



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB2495

by Rep. Kelly M. Cassidy

#### SYNOPSIS AS INTRODUCED:

See Index

Creates the Reproductive Health Act. Provides that every individual has a fundamental right to make autonomous decisions about one's own reproductive health. Provides that every individual who becomes pregnant has a fundamental right to continue the pregnancy and give birth or to have an abortion, and to make autonomous decisions about how to exercise that right. Provides that a fertilized egg, embryo, or fetus does not have independent rights under the law, of this State. Provides prohibited State actions. Provides that a party aggrieved by a violation of the Act may bring a civil lawsuit. Provides that a health care professional shall report each abortion performed to the Department of Public Health. Limits home rule powers. Repeals provisions regarding abortion in the Ambulatory Surgical Treatment Center Act, the Sexual Assault Survivors Emergency Treatment Act, and the Injunction Article of the Code of Civil Procedure. Repeals the Illinois Abortion Law of 1975, the Partial-birth Abortion Ban Act, and the Abortion Performance Refusal Act. Makes corresponding changes in the Children and Family Services Act, the Counties Code, the Medical Practice Act of 1987, the Vital Records Act, the Criminal Code of 2012, and the Rights of Married Persons Act. Amends the Freedom of Information Act. Provides that information and records held by the Department collected under the Reproductive Health Act is exempt from inspection and copying. Amends the Ambulatory Surgical Treatment Center Act. Provides that that term "ambulatory surgical treatment center" does not include any facility in which the performance of abortion procedures is limited to those performed without general, epidural, or spinal anesthesia. Amends the Illinois Insurance Code. Provides insurance requirements for the coverage of abortion. Makes corresponding changes in the State Employees Group Insurance Act, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act. Amends the Nurse Practice Act. Provides that operative surgery does not include abortions performed without general, epidural, or spinal anesthesia, and other gynecological procedures related to abortions. Amends the Environmental Act. Provides that tissue and products from an abortion or miscarriage may be buried, entombed, or cremated. Effective immediately.

LRB101 11034 LNS 56235 b

A BILL FOR

1 AN ACT concerning health.

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

4 Article 1. REPRODUCTIVE HEALTH ACT

5 Section 1-1. Short title. This Act may be cited as the  
6 Reproductive Health Act.

7 Section 1-5. Scope. This Act sets forth the fundamental  
8 rights of individuals to make autonomous decisions about one's  
9 own reproductive health, including the fundamental right to use  
10 or refuse reproductive health care. This includes the  
11 fundamental right of an individual to use or refuse  
12 contraception or sterilization, and to make autonomous  
13 decisions about how to exercise that right; and the fundamental  
14 right of an individual who becomes pregnant to continue the  
15 pregnancy and give birth to a child, or to have an abortion,  
16 and to make autonomous decisions about how to exercise that  
17 right. This Act restricts the ability of the State to deny,  
18 interfere with, or discriminate against these fundamental  
19 rights.

20 The purposes of this Act are:

21 (1) To establish laws and policies that protect  
22 individual decision-making in the area of reproductive

1 health and that support access to the full scope of quality  
2 reproductive health care for all in our State; and

3 (2) To permit regulation of reproductive health care,  
4 including contraception, abortion, and maternity care,  
5 only to the extent that such regulation is narrowly  
6 tailored to protect a compelling State interest, which for  
7 the purposes of this Act means: consistent with accepted  
8 standards of clinical practice, evidence based, and  
9 narrowly tailored for the limited purpose of protecting the  
10 health of people seeking such care and in the manner that  
11 least restricts a person's autonomous decision-making.

12 Section 1-10. Definitions. As used in this Act:

13 "Abortion" means the use of any instrument, medicine, drug,  
14 or any other substance or device to terminate the pregnancy of  
15 an individual known to be pregnant with an intention other than  
16 to increase the probability of a live birth, to preserve the  
17 life or health of the child after live birth, or to remove a  
18 dead fetus.

19 "Advanced practice registered nurse" has the same meaning  
20 as it does in Section 50-10 of the Nurse Practice Act.

21 "Department" means the Illinois Department of Public  
22 Health.

23 "Health care professional" means a person who is licensed,  
24 certified, or otherwise authorized or permitted by law to  
25 administer health care, acting within the scope of the person's

1 practice and training, including, but not limited to, a  
2 physician, advanced practice registered nurse, physician  
3 assistant, or person acting under the supervision of one of the  
4 above. A health care professional may, using the health care  
5 professional's best clinical judgment, delegate tasks and  
6 duties to a person under the health care professional's  
7 supervision, consistent with the delegee's scope of practice  
8 and training.

