to provide pursuant to the Podiatric Medical  
22          Practice Act of 1987 and rules adopted thereunder. A certified  
23          registered nurse anesthetist may select, order, and administer  
24          medication, including controlled substances, and apply  
25          appropriate medical devices for delivery of anesthesia  
26          services under the anesthesia plan agreed with by the

1 anesthesiologist or the operating physician or operating  
2 podiatric physician.

3 (c-10) A certified registered nurse anesthetist who  
4 provides anesthesia services in a dental office shall enter  
5 into a written collaborative agreement with an  
6 anesthesiologist or the physician licensed to practice  
7 medicine in all its branches or the operating dentist  
8 performing the procedure. The agreement shall describe the  
9 working relationship of the certified registered nurse  
10 anesthetist and dentist and shall authorize the categories of  
11 care, treatment, or procedures to be performed by the certified  
12 registered nurse anesthetist. In a collaborating dentist's  
13 office, the certified registered nurse anesthetist may only  
14 provide those services that the operating dentist with the  
15 appropriate permit is authorized to provide pursuant to the  
16 Illinois Dental Practice Act and rules adopted thereunder. For  
17 anesthesia services, an anesthesiologist, physician, or  
18 operating dentist shall participate through discussion of and  
19 agreement with the anesthesia plan and shall remain physically  
20 present and be available on the premises during the delivery of  
21 anesthesia services for diagnosis, consultation, and treatment  
22 of emergency medical conditions. A certified registered nurse  
23 anesthetist may select, order, and administer medication,  
24 including controlled substances, and apply appropriate medical  
25 devices for delivery of anesthesia services under the  
26 anesthesia plan agreed with by the operating dentist.

1 (d) A copy of the signed, written collaborative agreement  
2 must be available to the Department upon request from both the  
3 advanced practice nurse and the collaborating physician,  
4 dentist, or podiatric physician.

5 (e) Nothing in this Act shall be construed to limit the  
6 delegation of tasks or duties by a physician to a licensed  
7 practical nurse, a registered professional nurse, or other  
8 persons in accordance with Section 54.2 of the Medical Practice  
9 Act of 1987. Nothing in this Act shall be construed to limit  
10 the method of delegation that may be authorized by any means,  
11 including, but not limited to, oral, written, electronic,  
12 standing orders, protocols, guidelines, or verbal orders.  
13 Nothing in this Act shall be construed to authorize an advanced  
14 practice nurse to provide health care services required by law  
15 or rule to be performed by a physician.

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

21 (g) (Blank). ~~For the purposes of this Act, "generally~~  
22 ~~provides or may provide in his or her clinical medical~~  
23 ~~practice" means categories of care or treatment, not specific~~  
24 ~~tasks or duties, the physician provides individually or through~~  
25 ~~delegation to other persons so that the physician has the~~  
26 ~~experience and ability to provide collaboration and~~

1 ~~consultation. This definition shall not be construed to~~  
2 ~~prohibit an advanced practice nurse from providing primary~~  
3 ~~health treatment or care within the scope of his or her~~  
4 ~~training and experience, including, but not limited to, health~~  
5 ~~screenings, patient histories, physical examinations, women's~~  
6 ~~health examinations, or school physicals that may be provided~~  
7 ~~as part of the routine practice of an advanced practice nurse~~  
8 ~~or on a volunteer basis.~~

9 ~~For the purposes of this Act, "generally provides or may~~  
10 ~~provide in his or her clinical podiatric practice" means~~  
11 ~~services, not specific tasks or duties, that the podiatric~~  
12 ~~physician routinely provides individually or through~~  
13 ~~delegation to other persons so that the podiatric physician has~~  
14 ~~the experience and ability to provide collaboration and~~  
15 ~~consultation.~~

16 (Source: P.A. 97-358, eff. 8-12-11; 98-192, eff. 1-1-14;  
17 98-214, eff. 8-9-13; 98-756, eff. 7-16-14.)

18 (225 ILCS 65/65-35.1 new)

19 Sec. 65-35.1. Written collaborative agreement; temporary  
20 practice. Any advanced practice nurse required to enter into a  
21 written collaborative agreement with a collaborating physician  
22 or collaborating podiatrist is authorized to continue to  
23 practice for up to 90 days after the termination of a  
24 collaborative agreement provided the advanced practice nurse  
25 seeks any needed collaboration at a local hospital and refers



1 patients who require services beyond the training and  
2 experience of the advanced practice nurse to a physician or  
3 other health care provider.

4 (225 ILCS 65/65-45) (was 225 ILCS 65/15-25)

5 (Section scheduled to be repealed on January 1, 2018)

6 Sec. 65-45. Advanced practice nursing in hospitals,  
7 hospital affiliates, or ambulatory surgical treatment centers.

8 (a) An advanced practice nurse may provide services in a  
9 hospital or a hospital affiliate as those terms are defined in  
10 the Hospital Licensing Act or the University of Illinois  
11 Hospital Act or a licensed ambulatory surgical treatment center  
12 without a written collaborative agreement pursuant to Section  
13 65-35 of this Act. An advanced practice nurse must possess  
14 clinical privileges recommended by the hospital medical staff  
15 and granted by the hospital or the consulting medical staff  
16 committee and ambulatory surgical treatment center in order to  
17 provide services. The medical staff or consulting medical staff  
18 committee shall periodically review the services of advanced  
19 practice nurses granted clinical privileges, including any  
20 care provided in a hospital affiliate. Authority may also be  
21 granted when recommended by the hospital medical staff and  
22 granted by the hospital or recommended by the consulting  
23 medical staff committee and ambulatory surgical treatment  
24 center to individual advanced practice nurses to select, order,  
25 and administer medications, including controlled substances,

1 to provide delineated care. In a hospital, hospital affiliate,  
2 or ambulatory surgical treatment center, the attending  
3 physician shall determine an advanced practice nurse's role in  
4 providing care for his or her patients, except as otherwise  
5 provided in the medical staff bylaws or consulting committee  
6 policies.

7 (a-2) An advanced practice nurse granted authority to order  
8 medications including controlled substances may complete  
9 discharge prescriptions provided the prescription is in the  
10 name of the advanced practice nurse and the attending or  
11 discharging physician.

12 (a-3) Advanced practice nurses practicing in a hospital or  
13 an ambulatory surgical treatment center are not required to  
14 obtain a mid-level controlled substance license to order  
15 controlled substances under Section 303.05 of the Illinois  
16 Controlled Substances Act.

17 (a-5) For anesthesia services provided by a certified  
18 registered nurse anesthetist, an anesthesiologist, physician,  
19 dentist, or podiatric physician shall participate through  
20 discussion of and agreement with the anesthesia plan and shall  
21 remain physically present and be available on the premises  
22 during the delivery of anesthesia services for diagnosis,  
23 consultation, and treatment of emergency medical conditions,  
24 unless hospital policy adopted pursuant to clause (B) of  
25 subdivision (3) of Section 10.7 of the Hospital Licensing Act  
26 or ambulatory surgical treatment center policy adopted

1 pursuant to clause (B) of subdivision (3) of Section 6.5 of the  
2 Ambulatory Surgical Treatment Center Act provides otherwise. A  
3 certified registered nurse anesthetist may select, order, and  
4 administer medication for anesthesia services under the  
5 anesthesia plan agreed to by the anesthesiologist or the  
6 physician, in accordance with hospital alternative policy or  
7 the medical staff consulting committee policies of a licensed  
8 ambulatory surgical treatment center.

9 (b) An advanced practice nurse who provides services in a  
10 hospital shall do so in accordance with Section 10.7 of the  
11 Hospital Licensing Act and, in an ambulatory surgical treatment  
12 center, in accordance with Section 6.5 of the Ambulatory  
13 Surgical Treatment Center Act.

14 (c) Advanced practice nurses certified as nurse  
15 practitioners, nurse midwives, or clinical nurse specialists  
16 practicing in a hospital affiliate may be, but are not required  
17 to be, granted authority to prescribe Schedule II through V  
18 controlled substances when such authority is recommended by the  
19 appropriate physician committee of the hospital affiliate and  
20 granted by the hospital affiliate. This authority may, but is  
21 not required to, include prescription of, selection of, orders  
22 for, administration of, storage of, acceptance of samples of,  
23 and dispensing over-the-counter medications, legend drugs,  
24 medical gases, and controlled substances categorized as  
25 Schedule II through V controlled substances, as defined in  
26 Article II of the Illinois Controlled Substances Act, and other

1 preparations, including, but not limited to, botanical and  
2 herbal remedies.

3 To prescribe controlled substances under this subsection  
4 (c), an advanced practice nurse certified as a nurse  
5 practitioner, nurse midwife, or clinical nurse specialist must  
6 obtain a mid-level practitioner controlled substance license.  
7 Medication orders shall be reviewed periodically by the  
8 appropriate hospital affiliate physicians committee or its  
9 physician designee.

10 The hospital affiliate shall file with the Department  
11 notice of a grant of prescriptive authority consistent with  
12 this subsection (c) and termination of such a grant of  
13 authority, in accordance with rules of the Department. Upon  
14 receipt of this notice of grant of authority to prescribe any  
15 Schedule II through V controlled substances, the licensed  
16 advanced practice nurse certified as a nurse practitioner,  
17 nurse midwife, or clinical nurse specialist may register for a  
18 mid-level practitioner controlled substance license under  
19 Section 303.05 of the Illinois Controlled Substances Act.

20 In addition, a hospital affiliate may, but is not required  
21 to, grant authority to an advanced practice nurse certified as  
22 a nurse practitioner, nurse midwife, or clinical nurse  
23 specialist to prescribe any Schedule II controlled substances,  
24 if all of the following conditions apply:

25 (1) specific Schedule II controlled substances by oral  
26 dosage or topical or transdermal application may be

1 designated, provided that the designated Schedule II  
2 controlled substances are routinely prescribed by advanced  
3 practice nurses in their area of certification; this grant  
4 of authority must identify the specific Schedule II  
5 controlled substances by either brand name or generic name;  
6 authority to prescribe or dispense Schedule II controlled  
7 substances to be delivered by injection or other route of  
8 administration may not be granted;

9 (2) any grant of authority must be controlled  
10 substances limited to the practice of the advanced practice  
11 nurse;

12 (3) any prescription must be limited to no more than a  
13 30-day supply;

14 (4) the advanced practice nurse must discuss the  
15 condition of any patients for whom a controlled substance  
16 is prescribed monthly with the appropriate physician  
17 committee of the hospital affiliate or its physician  
18 designee; and

19 (5) the advanced practice nurse must meet the education  
20 requirements of Section 303.05 of the Illinois Controlled  
21 Substances Act.

22 (Source: P.A. 97-358, eff. 8-12-11; 98-214, eff. 8-9-13.)

23 Section 40. The Illinois Occupational Therapy Practice Act  
24 is amended by changing Section 3.1 as follows:

1 (225 ILCS 75/3.1)

2 (Section scheduled to be repealed on January 1, 2024)

3 Sec. 3.1. Referrals.

4 (a) A licensed occupational therapist or licensed  
5 occupational therapy assistant may consult with, educate,  
6 evaluate, and monitor services for individuals, groups, and  
7 populations concerning occupational therapy needs. Except as  
8 indicated in subsections (b) and (c) of this Section,  
9 implementation of direct occupational therapy treatment to  
10 individuals for their specific health care conditions shall be  
11 based upon a referral from a licensed physician, dentist,  
12 podiatric physician, ~~or advanced practice nurse who has a~~  
13 ~~written collaborative agreement with a collaborating physician~~  
14 ~~to provide or accept referrals from licensed occupational~~  
15 ~~therapists, physician assistant who has been delegated~~  
16 ~~authority to provide or accept referrals from or to licensed~~  
17 ~~occupational therapists, or optometrist.~~

18 (b) A referral is not required for the purpose of providing  
19 consultation, habilitation, screening, education, wellness,  
20 prevention, environmental assessments, and work-related  
21 ergonomic services to individuals, groups, or populations.

22 (c) Referral from a physician or other health care provider  
23 is not required for evaluation or intervention for children and  
24 youths if an occupational therapist or occupational therapy  
25 assistant provides services in a school-based or educational  
26 environment, including the child's home.

1 (d) An occupational therapist shall refer to a licensed  
2 physician, dentist, optometrist, advanced practice nurse,  
3 physician assistant, or podiatric physician any patient whose  
4 medical condition should, at the time of evaluation or  
5 treatment, be determined to be beyond the scope of practice of  
6 the occupational therapist.

7 (Source: P.A. 98-214, eff. 8-9-13; 98-264, eff. 12-31-13;  
8 98-756, eff. 7-16-14.)

9 Section 45. The Orthotics, Prosthetics, and Pedorthics  
10 Practice Act is amended by changing Section 57 as follows:

11 (225 ILCS 84/57)

12 (Section scheduled to be repealed on January 1, 2020)

13 Sec. 57. Limitation on provision of care and services. A  
14 licensed orthotist, prosthetist, or pedorthist may provide  
15 care or services only if the care or services are provided  
16 pursuant to an order from (i) a licensed physician, (ii) a  
17 licensed podiatric physician, (iii) a licensed ~~an~~ advanced  
18 practice nurse ~~who has a written collaborative agreement with a~~  
19 ~~collaborating physician or podiatric physician that~~  
20 ~~specifically authorizes ordering the services of an orthotist,~~  
21 ~~prosthetist or pedorthist, or~~ (iv) an advanced practice nurse  
22 ~~who practices in a hospital or ambulatory surgical treatment~~  
23 ~~center and possesses clinical privileges to order services of~~  
24 ~~an orthotist, prosthetist, or pedorthist, or (v) a~~ licensed

1 physician assistant ~~who has been delegated the authority to~~  
2 ~~order the services of an orthotist, prosthetist, or pedorthist~~  
3 ~~by his or her supervising physician.~~ A licensed podiatric  
4 physician or advanced practice nurse collaborating with a  
5 podiatric physician may only order care or services concerning  
6 the foot from a licensed prosthetist.

7 (Source: P.A. 98-214, eff. 8-9-13.)

8 Section 50. The Illinois Physical Therapy Act is amended by  
9 changing Section 1 as follows:

10 (225 ILCS 90/1) (from Ch. 111, par. 4251)

11 (Section scheduled to be repealed on January 1, 2016)

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

13 (1) "Physical therapy" means all of the following:

14 (A) Examining, evaluating, and testing individuals who  
15 may have mechanical, physiological, or developmental  
16 impairments, functional limitations, disabilities, or  
17 other health and movement-related conditions, classifying  
18 these disorders, determining a rehabilitation prognosis  
19 and plan of therapeutic intervention, and assessing the  
20 on-going effects of the interventions.

21 (B) Alleviating impairments, functional limitations,  
22 or disabilities by designing, implementing, and modifying  
23 therapeutic interventions that may include, but are not  
24 limited to, the evaluation or treatment of a person through



1 the use of the effective properties of physical measures  
2 and heat, cold, light, water, radiant energy, electricity,  
3 sound, and air and use of therapeutic massage, therapeutic  
4 exercise, mobilization, and rehabilitative procedures,  
5 with or without assistive devices, for the purposes of  
6 preventing, correcting, or alleviating a physical or  
7 mental impairment, functional limitation, or disability.

8 (C) Reducing the risk of injury, impairment,  
9 functional limitation, or disability, including the  
10 promotion and maintenance of fitness, health, and  
11 wellness.

12 (D) Engaging in administration, consultation,  
13 education, and research.

14 Physical therapy includes, but is not limited to: (a)  
15 performance of specialized tests and measurements, (b)  
16 administration of specialized treatment procedures, (c)  
17 interpretation of referrals from physicians, dentists,  
18 advanced practice nurses, physician assistants, and podiatric  
19 physicians, (d) establishment, and modification of physical  
20 therapy treatment programs, (e) administration of topical  
21 medication used in generally accepted physical therapy  
22 procedures when such medication is prescribed by the patient's  
23 physician, licensed to practice medicine in all its branches,  
24 the patient's physician licensed to practice podiatric  
25 medicine, the patient's advanced practice nurse, the patient's  
26 physician assistant, or the patient's dentist, and (f)

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

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

18 (3) "Department" means the Department of Professional  
19 Regulation.

20 (4) "Director" means the Director of Professional  
21 Regulation.

22 (5) "Board" means the Physical Therapy Licensing and  
23 Disciplinary Board approved by the Director.

24 (6) "Referral" means a written or oral authorization for  
25 physical therapy services for a patient by a physician,  
26 dentist, advanced practice nurse, physician assistant, or

1     podiatric physician who maintains medical supervision of the  
2     patient and makes a diagnosis or verifies that the patient's  
3     condition is such that it may be treated by a physical  
4     therapist.

5           (7) "Documented current and relevant diagnosis" for the  
6     purpose of this Act means a diagnosis, substantiated by  
7     signature or oral verification of a physician, dentist,  
8     advanced practice nurse, physician assistant, or podiatric  
9     physician, that a patient's condition is such that it may be  
10    treated by physical therapy as defined in this Act, which  
11    diagnosis shall remain in effect until changed by the  
12    physician, dentist, advanced practice nurse, physician  
13    assistant, or podiatric physician.

14           (8) "State" includes:

15                 (a) the states of the United States of America;

16                 (b) the District of Columbia; and

17                 (c) the Commonwealth of Puerto Rico.

18           (9) "Physical therapist assistant" means a person licensed  
19    to assist a physical therapist and who has met all requirements  
20    as provided in this Act and who works under the supervision of  
21    a licensed physical therapist to assist in implementing the  
22    physical therapy treatment program as established by the  
23    licensed physical therapist. The patient care activities  
24    provided by the physical therapist assistant shall not include  
25    the interpretation of referrals, evaluation procedures, or the  
26    planning or major modification of patient programs.

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

5           (11) "Advanced practice nurse" means a person licensed as  
6 an advanced practice nurse under the Nurse Practice Act ~~who has~~  
7 ~~a collaborative agreement with a collaborating physician that~~  
8 ~~authorizes referrals to physical therapists.~~

9           (12) "Physician assistant" means a person licensed under  
10 the Physician Assistant Practice Act of 1987 ~~who has been~~  
11 ~~delegated authority to make referrals to physical therapists.~~

12           (Source: P.A. 98-214, eff. 8-9-13.)

13           Section 53. The Podiatric Medical Practice Act of 1987 is  
14 amended by changing Section 20.5 as follows:

15           (225 ILCS 100/20.5)

16           (Section scheduled to be repealed on January 1, 2018)

17           Sec. 20.5. Delegation of authority to advanced practice  
18 nurses.

19           (a) A podiatric physician in active clinical practice may  
20 collaborate with an advanced practice nurse in accordance with  
21 the requirements of the Nurse Practice Act. Collaboration shall  
22 be for the purpose of providing podiatric care ~~consultation~~ and  
23 no employment relationship shall be required. A written  
24 collaborative agreement shall conform to the requirements of

1 Section 65-35 of the Nurse Practice Act. ~~The written~~  
2 ~~collaborative agreement shall be for services the~~  
3 ~~collaborating podiatric physician generally provides to his or~~  
4 ~~her patients in the normal course of clinical podiatric~~  
5 ~~practice, except as set forth in item (3) of this subsection~~  
6 ~~(a).~~ A written collaborative agreement and podiatric physician  
7 collaboration and consultation shall be adequate with respect  
8 to advanced practice nurses if all of the following apply:

9 ~~(1) The agreement is written to promote the exercise of~~  
10 ~~professional judgment by the advanced practice nurse~~  
11 ~~commensurate with his or her education and experience. The~~  
12 ~~agreement need not describe the exact steps that an~~  
13 ~~advanced practice nurse must take with respect to each~~  
14 ~~specific condition, disease, or symptom, but must specify~~  
15 ~~which procedures require a podiatric physician's presence~~  
16 ~~as the procedures are being performed.~~

17 ~~(2) Practice guidelines and orders are developed and~~  
18 ~~approved jointly by the advanced practice nurse and~~  
19 ~~collaborating podiatric physician, as needed, based on the~~  
20 ~~practice of the practitioners. Such guidelines and orders~~  
21 ~~and the patient services provided thereunder are~~  
22 ~~periodically reviewed by the collaborating podiatric~~  
23 ~~physician.~~

24 (1) ~~(3) The advance practice nurse provides services~~  
25 ~~that the collaborating podiatric physician generally~~  
26 ~~provides to his or her patients in the normal course of~~

1 ~~clinical practice.~~ With respect to the provision of  
2 anesthesia services by a certified registered nurse  
3 anesthetist, the collaborating podiatric physician must  
4 have training and experience in the delivery of anesthesia  
5 consistent with Department rules.