9 "Maternity care" means the health care provided in relation  
10 to pregnancy, labor and childbirth, and the postpartum period,  
11 and includes prenatal care, care during labor and birthing, and  
12 postpartum care extending through one-year postpartum.  
13 Maternity care shall be of high quality, seek to optimize  
14 positive outcomes for the patient, and be provided on the basis  
15 of the physical and psychosocial needs of the patient.  
16 Notwithstanding any of the above, all care shall be subject to  
17 the informed and voluntary consent of the patient, or the  
18 patient's legal proxy, when the patient is unable to give  
19 consent.

20 "Physician" means any person licensed to practice medicine  
21 in all its branches under the Medical Practice Act of 1987.

22 "Physician assistant" has the same meaning as it does in  
23 Section 4 of the Physician Assistant Practice Act of 1987.

24 "Pregnancy" means the human reproductive process,  
25 beginning with the implantation of an embryo.

26 "Prevailing party" has the same meaning as in the Illinois

1 Civil Rights Act of 2003.

2 "Reproductive health care" means health care offered,  
3 arranged, or furnished for the purpose of preventing pregnancy,  
4 terminating a pregnancy, managing pregnancy loss, or improving  
5 maternal health and birth outcomes. Reproductive health care  
6 includes, but is not limited to: contraception; sterilization;  
7 preconception care; maternity care; abortion care; and  
8 counseling regarding reproductive health care.

9 "State" includes any branch, department, agency,  
10 instrumentality, and official or other person acting under  
11 color of law of this State or a political subdivision of the  
12 State, including any unit of local government (including a home  
13 rule unit), school district, instrumentality, or public  
14 subdivision.

15 Section 1-15. Fundamental reproductive health rights.

16 (a) Every individual has a fundamental right to make  
17 autonomous decisions about the individual's own reproductive  
18 health, including the fundamental right to use or refuse  
19 reproductive health care.

20 (b) Every individual who becomes pregnant has a fundamental  
21 right to continue the pregnancy and give birth or to have an  
22 abortion, and to make autonomous decisions about how to  
23 exercise that right.

24 (c) A fertilized egg, embryo, or fetus does not have  
25 independent rights under the laws of this State.

1 Section 1-20. Prohibited state actions; causes of action.

2 (a) The State shall not:

3 (1) deny, restrict, interfere with, or discriminate  
4 against an individual's exercise of the fundamental rights  
5 set forth in this Act, including individuals under State  
6 custody, control, or supervision; or

7 (2) prosecute, punish, or otherwise deprive any  
8 individual of the individual's rights for any act or  
9 failure to act during the individual's own pregnancy, if  
10 the predominant basis for such prosecution, punishment, or  
11 deprivation of rights is the potential, actual, or  
12 perceived impact on the pregnancy or its outcomes or on the  
13 pregnant individual's own health.

14 (b) Any party aggrieved by conduct or regulation in  
15 violation of this Act may bring a civil lawsuit, in a federal  
16 district court or State circuit court, against the offending  
17 unit of government. Any State claim brought in federal district  
18 court shall be a supplemental claim to a federal claim.

19 (c) Upon motion, a court shall award reasonable attorney's  
20 fees and costs, including expert witness fees and other  
21 litigation expenses, to a plaintiff who is a prevailing party  
22 in any action brought pursuant to this Section. In awarding  
23 reasonable attorney's fees, the court shall consider the degree  
24 to which the relief obtained relates to the relief sought.

1 Section 1-25. Reporting of abortions performed by health  
2 care professionals.

3 (a) A health care professional may provide abortion care in  
4 accordance with the health care professional's best  
5 professional judgment and training and based on accepted  
6 standards of clinical practice.

7 (b) A report of each abortion performed by a health care  
8 professional shall be made to the Department on forms  
9 prescribed by it. Such reports shall be transmitted to the  
10 Department not later than 10 days following the end of the  
11 month in which the abortion is performed.

12 (c) The abortion reporting forms prescribed by the  
13 Department shall not request or require information that  
14 identifies a patient by name or any other identifying  
15 information, and the Department shall secure anonymity of all  
16 patients.

17 (d) All reports received by the Department pursuant to this  
18 Section shall be treated as confidential and exempt from the  
19 Freedom of Information Act. Access to such reports shall be  
20 limited to authorized Department staff who shall use the  
21 reports for statistical purposes only. Such reports must be  
22 destroyed within 2 years after date of receipt.

23 Section 1-30. Application.

24 (a) This Act applies to all State laws, ordinances,  
25 policies, procedures, practices, and governmental actions and

1 their implementation, whether statutory or otherwise and  
2 whether adopted before or after the effective date of this Act.

3 (b) Nothing in this Act shall be construed to authorize the  
4 State to burden any individual's fundamental rights relating to  
5 reproductive health care.

6 Section 1-35. Home rule powers limitation. A unit of local  
7 government may enact ordinances, standards, rules, or  
8 regulations that protect an individual's ability to freely  
9 exercise the fundamental rights set forth in this Act in a  
10 manner or to an extent equal to or greater than the protection  
11 provided in this Act. A unit of local government may not  
12 regulate an individual's ability to freely exercise the  
13 fundamental rights set forth in this Act in a manner more  
14 restrictive than that set forth in this Act. This Section is a  
15 limitation under subsection (i) of Section 6 of Article VII of  
16 the Illinois Constitution on the concurrent exercise by home  
17 rule units of powers and functions exercised by the State.

18 Section 1-97. Severability. The provisions of this Act are  
19 severable under Section 1.31 of the Statute on Statutes.

20 Article 905. REPEALS

21 (210 ILCS 5/6.1 rep.)

22 Section 905-5. The Ambulatory Surgical Treatment Center



1 Act is amended by repealing Section 6.1.

2 (410 ILCS 70/9 rep.)

3 Section 905-10. The Sexual Assault Survivors Emergency  
4 Treatment Act is amended by repealing Section 9.

5 (720 ILCS 510/Act rep.)

6 Section 905-15. The Illinois Abortion Law of 1975 is  
7 repealed.

8 (720 ILCS 513/Act rep.)

9 Section 905-20. The Partial-birth Abortion Ban Act is  
10 repealed.

11 (735 ILCS 5/11-107.1 rep.)

12 Section 905-25. The Code of Civil Procedure is amended by  
13 repealing Section 11-107.1.

14 (745 ILCS 30/Act rep.)

15 Section 905-30. The Abortion Performance Refusal Act is  
16 repealed.

17 Article 910. AMENDMENTS

18 Section 910-5. The State Employees Group Insurance Act of  
19 1971 is amended by changing Section 6.11 as follows:

1 (5 ILCS 375/6.11)

2 (Text of Section before amendment by P.A. 100-1170)

3 Sec. 6.11. Required health benefits; Illinois Insurance  
4 Code requirements. The program of health benefits shall provide  
5 the post-mastectomy care benefits required to be covered by a  
6 policy of accident and health insurance under Section 356t of  
7 the Illinois Insurance Code. The program of health benefits  
8 shall provide the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
10 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
11 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~  
12 356z.26, ~~and~~ 356z.29, and 356z.32 of the Illinois Insurance  
13 Code. The program of health benefits must comply with Sections  
14 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the  
15 Illinois Insurance Code. The Department of Insurance shall  
16 enforce the requirements of this Section.

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

23 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
24 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
25 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised

1 1-8-19.)

2 (Text of Section after amendment by P.A. 100-1170)

3 Sec. 6.11. Required health benefits; Illinois Insurance  
4 Code requirements. The program of health benefits shall provide  
5 the post-mastectomy care benefits required to be covered by a  
6 policy of accident and health insurance under Section 356t of  
7 the Illinois Insurance Code. The program of health benefits  
8 shall provide the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
10 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
11 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,  
12 356z.29, and 356z.32 of the Illinois Insurance Code. The  
13 program of health benefits must comply with Sections 155.22a,  
14 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois  
15 Insurance Code. The Department of Insurance shall enforce the  
16 requirements of this Section with respect to Sections 370c and  
17 370c.1 of the Illinois Insurance Code; all other requirements  
18 of this Section shall be enforced by the Department of Central  
19 Management Services.

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

1 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;  
2 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.  
3 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;  
4 100-1170, eff. 6-1-19.)

5 Section 910-10. The Children and Family Services Act is  
6 amended by changing Section 5 as follows:

7 (20 ILCS 505/5) (from Ch. 23, par. 5005)

8 Sec. 5. Direct child welfare services; Department of  
9 Children and Family Services. To provide direct child welfare  
10 services when not available through other public or private  
11 child care or program facilities.