6 ~~(4) The collaborating podiatric physician and the~~  
7 ~~advanced practice nurse consult at least once a month to~~  
8 ~~provide collaboration and consultation.~~

9 (2) ~~(5)~~ Methods of communication are available with the  
10 collaborating podiatric physician in person or through  
11 telecommunications or electronic communications for  
12 consultation, collaboration, and referral as needed to  
13 address patient care needs.

14 (3) ~~(6)~~ With respect to the provision of anesthesia  
15 services by a certified registered nurse anesthetist, an  
16 anesthesiologist, physician, or podiatric physician shall  
17 participate through discussion of and agreement with the  
18 anesthesia plan and shall remain physically present and be  
19 available on the premises during the delivery of anesthesia  
20 services for diagnosis, consultation, and treatment of  
21 emergency medical conditions. The anesthesiologist or  
22 operating podiatric physician must agree with the  
23 anesthesia plan prior to the delivery of services.

24 ~~(7) The agreement contains provisions detailing notice~~  
25 ~~for termination or change of status involving a written~~  
26 ~~collaborative agreement, except when such notice is given~~

1       ~~for just cause.~~

2       (b) The collaborating podiatric physician shall have  
3 access to the records of all patients attended to by an  
4 advanced practice nurse.

5       (c) Nothing in this Section shall be construed to limit the  
6 delegation of tasks or duties by a podiatric physician to a  
7 licensed practical nurse, a registered professional nurse, or  
8 other appropriately trained persons.

9       (d) A podiatric physician shall not be liable for the acts  
10 or omissions of an advanced practice nurse solely on the basis  
11 of having signed guidelines or a collaborative agreement, an  
12 order, a standing order, a standing delegation order, or other  
13 order or guideline authorizing an advanced practice nurse to  
14 perform acts, unless the podiatric physician has reason to  
15 believe the advanced practice nurse lacked the competency to  
16 perform the act or acts or commits willful or wanton  
17 misconduct.

18       (e) A podiatric physician, may, but is not required to  
19 delegate prescriptive authority to an advanced practice nurse  
20 as part of a written collaborative agreement and the delegation  
21 of prescriptive authority shall conform to the requirements of  
22 Section 65-40 of the Nurse Practice Act.

23       (Source: P.A. 97-358, eff. 8-12-11; 97-813, eff. 7-13-12;  
24 98-214, eff. 8-9-13.)

25       Section 55. The Respiratory Care Practice Act is amended by

1 changing Section 10 as follows:

2 (225 ILCS 106/10)

3 (Section scheduled to be repealed on January 1, 2016)

4 Sec. 10. Definitions. In this Act:

5 "Advanced practice nurse" means an advanced practice nurse  
6 licensed under the Nurse Practice Act.

7 "Board" means the Respiratory Care Board appointed by the  
8 Director.

9 "Basic respiratory care activities" means and includes all  
10 of the following activities:

11 (1) Cleaning, disinfecting, and sterilizing equipment  
12 used in the practice of respiratory care as delegated by a  
13 licensed health care professional or other authorized  
14 licensed personnel.

15 (2) Assembling equipment used in the practice of  
16 respiratory care as delegated by a licensed health care  
17 professional or other authorized licensed personnel.

18 (3) Collecting and reviewing patient data through  
19 non-invasive means, provided that the collection and  
20 review does not include the individual's interpretation of  
21 the clinical significance of the data. Collecting and  
22 reviewing patient data includes the performance of pulse  
23 oximetry and non-invasive monitoring procedures in order  
24 to obtain vital signs and notification to licensed health  
25 care professionals and other authorized licensed personnel



1 in a timely manner.

2 (4) Maintaining a nasal cannula or face mask for oxygen  
3 therapy in the proper position on the patient's face.

4 (5) Assembling a nasal cannula or face mask for oxygen  
5 therapy at patient bedside in preparation for use.

6 (6) Maintaining a patient's natural airway by  
7 physically manipulating the jaw and neck, suctioning the  
8 oral cavity, or suctioning the mouth or nose with a bulb  
9 syringe.

10 (7) Performing assisted ventilation during emergency  
11 resuscitation using a manual resuscitator.

12 (8) Using a manual resuscitator at the direction of a  
13 licensed health care professional or other authorized  
14 licensed personnel who is present and performing routine  
15 airway suctioning. These activities do not include care of  
16 a patient's artificial airway or the adjustment of  
17 mechanical ventilator settings while a patient is  
18 connected to the ventilator.

19 "Basic respiratory care activities" does not mean activities  
20 that involve any of the following:

21 (1) Specialized knowledge that results from a course of  
22 education or training in respiratory care.

23 (2) An unreasonable risk of a negative outcome for the  
24 patient.

25 (3) The assessment or making of a decision concerning  
26 patient care.

1           (4) The administration of aerosol medication or  
2 oxygen.

3           (5) The insertion and maintenance of an artificial  
4 airway.

5           (6) Mechanical ventilatory support.

6           (7) Patient assessment.

7           (8) Patient education.

8           "Department" means the Department of Professional  
9 Regulation.

10          "Director" means the Director of Professional Regulation.

11          "Licensed" means that which is required to hold oneself out  
12 as a respiratory care practitioner as defined in this Act.

13          "Licensed health care professional" means a physician  
14 licensed to practice medicine in all its branches, a licensed  
15 ~~an~~ advanced practice nurse ~~who has a written collaborative~~  
16 ~~agreement with a collaborating physician that authorizes the~~  
17 ~~advanced practice nurse to transmit orders to a respiratory~~  
18 ~~care practitioner, or a licensed physician assistant who has~~  
19 ~~been delegated the authority to transmit orders to a~~  
20 ~~respiratory care practitioner by his or her supervising~~  
21 ~~physician.~~

22          "Order" means a written, oral, or telecommunicated  
23 authorization for respiratory care services for a patient by  
24 (i) a licensed health care professional who maintains medical  
25 supervision of the patient and makes a diagnosis or verifies  
26 that the patient's condition is such that it may be treated by

1 a respiratory care practitioner or (ii) a certified registered  
2 nurse anesthetist in a licensed hospital or ambulatory surgical  
3 treatment center.

4 "Other authorized licensed personnel" means a licensed  
5 respiratory care practitioner, a licensed registered nurse, or  
6 a licensed practical nurse whose scope of practice authorizes  
7 the professional to supervise an individual who is not  
8 licensed, certified, or registered as a health professional.

9 "Proximate supervision" means a situation in which an  
10 individual is responsible for directing the actions of another  
11 individual in the facility and is physically close enough to be  
12 readily available, if needed, by the supervised individual.

13 "Respiratory care" and "cardiorespiratory care" mean  
14 preventative services, evaluation and assessment services,  
15 therapeutic services, and rehabilitative services under the  
16 order of a licensed health care professional or a certified  
17 registered nurse anesthetist in a licensed hospital for an  
18 individual with a disorder, disease, or abnormality of the  
19 cardiopulmonary system. These terms include, but are not  
20 limited to, measuring, observing, assessing, and monitoring  
21 signs and symptoms, reactions, general behavior, and general  
22 physical response of individuals to respiratory care services,  
23 including the determination of whether those signs, symptoms,  
24 reactions, behaviors, or general physical responses exhibit  
25 abnormal characteristics; the administration of  
26 pharmacological and therapeutic agents related to respiratory

1 care services; the collection of blood specimens and other  
2 bodily fluids and tissues for, and the performance of,  
3 cardiopulmonary diagnostic testing procedures, including, but  
4 not limited to, blood gas analysis; development,  
5 implementation, and modification of respiratory care treatment  
6 plans based on assessed abnormalities of the cardiopulmonary  
7 system, respiratory care guidelines, referrals, and orders of a  
8 licensed health care professional; application, operation, and  
9 management of mechanical ventilatory support and other means of  
10 life support; and the initiation of emergency procedures under  
11 the rules promulgated by the Department. A respiratory care  
12 practitioner shall refer to a physician licensed to practice  
13 medicine in all its branches any patient whose condition, at  
14 the time of evaluation or treatment, is determined to be beyond  
15 the scope of practice of the respiratory care practitioner.

16 "Respiratory care education program" means a course of  
17 academic study leading to eligibility for registry or  
18 certification in respiratory care. The training is to be  
19 approved by an accrediting agency recognized by the Board and  
20 shall include an evaluation of competence through a  
21 standardized testing mechanism that is determined by the Board  
22 to be both valid and reliable.

23 "Respiratory care practitioner" means a person who is  
24 licensed by the Department of Professional Regulation and meets  
25 all of the following criteria:

26 (1) The person is engaged in the practice of

1 cardiorespiratory care and has the knowledge and skill  
2 necessary to administer respiratory care.

3 (2) The person is capable of serving as a resource to  
4 the licensed health care professional in relation to the  
5 technical aspects of cardiorespiratory care and the safe  
6 and effective methods for administering cardiorespiratory  
7 care modalities.

8 (3) The person is able to function in situations of  
9 unsupervised patient contact requiring great individual  
10 judgment.

11 (Source: P.A. 94-523, eff. 1-1-06; 95-639, eff. 10-5-07.)

12 Section 60. The Genetic Counselor Licensing Act is amended  
13 by changing Sections 10, 20, and 95 as follows:

14 (225 ILCS 135/10)

15 (Section scheduled to be repealed on January 1, 2025)

16 Sec. 10. Definitions. As used in this Act:

17 "ABGC" means the American Board of Genetic Counseling.

18 "ABMG" means the American Board of Medical Genetics.

19 "Active candidate status" is awarded to applicants who have  
20 received approval from the ABGC or ABMG to sit for their  
21 respective certification examinations.

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

1 licensure maintenance unit. It is the duty of the applicant or  
2 licensee to inform the Department of any change of address, and  
3 those changes must be made either through the Department's  
4 website or by contacting the Department.

5 "Department" means the Department of Financial and  
6 Professional Regulation.

7 "Genetic anomaly" means a variation in an individual's DNA  
8 that has been shown to confer a genetically influenced disease  
9 or predisposition to a genetically influenced disease or makes  
10 a person a carrier of such variation. A "carrier" of a genetic  
11 anomaly means a person who may or may not have a predisposition  
12 or risk of incurring a genetically influenced condition and who  
13 is at risk of having offspring with a genetically influenced  
14 condition.

15 "Genetic counseling" means the provision of services,  
16 which may include the ordering of genetic tests, pursuant to a  
17 referral, to individuals, couples, groups, families, and  
18 organizations by one or more appropriately trained individuals  
19 to address the physical and psychological issues associated  
20 with the occurrence or risk of occurrence or recurrence of a  
21 genetic disorder, birth defect, disease, or potentially  
22 inherited or genetically influenced condition in an individual  
23 or a family. "Genetic counseling" consists of the following:

24 (A) Estimating the likelihood of occurrence or  
25 recurrence of a birth defect or of any potentially  
26 inherited or genetically influenced condition. This

1 assessment may involve:

2 (i) obtaining and analyzing a complete health  
3 history of the person and his or her family;

4 (ii) reviewing pertinent medical records;

5 (iii) evaluating the risks from exposure to  
6 possible mutagens or teratogens;

7 (iv) recommending genetic testing or other  
8 evaluations to diagnose a condition or determine the  
9 carrier status of one or more family members;

10 (B) Helping the individual, family, health care  
11 provider, or health care professional (i) appreciate the  
12 medical, psychological and social implications of a  
13 disorder, including its features, variability, usual  
14 course and management options, (ii) learn how genetic  
15 factors contribute to the disorder and affect the chance  
16 for recurrence of the condition in other family members,  
17 and (iii) understand available options for coping with,  
18 preventing, or reducing the chance of occurrence or  
19 recurrence of a condition.

20 (C) Facilitating an individual's or family's (i)  
21 exploration of the perception of risk and burden associated  
22 with the disorder and (ii) adjustment and adaptation to the  
23 condition or their genetic risk by addressing needs for  
24 psychological, social, and medical support.

25 "Genetic counselor" means a person licensed under this Act  
26 to engage in the practice of genetic counseling.

1 "Genetic testing" and "genetic test" mean a test or  
2 analysis of human genes, gene products, DNA, RNA, chromosomes,  
3 proteins, or metabolites that detects genotypes, mutations,  
4 chromosomal changes, abnormalities, or deficiencies, including  
5 carrier status, that (i) are linked to physical or mental  
6 disorders or impairments, (ii) indicate a susceptibility to  
7 illness, disease, impairment, or other disorders, whether  
8 physical or mental, or (iii) demonstrate genetic or chromosomal  
9 damage due to environmental factors. "Genetic testing" and  
10 "genetic tests" do not include routine physical measurements;  
11 chemical, blood and urine analyses that are widely accepted and  
12 in use in clinical practice; tests for use of drugs; tests for  
13 the presence of the human immunodeficiency virus; analyses of  
14 proteins or metabolites that do not detect genotypes,  
15 mutations, chromosomal changes, abnormalities, or  
16 deficiencies; or analyses of proteins or metabolites that are  
17 directly related to a manifested disease, disorder, or  
18 pathological condition that could reasonably be detected by a  
19 health care professional with appropriate training and  
20 expertise in the field of medicine involved.

21 "Person" means an individual, association, partnership, or  
22 corporation.

23 "Qualified supervisor" means any person who is a licensed  
24 genetic counselor, as defined by rule, or a physician licensed  
25 to practice medicine in all its branches. A qualified  
26 supervisor may be provided at the applicant's place of work, or



1 may be contracted by the applicant to provide supervision. The  
2 qualified supervisor shall file written documentation with the  
3 Department of employment, discharge, or supervisory control of  
4 a genetic counselor at the time of employment, discharge, or  
5 assumption of supervision of a genetic counselor.

6 "Referral" means a written or telecommunicated  
7 authorization for genetic counseling services from a physician  
8 licensed to practice medicine in all its branches, a licensed  
9 ~~an advanced practice nurse who has a collaborative agreement~~  
10 ~~with a collaborating physician that authorizes referrals to a~~  
11 ~~genetic counselor,~~ or a licensed physician assistant ~~who has a~~  
12 ~~supervision agreement with a supervising physician that~~  
13 ~~authorizes referrals to a genetic counselor.~~

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

16 "Supervision" means review of aspects of genetic  
17 counseling and case management in a bimonthly meeting with the  
18 person under supervision.

19 (Source: P.A. 98-813, eff. 1-1-15.)

20 (225 ILCS 135/20)

21 (Section scheduled to be repealed on January 1, 2025)

22 Sec. 20. Restrictions and limitations.

23 (a) Except as provided in Section 15, no person shall,  
24 without a valid license as a genetic counselor issued by the  
25 Department (i) in any manner hold himself or herself out to the

1 public as a genetic counselor under this Act; (ii) use in  
2 connection with his or her name or place of business the title  
3 "genetic counselor", "licensed genetic counselor", "gene  
4 counselor", "genetic consultant", or "genetic associate" or  
5 any words, letters, abbreviations, or insignia indicating or  
6 implying a person has met the qualifications for or has the  
7 license issued under this Act; or (iii) offer to render or  
8 render to individuals, corporations, or the public genetic  
9 counseling services if the words "genetic counselor" or  
10 "licensed genetic counselor" are used to describe the person  
11 offering to render or rendering them, or "genetic counseling"  
12 is used to describe the services rendered or offered to be  
13 rendered.

14 (b) No licensed genetic counselor may provide genetic  
15 counseling to individuals, couples, groups, or families  
16 without a referral from a physician licensed to practice  
17 medicine in all its branches, a licensed ~~an~~ advanced practice  
18 nurse ~~who has a collaborative agreement with a collaborating~~  
19 ~~physician that authorizes referrals to a genetic counselor,~~ or  
20 a licensed physician assistant ~~who has been delegated authority~~  
21 ~~to make referrals to genetic counselors.~~ The physician,  
22 advanced practice nurse, or physician assistant shall maintain  
23 supervision of the patient and be provided timely written  
24 reports on the services, including genetic testing results,  
25 provided by the licensed genetic counselor. Genetic testing  
26 shall be ordered by a physician licensed to practice medicine

1 in all its branches or a genetic counselor pursuant to a  
2 referral that gives the specific authority to order genetic  
3 tests. Genetic test results and reports shall be provided to  
4 the referring physician, advanced practice nurse, or physician  
5 assistant. General seminars or talks to groups or organizations  
6 on genetic counseling that do not include individual, couple,  
7 or family specific counseling may be conducted without a  
8 referral. In clinical settings, genetic counselors who serve as  
9 a liaison between family members of a patient and a genetic  
10 research project, may, with the consent of the patient, provide  
11 information to family members for the purpose of gathering  
12 additional information, as it relates to the patient, without a  
13 referral. In non-clinical settings where no patient is being  
14 treated, genetic counselors who serve as a liaison between a  
15 genetic research project and participants in that genetic  
16 research project may provide information to the participants,  
17 without a referral.

18 (c) No association or partnership shall practice genetic  
19 counseling unless every member, partner, and employee of the  
20 association or partnership who practices genetic counseling or  
21 who renders genetic counseling services holds a valid license  
22 issued under this Act. No license shall be issued to a  
23 corporation, the stated purpose of which includes or which  
24 practices or which holds itself out as available to practice  
25 genetic counseling, unless it is organized under the  
26 Professional Service Corporation Act.

1 (d) Nothing in this Act shall be construed as permitting  
2 persons licensed as genetic counselors to engage in any manner  
3 in the practice of medicine in all its branches as defined by  
4 law in this State.

5 (e) Nothing in this Act shall be construed to authorize a  
6 licensed genetic counselor to diagnose, test (unless  
7 authorized in a referral), or treat any genetic or other  
8 disease or condition.

9 (f) When, in the course of providing genetic counseling  
10 services to any person, a genetic counselor licensed under this  
11 Act finds any indication of a disease or condition that in his  
12 or her professional judgment requires professional service  
13 outside the scope of practice as defined in this Act, he or she  
14 shall refer that person to a physician licensed to practice  
15 medicine in all of its branches.

16 (Source: P.A. 98-813, eff. 1-1-15.)

17 (225 ILCS 135/95)

18 (Section scheduled to be repealed on January 1, 2025)

19 Sec. 95. Grounds for discipline.

20 (a) The Department may refuse to issue, renew, or may  
21 revoke, suspend, place on probation, reprimand, or take other  
22 disciplinary or non-disciplinary action as the Department  
23 deems appropriate, including the issuance of fines not to  
24 exceed \$10,000 for each violation, with regard to any license  
25 for any one or more of the following:

1           (1) Material misstatement in furnishing information to  
2 the Department or to any other State agency.

3           (2) Violations or negligent or intentional disregard  
4 of this Act, or any of its rules.

5           (3) Conviction by plea of guilty or nolo contendere,  
6 finding of guilt, jury verdict, or entry of judgment or  
7 sentencing, including, but not limited to, convictions,  
8 preceding sentences of supervision, conditional discharge,  
9 or first offender probation, under the laws of any  
10 jurisdiction of the United States: (i) that is a felony or  
11 (ii) that is a misdemeanor, an essential element of which  
12 is dishonesty, or that is directly related to the practice  
13 of genetic counseling.

14           (4) Making any misrepresentation for the purpose of  
15 obtaining a license, or violating any provision of this Act  
16 or its rules.

17           (5) Negligence in the rendering of genetic counseling  
18 services.