12 (a) For purposes of this Section:

13 (1) "Children" means persons found within the State who  
14 are under the age of 18 years. The term also includes  
15 persons under age 21 who:

16 (A) were committed to the Department pursuant to  
17 the Juvenile Court Act or the Juvenile Court Act of  
18 1987, as amended, prior to the age of 18 and who  
19 continue under the jurisdiction of the court; or

20 (B) were accepted for care, service and training by  
21 the Department prior to the age of 18 and whose best  
22 interest in the discretion of the Department would be  
23 served by continuing that care, service and training  
24 because of severe emotional disturbances, physical

1           disability, social adjustment or any combination  
2           thereof, or because of the need to complete an  
3           educational or vocational training program.

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

8           (3) "Child welfare services" means public social  
9           services which are directed toward the accomplishment of  
10          the following purposes:

11           (A) protecting and promoting the health, safety  
12           and welfare of children, including homeless, dependent  
13           or neglected children;

14           (B) remedying, or assisting in the solution of  
15           problems which may result in, the neglect, abuse,  
16           exploitation or delinquency of children;

17           (C) preventing the unnecessary separation of  
18           children from their families by identifying family  
19           problems, assisting families in resolving their  
20           problems, and preventing the breakup of the family  
21           where the prevention of child removal is desirable and  
22           possible when the child can be cared for at home  
23           without endangering the child's health and safety;

24           (D) restoring to their families children who have  
25           been removed, by the provision of services to the child  
26           and the families when the child can be cared for at

1 home without endangering the child's health and  
2 safety;

3 (E) placing children in suitable adoptive homes,  
4 in cases where restoration to the biological family is  
5 not safe, possible or appropriate;

6 (F) assuring safe and adequate care of children  
7 away from their homes, in cases where the child cannot  
8 be returned home or cannot be placed for adoption. At  
9 the time of placement, the Department shall consider  
10 concurrent planning, as described in subsection (1-1)  
11 of this Section so that permanency may occur at the  
12 earliest opportunity. Consideration should be given so  
13 that if reunification fails or is delayed, the  
14 placement made is the best available placement to  
15 provide permanency for the child;

16 (G) (blank);

17 (H) (blank); and

18 (I) placing and maintaining children in facilities  
19 that provide separate living quarters for children  
20 under the age of 18 and for children 18 years of age  
21 and older, unless a child 18 years of age is in the  
22 last year of high school education or vocational  
23 training, in an approved individual or group treatment  
24 program, in a licensed shelter facility, or secure  
25 child care facility. The Department is not required to  
26 place or maintain children:

- 1 (i) who are in a foster home, or  
2 (ii) who are persons with a developmental  
3 disability, as defined in the Mental Health and  
4 Developmental Disabilities Code, or  
5 (iii) who are female children who are  
6 pregnant, pregnant and parenting or parenting, or  
7 (iv) who are siblings, in facilities that  
8 provide separate living quarters for children 18  
9 years of age and older and for children under 18  
10 years of age.

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

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

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

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

11 (e) (Blank).

12 (f) (Blank).

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

17 (1) adoption;

18 (2) foster care;

19 (3) family counseling;

20 (4) protective services;

21 (5) (blank);

22 (6) homemaker service;

23 (7) return of runaway children;

24 (8) (blank);

25 (9) placement under Section 5-7 of the Juvenile Court  
26 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile



1 Court Act of 1987 in accordance with the federal Adoption  
2 Assistance and Child Welfare Act of 1980; and

3 (10) interstate services.

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

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

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

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

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

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

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

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

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

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

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

26 (j-5) The Department shall not deny or delay the placement

1 of a child for adoption if an approved family is available  
2 either outside of the Department region handling the case, or  
3 outside of the State of Illinois.

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

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

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

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

1 services shall be voluntary. The Department may also provide  
2 services to any child or family after completion of a family  
3 assessment, as an alternative to an investigation, as provided  
4 under the "differential response program" provided for in  
5 subsection (a-5) of Section 7.4 of the Abused and Neglected  
6 Child Reporting Act.

7 The Department may, at its discretion except for those  
8 children also adjudicated neglected or dependent, accept for  
9 care and training any child who has been adjudicated addicted,  
10 as a truant minor in need of supervision or as a minor  
11 requiring authoritative intervention, under the Juvenile Court  
12 Act or the Juvenile Court Act of 1987, but no such child shall  
13 be committed to the Department by any court without the  
14 approval of the Department. On and after January 1, 2015 (the  
15 effective date of Public Act 98-803) and before January 1,  
16 2017, a minor charged with a criminal offense under the  
17 Criminal Code of 1961 or the Criminal Code of 2012 or  
18 adjudicated delinquent shall not be placed in the custody of or  
19 committed to the Department by any court, except (i) a minor  
20 less than 16 years of age committed to the Department under  
21 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor  
22 for whom an independent basis of abuse, neglect, or dependency  
23 exists, which must be defined by departmental rule, or (iii) a  
24 minor for whom the court has granted a supplemental petition to  
25 reinstate wardship pursuant to subsection (2) of Section 2-33  
26 of the Juvenile Court Act of 1987. On and after January 1,

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

20 As soon as is possible after August 7, 2009 (the effective  
21 date of Public Act 96-134), the Department shall develop and  
22 implement a special program of family preservation services to  
23 support intact, foster, and adoptive families who are  
24 experiencing extreme hardships due to the difficulty and stress  
25 of caring for a child who has been diagnosed with a pervasive  
26 developmental disorder if the Department determines that those

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

22 (1-1) The legislature recognizes that the best interests of  
23 the child require that the child be placed in the most  
24 permanent living arrangement as soon as is practically  
25 possible. To achieve this goal, the legislature directs the  
26 Department of Children and Family Services to conduct



1 concurrent planning so that permanency may occur at the  
2 earliest opportunity. Permanent living arrangements may  
3 include prevention of placement of a child outside the home of  
4 the family when the child can be cared for at home without  
5 endangering the child's health or safety; reunification with  
6 the family, when safe and appropriate, if temporary placement  
7 is necessary; or movement of the child toward the most  
8 permanent living arrangement and permanent legal status.

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

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

25 A decision to place a child in substitute care shall be  
26 made with considerations of the child's health, safety, and

1 best interests. At the time of placement, consideration should  
2 also be given so that if reunification fails or is delayed, the  
3 placement made is the best available placement to provide  
4 permanency for the child.

5 The Department shall adopt rules addressing concurrent  
6 planning for reunification and permanency. The Department  
7 shall consider the following factors when determining  
8 appropriateness of concurrent planning:

9 (1) the likelihood of prompt reunification;

10 (2) the past history of the family;

11 (3) the barriers to reunification being addressed by  
12 the family;

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

14 (5) the foster parents' willingness to work with the  
15 family to reunite;

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

18 (7) the age of the child;

19 (8) placement of siblings.

20 (m) The Department may assume temporary custody of any  
21 child if:

22 (1) it has received a written consent to such temporary  
23 custody signed by the parents of the child or by the parent  
24 having custody of the child if the parents are not living  
25 together or by the guardian or custodian of the child if  
26 the child is not in the custody of either parent, or

1           (2) the child is found in the State and neither a  
2           parent, guardian nor custodian of the child can be located.  
3           If the child is found in his or her residence without a parent,  
4           guardian, custodian or responsible caretaker, the Department  
5           may, instead of removing the child and assuming temporary  
6           custody, place an authorized representative of the Department  
7           in that residence until such time as a parent, guardian or  
8           custodian enters the home and expresses a willingness and  
9           apparent ability to ensure the child's health and safety and  
10          resume permanent charge of the child, or until a relative  
11          enters the home and is willing and able to ensure the child's  
12          health and safety and assume charge of the child until a  
13          parent, guardian or custodian enters the home and expresses  
14          such willingness and ability to ensure the child's safety and  
15          resume permanent charge. After a caretaker has remained in the  
16          home for a period not to exceed 12 hours, the Department must  
17          follow those procedures outlined in Section 2-9, 3-11, 4-8, or  
18          5-415 of the Juvenile Court Act of 1987.

19          The Department shall have the authority, responsibilities  
20          and duties that a legal custodian of the child would have  
21          pursuant to subsection (9) of Section 1-3 of the Juvenile Court  
22          Act of 1987. Whenever a child is taken into temporary custody  
23          pursuant to an investigation under the Abused and Neglected  
24          Child Reporting Act, or pursuant to a referral and acceptance  
25          under the Juvenile Court Act of 1987 of a minor in limited  
26          custody, the Department, during the period of temporary custody

1 and before the child is brought before a judicial officer as  
2 required by Section 2-9, 3-11, 4-8, or 5-415 of the Juvenile  
3 Court Act of 1987, shall have the authority, responsibilities  
4 and duties that a legal custodian of the child would have under  
5 subsection (9) of Section 1-3 of the Juvenile Court Act of  
6 1987.