19           (6) Failure to provide genetic testing results and any  
20 requested information to a referring physician licensed to  
21 practice medicine in all its branches, advanced practice  
22 nurse, or physician assistant.

23           (7) Aiding or assisting another person in violating any  
24 provision of this Act or any rules.

25           (8) Failing to provide information within 60 days in  
26 response to a written request made by the Department.

1           (9) Engaging in dishonorable, unethical, or  
2 unprofessional conduct of a character likely to deceive,  
3 defraud, or harm the public and violating the rules of  
4 professional conduct adopted by the Department.

5           (10) Failing to maintain the confidentiality of any  
6 information received from a client, unless otherwise  
7 authorized or required by law.

8           (10.5) Failure to maintain client records of services  
9 provided and provide copies to clients upon request.

10          (11) Exploiting a client for personal advantage,  
11 profit, or interest.

12          (12) Habitual or excessive use or addiction to alcohol,  
13 narcotics, stimulants, or any other chemical agent or drug  
14 which results in inability to practice with reasonable  
15 skill, judgment, or safety.

16          (13) Discipline by another governmental agency or unit  
17 of government, by any jurisdiction of the United States, or  
18 by a foreign nation, if at least one of the grounds for the  
19 discipline is the same or substantially equivalent to those  
20 set forth in this Section.

21          (14) Directly or indirectly giving to or receiving from  
22 any person, firm, corporation, partnership, or association  
23 any fee, commission, rebate, or other form of compensation  
24 for any professional service not actually rendered.  
25 Nothing in this paragraph (14) affects any bona fide  
26 independent contractor or employment arrangements among

1 health care professionals, health facilities, health care  
2 providers, or other entities, except as otherwise  
3 prohibited by law. Any employment arrangements may include  
4 provisions for compensation, health insurance, pension, or  
5 other employment benefits for the provision of services  
6 within the scope of the licensee's practice under this Act.  
7 Nothing in this paragraph (14) shall be construed to  
8 require an employment arrangement to receive professional  
9 fees for services rendered.

10 (15) A finding by the Department that the licensee,  
11 after having the license placed on probationary status has  
12 violated the terms of probation.

13 (16) Failing to refer a client to other health care  
14 professionals when the licensee is unable or unwilling to  
15 adequately support or serve the client.

16 (17) Willfully filing false reports relating to a  
17 licensee's practice, including but not limited to false  
18 records filed with federal or State agencies or  
19 departments.

20 (18) Willfully failing to report an instance of  
21 suspected child abuse or neglect as required by the Abused  
22 and Neglected Child Reporting Act.

23 (19) Being named as a perpetrator in an indicated  
24 report by the Department of Children and Family Services  
25 pursuant to the Abused and Neglected Child Reporting Act,  
26 and upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or  
2 neglected child as defined in the Abused and Neglected  
3 Child Reporting Act.

4 (20) Physical or mental disability, including  
5 deterioration through the aging process or loss of  
6 abilities and skills which results in the inability to  
7 practice the profession with reasonable judgment, skill,  
8 or safety.

9 (21) Solicitation of professional services by using  
10 false or misleading advertising.

11 (22) Failure to file a return, or to pay the tax,  
12 penalty of interest shown in a filed return, or to pay any  
13 final assessment of tax, penalty or interest, as required  
14 by any tax Act administered by the Illinois Department of  
15 Revenue or any successor agency or the Internal Revenue  
16 Service or any successor agency.

17 (23) Fraud or making any misrepresentation in applying  
18 for or procuring a license under this Act or in connection  
19 with applying for renewal of a license under this Act.

20 (24) Practicing or attempting to practice under a name  
21 other than the full name as shown on the license or any  
22 other legally authorized name.

23 (25) Gross overcharging for professional services,  
24 including filing statements for collection of fees or  
25 monies for which services are not rendered.

26 (26) Providing genetic counseling services to



1 individuals, couples, groups, or families without a  
2 referral from either a physician licensed to practice  
3 medicine in all its branches, a licensed ~~an~~ advanced  
4 practice nurse ~~who has a collaborative agreement with a~~  
5 ~~collaborating physician that authorizes the advanced~~  
6 ~~practice nurse to make referrals to a genetic counselor, or~~  
7 a licensed physician assistant ~~who has been delegated~~  
8 ~~authority to make referrals to genetic counselors.~~

9 (27) Charging for professional services not rendered,  
10 including filing false statements for the collection of  
11 fees for which services are not rendered.

12 (28) Allowing one's license under this Act to be used  
13 by an unlicensed person in violation of this Act.

14 (b) The Department shall deny, without hearing, any  
15 application or renewal for a license under this Act to any  
16 person who has defaulted on an educational loan guaranteed by  
17 the Illinois State Assistance Commission; however, the  
18 Department may issue a license or renewal if the person in  
19 default has established a satisfactory repayment record as  
20 determined by the Illinois Student Assistance Commission.

21 (c) The determination by a court that a licensee is subject  
22 to involuntary admission or judicial admission as provided in  
23 the Mental Health and Developmental Disabilities Code will  
24 result in an automatic suspension of his or her license. The  
25 suspension will end upon a finding by a court that the licensee  
26 is no longer subject to involuntary admission or judicial

1 admission, the issuance of an order so finding and discharging  
2 the patient, and the determination of the Secretary that the  
3 licensee be allowed to resume professional practice.

4 (d) The Department may refuse to issue or renew or may  
5 suspend without hearing the license of any person who fails to  
6 file a return, to pay the tax penalty or interest shown in a  
7 filed return, or to pay any final assessment of the tax,  
8 penalty, or interest as required by any Act regarding the  
9 payment of taxes administered by the Illinois Department of  
10 Revenue until the requirements of the Act are satisfied in  
11 accordance with subsection (g) of Section 2105-15 of the Civil  
12 Administrative Code of Illinois.

13 (e) In cases where the Department of Healthcare and Family  
14 Services has previously determined that a licensee or a  
15 potential licensee is more than 30 days delinquent in the  
16 payment of child support and has subsequently certified the  
17 delinquency to the Department, the Department may refuse to  
18 issue or renew or may revoke or suspend that person's license  
19 or may take other disciplinary action against that person based  
20 solely upon the certification of delinquency made by the  
21 Department of Healthcare and Family Services in accordance with  
22 item (5) of subsection (a) of Section 2105-15 of the Department  
23 of Professional Regulation Law of the Civil Administrative Code  
24 of Illinois.

25 (f) All fines or costs imposed under this Section shall be  
26 paid within 60 days after the effective date of the order

1 imposing the fine or costs or in accordance with the terms set  
2 forth in the order imposing the fine.

3 (Source: P.A. 97-813, eff. 7-13-12; 98-813, eff. 1-1-15.)

4 Section 63. The Illinois Public Aid Code is amended by  
5 changing Section 5-8 as follows:

6 (305 ILCS 5/5-8) (from Ch. 23, par. 5-8)

7 Sec. 5-8. Practitioners. In supplying medical assistance,  
8 the Illinois Department may provide for the legally authorized  
9 services of (i) persons licensed under the Medical Practice Act  
10 of 1987, as amended, except as hereafter in this Section  
11 stated, whether under a general or limited license, (ii)  
12 persons licensed under the Nurse Practice Act as advanced  
13 practice nurses, regardless of whether or not the persons have  
14 written collaborative agreements, (iii) persons licensed or  
15 registered under other laws of this State to provide dental,  
16 medical, pharmaceutical, optometric, podiatric, or nursing  
17 services, or other remedial care recognized under State law,  
18 and (iv) ~~(iii)~~ persons licensed under other laws of this State  
19 as a clinical social worker. The Department may not provide for  
20 legally authorized services of any physician who has been  
21 convicted of having performed an abortion procedure in a wilful  
22 and wanton manner on a woman who was not pregnant at the time  
23 such abortion procedure was performed. The utilization of the  
24 services of persons engaged in the treatment or care of the

1 sick, which persons are not required to be licensed or  
2 registered under the laws of this State, is not prohibited by  
3 this Section.

4 (Source: P.A. 95-518, eff. 8-28-07.)

5 Section 65. The Perinatal Mental Health Disorders  
6 Prevention and Treatment Act is amended by changing Section 10  
7 as follows:

8 (405 ILCS 95/10)

9 Sec. 10. Definitions. In this Act:

10 "Hospital" has the meaning given to that term in the  
11 Hospital Licensing Act.

12 "Licensed health care professional" means a physician  
13 licensed to practice medicine in all its branches, a licensed  
14 ~~an~~ advanced practice nurse ~~who has a collaborative agreement~~  
15 ~~with a collaborating physician that authorizes care,~~ or a  
16 licensed physician ~~physician's~~ assistant ~~who has been~~  
17 ~~delegated authority to provide care.~~

18 "Postnatal care" means an office visit to a licensed health  
19 care professional occurring after birth, with reference to the  
20 infant or mother.

21 "Prenatal care" means an office visit to a licensed health  
22 care professional for pregnancy-related care occurring before  
23 birth.

24 "Questionnaire" means an assessment tool administered by a

1 licensed health care professional to detect perinatal mental  
2 health disorders, such as the Edinburgh Postnatal Depression  
3 Scale, the Postpartum Depression Screening Scale, the Beck  
4 Depression Inventory, the Patient Health Questionnaire, or  
5 other validated assessment methods.

6 (Source: P.A. 95-469, eff. 1-1-08.)

7 Section 70. The Lead Poisoning Prevention Act is amended by  
8 changing Section 6.2 as follows:

9 (410 ILCS 45/6.2) (from Ch. 111 1/2, par. 1306.2)

10 Sec. 6.2. Testing children and pregnant persons.

11 (a) Any physician licensed to practice medicine in all its  
12 branches or health care provider who sees or treats children 6  
13 years of age or younger shall test those children for lead  
14 poisoning when those children reside in an area defined as high  
15 risk by the Department. Children residing in areas defined as  
16 low risk by the Department shall be evaluated for risk by the  
17 Childhood Lead Risk Questionnaire developed by the Department  
18 and tested if indicated. Children shall be evaluated in  
19 accordance with rules adopted by the Department.

20 (b) Each licensed, registered, or approved health care  
21 facility serving children 6 years of age or younger, including,  
22 but not limited to, health departments, hospitals, clinics, and  
23 health maintenance organizations approved, registered, or  
24 licensed by the Department, shall take the appropriate steps to

1 ensure that children 6 years of age or younger be evaluated for  
2 risk or tested for lead poisoning or both.

3 (c) Children 7 years and older and pregnant persons may  
4 also be tested by physicians or health care providers, in  
5 accordance with rules adopted by the Department. Physicians and  
6 health care providers shall also evaluate children for lead  
7 poisoning in conjunction with the school health examination, as  
8 required under the School Code, when, in the medical judgment  
9 ~~judgement~~ of the physician, advanced practice nurse ~~who has a~~  
10 ~~written collaborative agreement with a collaborating physician~~  
11 ~~that authorizes the advance practice nurse to perform health~~  
12 ~~examinations,~~ or physician assistant ~~who has been delegated to~~  
13 ~~perform health examinations by the supervising physician,~~ the  
14 child is potentially at high risk of lead poisoning.

15 (d) (Blank).

16 (Source: P.A. 98-690, eff. 1-1-15; revised 12-10-14.)

17 Section 75. The Sexual Assault Survivors Emergency  
18 Treatment Act is amended by changing Sections 2.2, 5, and 5.5  
19 as follows:

20 (410 ILCS 70/2.2)

21 Sec. 2.2. Emergency contraception.

22 (a) The General Assembly finds:

23 (1) Crimes of sexual assault and sexual abuse cause  
24 significant physical, emotional, and psychological trauma

1 to the victims. This trauma is compounded by a victim's  
2 fear of becoming pregnant and bearing a child as a result  
3 of the sexual assault.

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

7 (3) As approved for use by the Federal Food and Drug  
8 Administration (FDA), emergency contraception can  
9 significantly reduce the risk of pregnancy if taken within  
10 72 hours after the sexual assault.

11 (4) By providing emergency contraception to rape  
12 victims in a timely manner, the trauma of rape can be  
13 significantly reduced.

14 (b) Within 120 days after the effective date of this  
15 amendatory Act of the 92nd General Assembly, every hospital  
16 providing services to sexual assault survivors in accordance  
17 with a plan approved under Section 2 must develop a protocol  
18 that ensures that each survivor of sexual assault will receive  
19 medically and factually accurate and written and oral  
20 information about emergency contraception; the indications and  
21 counter-indications and risks associated with the use of  
22 emergency contraception; and a description of how and when  
23 victims may be provided emergency contraception upon the  
24 written order of a physician licensed to practice medicine in  
25 all its branches, a licensed ~~an~~ advanced practice nurse ~~who has~~  
26 ~~a written collaborative agreement with a collaborating~~

1 ~~physician that authorizes prescription of emergency~~  
2 ~~contraception, or a licensed physician assistant who has been~~  
3 ~~delegated authority to prescribe emergency contraception.~~ The  
4 Department shall approve the protocol if it finds that the  
5 implementation of the protocol would provide sufficient  
6 protection for survivors of sexual assault.

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

14 (Source: P.A. 95-432, eff. 1-1-08.)

15 (410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

16 Sec. 5. Minimum requirements for hospitals providing  
17 hospital emergency services and forensic services to sexual  
18 assault survivors.

19 (a) Every hospital providing hospital emergency services  
20 and forensic services to sexual assault survivors under this  
21 Act shall, as minimum requirements for such services, provide,  
22 with the consent of the sexual assault survivor, and as ordered  
23 by the attending physician, an advanced practice nurse ~~who has~~  
24 ~~a written collaborative agreement with a collaborating~~  
25 ~~physician that authorizes provision of emergency services, or a~~



1 physician assistant ~~who has been delegated authority to provide~~  
2 ~~hospital emergency services and forensic services,~~ the  
3 following:

4 (1) appropriate medical examinations and laboratory  
5 tests required to ensure the health, safety, and welfare of  
6 a sexual assault survivor or which may be used as evidence  
7 in a criminal proceeding against a person accused of the  
8 sexual assault, or both; and records of the results of such  
9 examinations and tests shall be maintained by the hospital  
10 and made available to law enforcement officials upon the  
11 request of the sexual assault survivor;

12 (2) appropriate oral and written information  
13 concerning the possibility of infection, sexually  
14 transmitted disease and pregnancy resulting from sexual  
15 assault;

16 (3) appropriate oral and written information  
17 concerning accepted medical procedures, medication, and  
18 possible contraindications of such medication available  
19 for the prevention or treatment of infection or disease  
20 resulting from sexual assault;

21 (4) an amount of medication for treatment at the  
22 hospital and after discharge as is deemed appropriate by  
23 the attending physician, an advanced practice nurse, or a  
24 physician assistant and consistent with the hospital's  
25 current approved protocol for sexual assault survivors;

26 (5) an evaluation of the sexual assault survivor's risk

1 of contracting human immunodeficiency virus (HIV) from the  
2 sexual assault;

3 (6) written and oral instructions indicating the need  
4 for follow-up examinations and laboratory tests after the  
5 sexual assault to determine the presence or absence of  
6 sexually transmitted disease;

7 (7) referral by hospital personnel for appropriate  
8 counseling; and

9 (8) when HIV prophylaxis is deemed appropriate, an  
10 initial dose or doses of HIV prophylaxis, along with  
11 written and oral instructions indicating the importance of  
12 timely follow-up healthcare.

13 (b) Any person who is a sexual assault survivor who seeks  
14 emergency hospital services and forensic services or follow-up  
15 healthcare under this Act shall be provided such services  
16 without the consent of any parent, guardian, custodian,  
17 surrogate, or agent.

18 (c) Nothing in this Section creates a physician-patient  
19 relationship that extends beyond discharge from the hospital  
20 emergency department.

21 (Source: P.A. 95-432, eff. 1-1-08; 96-318, eff. 1-1-10.)

22 (410 ILCS 70/5.5)

23 Sec. 5.5. Minimum reimbursement requirements for follow-up  
24 healthcare.

25 (a) Every hospital, health care professional, laboratory,

1 or pharmacy that provides follow-up healthcare to a sexual  
2 assault survivor, with the consent of the sexual assault  
3 survivor and as ordered by the attending physician, an advanced  
4 practice nurse ~~who has a written collaborative agreement with a~~  
5 ~~collaborating physician,~~ or physician assistant ~~who has been~~  
6 ~~delegated authority by a supervising physician~~ shall be  
7 reimbursed for the follow-up healthcare services provided.  
8 Follow-up healthcare services include, but are not limited to,  
9 the following:

10 (1) a physical examination;

11 (2) laboratory tests to determine the presence or  
12 absence of sexually transmitted disease; and

13 (3) appropriate medications, including HIV  
14 prophylaxis.

15 (b) Reimbursable follow-up healthcare is limited to office  
16 visits with a physician, advanced practice nurse, or physician  
17 assistant within 90 days after an initial visit for hospital  
18 emergency services.

19 (c) Nothing in this Section requires a hospital, health  
20 care professional, laboratory, or pharmacy to provide  
21 follow-up healthcare to a sexual assault survivor.

22 (Source: P.A. 95-432, eff. 1-1-08.)

23 Section 80. The Consent by Minors to Medical Procedures Act  
24 is amended by changing Sections 1, 1.5, 2, and 3 as follows:

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

2 Sec. 1. Consent by minor. The consent to the performance of  
3 a medical or surgical procedure by a physician licensed to  
4 practice medicine and surgery, a licensed ~~an~~ advanced practice  
5 nurse ~~who has a written collaborative agreement with a~~  
6 ~~collaborating physician that authorizes provision of services~~  
7 ~~for minors~~, or a licensed physician assistant ~~who has been~~  
8 ~~delegated authority to provide services for minors~~ executed by  
9 a married person who is a minor, by a parent who is a minor, by  
10 a pregnant woman who is a minor, or by any person 18 years of  
11 age or older, is not voidable because of such minority, and,  
12 for such purpose, a married person who is a minor, a parent who  
13 is a minor, a pregnant woman who is a minor, or any person 18  
14 years of age or older, is deemed to have the same legal  
15 capacity to act and has the same powers and obligations as has  
16 a person of legal age.

17 (Source: P.A. 93-962, eff. 8-20-04.)

18 (410 ILCS 210/1.5)

19 Sec. 1.5. Consent by minor seeking care for primary care  
20 services.

21 (a) The consent to the performance of primary care services  
22 by a physician licensed to practice medicine in all its  
23 branches, a licensed ~~an~~ advanced practice nurse ~~who has a~~  
24 ~~written collaborative agreement with a collaborating physician~~  
25 ~~that authorizes provision of services for minors~~, or a licensed

1 physician assistant ~~who has been delegated authority to provide~~  
2 ~~services for minors~~ executed by a minor seeking care is not  
3 voidable because of such minority, and for such purpose, a  
4 minor seeking care is deemed to have the same legal capacity to  
5 act and has the same powers and obligations as has a person of  
6 legal age under the following circumstances:

7 (1) the health care professional reasonably believes  
8 that the minor seeking care understands the benefits and  
9 risks of any proposed primary care or services; and

10 (2) the minor seeking care is identified in writing as  
11 a minor seeking care by:

12 (A) an adult relative;

13 (B) a representative of a homeless service agency  
14 that receives federal, State, county, or municipal  
15 funding to provide those services or that is otherwise  
16 sanctioned by a local continuum of care;

17 (C) an attorney licensed to practice law in this  
18 State;

19 (D) a public school homeless liaison or school  
20 social worker;

21 (E) a social service agency providing services to  
22 at risk, homeless, or runaway youth; or

23 (F) a representative of a religious organization.

24 (b) A health care professional rendering primary care  
25 services under this Section shall not incur civil or criminal  
26 liability for failure to obtain valid consent or professional

1 discipline for failure to obtain valid consent if he or she  
2 relied in good faith on the representations made by the minor  
3 or the information provided under paragraph (2) of subsection  
4 (a) of this Section. Under such circumstances, good faith shall  
5 be presumed.

6 (c) The confidential nature of any communication between a  
7 health care professional described in Section 1 of this Act and  
8 a minor seeking care is not waived (1) by the presence, at the  
9 time of communication, of any additional persons present at the  
10 request of the minor seeking care, (2) by the health care  
11 professional's disclosure of confidential information to the  
12 additional person with the consent of the minor seeking care,  
13 when reasonably necessary to accomplish the purpose for which  
14 the additional person is consulted, or (3) by the health care  
15 professional billing a health benefit insurance or plan under  
16 which the minor seeking care is insured, is enrolled, or has  
17 coverage for the services provided.

18 (d) Nothing in this Section shall be construed to limit or  
19 expand a minor's existing powers and obligations under any  
20 federal, State, or local law. Nothing in this Section shall be  
21 construed to affect the Parental Notice of Abortion Act of  
22 1995. Nothing in this Section affects the right or authority of  
23 a parent or legal guardian to verbally, in writing, or  
24 otherwise authorize health care services to be provided for a  
25 minor in their absence.

26 (e) For the purposes of this Section:

1 "Minor seeking care" means a person at least 14 years  
2 of age but less than 18 years of age who is living separate  
3 and apart from his or her parents or legal guardian,  
4 whether with or without the consent of a parent or legal  
5 guardian who is unable or unwilling to return to the  
6 residence of a parent, and managing his or her own personal  
7 affairs. "Minor seeking care" does not include minors who  
8 are under the protective custody, temporary custody, or  
9 guardianship of the Department of Children and Family  
10 Services.

11 "Primary care services" means health care services  
12 that include screening, counseling, immunizations,  
13 medication, and treatment of illness and conditions  
14 customarily provided by licensed health care professionals  
15 in an out-patient setting. "Primary care services" does not  
16 include invasive care, beyond standard injections,  
17 laceration care, or non-surgical fracture care.

18 (Source: P.A. 98-671, eff. 10-1-14.)

19 (410 ILCS 210/2) (from Ch. 111, par. 4502)

20 Sec. 2. Any parent, including a parent who is a minor, may  
21 consent to the performance upon his or her child of a medical  
22 or surgical procedure by a physician licensed to practice  
23 medicine and surgery, a licensed ~~an~~ advanced practice nurse ~~who~~  
24 ~~has a written collaborative agreement with a collaborating~~  
25 ~~physician that authorizes provision of services for minors, or~~

1 a licensed physician assistant ~~who has been delegated authority~~  
2 ~~to provide services for minors~~ or a dental procedure by a  
3 licensed dentist. The consent of a parent who is a minor shall  
4 not be voidable because of such minority, but, for such  
5 purpose, a parent who is a minor shall be deemed to have the  
6 same legal capacity to act and shall have the same powers and  
7 obligations as has a person of legal age.

8 (Source: P.A. 93-962, eff. 8-20-04.)

9 (410 ILCS 210/3) (from Ch. 111, par. 4503)

10 Sec. 3. (a) Where a hospital, a physician licensed to  
11 practice medicine or surgery, a licensed ~~an~~ advanced practice  
12 nurse ~~who has a written collaborative agreement with a~~  
13 ~~collaborating physician that authorizes provision of services~~  
14 ~~for minors~~, or a licensed physician assistant ~~who has been~~  
15 ~~delegated authority to provide services for minors~~ renders  
16 emergency treatment or first aid or a licensed dentist renders  
17 emergency dental treatment to a minor, consent of the minor's  
18 parent or legal guardian need not be obtained if, in the sole  
19 opinion of the physician, advanced practice nurse, physician  
20 assistant, dentist, or hospital, the obtaining of consent is  
21 not reasonably feasible under the circumstances without  
22 adversely affecting the condition of such minor's health.

23 (b) Where a minor is the victim of a predatory criminal  
24 sexual assault of a child, aggravated criminal sexual assault,  
25 criminal sexual assault, aggravated criminal sexual abuse or



1 criminal sexual abuse, as provided in Sections 11-1.20 through  
2 11-1.60 of the Criminal Code of 2012, the consent of the  
3 minor's parent or legal guardian need not be obtained to  
4 authorize a hospital, physician, advanced practice nurse,  
5 physician assistant, or other medical personnel to furnish  
6 medical care or counseling related to the diagnosis or  
7 treatment of any disease or injury arising from such offense.  
8 The minor may consent to such counseling, diagnosis or  
9 treatment as if the minor had reached his or her age of  
10 majority. Such consent shall not be voidable, nor subject to  
11 later disaffirmance, because of minority.

12 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

13 Section 85. The Prenatal and Newborn Care Act is amended by  
14 changing Section 2 as follows:

15 (410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

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

18 "Advanced practice nurse" or "APN" means an advanced  
19 practice nurse licensed under the Nurse Practice Act ~~who has a~~  
20 ~~written collaborative agreement with a collaborating physician~~  
21 ~~that authorizes the provision of prenatal and newborn care.~~

22 "Department" means the Illinois Department of Human  
23 Services.

24 "Early and Periodic Screening, Diagnosis and Treatment

1 (EPSDT)" means the provision of preventative health care under  
2 42 C.F.R. 441.50 et seq., including medical and dental  
3 services, needed to assess growth and development and detect  
4 and treat health problems.

5 "Hospital" means a hospital as defined under the Hospital  
6 Licensing Act.

7 "Local health authority" means the full-time official  
8 health department or board of health, as recognized by the  
9 Illinois Department of Public Health, having jurisdiction over  
10 a particular area.

11 "Nurse" means a nurse licensed under the Nurse Practice  
12 Act.

13 "Physician" means a physician licensed to practice  
14 medicine in all of its branches.

15 "Physician assistant" means a physician assistant licensed  
16 under the Physician Assistant Practice Act of 1987 ~~who has been~~  
17 ~~delegated authority to provide prenatal and newborn care.~~

18 "Postnatal visit" means a visit occurring after birth, with  
19 reference to the newborn.

20 "Prenatal visit" means a visit occurring before birth.

21 "Program" means the Prenatal and Newborn Care Program  
22 established pursuant to this Act.

23 (Source: P.A. 95-639, eff. 10-5-07.)

24 Section 90. The AIDS Confidentiality Act is amended by  
25 changing Section 3 as follows:

1 (410 ILCS 305/3) (from Ch. 111 1/2, par. 7303)

2 Sec. 3. When used in this Act:

3 (a) "AIDS" means acquired immunodeficiency syndrome.

4 (b) "Authority" means the Illinois Health Information  
5 Exchange Authority established pursuant to the Illinois Health  
6 Information Exchange and Technology Act.

7 (c) "Business associate" has the meaning ascribed to it  
8 under HIPAA, as specified in 45 CFR 160.103.

9 (d) "Covered entity" has the meaning ascribed to it under  
10 HIPAA, as specified in 45 CFR 160.103.

11 (e) "De-identified information" means health information  
12 that is not individually identifiable as described under HIPAA,  
13 as specified in 45 CFR 164.514(b).

14 (f) "Department" means the Illinois Department of Public  
15 Health or its designated agents.

16 (g) "Disclosure" has the meaning ascribed to it under  
17 HIPAA, as specified in 45 CFR 160.103.

18 (h) "Health care operations" has the meaning ascribed to it  
19 under HIPAA, as specified in 45 CFR 164.501.

20 (i) "Health care professional" means (i) a licensed  
21 physician, (ii) a licensed physician assistant ~~to whom the~~  
22 ~~physician assistant's supervising physician has delegated the~~  
23 ~~provision of AIDS and HIV-related health services,~~ (iii) a  
24 licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has a~~  
25 ~~written collaborative agreement with a collaborating physician~~

1 ~~which authorizes the provision of AIDS and HIV-related health~~  
2 ~~services,~~ (iv) a licensed dentist, (v) a licensed podiatric  
3 physician, or (vi) an individual certified to provide HIV  
4 testing and counseling by a state or local public health  
5 department.

6 (j) "Health care provider" has the meaning ascribed to it  
7 under HIPAA, as specified in 45 CFR 160.103.

8 (k) "Health facility" means a hospital, nursing home, blood  
9 bank, blood center, sperm bank, or other health care  
10 institution, including any "health facility" as that term is  
11 defined in the Illinois Finance Authority Act.

12 (l) "Health information exchange" or "HIE" means a health  
13 information exchange or health information organization that  
14 oversees and governs the electronic exchange of health  
15 information that (i) is established pursuant to the Illinois  
16 Health Information Exchange and Technology Act, or any  
17 subsequent amendments thereto, and any administrative rules  
18 adopted thereunder; (ii) has established a data sharing  
19 arrangement with the Authority; or (iii) as of August 16, 2013,  
20 was designated by the Authority Board as a member of, or was  
21 represented on, the Authority Board's Regional Health  
22 Information Exchange Workgroup; provided that such designation  
23 shall not require the establishment of a data sharing  
24 arrangement or other participation with the Illinois Health  
25 Information Exchange or the payment of any fee. In certain  
26 circumstances, in accordance with HIPAA, an HIE will be a

1 business associate.

2 (m) "Health oversight agency" has the meaning ascribed to  
3 it under HIPAA, as specified in 45 CFR 164.501.

4 (n) "HIPAA" means the Health Insurance Portability and  
5 Accountability Act of 1996, Public Law 104-191, as amended by  
6 the Health Information Technology for Economic and Clinical  
7 Health Act of 2009, Public Law 111-05, and any subsequent  
8 amendments thereto and any regulations promulgated thereunder.

9 (o) "HIV" means the human immunodeficiency virus.

10 (p) "HIV-related information" means the identity of a  
11 person upon whom an HIV test is performed, the results of an  
12 HIV test, as well as diagnosis, treatment, and prescription  
13 information that reveals a patient is HIV-positive, including  
14 such information contained in a limited data set. "HIV-related  
15 information" does not include information that has been  
16 de-identified in accordance with HIPAA.

17 (q) "Informed consent" means a written or verbal agreement  
18 by the subject of a test or the subject's legally authorized  
19 representative without undue inducement or any element of  
20 force, fraud, deceit, duress, or other form of constraint or  
21 coercion, which entails at least the following pre-test  
22 information:

23 (1) a fair explanation of the test, including its  
24 purpose, potential uses, limitations, and the meaning of  
25 its results;

26 (2) a fair explanation of the procedures to be

1 followed, including the voluntary nature of the test, the  
2 right to withdraw consent to the testing process at any  
3 time, the right to anonymity to the extent provided by law  
4 with respect to participation in the test and disclosure of  
5 test results, and the right to confidential treatment of  
6 information identifying the subject of the test and the  
7 results of the test, to the extent provided by law; and

8 (3) where the person providing informed consent is a  
9 participant in an HIE, a fair explanation that the results  
10 of the patient's HIV test will be accessible through an HIE  
11 and meaningful disclosure of the patient's opt-out right  
12 under Section 9.6 of this Act.

13 Pre-test information may be provided in writing, verbally,  
14 or by video, electronic, or other means. The subject must be  
15 offered an opportunity to ask questions about the HIV test and  
16 decline testing. Nothing in this Act shall prohibit a health  
17 care provider or health care professional from combining a form  
18 used to obtain informed consent for HIV testing with forms used  
19 to obtain written consent for general medical care or any other  
20 medical test or procedure provided that the forms make it clear  
21 that the subject may consent to general medical care, tests, or  
22 medical procedures without being required to consent to HIV  
23 testing and clearly explain how the subject may opt out of HIV  
24 testing.

25 (r) "Limited data set" has the meaning ascribed to it under  
26 HIPAA, as described in 45 CFR 164.514(e) (2).

1           (s) "Minimum necessary" means the HIPAA standard for using,  
2           disclosing, and requesting protected health information found  
3           in 45 CFR 164.502(b) and 164.514(d).

4           (t) "Organized health care arrangement" has the meaning  
5           ascribed to it under HIPAA, as specified in 45 CFR 160.103.

6           (u) "Patient safety activities" has the meaning ascribed to  
7           it under 42 CFR 3.20.

8           (v) "Payment" has the meaning ascribed to it under HIPAA,  
9           as specified in 45 CFR 164.501.

10          (w) "Person" includes any natural person, partnership,  
11          association, joint venture, trust, governmental entity, public  
12          or private corporation, health facility, or other legal entity.

13          (x) "Protected health information" has the meaning  
14          ascribed to it under HIPAA, as specified in 45 CFR 160.103.

15          (y) "Research" has the meaning ascribed to it under HIPAA,  
16          as specified in 45 CFR 164.501.

17          (z) "State agency" means an instrumentality of the State of  
18          Illinois and any instrumentality of another state that,  
19          pursuant to applicable law or a written undertaking with an  
20          instrumentality of the State of Illinois, is bound to protect  
21          the privacy of HIV-related information of Illinois persons.

22          (aa) "Test" or "HIV test" means a test to determine the  
23          presence of the antibody or antigen to HIV, or of HIV  
24          infection.

25          (bb) "Treatment" has the meaning ascribed to it under  
26          HIPAA, as specified in 45 CFR 164.501.

1 (cc) "Use" has the meaning ascribed to it under HIPAA, as  
2 specified in 45 CFR 160.103, where context dictates.

3 (Source: P.A. 98-214, eff. 8-9-13; 98-1046, eff. 1-1-15.)

4 Section 95. The Illinois Sexually Transmissible Disease  
5 Control Act is amended by changing Sections 3 and 4 as follows:

6 (410 ILCS 325/3) (from Ch. 111 1/2, par. 7403)

7 Sec. 3. Definitions. As used in this Act, unless the  
8 context clearly requires otherwise:

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

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

13 (3) "Sexually transmissible disease" means a bacterial,  
14 viral, fungal or parasitic disease, determined by rule of the  
15 Department to be sexually transmissible, to be a threat to the  
16 public health and welfare, and to be a disease for which a  
17 legitimate public interest will be served by providing for  
18 regulation and treatment. In considering which diseases are to  
19 be designated sexually transmissible diseases, the Department  
20 shall consider such diseases as chancroid, gonorrhea,  
21 granuloma inguinale, lymphogranuloma venereum, genital herpes  
22 simplex, chlamydia, nongonococcal urethritis (NGU), pelvic  
23 inflammatory disease (PID)/Acute Salpingitis, syphilis,  
24 Acquired Immunodeficiency Syndrome (AIDS), and Human



1 Immunodeficiency Virus (HIV) for designation, and shall  
2 consider the recommendations and classifications of the  
3 Centers for Disease Control and other nationally recognized  
4 medical authorities. Not all diseases that are sexually  
5 transmissible need be designated for purposes of this Act.

6 (4) "Health care professional" means a physician licensed  
7 to practice medicine in all its branches, a licensed physician  
8 assistant ~~who has been delegated the provision of sexually~~  
9 ~~transmissible disease therapy services or expedited partner~~  
10 ~~therapy services by his or her supervising physician, or a~~  
11 licensed ~~an~~ advanced practice nurse ~~who has a written~~  
12 ~~collaborative agreement with a collaborating physician that~~  
13 ~~authorizes the provision of sexually transmissible disease~~  
14 ~~therapy services or expedited partner therapy services, or an~~  
15 ~~advanced practice nurse who practices in a hospital or~~  
16 ~~ambulatory surgical treatment center and possesses appropriate~~  
17 ~~clinical privileges in accordance with the Nurse Practice Act.~~

18 (5) "Expedited partner therapy" means to prescribe,  
19 dispense, furnish, or otherwise provide prescription  
20 antibiotic drugs to the partner or partners of persons  
21 clinically diagnosed as infected with a sexually transmissible  
22 disease, without physical examination of the partner or  
23 partners.

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

25 (410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

1           Sec. 4. Reporting required.

2           (a) A physician licensed under the provisions of the  
3 Medical Practice Act of 1987, an advanced practice nurse  
4 licensed under the provisions of the Nurse Practice Act ~~who has~~  
5 ~~a written collaborative agreement with a collaborating~~  
6 ~~physician that authorizes the provision of services for a~~  
7 ~~sexually transmissible disease,~~ or a physician assistant  
8 licensed under the provisions of the Physician Assistant  
9 Practice Act of 1987 ~~who has been delegated authority to~~  
10 ~~provide services for a sexually transmissible disease~~ who makes  
11 a diagnosis of or treats a person with a sexually transmissible  
12 disease and each laboratory that performs a test for a sexually  
13 transmissible disease which concludes with a positive result  
14 shall report such facts as may be required by the Department by  
15 rule, within such time period as the Department may require by  
16 rule, but in no case to exceed 2 weeks.

17           (b) The Department shall adopt rules specifying the  
18 information required in reporting a sexually transmissible  
19 disease, the method of reporting and specifying a minimum time  
20 period for reporting. In adopting such rules, the Department  
21 shall consider the need for information, protections for the  
22 privacy and confidentiality of the patient, and the practical  
23 abilities of persons and laboratories to report in a reasonable  
24 fashion.

25           (c) Any person who knowingly or maliciously disseminates  
26 any false information or report concerning the existence of any

1 sexually transmissible disease under this Section is guilty of  
2 a Class A misdemeanor.

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

9 (Source: P.A. 95-639, eff. 10-5-07.)

10 Section 100. The Perinatal HIV Prevention Act is amended by  
11 changing Section 5 as follows:

12 (410 ILCS 335/5)

13 Sec. 5. Definitions. In this Act:

14 "Department" means the Department of Public Health.

15 "Health care professional" means a physician licensed to  
16 practice medicine in all its branches, a licensed physician  
17 assistant ~~who has been delegated the provision of health~~  
18 ~~services by his or her supervising physician, or a licensed an~~  
19 advanced practice ~~registered~~ nurse ~~who has a written~~  
20 ~~collaborative agreement with a collaborating physician that~~  
21 ~~authorizes the provision of health services.~~

22 "Health care facility" or "facility" means any hospital or  
23 other institution that is licensed or otherwise authorized to  
24 deliver health care services.

1 "Health care services" means any prenatal medical care or  
2 labor or delivery services to a pregnant woman and her newborn  
3 infant, including hospitalization.

4 (Source: P.A. 93-566, eff. 8-20-03; 94-910, eff. 6-23-06.)

5 Section 105. The Genetic Information Privacy Act is amended  
6 by changing Section 10 as follows:

7 (410 ILCS 513/10)

8 Sec. 10. Definitions. As used in this Act:

9 "Authority" means the Illinois Health Information Exchange  
10 Authority established pursuant to the Illinois Health  
11 Information Exchange and Technology Act.

12 "Business associate" has the meaning ascribed to it under  
13 HIPAA, as specified in 45 CFR 160.103.

14 "Covered entity" has the meaning ascribed to it under  
15 HIPAA, as specified in 45 CFR 160.103.

16 "De-identified information" means health information that  
17 is not individually identifiable as described under HIPAA, as  
18 specified in 45 CFR 164.514(b).

19 "Disclosure" has the meaning ascribed to it under HIPAA, as  
20 specified in 45 CFR 160.103.

21 "Employer" means the State of Illinois, any unit of local  
22 government, and any board, commission, department,  
23 institution, or school district, any party to a public  
24 contract, any joint apprenticeship or training committee

1 within the State, and every other person employing employees  
2 within the State.

3 "Employment agency" means both public and private  
4 employment agencies and any person, labor organization, or  
5 labor union having a hiring hall or hiring office regularly  
6 undertaking, with or without compensation, to procure  
7 opportunities to work, or to procure, recruit, refer, or place  
8 employees.

9 "Family member" means, with respect to an individual, (i)  
10 the spouse of the individual; (ii) a dependent child of the  
11 individual, including a child who is born to or placed for  
12 adoption with the individual; (iii) any other person qualifying  
13 as a covered dependent under a managed care plan; and (iv) all  
14 other individuals related by blood or law to the individual or  
15 the spouse or child described in subsections (i) through (iii)  
16 of this definition.

17 "Genetic information" has the meaning ascribed to it under  
18 HIPAA, as specified in 45 CFR 160.103.