7 The Department shall ensure that any child taken into  
8 custody is scheduled for an appointment for a medical  
9 examination.

10 A parent, guardian or custodian of a child in the temporary  
11 custody of the Department who would have custody of the child  
12 if he were not in the temporary custody of the Department may  
13 deliver to the Department a signed request that the Department  
14 surrender the temporary custody of the child. The Department  
15 may retain temporary custody of the child for 10 days after the  
16 receipt of the request, during which period the Department may  
17 cause to be filed a petition pursuant to the Juvenile Court Act  
18 of 1987. If a petition is so filed, the Department shall retain  
19 temporary custody of the child until the court orders  
20 otherwise. If a petition is not filed within the 10-day period,  
21 the child shall be surrendered to the custody of the requesting  
22 parent, guardian or custodian not later than the expiration of  
23 the 10-day period, at which time the authority and duties of  
24 the Department with respect to the temporary custody of the  
25 child shall terminate.

26 (m-1) The Department may place children under 18 years of

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

14 (n) The Department may place children under 18 years of age  
15 in licensed child care facilities when in the opinion of the  
16 Department, appropriate services aimed at family preservation  
17 have been unsuccessful and cannot ensure the child's health and  
18 safety or are unavailable and such placement would be for their  
19 best interest. Payment for board, clothing, care, training and  
20 supervision of any child placed in a licensed child care  
21 facility may be made by the Department, by the parents or  
22 guardians of the estates of those children, or by both the  
23 Department and the parents or guardians, except that no  
24 payments shall be made by the Department for any child placed  
25 in a licensed child care facility for board, clothing, care,  
26 training and supervision of such a child that exceed the

1 average per capita cost of maintaining and of caring for a  
2 child in institutions for dependent or neglected children  
3 operated by the Department. However, such restriction on  
4 payments does not apply in cases where children require  
5 specialized care and treatment for problems of severe emotional  
6 disturbance, physical disability, social adjustment, or any  
7 combination thereof and suitable facilities for the placement  
8 of such children are not available at payment rates within the  
9 limitations set forth in this Section. All reimbursements for  
10 services delivered shall be absolutely inalienable by  
11 assignment, sale, attachment, garnishment or otherwise.

12 (n-1) The Department shall provide or authorize child  
13 welfare services, aimed at assisting minors to achieve  
14 sustainable self-sufficiency as independent adults, for any  
15 minor eligible for the reinstatement of wardship pursuant to  
16 subsection (2) of Section 2-33 of the Juvenile Court Act of  
17 1987, whether or not such reinstatement is sought or allowed,  
18 provided that the minor consents to such services and has not  
19 yet attained the age of 21. The Department shall have  
20 responsibility for the development and delivery of services  
21 under this Section. An eligible youth may access services under  
22 this Section through the Department of Children and Family  
23 Services or by referral from the Department of Human Services.  
24 Youth participating in services under this Section shall  
25 cooperate with the assigned case manager in developing an  
26 agreement identifying the services to be provided and how the

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

16 (o) The Department shall establish an administrative  
17 review and appeal process for children and families who request  
18 or receive child welfare services from the Department. Youth in  
19 care who are placed by private child welfare agencies, and  
20 foster families with whom those youth are placed, shall be  
21 afforded the same procedural and appeal rights as children and  
22 families in the case of placement by the Department, including  
23 the right to an initial review of a private agency decision by  
24 that agency. The Department shall ensure that any private child  
25 welfare agency, which accepts youth in care for placement,  
26 affords those rights to children and foster families. The

1 Department shall accept for administrative review and an appeal  
2 hearing a complaint made by (i) a child or foster family  
3 concerning a decision following an initial review by a private  
4 child welfare agency or (ii) a prospective adoptive parent who  
5 alleges a violation of subsection (j-5) of this Section. An  
6 appeal of a decision concerning a change in the placement of a  
7 child shall be conducted in an expedited manner. A court  
8 determination that a current foster home placement is necessary  
9 and appropriate under Section 2-28 of the Juvenile Court Act of  
10 1987 does not constitute a judicial determination on the merits  
11 of an administrative appeal, filed by a former foster parent,  
12 involving a change of placement decision.