19 "Genetic monitoring" means the periodic examination of  
20 employees to evaluate acquired modifications to their genetic  
21 material, such as chromosomal damage or evidence of increased  
22 occurrence of mutations that may have developed in the course  
23 of employment due to exposure to toxic substances in the  
24 workplace in order to identify, evaluate, and respond to  
25 effects of or control adverse environmental exposures in the  
26 workplace.

1 "Genetic services" has the meaning ascribed to it under  
2 HIPAA, as specified in 45 CFR 160.103.

3 "Genetic testing" and "genetic test" have the meaning  
4 ascribed to "genetic test" under HIPAA, as specified in 45 CFR  
5 160.103.

6 "Health care operations" has the meaning ascribed to it  
7 under HIPAA, as specified in 45 CFR 164.501.

8 "Health care professional" means (i) a licensed physician,  
9 (ii) a licensed physician assistant ~~to whom the physician~~  
10 ~~assistant's supervising physician has delegated the provision~~  
11 ~~of genetic testing or genetic counseling-related services,~~  
12 (iii) a licensed ~~an~~ advanced practice ~~registered~~ nurse ~~who has~~  
13 ~~a written collaborative agreement with a collaborating~~  
14 ~~physician which authorizes the provision of genetic testing or~~  
15 ~~genetic counseling-related health services,~~ (iv) a licensed  
16 dentist, (v) a licensed podiatrist, (vi) a licensed genetic  
17 counselor, or (vii) an individual certified to provide genetic  
18 testing by a state or local public health department.

19 "Health care provider" has the meaning ascribed to it under  
20 HIPAA, as specified in 45 CFR 160.103.

21 "Health facility" means a hospital, blood bank, blood  
22 center, sperm bank, or other health care institution, including  
23 any "health facility" as that term is defined in the Illinois  
24 Finance Authority Act.

25 "Health information exchange" or "HIE" means a health  
26 information exchange or health information organization that

1 exchanges health information electronically that (i) is  
2 established pursuant to the Illinois Health Information  
3 Exchange and Technology Act, or any subsequent amendments  
4 thereto, and any administrative rules promulgated thereunder;  
5 (ii) has established a data sharing arrangement with the  
6 Authority; or (iii) as of August 16, 2013, was designated by  
7 the Authority Board as a member of, or was represented on, the  
8 Authority Board's Regional Health Information Exchange  
9 Workgroup; provided that such designation shall not require the  
10 establishment of a data sharing arrangement or other  
11 participation with the Illinois Health Information Exchange or  
12 the payment of any fee. In certain circumstances, in accordance  
13 with HIPAA, an HIE will be a business associate.

14 "Health oversight agency" has the meaning ascribed to it  
15 under HIPAA, as specified in 45 CFR 164.501.

16 "HIPAA" means the Health Insurance Portability and  
17 Accountability Act of 1996, Public Law 104-191, as amended by  
18 the Health Information Technology for Economic and Clinical  
19 Health Act of 2009, Public Law 111-05, and any subsequent  
20 amendments thereto and any regulations promulgated thereunder.

21 "Insurer" means (i) an entity that is subject to the  
22 jurisdiction of the Director of Insurance and (ii) a managed  
23 care plan.

24 "Labor organization" includes any organization, labor  
25 union, craft union, or any voluntary unincorporated  
26 association designed to further the cause of the rights of

1 union labor that is constituted for the purpose, in whole or in  
2 part, of collective bargaining or of dealing with employers  
3 concerning grievances, terms or conditions of employment, or  
4 apprenticeships or applications for apprenticeships, or of  
5 other mutual aid or protection in connection with employment,  
6 including apprenticeships or applications for apprenticeships.

7 "Licensing agency" means a board, commission, committee,  
8 council, department, or officers, except a judicial officer, in  
9 this State or any political subdivision authorized to grant,  
10 deny, renew, revoke, suspend, annul, withdraw, or amend a  
11 license or certificate of registration.

12 "Limited data set" has the meaning ascribed to it under  
13 HIPAA, as described in 45 CFR 164.514(e) (2).

14 "Managed care plan" means a plan that establishes,  
15 operates, or maintains a network of health care providers that  
16 have entered into agreements with the plan to provide health  
17 care services to enrollees where the plan has the ultimate and  
18 direct contractual obligation to the enrollee to arrange for  
19 the provision of or pay for services through:

20 (1) organizational arrangements for ongoing quality  
21 assurance, utilization review programs, or dispute  
22 resolution; or

23 (2) financial incentives for persons enrolled in the  
24 plan to use the participating providers and procedures  
25 covered by the plan.

26 A managed care plan may be established or operated by any



1 entity including a licensed insurance company, hospital or  
2 medical service plan, health maintenance organization, limited  
3 health service organization, preferred provider organization,  
4 third party administrator, or an employer or employee  
5 organization.

6 "Minimum necessary" means HIPAA's standard for using,  
7 disclosing, and requesting protected health information found  
8 in 45 CFR 164.502(b) and 164.514(d).

9 "Nontherapeutic purpose" means a purpose that is not  
10 intended to improve or preserve the life or health of the  
11 individual whom the information concerns.

12 "Organized health care arrangement" has the meaning  
13 ascribed to it under HIPAA, as specified in 45 CFR 160.103.

14 "Patient safety activities" has the meaning ascribed to it  
15 under 42 CFR 3.20.

16 "Payment" has the meaning ascribed to it under HIPAA, as  
17 specified in 45 CFR 164.501.

18 "Person" includes any natural person, partnership,  
19 association, joint venture, trust, governmental entity, public  
20 or private corporation, health facility, or other legal entity.

21 "Protected health information" has the meaning ascribed to  
22 it under HIPAA, as specified in 45 CFR 164.103.

23 "Research" has the meaning ascribed to it under HIPAA, as  
24 specified in 45 CFR 164.501.

25 "State agency" means an instrumentality of the State of  
26 Illinois and any instrumentality of another state which

1 pursuant to applicable law or a written undertaking with an  
2 instrumentality of the State of Illinois is bound to protect  
3 the privacy of genetic information of Illinois persons.

4 "Treatment" has the meaning ascribed to it under HIPAA, as  
5 specified in 45 CFR 164.501.

6 "Use" has the meaning ascribed to it under HIPAA, as  
7 specified in 45 CFR 160.103, where context dictates.

8 (Source: P.A. 98-1046, eff. 1-1-15.)

9 Section 110. The Home Health and Hospice Drug Dispensation  
10 and Administration Act is amended by changing Section 10 as  
11 follows:

12 (410 ILCS 642/10)

13 Sec. 10. Definitions. In this Act:

14 "Authorized nursing employee" means a registered nurse or  
15 advanced practice nurse, as defined in the Nurse Practice Act,  
16 who is employed by a home health agency or hospice licensed in  
17 this State.

18 "Health care professional" means a physician licensed to  
19 practice medicine in all its branches, a licensed ~~an~~ advanced  
20 practice nurse ~~who has a written collaborative agreement with a~~  
21 ~~collaborating physician that authorizes services under this~~  
22 ~~Act,~~ or a licensed physician assistant ~~who has been delegated~~  
23 ~~the authority to perform services under this Act by his or her~~  
24 ~~supervising physician.~~

1 "Home health agency" has the meaning ascribed to it in  
2 Section 2.04 of the Home Health, Home Services, and Home  
3 Nursing Agency Licensing Act.

4 "Hospice" means a full hospice, as defined in Section 3 of  
5 the Hospice Program Licensing Act.

6 "Physician" means a physician licensed under the Medical  
7 Practice Act of 1987 to practice medicine in all its branches.

8 (Source: P.A. 94-638, eff. 8-22-05; 95-331, eff. 8-21-07;  
9 95-639, eff. 10-5-07.)

10 Section 115. The Illinois Vehicle Code is amended by  
11 changing Sections 1-159.1, 3-616, 6-103, 6-106.1, and 6-901 as  
12 follows:

13 (625 ILCS 5/1-159.1) (from Ch. 95 1/2, par. 1-159.1)

14 Sec. 1-159.1. Person with disabilities. A natural person  
15 who, as determined by a licensed physician, by a licensed  
16 physician assistant ~~who has been delegated the authority to~~  
17 ~~make this determination by his or her supervising physician, or~~  
18 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~  
19 ~~collaborative agreement with a collaborating physician that~~  
20 ~~authorizes the advanced practice nurse to make this~~  
21 ~~determination:~~ (1) cannot walk without the use of, or  
22 assistance from, a brace, cane, crutch, another person,  
23 prosthetic device, wheelchair, or other assistive device; (2)  
24 is restricted by lung disease to such an extent that his or her

1 forced (respiratory) expiratory volume for one second, when  
2 measured by spirometry, is less than one liter, or the arterial  
3 oxygen tension is less than 60 mm/hg on room air at rest; (3)  
4 uses portable oxygen; (4) has a cardiac condition to the extent  
5 that the person's functional limitations are classified in  
6 severity as Class III or Class IV, according to standards set  
7 by the American Heart Association; (5) is severely limited in  
8 the person's ability to walk due to an arthritic, neurological,  
9 oncological, or orthopedic condition; (6) cannot walk 200 feet  
10 without stopping to rest because of one of the above 5  
11 conditions; or (7) is missing a hand or arm or has permanently  
12 lost the use of a hand or arm.

13 (Source: P.A. 98-405, eff. 1-1-14.)

14 (625 ILCS 5/3-616) (from Ch. 95 1/2, par. 3-616)

15 Sec. 3-616. Disability license plates.

16 (a) Upon receiving an application for a certificate of  
17 registration for a motor vehicle of the first division or for a  
18 motor vehicle of the second division weighing no more than  
19 8,000 pounds, accompanied with payment of the registration fees  
20 required under this Code from a person with disabilities or a  
21 person who is deaf or hard of hearing, the Secretary of State,  
22 if so requested, shall issue to such person registration plates  
23 as provided for in Section 3-611, provided that the person with  
24 disabilities or person who is deaf or hard of hearing must not  
25 be disqualified from obtaining a driver's license under

1 subsection 8 of Section 6-103 of this Code, and further  
2 provided that any person making such a request must submit a  
3 statement, certified by a licensed physician, by a licensed  
4 physician assistant ~~who has been delegated the authority to~~  
5 ~~make this certification by his or her supervising physician, or~~  
6 by a licensed ~~an~~ advanced practice nurse ~~who has a written~~  
7 ~~collaborative agreement with a collaborating physician that~~  
8 ~~authorizes the advanced practice nurse to make this~~  
9 ~~certification~~, to the effect that such person is a person with  
10 disabilities as defined by Section 1-159.1 of this Code, or  
11 alternatively provide adequate documentation that such person  
12 has a Class 1A, Class 2A or Type Four disability under the  
13 provisions of Section 4A of the Illinois Identification Card  
14 Act. For purposes of this Section, an Illinois Person with a  
15 Disability Identification Card issued pursuant to the Illinois  
16 Identification Card Act indicating that the person thereon  
17 named has a disability shall be adequate documentation of such  
18 a disability.

19 (b) The Secretary shall issue plates under this Section to  
20 a parent or legal guardian of a person with disabilities if the  
21 person with disabilities has a Class 1A or Class 2A disability  
22 as defined in Section 4A of the Illinois Identification Card  
23 Act or is a person with disabilities as defined by Section  
24 1-159.1 of this Code, and does not possess a vehicle registered  
25 in his or her name, provided that the person with disabilities  
26 relies frequently on the parent or legal guardian for

1 transportation. Only one vehicle per family may be registered  
2 under this subsection, unless the applicant can justify in  
3 writing the need for one additional set of plates. Any person  
4 requesting special plates under this subsection shall submit  
5 such documentation or such physician's, physician assistant's,  
6 or advanced practice nurse's statement as is required in  
7 subsection (a) and a statement describing the circumstances  
8 qualifying for issuance of special plates under this  
9 subsection. An optometrist may certify a Class 2A Visual  
10 Disability, as defined in Section 4A of the Illinois  
11 Identification Card Act, for the purpose of qualifying a person  
12 with disabilities for special plates under this subsection.

13 (c) The Secretary may issue a parking decal or device to a  
14 person with disabilities as defined by Section 1-159.1 without  
15 regard to qualification of such person with disabilities for a  
16 driver's license or registration of a vehicle by such person  
17 with disabilities or such person's immediate family, provided  
18 such person with disabilities making such a request has been  
19 issued an Illinois Person with a Disability Identification Card  
20 indicating that the person named thereon has a Class 1A or  
21 Class 2A disability, or alternatively, submits a statement  
22 certified by a licensed physician, or by a licensed physician  
23 assistant or a licensed ~~an~~ advanced practice nurse as provided  
24 in subsection (a), to the effect that such person is a person  
25 with disabilities as defined by Section 1-159.1. An optometrist  
26 may certify a Class 2A Visual Disability as defined in Section

1 4A of the Illinois Identification Card Act for the purpose of  
2 qualifying a person with disabilities for a parking decal or  
3 device under this subsection.

4 (d) The Secretary shall prescribe by rules and regulations  
5 procedures to certify or re-certify as necessary the  
6 eligibility of persons whose disabilities are other than  
7 permanent for special plates or parking decals or devices  
8 issued under subsections (a), (b) and (c). Except as provided  
9 under subsection (f) of this Section, no such special plates,  
10 decals or devices shall be issued by the Secretary of State to  
11 or on behalf of any person with disabilities unless such person  
12 is certified as meeting the definition of a person with  
13 disabilities pursuant to Section 1-159.1 or meeting the  
14 requirement of a Type Four disability as provided under Section  
15 4A of the Illinois Identification Card Act for the period of  
16 time that the physician, or the physician assistant or advanced  
17 practice nurse as provided in subsection (a), determines the  
18 applicant will have the disability, but not to exceed 6 months  
19 from the date of certification or recertification.

20 (e) Any person requesting special plates under this Section  
21 may also apply to have the special plates personalized, as  
22 provided under Section 3-405.1.

23 (f) The Secretary of State, upon application, shall issue  
24 disability registration plates or a parking decal to  
25 corporations, school districts, State or municipal agencies,  
26 limited liability companies, nursing homes, convalescent

1 homes, or special education cooperatives which will transport  
2 persons with disabilities. The Secretary shall prescribe by  
3 rule a means to certify or re-certify the eligibility of  
4 organizations to receive disability plates or decals and to  
5 designate which of the 2 person with disabilities emblems shall  
6 be placed on qualifying vehicles.

7 (g) The Secretary of State, or his designee, may enter into  
8 agreements with other jurisdictions, including foreign  
9 jurisdictions, on behalf of this State relating to the  
10 extension of parking privileges by such jurisdictions to  
11 permanently disabled residents of this State who display a  
12 special license plate or parking device that contains the  
13 International symbol of access on his or her motor vehicle, and  
14 to recognize such plates or devices issued by such other  
15 jurisdictions. This State shall grant the same parking  
16 privileges which are granted to disabled residents of this  
17 State to any non-resident whose motor vehicle is licensed in  
18 another state, district, territory or foreign country if such  
19 vehicle displays the international symbol of access or a  
20 distinguishing insignia on license plates or parking device  
21 issued in accordance with the laws of the non-resident's state,  
22 district, territory or foreign country.

23 (Source: P.A. 97-1064, eff. 1-1-13.)

24 (625 ILCS 5/6-103) (from Ch. 95 1/2, par. 6-103)

25 Sec. 6-103. What persons shall not be licensed as drivers



1 or granted permits. The Secretary of State shall not issue,  
2 renew, or allow the retention of any driver's license nor issue  
3 any permit under this Code:

4 1. To any person, as a driver, who is under the age of  
5 18 years except as provided in Section 6-107, and except  
6 that an instruction permit may be issued under Section  
7 6-107.1 to a child who is not less than 15 years of age if  
8 the child is enrolled in an approved driver education  
9 course as defined in Section 1-103 of this Code and  
10 requires an instruction permit to participate therein,  
11 except that an instruction permit may be issued under the  
12 provisions of Section 6-107.1 to a child who is 17 years  
13 and 3 months of age without the child having enrolled in an  
14 approved driver education course and except that an  
15 instruction permit may be issued to a child who is at least  
16 15 years and 3 months of age, is enrolled in school, meets  
17 the educational requirements of the Driver Education Act,  
18 and has passed examinations the Secretary of State in his  
19 or her discretion may prescribe;

20 1.5. To any person at least 18 years of age but less  
21 than 21 years of age unless the person has, in addition to  
22 any other requirements of this Code, successfully  
23 completed an adult driver education course as provided in  
24 Section 6-107.5 of this Code;

25 2. To any person who is under the age of 18 as an  
26 operator of a motorcycle other than a motor driven cycle

1 unless the person has, in addition to meeting the  
2 provisions of Section 6-107 of this Code, successfully  
3 completed a motorcycle training course approved by the  
4 Illinois Department of Transportation and successfully  
5 completes the required Secretary of State's motorcycle  
6 driver's examination;

7 3. To any person, as a driver, whose driver's license  
8 or permit has been suspended, during the suspension, nor to  
9 any person whose driver's license or permit has been  
10 revoked, except as provided in Sections 6-205, 6-206, and  
11 6-208;

12 4. To any person, as a driver, who is a user of alcohol  
13 or any other drug to a degree that renders the person  
14 incapable of safely driving a motor vehicle;

15 5. To any person, as a driver, who has previously been  
16 adjudged to be afflicted with or suffering from any mental  
17 or physical disability or disease and who has not at the  
18 time of application been restored to competency by the  
19 methods provided by law;

20 6. To any person, as a driver, who is required by the  
21 Secretary of State to submit an alcohol and drug evaluation  
22 or take an examination provided for in this Code unless the  
23 person has successfully passed the examination and  
24 submitted any required evaluation;

25 7. To any person who is required under the provisions  
26 of the laws of this State to deposit security or proof of

1 financial responsibility and who has not deposited the  
2 security or proof;

3 8. To any person when the Secretary of State has good  
4 cause to believe that the person by reason of physical or  
5 mental disability would not be able to safely operate a  
6 motor vehicle upon the highways, unless the person shall  
7 furnish to the Secretary of State a verified written  
8 statement, acceptable to the Secretary of State, from a  
9 competent medical specialist, a licensed physician  
10 assistant ~~who has been delegated the performance of medical~~  
11 ~~examinations by his or her supervising physician, or a~~  
12 licensed advanced practice nurse ~~who has a written~~  
13 ~~collaborative agreement with a collaborating physician~~  
14 ~~which authorizes him or her to perform medical~~  
15 ~~examinations,~~ to the effect that the operation of a motor  
16 vehicle by the person would not be inimical to the public  
17 safety;

18 9. To any person, as a driver, who is 69 years of age  
19 or older, unless the person has successfully complied with  
20 the provisions of Section 6-109;

21 10. To any person convicted, within 12 months of  
22 application for a license, of any of the sexual offenses  
23 enumerated in paragraph 2 of subsection (b) of Section  
24 6-205;

25 11. To any person who is under the age of 21 years with  
26 a classification prohibited in paragraph (b) of Section

1           6-104 and to any person who is under the age of 18 years  
2           with a classification prohibited in paragraph (c) of  
3           Section 6-104;

4           12. To any person who has been either convicted of or  
5           adjudicated under the Juvenile Court Act of 1987 based upon  
6           a violation of the Cannabis Control Act, the Illinois  
7           Controlled Substances Act, or the Methamphetamine Control  
8           and Community Protection Act while that person was in  
9           actual physical control of a motor vehicle. For purposes of  
10          this Section, any person placed on probation under Section  
11          10 of the Cannabis Control Act, Section 410 of the Illinois  
12          Controlled Substances Act, or Section 70 of the  
13          Methamphetamine Control and Community Protection Act shall  
14          not be considered convicted. Any person found guilty of  
15          this offense, while in actual physical control of a motor  
16          vehicle, shall have an entry made in the court record by  
17          the judge that this offense did occur while the person was  
18          in actual physical control of a motor vehicle and order the  
19          clerk of the court to report the violation to the Secretary  
20          of State as such. The Secretary of State shall not issue a  
21          new license or permit for a period of one year;

22          13. To any person who is under the age of 18 years and  
23          who has committed the offense of operating a motor vehicle  
24          without a valid license or permit in violation of Section  
25          6-101 or a similar out of state offense;

26          14. To any person who is 90 days or more delinquent in

1 court ordered child support payments or has been  
2 adjudicated in arrears in an amount equal to 90 days'  
3 obligation or more and who has been found in contempt of  
4 court for failure to pay the support, subject to the  
5 requirements and procedures of Article VII of Chapter 7 of  
6 the Illinois Vehicle Code;

7 14.5. To any person certified by the Illinois  
8 Department of Healthcare and Family Services as being 90  
9 days or more delinquent in payment of support under an  
10 order of support entered by a court or administrative body  
11 of this or any other State, subject to the requirements and  
12 procedures of Article VII of Chapter 7 of this Code  
13 regarding those certifications;

14 15. To any person released from a term of imprisonment  
15 for violating Section 9-3 of the Criminal Code of 1961 or  
16 the Criminal Code of 2012, or a similar provision of a law  
17 of another state relating to reckless homicide or for  
18 violating subparagraph (F) of paragraph (1) of subsection  
19 (d) of Section 11-501 of this Code relating to aggravated  
20 driving under the influence of alcohol, other drug or  
21 drugs, intoxicating compound or compounds, or any  
22 combination thereof, if the violation was the proximate  
23 cause of a death, within 24 months of release from a term  
24 of imprisonment;

25 16. To any person who, with intent to influence any act  
26 related to the issuance of any driver's license or permit,

1 by an employee of the Secretary of State's Office, or the  
2 owner or employee of any commercial driver training school  
3 licensed by the Secretary of State, or any other individual  
4 authorized by the laws of this State to give driving  
5 instructions or administer all or part of a driver's  
6 license examination, promises or tenders to that person any  
7 property or personal advantage which that person is not  
8 authorized by law to accept. Any persons promising or  
9 tendering such property or personal advantage shall be  
10 disqualified from holding any class of driver's license or  
11 permit for 120 consecutive days. The Secretary of State  
12 shall establish by rule the procedures for implementing  
13 this period of disqualification and the procedures by which  
14 persons so disqualified may obtain administrative review  
15 of the decision to disqualify;

16 17. To any person for whom the Secretary of State  
17 cannot verify the accuracy of any information or  
18 documentation submitted in application for a driver's  
19 license; or

20 18. To any person who has been adjudicated under the  
21 Juvenile Court Act of 1987 based upon an offense that is  
22 determined by the court to have been committed in  
23 furtherance of the criminal activities of an organized  
24 gang, as provided in Section 5-710 of that Act, and that  
25 involved the operation or use of a motor vehicle or the use  
26 of a driver's license or permit. The person shall be denied

1 a license or permit for the period determined by the court.

2 The Secretary of State shall retain all conviction  
3 information, if the information is required to be held  
4 confidential under the Juvenile Court Act of 1987.

5 (Source: P.A. 97-185, eff. 7-22-11; 97-1150, eff. 1-25-13;  
6 98-167, eff. 7-1-14; 98-756, eff. 7-16-14.)

7 (625 ILCS 5/6-106.1)

8 Sec. 6-106.1. School bus driver permit.

9 (a) The Secretary of State shall issue a school bus driver  
10 permit to those applicants who have met all the requirements of  
11 the application and screening process under this Section to  
12 insure the welfare and safety of children who are transported  
13 on school buses throughout the State of Illinois. Applicants  
14 shall obtain the proper application required by the Secretary  
15 of State from their prospective or current employer and submit  
16 the completed application to the prospective or current  
17 employer along with the necessary fingerprint submission as  
18 required by the Department of State Police to conduct  
19 fingerprint based criminal background checks on current and  
20 future information available in the state system and current  
21 information available through the Federal Bureau of  
22 Investigation's system. Applicants who have completed the  
23 fingerprinting requirements shall not be subjected to the  
24 fingerprinting process when applying for subsequent permits or  
25 submitting proof of successful completion of the annual

1 refresher course. Individuals who on the effective date of this  
2 Act possess a valid school bus driver permit that has been  
3 previously issued by the appropriate Regional School  
4 Superintendent are not subject to the fingerprinting  
5 provisions of this Section as long as the permit remains valid  
6 and does not lapse. The applicant shall be required to pay all  
7 related application and fingerprinting fees as established by  
8 rule including, but not limited to, the amounts established by  
9 the Department of State Police and the Federal Bureau of  
10 Investigation to process fingerprint based criminal background  
11 investigations. All fees paid for fingerprint processing  
12 services under this Section shall be deposited into the State  
13 Police Services Fund for the cost incurred in processing the  
14 fingerprint based criminal background investigations. All  
15 other fees paid under this Section shall be deposited into the  
16 Road Fund for the purpose of defraying the costs of the  
17 Secretary of State in administering this Section. All  
18 applicants must:

- 19 1. be 21 years of age or older;
- 20 2. possess a valid and properly classified driver's  
21 license issued by the Secretary of State;
- 22 3. possess a valid driver's license, which has not been  
23 revoked, suspended, or canceled for 3 years immediately  
24 prior to the date of application, or have not had his or  
25 her commercial motor vehicle driving privileges  
26 disqualified within the 3 years immediately prior to the



1 date of application;

2 4. successfully pass a written test, administered by  
3 the Secretary of State, on school bus operation, school bus  
4 safety, and special traffic laws relating to school buses  
5 and submit to a review of the applicant's driving habits by  
6 the Secretary of State at the time the written test is  
7 given;

8 5. demonstrate ability to exercise reasonable care in  
9 the operation of school buses in accordance with rules  
10 promulgated by the Secretary of State;

11 6. demonstrate physical fitness to operate school  
12 buses by submitting the results of a medical examination,  
13 including tests for drug use for each applicant not subject  
14 to such testing pursuant to federal law, conducted by a  
15 licensed physician, a licensed ~~an~~ advanced practice nurse  
16 ~~who has a written collaborative agreement with a~~  
17 ~~collaborating physician which authorizes him or her to~~  
18 ~~perform medical examinations,~~ or a licensed physician  
19 assistant ~~who has been delegated the performance of medical~~  
20 ~~examinations by his or her supervising physician~~ within 90  
21 days of the date of application according to standards  
22 promulgated by the Secretary of State;

23 7. affirm under penalties of perjury that he or she has  
24 not made a false statement or knowingly concealed a  
25 material fact in any application for permit;

26 8. have completed an initial classroom course,

1 including first aid procedures, in school bus driver safety  
2 as promulgated by the Secretary of State; and after  
3 satisfactory completion of said initial course an annual  
4 refresher course; such courses and the agency or  
5 organization conducting such courses shall be approved by  
6 the Secretary of State; failure to complete the annual  
7 refresher course, shall result in cancellation of the  
8 permit until such course is completed;

9 9. not have been under an order of court supervision  
10 for or convicted of 2 or more serious traffic offenses, as  
11 defined by rule, within one year prior to the date of  
12 application that may endanger the life or safety of any of  
13 the driver's passengers within the duration of the permit  
14 period;

15 10. not have been under an order of court supervision  
16 for or convicted of reckless driving, aggravated reckless  
17 driving, driving while under the influence of alcohol,  
18 other drug or drugs, intoxicating compound or compounds or  
19 any combination thereof, or reckless homicide resulting  
20 from the operation of a motor vehicle within 3 years of the  
21 date of application;

22 11. not have been convicted of committing or attempting  
23 to commit any one or more of the following offenses: (i)  
24 those offenses defined in Sections 8-1.2, 9-1, 9-1.2, 9-2,  
25 9-2.1, 9-3, 9-3.2, 9-3.3, 10-1, 10-2, 10-3.1, 10-4, 10-5,  
26 10-5.1, 10-6, 10-7, 10-9, 11-1.20, 11-1.30, 11-1.40,

1 11-1.50, 11-1.60, 11-6, 11-6.5, 11-6.6, 11-9, 11-9.1,  
2 11-9.3, 11-9.4, 11-14, 11-14.1, 11-14.3, 11-14.4, 11-15,  
3 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19,  
4 11-19.1, 11-19.2, 11-20, 11-20.1, 11-20.1B, 11-20.3,  
5 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-30, 12-2.6,  
6 12-3.1, 12-4, 12-4.1, 12-4.2, 12-4.2-5, 12-4.3, 12-4.4,  
7 12-4.5, 12-4.6, 12-4.7, 12-4.9, 12-5.01, 12-6, 12-6.2,  
8 12-7.1, 12-7.3, 12-7.4, 12-7.5, 12-11, 12-13, 12-14,  
9 12-14.1, 12-15, 12-16, 12-16.2, 12-21.5, 12-21.6, 12-33,  
10 12C-5, 12C-10, 12C-20, 12C-30, 12C-45, 16-16, 16-16.1,  
11 18-1, 18-2, 18-3, 18-4, 18-5, 19-6, 20-1, 20-1.1, 20-1.2,  
12 20-1.3, 20-2, 24-1, 24-1.1, 24-1.2, 24-1.2-5, 24-1.6,  
13 24-1.7, 24-2.1, 24-3.3, 24-3.5, 24-3.8, 24-3.9, 31A-1,  
14 31A-1.1, 33A-2, and 33D-1, and in subsection (b) of Section  
15 8-1, and in subdivisions (a)(1), (a)(2), (b)(1), (e)(1),  
16 (e)(2), (e)(3), (e)(4), and (f)(1) of Section 12-3.05, and  
17 in subsection (a) and subsection (b), clause (1), of  
18 Section 12-4, and in subsection (A), clauses (a) and (b),  
19 of Section 24-3, and those offenses contained in Article  
20 29D of the Criminal Code of 1961 or the Criminal Code of  
21 2012; (ii) those offenses defined in the Cannabis Control  
22 Act except those offenses defined in subsections (a) and  
23 (b) of Section 4, and subsection (a) of Section 5 of the  
24 Cannabis Control Act; (iii) those offenses defined in the  
25 Illinois Controlled Substances Act; (iv) those offenses  
26 defined in the Methamphetamine Control and Community

1 Protection Act; (v) any offense committed or attempted in  
2 any other state or against the laws of the United States,  
3 which if committed or attempted in this State would be  
4 punishable as one or more of the foregoing offenses; (vi)  
5 the offenses defined in Section 4.1 and 5.1 of the Wrongs  
6 to Children Act or Section 11-9.1A of the Criminal Code of  
7 1961 or the Criminal Code of 2012; (vii) those offenses  
8 defined in Section 6-16 of the Liquor Control Act of 1934;  
9 and (viii) those offenses defined in the Methamphetamine  
10 Precursor Control Act;

11 12. not have been repeatedly involved as a driver in  
12 motor vehicle collisions or been repeatedly convicted of  
13 offenses against laws and ordinances regulating the  
14 movement of traffic, to a degree which indicates lack of  
15 ability to exercise ordinary and reasonable care in the  
16 safe operation of a motor vehicle or disrespect for the  
17 traffic laws and the safety of other persons upon the  
18 highway;

19 13. not have, through the unlawful operation of a motor  
20 vehicle, caused an accident resulting in the death of any  
21 person;

22 14. not have, within the last 5 years, been adjudged to  
23 be afflicted with or suffering from any mental disability  
24 or disease; and

25 15. consent, in writing, to the release of results of  
26 reasonable suspicion drug and alcohol testing under

1           Section 6-106.1c of this Code by the employer of the  
2           applicant to the Secretary of State.

3           (b) A school bus driver permit shall be valid for a period  
4           specified by the Secretary of State as set forth by rule. It  
5           shall be renewable upon compliance with subsection (a) of this  
6           Section.

7           (c) A school bus driver permit shall contain the holder's  
8           driver's license number, legal name, residence address, zip  
9           code, and date of birth, a brief description of the holder and  
10          a space for signature. The Secretary of State may require a  
11          suitable photograph of the holder.

12          (d) The employer shall be responsible for conducting a  
13          pre-employment interview with prospective school bus driver  
14          candidates, distributing school bus driver applications and  
15          medical forms to be completed by the applicant, and submitting  
16          the applicant's fingerprint cards to the Department of State  
17          Police that are required for the criminal background  
18          investigations. The employer shall certify in writing to the  
19          Secretary of State that all pre-employment conditions have been  
20          successfully completed including the successful completion of  
21          an Illinois specific criminal background investigation through  
22          the Department of State Police and the submission of necessary  
23          fingerprints to the Federal Bureau of Investigation for  
24          criminal history information available through the Federal  
25          Bureau of Investigation system. The applicant shall present the  
26          certification to the Secretary of State at the time of

1 submitting the school bus driver permit application.

2 (e) Permits shall initially be provisional upon receiving  
3 certification from the employer that all pre-employment  
4 conditions have been successfully completed, and upon  
5 successful completion of all training and examination  
6 requirements for the classification of the vehicle to be  
7 operated, the Secretary of State shall provisionally issue a  
8 School Bus Driver Permit. The permit shall remain in a  
9 provisional status pending the completion of the Federal Bureau  
10 of Investigation's criminal background investigation based  
11 upon fingerprinting specimens submitted to the Federal Bureau  
12 of Investigation by the Department of State Police. The Federal  
13 Bureau of Investigation shall report the findings directly to  
14 the Secretary of State. The Secretary of State shall remove the  
15 bus driver permit from provisional status upon the applicant's  
16 successful completion of the Federal Bureau of Investigation's  
17 criminal background investigation.

18 (f) A school bus driver permit holder shall notify the  
19 employer and the Secretary of State if he or she is issued an  
20 order of court supervision for or convicted in another state of  
21 an offense that would make him or her ineligible for a permit  
22 under subsection (a) of this Section. The written notification  
23 shall be made within 5 days of the entry of the order of court  
24 supervision or conviction. Failure of the permit holder to  
25 provide the notification is punishable as a petty offense for a  
26 first violation and a Class B misdemeanor for a second or

1 subsequent violation.

2 (g) Cancellation; suspension; notice and procedure.

3 (1) The Secretary of State shall cancel a school bus  
4 driver permit of an applicant whose criminal background  
5 investigation discloses that he or she is not in compliance  
6 with the provisions of subsection (a) of this Section.

7 (2) The Secretary of State shall cancel a school bus  
8 driver permit when he or she receives notice that the  
9 permit holder fails to comply with any provision of this  
10 Section or any rule promulgated for the administration of  
11 this Section.

12 (3) The Secretary of State shall cancel a school bus  
13 driver permit if the permit holder's restricted commercial  
14 or commercial driving privileges are withdrawn or  
15 otherwise invalidated.

16 (4) The Secretary of State may not issue a school bus  
17 driver permit for a period of 3 years to an applicant who  
18 fails to obtain a negative result on a drug test as  
19 required in item 6 of subsection (a) of this Section or  
20 under federal law.

21 (5) The Secretary of State shall forthwith suspend a  
22 school bus driver permit for a period of 3 years upon  
23 receiving notice that the holder has failed to obtain a  
24 negative result on a drug test as required in item 6 of  
25 subsection (a) of this Section or under federal law.

26 (6) The Secretary of State shall suspend a school bus

1 driver permit for a period of 3 years upon receiving notice  
2 from the employer that the holder failed to perform the  
3 inspection procedure set forth in subsection (a) or (b) of  
4 Section 12-816 of this Code.

5 (7) The Secretary of State shall suspend a school bus  
6 driver permit for a period of 3 years upon receiving notice  
7 from the employer that the holder refused to submit to an  
8 alcohol or drug test as required by Section 6-106.1c or has  
9 submitted to a test required by that Section which  
10 disclosed an alcohol concentration of more than 0.00 or  
11 disclosed a positive result on a National Institute on Drug  
12 Abuse five-drug panel, utilizing federal standards set  
13 forth in 49 CFR 40.87.

14 The Secretary of State shall notify the State  
15 Superintendent of Education and the permit holder's  
16 prospective or current employer that the applicant has (1) has  
17 failed a criminal background investigation or (2) is no longer  
18 eligible for a school bus driver permit; and of the related  
19 cancellation of the applicant's provisional school bus driver  
20 permit. The cancellation shall remain in effect pending the  
21 outcome of a hearing pursuant to Section 2-118 of this Code.  
22 The scope of the hearing shall be limited to the issuance  
23 criteria contained in subsection (a) of this Section. A  
24 petition requesting a hearing shall be submitted to the  
25 Secretary of State and shall contain the reason the individual  
26 feels he or she is entitled to a school bus driver permit. The



1 permit holder's employer shall notify in writing to the  
2 Secretary of State that the employer has certified the removal  
3 of the offending school bus driver from service prior to the  
4 start of that school bus driver's next workshift. An employing  
5 school board that fails to remove the offending school bus  
6 driver from service is subject to the penalties defined in  
7 Section 3-14.23 of the School Code. A school bus contractor who  
8 violates a provision of this Section is subject to the  
9 penalties defined in Section 6-106.11.

10 All valid school bus driver permits issued under this  
11 Section prior to January 1, 1995, shall remain effective until  
12 their expiration date unless otherwise invalidated.

13 (h) When a school bus driver permit holder who is a service  
14 member is called to active duty, the employer of the permit  
15 holder shall notify the Secretary of State, within 30 days of  
16 notification from the permit holder, that the permit holder has  
17 been called to active duty. Upon notification pursuant to this  
18 subsection, (i) the Secretary of State shall characterize the  
19 permit as inactive until a permit holder renews the permit as  
20 provided in subsection (i) of this Section, and (ii) if a  
21 permit holder fails to comply with the requirements of this  
22 Section while called to active duty, the Secretary of State  
23 shall not characterize the permit as invalid.

24 (i) A school bus driver permit holder who is a service  
25 member returning from active duty must, within 90 days, renew a  
26 permit characterized as inactive pursuant to subsection (h) of

1 this Section by complying with the renewal requirements of  
2 subsection (b) of this Section.

3 (j) For purposes of subsections (h) and (i) of this  
4 Section:

5 "Active duty" means active duty pursuant to an executive  
6 order of the President of the United States, an act of the  
7 Congress of the United States, or an order of the Governor.

8 "Service member" means a member of the Armed Services or  
9 reserve forces of the United States or a member of the Illinois  
10 National Guard.

11 (Source: P.A. 96-89, eff. 7-27-09; 96-818, eff. 11-17-09;  
12 96-962, eff. 7-2-10; 96-1000, eff. 7-2-10; 96-1182, eff.  
13 7-22-10; 96-1551, Article 1, Section 950, eff. 7-1-11; 96-1551,  
14 Article 2, Section 1025, eff. 7-1-11; 97-224, eff. 7-28-11;  
15 97-229, eff. 7-28-11; 97-333, eff. 8-12-11; 97-466, eff.  
16 1-1-12; 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150,  
17 eff. 1-25-13.)

18 (625 ILCS 5/6-901) (from Ch. 95 1/2, par. 6-901)  
19 Sec. 6-901. Definitions. For the purposes of this Article:

20 "Board" means the Driver's License Medical Advisory Board.

21 "Medical examiner" or "medical practitioner" means:

22 (i) any person licensed to practice medicine in all its  
23 branches in the State of Illinois or any other state;

24 (ii) a licensed physician assistant ~~who has been~~  
25 ~~delegated the performance of medical examinations by his or~~

1 ~~her supervising physician; or~~

2 (iii) a licensed advanced practice nurse ~~who has a~~  
3 ~~written collaborative agreement with a collaborating~~  
4 ~~physician which authorizes him or her to perform medical~~  
5 ~~examinations.~~

6 (Source: P.A. 96-962, eff. 7-2-10; 97-185, eff. 7-22-11.)

7 Section 120. The Illinois Controlled Substances Act is  
8 amended by changing Sections 102 and 303.05 as follows:

9 (720 ILCS 570/102) (from Ch. 56 1/2, par. 1102)

10 Sec. 102. Definitions. As used in this Act, unless the  
11 context otherwise requires:

12 (a) "Addict" means any person who habitually uses any drug,  
13 chemical, substance or dangerous drug other than alcohol so as  
14 to endanger the public morals, health, safety or welfare or who  
15 is so far addicted to the use of a dangerous drug or controlled  
16 substance other than alcohol as to have lost the power of self  
17 control with reference to his or her addiction.

18 (b) "Administer" means the direct application of a  
19 controlled substance, whether by injection, inhalation,  
20 ingestion, or any other means, to the body of a patient,  
21 research subject, or animal (as defined by the Humane  
22 Euthanasia in Animal Shelters Act) by:

23 (1) a practitioner (or, in his or her presence, by his  
24 or her authorized agent),

1           (2) the patient or research subject pursuant to an  
2 order, or

3           (3) a euthanasia technician as defined by the Humane  
4 Euthanasia in Animal Shelters Act.

5           (c) "Agent" means an authorized person who acts on behalf  
6 of or at the direction of a manufacturer, distributor,  
7 dispenser, prescriber, or practitioner. It does not include a  
8 common or contract carrier, public warehouseman or employee of  
9 the carrier or warehouseman.

10          (c-1) "Anabolic Steroids" means any drug or hormonal  
11 substance, chemically and pharmacologically related to  
12 testosterone (other than estrogens, progestins,  
13 corticosteroids, and dehydroepiandrosterone), and includes:

- 14           (i) 3[ beta] ,17-dihydroxy-5a-androstane,  
15           (ii) 3[ alpha] ,17[ beta] -dihydroxy-5a-androstane,  
16           (iii) 5[ alpha] -androstane-3,17-dione,  
17           (iv) 1-androstenediol (3[ beta] ,  
18                 17[ beta] -dihydroxy-5[ alpha] -androst-1-ene),  
19           (v) 1-androstenediol (3[ alpha] ,  
20                 17[ beta] -dihydroxy-5[ alpha] -androst-1-ene),  
21           (vi) 4-androstenediol  
22                 (3[ beta] ,17[ beta] -dihydroxy-androst-4-ene),  
23           (vii) 5-androstenediol  
24                 (3[ beta] ,17[ beta] -dihydroxy-androst-5-ene),  
25           (viii) 1-androstenedione  
26                 ([ 5alpha] -androst-1-en-3,17-dione),

- 1 (ix) 4-androstenedione  
2 (androst-4-en-3,17-dione),  
3 (x) 5-androstenedione  
4 (androst-5-en-3,17-dione),  
5 (xi) bolasterone (7[ alpha] ,17a-dimethyl-17[ beta] -  
6 hydroxyandrost-4-en-3-one),  
7 (xii) boldenone (17[ beta] -hydroxyandrost-  
8 1,4,-diene-3-one),  
9 (xiii) boldione (androsta-1,4-  
10 diene-3,17-dione),  
11 (xiv) calusterone (7[ beta] ,17[ alpha] -dimethyl-17  
12 [ beta] -hydroxyandrost-4-en-3-one),  
13 (xv) clostebol (4-chloro-17[ beta] -  
14 hydroxyandrost-4-en-3-one),  
15 (xvi) dehydrochloromethyltestosterone (4-chloro-  
16 17[ beta] -hydroxy-17[ alpha] -methyl-  
17 androst-1,4-dien-3-one),  
18 (xvii) desoxymethyltestosterone  
19 (17[ alpha] -methyl-5[ alpha]  
20 -androst-2-en-17[ beta] -ol) (a.k.a., madol),  
21 (xviii) [ delta] 1-dihydrotestosterone (a.k.a.  
22 '1-testosterone') (17[ beta] -hydroxy-  
23 5[ alpha] -androst-1-en-3-one),  
24 (xix) 4-dihydrotestosterone (17[ beta] -hydroxy-  
25 androstan-3-one),  
26 (xx) drostanolone (17[ beta] -hydroxy-2[ alpha] -methyl-

1           5[ alpha] -androst-3-one),  
2           (xxi) ethylestrenol (17[ alpha] -ethyl-17[ beta] -  
3           hydroxyestr-4-ene),  
4           (xxii) fluoxymesterone (9-fluoro-17[ alpha] -methyl-  
5           1[ beta] ,17[ beta] -dihydroxyandrost-4-en-3-one),  
6           (xxiii) formebolone (2-formyl-17[ alpha] -methyl-11[ alpha] ,  
7           17[ beta] -dihydroxyandrost-1,4-dien-3-one),  
8           (xxiv) furazabol (17[ alpha] -methyl-17[ beta] -  
9           hydroxyandrostan[ 2,3-c] -furan),  
10          (xxv) 13[ beta] -ethyl-17[ beta] -hydroxygon-4-en-3-one)  
11          (xxvi) 4-hydroxytestosterone (4,17[ beta] -dihydroxy-  
12          androst-4-en-3-one),  
13          (xxvii) 4-hydroxy-19-nortestosterone (4,17[ beta] -  
14          dihydroxy-estr-4-en-3-one),  
15          (xxviii) mestanolone (17[ alpha] -methyl-17[ beta] -  
16          hydroxy-5-androst-3-one),  
17          (xxix) mesterolone (1-methyl-17[ beta] -hydroxy-  
18          [ 5a] -androst-3-one),  
19          (xxx) methandienone (17[ alpha] -methyl-17[ beta] -  
20          hydroxyandrost-1,4-dien-3-one),  
21          (xxxi) methandriol (17[ alpha] -methyl-3[ beta] ,17[ beta] -  
22          dihydroxyandrost-5-ene),  
23          (xxxii) methenolone (1-methyl-17[ beta] -hydroxy-  
24          5[ alpha] -androst-1-en-3-one),  
25          (xxxiii) 17[ alpha] -methyl-3[ beta] , 17[ beta] -  
26          dihydroxy-5a-androstane),

- 1 (xxxiv) 17[ alpha] -methyl-3[ alpha] ,17[ beta] -dihydroxy  
2 -5a-androstane),
- 3 (xxxv) 17[ alpha] -methyl-3[ beta] ,17[ beta] -  
4 dihydroxyandrost-4-ene),
- 5 (xxxvi) 17[ alpha] -methyl-4-hydroxynandrolone (17[ alpha] -  
6 methyl-4-hydroxy-17[ beta] -hydroxyestr-4-en-3-one),
- 7 (xxxvii) methyldienolone (17[ alpha] -methyl-17[ beta] -  
8 hydroxyestra-4,9(10)-dien-3-one),
- 9 (xxxviii) methyltrienolone (17[ alpha] -methyl-17[ beta] -  
10 hydroxyestra-4,9-11-trien-3-one),
- 11 (xxxix) methyltestosterone (17[ alpha] -methyl-17[ beta] -  
12 hydroxyandrost-4-en-3-one),
- 13 (xl) mibolerone (7[ alpha] ,17a-dimethyl-17[ beta] -  
14 hydroxyestr-4-en-3-one),
- 15 (xli) 17[ alpha] -methyl-[ delta] 1-dihydrotestosterone  
16 (17b[ beta] -hydroxy-17[ alpha] -methyl-5[ alpha] -  
17 androst-1-en-3-one) (a.k.a. '17-[ alpha] -methyl-  
18 1-testosterone'),
- 19 (xlii) nandrolone (17[ beta] -hydroxyestr-4-en-3-one),
- 20 (xliii) 19-nor-4-androstenediol (3[ beta] , 17[ beta] -  
21 dihydroxyestr-4-ene),
- 22 (xliv) 19-nor-4-androstenediol (3[ alpha] , 17[ beta] -  
23 dihydroxyestr-4-ene),
- 24 (xlv) 19-nor-5-androstenediol (3[ beta] , 17[ beta] -  
25 dihydroxyestr-5-ene),
- 26 (xlvi) 19-nor-5-androstenediol (3[ alpha] , 17[ beta] -

- 1 dihydroxyestr-5-ene),  
2 (xlvii) 19-nor-4,9(10)-androstadienedione  
3 (estra-4,9(10)-diene-3,17-dione),  
4 (xlviii) 19-nor-4-androstenedione (estr-4-  
5 en-3,17-dione),  
6 (xlix) 19-nor-5-androstenedione (estr-5-  
7 en-3,17-dione),  
8 (l) norbolethone (13[ beta] , 17a-diethyl-17[ beta] -  
9 hydroxygon-4-en-3-one),  
10 (li) norclostebol (4-chloro-17[ beta] -  
11 hydroxyestr-4-en-3-one),  
12 (lii) norethandrolone (17[ alpha] -ethyl-17[ beta] -  
13 hydroxyestr-4-en-3-one),  
14 (liii) normethandrolone (17[ alpha] -methyl-17[ beta] -  
15 hydroxyestr-4-en-3-one),  
16 (liv) oxandrolone (17[ alpha] -methyl-17[ beta] -hydroxy-  
17 2-oxa-5[ alpha] -androstan-3-one),  
18 (lv) oxymesterone (17[ alpha] -methyl-4,17[ beta] -  
19 dihydroxyandrost-4-en-3-one),  
20 (lvi) oxymetholone (17[ alpha] -methyl-2-hydroxymethylene-  
21 17[ beta] -hydroxy-(5[ alpha] -androstan-3-one),  
22 (lvii) stanozolol (17[ alpha] -methyl-17[ beta] -hydroxy-  
23 (5[ alpha] -androst-2-en[ 3,2-c] -pyrazole),  
24 (lviii) stenbolone (17[ beta] -hydroxy-2-methyl-  
25 (5[ alpha] -androst-1-en-3-one),  
26 (lix) testolactone (13-hydroxy-3-oxo-13,17-



1           secoandrosta-1,4-dien-17-oic  
2           acid lactone),  
3           (lx) testosterone (17[ beta] -hydroxyandrost-  
4           4-en-3-one),  
5           (lxi) tetrahydrogestrinone (13[ beta] , 17[ alpha] -  
6           diethyl-17[ beta] -hydroxygon-  
7           4,9,11-trien-3-one),  
8           (lxii) trenbolone (17[ beta] -hydroxyestr-4,9,  
9           11-trien-3-one).

10           Any person who is otherwise lawfully in possession of an  
11           anabolic steroid, or who otherwise lawfully manufactures,  
12           distributes, dispenses, delivers, or possesses with intent to  
13           deliver an anabolic steroid, which anabolic steroid is  
14           expressly intended for and lawfully allowed to be administered  
15           through implants to livestock or other nonhuman species, and  
16           which is approved by the Secretary of Health and Human Services  
17           for such administration, and which the person intends to  
18           administer or have administered through such implants, shall  
19           not be considered to be in unauthorized possession or to  
20           unlawfully manufacture, distribute, dispense, deliver, or  
21           possess with intent to deliver such anabolic steroid for  
22           purposes of this Act.

23           (d) "Administration" means the Drug Enforcement  
24           Administration, United States Department of Justice, or its  
25           successor agency.

26           (d-5) "Clinical Director, Prescription Monitoring Program"

1 means a Department of Human Services administrative employee  
2 licensed to either prescribe or dispense controlled substances  
3 who shall run the clinical aspects of the Department of Human  
4 Services Prescription Monitoring Program and its Prescription  
5 Information Library.

6 (d-10) "Compounding" means the preparation and mixing of  
7 components, excluding flavorings, (1) as the result of a  
8 prescriber's prescription drug order or initiative based on the  
9 prescriber-patient-pharmacist relationship in the course of  
10 professional practice or (2) for the purpose of, or incident  
11 to, research, teaching, or chemical analysis and not for sale  
12 or dispensing. "Compounding" includes the preparation of drugs  
13 or devices in anticipation of receiving prescription drug  
14 orders based on routine, regularly observed dispensing  
15 patterns. Commercially available products may be compounded  
16 for dispensing to individual patients only if both of the  
17 following conditions are met: (i) the commercial product is not  
18 reasonably available from normal distribution channels in a  
19 timely manner to meet the patient's needs and (ii) the  
20 prescribing practitioner has requested that the drug be  
21 compounded.

22 (e) "Control" means to add a drug or other substance, or  
23 immediate precursor, to a Schedule whether by transfer from  
24 another Schedule or otherwise.

25 (f) "Controlled Substance" means (i) a drug, substance, or  
26 immediate precursor in the Schedules of Article II of this Act

1 or (ii) a drug or other substance, or immediate precursor,  
2 designated as a controlled substance by the Department through  
3 administrative rule. The term does not include distilled  
4 spirits, wine, malt beverages, or tobacco, as those terms are  
5 defined or used in the Liquor Control Act of 1934 and the  
6 Tobacco Products Tax Act of 1995.

7 (f-5) "Controlled substance analog" means a substance:

8 (1) the chemical structure of which is substantially  
9 similar to the chemical structure of a controlled substance  
10 in Schedule I or II;

11 (2) which has a stimulant, depressant, or  
12 hallucinogenic effect on the central nervous system that is  
13 substantially similar to or greater than the stimulant,  
14 depressant, or hallucinogenic effect on the central  
15 nervous system of a controlled substance in Schedule I or  
16 II; or

17 (3) with respect to a particular person, which such  
18 person represents or intends to have a stimulant,  
19 depressant, or hallucinogenic effect on the central  
20 nervous system that is substantially similar to or greater  
21 than the stimulant, depressant, or hallucinogenic effect  
22 on the central nervous system of a controlled substance in  
23 Schedule I or II.

24 (g) "Counterfeit substance" means a controlled substance,  
25 which, or the container or labeling of which, without  
26 authorization bears the trademark, trade name, or other

1 identifying mark, imprint, number or device, or any likeness  
2 thereof, of a manufacturer, distributor, or dispenser other  
3 than the person who in fact manufactured, distributed, or  
4 dispensed the substance.

5 (h) "Deliver" or "delivery" means the actual, constructive  
6 or attempted transfer of possession of a controlled substance,  
7 with or without consideration, whether or not there is an  
8 agency relationship.

9 (i) "Department" means the Illinois Department of Human  
10 Services (as successor to the Department of Alcoholism and  
11 Substance Abuse) or its successor agency.

12 (j) (Blank).

13 (k) "Department of Corrections" means the Department of  
14 Corrections of the State of Illinois or its successor agency.

15 (l) "Department of Financial and Professional Regulation"  
16 means the Department of Financial and Professional Regulation  
17 of the State of Illinois or its successor agency.

18 (m) "Depressant" means any drug that (i) causes an overall  
19 depression of central nervous system functions, (ii) causes  
20 impaired consciousness and awareness, and (iii) can be  
21 habit-forming or lead to a substance abuse problem, including  
22 but not limited to alcohol, cannabis and its active principles  
23 and their analogs, benzodiazepines and their analogs,  
24 barbiturates and their analogs, opioids (natural and  
25 synthetic) and their analogs, and chloral hydrate and similar  
26 sedative hypnotics.

1 (n) (Blank).

2 (o) "Director" means the Director of the Illinois State  
3 Police or his or her designated agents.

4 (p) "Dispense" means to deliver a controlled substance to  
5 an ultimate user or research subject by or pursuant to the  
6 lawful order of a prescriber, including the prescribing,  
7 administering, packaging, labeling, or compounding necessary  
8 to prepare the substance for that delivery.

9 (q) "Dispenser" means a practitioner who dispenses.

10 (r) "Distribute" means to deliver, other than by  
11 administering or dispensing, a controlled substance.

12 (s) "Distributor" means a person who distributes.

13 (t) "Drug" means (1) substances recognized as drugs in the  
14 official United States Pharmacopoeia, Official Homeopathic  
15 Pharmacopoeia of the United States, or official National  
16 Formulary, or any supplement to any of them; (2) substances  
17 intended for use in diagnosis, cure, mitigation, treatment, or  
18 prevention of disease in man or animals; (3) substances (other  
19 than food) intended to affect the structure of any function of  
20 the body of man or animals and (4) substances intended for use  
21 as a component of any article specified in clause (1), (2), or  
22 (3) of this subsection. It does not include devices or their  
23 components, parts, or accessories.

24 (t-5) "Euthanasia agency" means an entity certified by the  
25 Department of Financial and Professional Regulation for the  
26 purpose of animal euthanasia that holds an animal control

1 facility license or animal shelter license under the Animal  
2 Welfare Act. A euthanasia agency is authorized to purchase,  
3 store, possess, and utilize Schedule II nonnarcotic and  
4 Schedule III nonnarcotic drugs for the sole purpose of animal  
5 euthanasia.

6 (t-10) "Euthanasia drugs" means Schedule II or Schedule III  
7 substances (nonnarcotic controlled substances) that are used  
8 by a euthanasia agency for the purpose of animal euthanasia.

9 (u) "Good faith" means the prescribing or dispensing of a  
10 controlled substance by a practitioner in the regular course of  
11 professional treatment to or for any person who is under his or  
12 her treatment for a pathology or condition other than that  
13 individual's physical or psychological dependence upon or  
14 addiction to a controlled substance, except as provided herein:  
15 and application of the term to a pharmacist shall mean the  
16 dispensing of a controlled substance pursuant to the  
17 prescriber's order which in the professional judgment of the  
18 pharmacist is lawful. The pharmacist shall be guided by  
19 accepted professional standards including, but not limited to  
20 the following, in making the judgment:

21 (1) lack of consistency of prescriber-patient  
22 relationship,

23 (2) frequency of prescriptions for same drug by one  
24 prescriber for large numbers of patients,

25 (3) quantities beyond those normally prescribed,

26 (4) unusual dosages (recognizing that there may be

1 clinical circumstances where more or less than the usual  
2 dose may be used legitimately),

3 (5) unusual geographic distances between patient,  
4 pharmacist and prescriber,

5 (6) consistent prescribing of habit-forming drugs.

6 (u-0.5) "Hallucinogen" means a drug that causes markedly  
7 altered sensory perception leading to hallucinations of any  
8 type.

9 (u-1) "Home infusion services" means services provided by a  
10 pharmacy in compounding solutions for direct administration to  
11 a patient in a private residence, long-term care facility, or  
12 hospice setting by means of parenteral, intravenous,  
13 intramuscular, subcutaneous, or intraspinal infusion.

14 (u-5) "Illinois State Police" means the State Police of the  
15 State of Illinois, or its successor agency.

16 (v) "Immediate precursor" means a substance:

17 (1) which the Department has found to be and by rule  
18 designated as being a principal compound used, or produced  
19 primarily for use, in the manufacture of a controlled  
20 substance;

21 (2) which is an immediate chemical intermediary used or  
22 likely to be used in the manufacture of such controlled  
23 substance; and

24 (3) the control of which is necessary to prevent,  
25 curtail or limit the manufacture of such controlled  
26 substance.

1           (w) "Instructional activities" means the acts of teaching,  
2           educating or instructing by practitioners using controlled  
3           substances within educational facilities approved by the State  
4           Board of Education or its successor agency.

5           (x) "Local authorities" means a duly organized State,  
6           County or Municipal peace unit or police force.

7           (y) "Look-alike substance" means a substance, other than a  
8           controlled substance which (1) by overall dosage unit  
9           appearance, including shape, color, size, markings or lack  
10          thereof, taste, consistency, or any other identifying physical  
11          characteristic of the substance, would lead a reasonable person  
12          to believe that the substance is a controlled substance, or (2)  
13          is expressly or impliedly represented to be a controlled  
14          substance or is distributed under circumstances which would  
15          lead a reasonable person to believe that the substance is a  
16          controlled substance. For the purpose of determining whether  
17          the representations made or the circumstances of the  
18          distribution would lead a reasonable person to believe the  
19          substance to be a controlled substance under this clause (2) of  
20          subsection (y), the court or other authority may consider the  
21          following factors in addition to any other factor that may be  
22          relevant:

23                 (a) statements made by the owner or person in control  
24                 of the substance concerning its nature, use or effect;

25                 (b) statements made to the buyer or recipient that the  
26                 substance may be resold for profit;



1           (c) whether the substance is packaged in a manner  
2 normally used for the illegal distribution of controlled  
3 substances;

4           (d) whether the distribution or attempted distribution  
5 included an exchange of or demand for money or other  
6 property as consideration, and whether the amount of the  
7 consideration was substantially greater than the  
8 reasonable retail market value of the substance.

9           Clause (1) of this subsection (y) shall not apply to a  
10 noncontrolled substance in its finished dosage form that was  
11 initially introduced into commerce prior to the initial  
12 introduction into commerce of a controlled substance in its  
13 finished dosage form which it may substantially resemble.

14           Nothing in this subsection (y) prohibits the dispensing or  
15 distributing of noncontrolled substances by persons authorized  
16 to dispense and distribute controlled substances under this  
17 Act, provided that such action would be deemed to be carried  
18 out in good faith under subsection (u) if the substances  
19 involved were controlled substances.

20           Nothing in this subsection (y) or in this Act prohibits the  
21 manufacture, preparation, propagation, compounding,  
22 processing, packaging, advertising or distribution of a drug or  
23 drugs by any person registered pursuant to Section 510 of the  
24 Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360).

25           (y-1) "Mail-order pharmacy" means a pharmacy that is  
26 located in a state of the United States that delivers,

1 dispenses or distributes, through the United States Postal  
2 Service or other common carrier, to Illinois residents, any  
3 substance which requires a prescription.

4 (z) "Manufacture" means the production, preparation,  
5 propagation, compounding, conversion or processing of a  
6 controlled substance other than methamphetamine, either  
7 directly or indirectly, by extraction from substances of  
8 natural origin, or independently by means of chemical  
9 synthesis, or by a combination of extraction and chemical  
10 synthesis, and includes any packaging or repackaging of the  
11 substance or labeling of its container, except that this term  
12 does not include:

13 (1) by an ultimate user, the preparation or compounding  
14 of a controlled substance for his or her own use; or

15 (2) by a practitioner, or his or her authorized agent  
16 under his or her supervision, the preparation,  
17 compounding, packaging, or labeling of a controlled  
18 substance:

19 (a) as an incident to his or her administering or  
20 dispensing of a controlled substance in the course of  
21 his or her professional practice; or

22 (b) as an incident to lawful research, teaching or  
23 chemical analysis and not for sale.

24 (z-1) (Blank).

25 (z-5) "Medication shopping" means the conduct prohibited  
26 under subsection (a) of Section 314.5 of this Act.

1           (z-10) "Mid-level practitioner" means (i) a physician  
2 assistant who has been delegated authority to prescribe through  
3 a written delegation of authority by a physician licensed to  
4 practice medicine in all of its branches, in accordance with  
5 Section 7.5 of the Physician Assistant Practice Act of 1987,  
6 (ii) an advanced practice nurse who has been delegated  
7 authority to prescribe through a written delegation of  
8 authority by a physician licensed to practice medicine in all  
9 of its branches or by a podiatric physician, in accordance with  
10 Section 65-40 of the Nurse Practice Act, (iii) an advanced  
11 practice nurse certified as a nurse practitioner, nurse  
12 midwife, or clinical nurse specialist who has been granted  
13 authority to prescribe by a hospital affiliate in accordance  
14 with Section 65-45 of the Nurse Practice Act, (iv) an animal  
15 euthanasia agency, or (v) ~~(iv)~~ a prescribing psychologist.

16           (aa) "Narcotic drug" means any of the following, whether  
17 produced directly or indirectly by extraction from substances  
18 of vegetable origin, or independently by means of chemical  
19 synthesis, or by a combination of extraction and chemical  
20 synthesis:

21           (1) opium, opiates, derivatives of opium and opiates,  
22 including their isomers, esters, ethers, salts, and salts  
23 of isomers, esters, and ethers, whenever the existence of  
24 such isomers, esters, ethers, and salts is possible within  
25 the specific chemical designation; however the term  
26 "narcotic drug" does not include the isoquinoline

1 alkaloids of opium;

2 (2) (blank);

3 (3) opium poppy and poppy straw;

4 (4) coca leaves, except coca leaves and extracts of  
5 coca leaves from which substantially all of the cocaine and  
6 ecgonine, and their isomers, derivatives and salts, have  
7 been removed;

8 (5) cocaine, its salts, optical and geometric isomers,  
9 and salts of isomers;

10 (6) ecgonine, its derivatives, their salts, isomers,  
11 and salts of isomers;

12 (7) any compound, mixture, or preparation which  
13 contains any quantity of any of the substances referred to  
14 in subparagraphs (1) through (6).

15 (bb) "Nurse" means a registered nurse licensed under the  
16 Nurse Practice Act.

17 (cc) (Blank).

18 (dd) "Opiate" means any substance having an addiction  
19 forming or addiction sustaining liability similar to morphine  
20 or being capable of conversion into a drug having addiction  
21 forming or addiction sustaining liability.

22 (ee) "Opium poppy" means the plant of the species *Papaver*  
23 *somniferum* L., except its seeds.

24 (ee-5) "Oral dosage" means a tablet, capsule, elixir, or  
25 solution or other liquid form of medication intended for  
26 administration by mouth, but the term does not include a form

1 of medication intended for buccal, sublingual, or transmucosal  
2 administration.

3 (ff) "Parole and Pardon Board" means the Parole and Pardon  
4 Board of the State of Illinois or its successor agency.

5 (gg) "Person" means any individual, corporation,  
6 mail-order pharmacy, government or governmental subdivision or  
7 agency, business trust, estate, trust, partnership or  
8 association, or any other entity.

9 (hh) "Pharmacist" means any person who holds a license or  
10 certificate of registration as a registered pharmacist, a local  
11 registered pharmacist or a registered assistant pharmacist  
12 under the Pharmacy Practice Act.

13 (ii) "Pharmacy" means any store, ship or other place in  
14 which pharmacy is authorized to be practiced under the Pharmacy  
15 Practice Act.

16 (ii-5) "Pharmacy shopping" means the conduct prohibited  
17 under subsection (b) of Section 314.5 of this Act.

18 (ii-10) "Physician" (except when the context otherwise  
19 requires) means a person licensed to practice medicine in all  
20 of its branches.

21 (jj) "Poppy straw" means all parts, except the seeds, of  
22 the opium poppy, after mowing.

23 (kk) "Practitioner" means a physician licensed to practice  
24 medicine in all its branches, dentist, optometrist, podiatric  
25 physician, veterinarian, scientific investigator, pharmacist,  
26 physician assistant, advanced practice nurse, licensed

1 practical nurse, registered nurse, hospital, laboratory, or  
2 pharmacy, or other person licensed, registered, or otherwise  
3 lawfully permitted by the United States or this State to  
4 distribute, dispense, conduct research with respect to,  
5 administer or use in teaching or chemical analysis, a  
6 controlled substance in the course of professional practice or  
7 research.

8 (ll) "Pre-printed prescription" means a written  
9 prescription upon which the designated drug has been indicated  
10 prior to the time of issuance; the term does not mean a written  
11 prescription that is individually generated by machine or  
12 computer in the prescriber's office.

13 (mm) "Prescriber" means a physician licensed to practice  
14 medicine in all its branches, dentist, optometrist,  
15 prescribing psychologist licensed under Section 4.2 of the  
16 Clinical Psychologist Licensing Act with prescriptive  
17 authority delegated under Section 4.3 of the Clinical  
18 Psychologist Licensing Act, podiatric physician, or  
19 veterinarian who issues a prescription, a physician assistant  
20 who issues a prescription for a controlled substance in  
21 accordance with Section 303.05, a written delegation, and a  
22 written supervision agreement required under Section 7.5 of the  
23 Physician Assistant Practice Act of 1987, ~~or~~ an advanced  
24 practice nurse with prescriptive authority delegated under  
25 Section 65-40 of the Nurse Practice Act and in accordance with  
26 Section 303.05, a written delegation, and a written

1 collaborative agreement under Section 65-35 of the Nurse  
2 Practice Act, or an advanced practice nurse certified as a  
3 nurse practitioner, nurse midwife, or clinical nurse  
4 specialist who has been granted authority to prescribe by a  
5 hospital affiliate in accordance with Section 65-45 of the  
6 Nurse Practice Act and in accordance with Section 303.05.

7 (nn) "Prescription" means a written, facsimile, or oral  
8 order, or an electronic order that complies with applicable  
9 federal requirements, of a physician licensed to practice  
10 medicine in all its branches, dentist, podiatric physician or  
11 veterinarian for any controlled substance, of an optometrist  
12 for a Schedule II, III, IV, or V controlled substance in  
13 accordance with Section 15.1 of the Illinois Optometric  
14 Practice Act of 1987, of a prescribing psychologist licensed  
15 under Section 4.2 of the Clinical Psychologist Licensing Act  
16 with prescriptive authority delegated under Section 4.3 of the  
17 Clinical Psychologist Licensing Act, of a physician assistant  
18 for a controlled substance in accordance with Section 303.05, a  
19 written delegation, and a written supervision agreement  
20 required under Section 7.5 of the Physician Assistant Practice  
21 Act of 1987, ~~or~~ of an advanced practice nurse with prescriptive  
22 authority delegated under Section 65-40 of the Nurse Practice  
23 Act who issues a prescription for a controlled substance in  
24 accordance with Section 303.05, a written delegation, and a  
25 written collaborative agreement under Section 65-35 of the  
26 Nurse Practice Act, or of an advanced practice nurse certified

1 as a nurse practitioner, nurse midwife, or clinical nurse  
2 specialist who has been granted authority to prescribe by a  
3 hospital affiliate in accordance with Section 65-45 of the  
4 Nurse Practice Act and in accordance with Section 303.05 when  
5 required by law.

6 (nn-5) "Prescription Information Library" (PIL) means an  
7 electronic library that contains reported controlled substance  
8 data.

9 (nn-10) "Prescription Monitoring Program" (PMP) means the  
10 entity that collects, tracks, and stores reported data on  
11 controlled substances and select drugs pursuant to Section 316.

12 (oo) "Production" or "produce" means manufacture,  
13 planting, cultivating, growing, or harvesting of a controlled  
14 substance other than methamphetamine.

15 (pp) "Registrant" means every person who is required to  
16 register under Section 302 of this Act.

17 (qq) "Registry number" means the number assigned to each  
18 person authorized to handle controlled substances under the  
19 laws of the United States and of this State.

20 (qq-5) "Secretary" means, as the context requires, either  
21 the Secretary of the Department or the Secretary of the  
22 Department of Financial and Professional Regulation, and the  
23 Secretary's designated agents.

24 (rr) "State" includes the State of Illinois and any state,  
25 district, commonwealth, territory, insular possession thereof,  
26 and any area subject to the legal authority of the United



1 States of America.

2 (rr-5) "Stimulant" means any drug that (i) causes an  
3 overall excitation of central nervous system functions, (ii)  
4 causes impaired consciousness and awareness, and (iii) can be  
5 habit-forming or lead to a substance abuse problem, including  
6 but not limited to amphetamines and their analogs,  
7 methylphenidate and its analogs, cocaine, and phencyclidine  
8 and its analogs.

9 (ss) "Ultimate user" means a person who lawfully possesses  
10 a controlled substance for his or her own use or for the use of  
11 a member of his or her household or for administering to an  
12 animal owned by him or her or by a member of his or her  
13 household.

14 (Source: P.A. 97-334, eff. 1-1-12; 98-214, eff. 8-9-13; 98-668,  
15 eff. 6-25-14; 98-756, eff. 7-16-14; 98-1111, eff. 8-26-14;  
16 revised 10-1-14.)

17 (720 ILCS 570/303.05)

18 Sec. 303.05. Mid-level practitioner registration.

19 (a) The Department of Financial and Professional  
20 Regulation shall register licensed physician assistants,  
21 licensed advanced practice nurses, and prescribing  
22 psychologists licensed under Section 4.2 of the Clinical  
23 Psychologist Licensing Act to prescribe and dispense  
24 controlled substances under Section 303 and euthanasia  
25 agencies to purchase, store, or administer animal euthanasia

1 drugs under the following circumstances:

2 (1) with respect to physician assistants,

3 (A) the physician assistant has been delegated  
4 written authority to prescribe any Schedule III  
5 through V controlled substances by a physician  
6 licensed to practice medicine in all its branches in  
7 accordance with Section 7.5 of the Physician Assistant  
8 Practice Act of 1987; and the physician assistant has  
9 completed the appropriate application forms and has  
10 paid the required fees as set by rule; or

11 (B) the physician assistant has been delegated  
12 authority by a supervising physician licensed to  
13 practice medicine in all its branches to prescribe or  
14 dispense Schedule II controlled substances through a  
15 written delegation of authority and under the  
16 following conditions:

17 (i) Specific Schedule II controlled substances  
18 by oral dosage or topical or transdermal  
19 application may be delegated, provided that the  
20 delegated Schedule II controlled substances are  
21 routinely prescribed by the supervising physician.  
22 This delegation must identify the specific  
23 Schedule II controlled substances by either brand  
24 name or generic name. Schedule II controlled  
25 substances to be delivered by injection or other  
26 route of administration may not be delegated;

1           (ii) any delegation must be of controlled  
2 substances prescribed by the supervising  
3 physician;

4           (iii) all prescriptions must be limited to no  
5 more than a 30-day supply, with any continuation  
6 authorized only after prior approval of the  
7 supervising physician;

8           (iv) the physician assistant must discuss the  
9 condition of any patients for whom a controlled  
10 substance is prescribed monthly with the  
11 delegating physician;

12           (v) the physician assistant must have  
13 completed the appropriate application forms and  
14 paid the required fees as set by rule;

15           (vi) the physician assistant must provide  
16 evidence of satisfactory completion of 45 contact  
17 hours in pharmacology from any physician assistant  
18 program accredited by the Accreditation Review  
19 Commission on Education for the Physician  
20 Assistant (ARC-PA), or its predecessor agency, for  
21 any new license issued with Schedule II authority  
22 after the effective date of this amendatory Act of  
23 the 97th General Assembly; and

24           (vii) the physician assistant must annually  
25 complete at least 5 hours of continuing education  
26 in pharmacology;

1 (2) with respect to advanced practice nurses,

2 (A) the advanced practice nurse has been delegated  
3 authority to prescribe any Schedule III through V  
4 controlled substances by a collaborating physician  
5 licensed to practice medicine in all its branches or a  
6 collaborating podiatric physician in accordance with  
7 Section 65-40 of the Nurse Practice Act. The advanced  
8 practice nurse has completed the appropriate  
9 application forms and has paid the required fees as set  
10 by rule; or

11 (B) the advanced practice nurse has been delegated  
12 authority by a collaborating physician licensed to  
13 practice medicine in all its branches or collaborating  
14 podiatric physician to prescribe or dispense Schedule  
15 II controlled substances through a written delegation  
16 of authority and under the following conditions:

17 (i) specific Schedule II controlled substances  
18 by oral dosage or topical or transdermal  
19 application may be delegated, provided that the  
20 delegated Schedule II controlled substances are  
21 routinely prescribed by the collaborating  
22 physician or podiatric physician. This delegation  
23 must identify the specific Schedule II controlled  
24 substances by either brand name or generic name.  
25 Schedule II controlled substances to be delivered  
26 by injection or other route of administration may

1 not be delegated;

2 (ii) any delegation must be of controlled  
3 substances prescribed by the collaborating  
4 physician or podiatric physician;

5 (iii) all prescriptions must be limited to no  
6 more than a 30-day supply, with any continuation  
7 authorized only after prior approval of the  
8 collaborating physician or podiatric physician;

9 (iv) the advanced practice nurse must discuss  
10 the condition of any patients for whom a controlled  
11 substance is prescribed monthly with the  
12 delegating physician or podiatric physician or in  
13 the course of review as required by Section 65-40  
14 of the Nurse Practice Act;

15 (v) the advanced practice nurse must have  
16 completed the appropriate application forms and  
17 paid the required fees as set by rule;

18 (vi) the advanced practice nurse must provide  
19 evidence of satisfactory completion of at least 45  
20 graduate contact hours in pharmacology for any new  
21 license issued with Schedule II authority after  
22 the effective date of this amendatory Act of the  
23 97th General Assembly; and

24 (vii) the advanced practice nurse must  
25 annually complete 5 hours of continuing education  
26 in pharmacology;

1           (2.5) with respect to advanced practice nurses  
2           certified as nurse practitioners, nurse midwives, or  
3           clinical nurse specialists practicing in a hospital  
4           affiliate,

5           (A) the advanced practice nurse certified as a  
6           nurse practitioner, nurse midwife, or clinical nurse  
7           specialist has been granted authority to prescribe any  
8           Schedule II through V controlled substances by the  
9           hospital affiliate upon the recommendation of the  
10           appropriate physician committee of the hospital  
11           affiliate in accordance with Section 65-45 of the Nurse  
12           Practice Act, has completed the appropriate  
13           application forms, and has paid the required fees as  
14           set by rule; and

15           (B) an advanced practice nurse certified as a nurse  
16           practitioner, nurse midwife, or clinical nurse  
17           specialist has been granted authority to prescribe any  
18           Schedule II controlled substances by the hospital  
19           affiliate upon the recommendation of the appropriate  
20           physician committee of the hospital affiliate, then  
21           the following conditions must be met:

22                   (i) specific Schedule II controlled substances  
23                   by oral dosage or topical or transdermal  
24                   application may be designated, provided that the  
25                   designated Schedule II controlled substances are  
26                   routinely prescribed by advanced practice nurses

1 in their area of certification; this grant of  
2 authority must identify the specific Schedule II  
3 controlled substances by either brand name or  
4 generic name; authority to prescribe or dispense  
5 Schedule II controlled substances to be delivered  
6 by injection or other route of administration may  
7 not be granted;

8 (ii) any grant of authority must be controlled  
9 substances limited to the practice of the advanced  
10 practice nurse;

11 (iii) any prescription must be limited to no  
12 more than a 30-day supply;

13 (iv) the advanced practice nurse must discuss  
14 the condition of any patients for whom a controlled  
15 substance is prescribed monthly with the  
16 appropriate physician committee of the hospital  
17 affiliate or its physician designee; and

18 (v) the advanced practice nurse must meet the  
19 education requirements of this Section;

20 (3) with respect to animal euthanasia agencies, the  
21 euthanasia agency has obtained a license from the  
22 Department of Financial and Professional Regulation and  
23 obtained a registration number from the Department; or

24 (4) with respect to prescribing psychologists, the  
25 prescribing psychologist has been delegated authority to  
26 prescribe any nonnarcotic Schedule III through V

1 controlled substances by a collaborating physician  
2 licensed to practice medicine in all its branches in  
3 accordance with Section 4.3 of the Clinical Psychologist  
4 Licensing Act, and the prescribing psychologist has  
5 completed the appropriate application forms and has paid  
6 the required fees as set by rule.

7 (b) The mid-level practitioner shall only be licensed to  
8 prescribe those schedules of controlled substances for which a  
9 licensed physician or licensed podiatric physician has  
10 delegated prescriptive authority, except that an animal  
11 euthanasia agency does not have any prescriptive authority. A  
12 physician assistant and an advanced practice nurse are  
13 prohibited from prescribing medications and controlled  
14 substances not set forth in the required written delegation of  
15 authority.

16 (c) Upon completion of all registration requirements,  
17 physician assistants, advanced practice nurses, and animal  
18 euthanasia agencies may be issued a mid-level practitioner  
19 controlled substances license for Illinois.

20 (d) A collaborating physician or podiatric physician may,  
21 but is not required to, delegate prescriptive authority to an  
22 advanced practice nurse as part of a written collaborative  
23 agreement, and the delegation of prescriptive authority shall  
24 conform to the requirements of Section 65-40 of the Nurse  
25 Practice Act.

26 (e) A supervising physician may, but is not required to,



1 delegate prescriptive authority to a physician assistant as  
2 part of a written supervision agreement, and the delegation of  
3 prescriptive authority shall conform to the requirements of  
4 Section 7.5 of the Physician Assistant Practice Act of 1987.

5 (f) Nothing in this Section shall be construed to prohibit  
6 generic substitution.

7 (Source: P.A. 97-334, eff. 1-1-12; 97-358, eff. 8-12-11;  
8 97-813, eff. 7-13-12; 98-214, eff. 8-9-13; 98-668, eff.  
9 6-25-14.)

10 Section 999. Effective date. This Act takes effect upon  
11 becoming law.