13 (p) (Blank).

14 (q) The Department may receive and use, in their entirety,  
15 for the benefit of children any gift, donation or bequest of  
16 money or other property which is received on behalf of such  
17 children, or any financial benefits to which such children are  
18 or may become entitled while under the jurisdiction or care of  
19 the Department.

20 The Department shall set up and administer no-cost,  
21 interest-bearing accounts in appropriate financial  
22 institutions for children for whom the Department is legally  
23 responsible and who have been determined eligible for Veterans'  
24 Benefits, Social Security benefits, assistance allotments from  
25 the armed forces, court ordered payments, parental voluntary  
26 payments, Supplemental Security Income, Railroad Retirement



1 payments, Black Lung benefits, or other miscellaneous  
2 payments. Interest earned by each account shall be credited to  
3 the account, unless disbursed in accordance with this  
4 subsection.

5 In disbursing funds from children's accounts, the  
6 Department shall:

7 (1) Establish standards in accordance with State and  
8 federal laws for disbursing money from children's  
9 accounts. In all circumstances, the Department's  
10 "Guardianship Administrator" or his or her designee must  
11 approve disbursements from children's accounts. The  
12 Department shall be responsible for keeping complete  
13 records of all disbursements for each account for any  
14 purpose.

15 (2) Calculate on a monthly basis the amounts paid from  
16 State funds for the child's board and care, medical care  
17 not covered under Medicaid, and social services; and  
18 utilize funds from the child's account, as covered by  
19 regulation, to reimburse those costs. Monthly,  
20 disbursements from all children's accounts, up to 1/12 of  
21 \$13,000,000, shall be deposited by the Department into the  
22 General Revenue Fund and the balance over 1/12 of  
23 \$13,000,000 into the DCFS Children's Services Fund.

24 (3) Maintain any balance remaining after reimbursing  
25 for the child's costs of care, as specified in item (2).  
26 The balance shall accumulate in accordance with relevant

1 State and federal laws and shall be disbursed to the child  
2 or his or her guardian, or to the issuing agency.

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

19 (s) The Department of Children and Family Services may  
20 establish and implement a program to reimburse Department and  
21 private child welfare agency foster parents licensed by the  
22 Department of Children and Family Services for damages  
23 sustained by the foster parents as a result of the malicious or  
24 negligent acts of foster children, as well as providing third  
25 party coverage for such foster parents with regard to actions  
26 of foster children to other individuals. Such coverage will be

1 secondary to the foster parent liability insurance policy, if  
2 applicable. The program shall be funded through appropriations  
3 from the General Revenue Fund, specifically designated for such  
4 purposes.

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

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

11 (2) the court has ordered one or both of the parties to  
12 the proceeding to reimburse the Department for its  
13 reasonable costs for providing such services in accordance  
14 with Department rules, or has determined that neither party  
15 is financially able to pay.

16 The Department shall provide written notification to the  
17 court of the specific arrangements for supervised visitation  
18 and projected monthly costs within 60 days of the court order.  
19 The Department shall send to the court information related to  
20 the costs incurred except in cases where the court has  
21 determined the parties are financially unable to pay. The court  
22 may order additional periodic reports as appropriate.

23 (u) In addition to other information that must be provided,  
24 whenever the Department places a child with a prospective  
25 adoptive parent or parents or in a licensed foster home, group  
26 home, child care institution, or in a relative home, the

1 Department shall provide to the prospective adoptive parent or  
2 parents or other caretaker:

3 (1) available detailed information concerning the  
4 child's educational and health history, copies of  
5 immunization records (including insurance and medical card  
6 information), a history of the child's previous  
7 placements, if any, and reasons for placement changes  
8 excluding any information that identifies or reveals the  
9 location of any previous caretaker;

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

13 (3) information containing details of the child's  
14 individualized educational plan when the child is  
15 receiving special education services.

16 The caretaker shall be informed of any known social or  
17 behavioral information (including, but not limited to,  
18 criminal background, fire setting, perpetuation of sexual  
19 abuse, destructive behavior, and substance abuse) necessary to  
20 care for and safeguard the children to be placed or currently  
21 in the home. The Department may prepare a written summary of  
22 the information required by this paragraph, which may be  
23 provided to the foster or prospective adoptive parent in  
24 advance of a placement. The foster or prospective adoptive  
25 parent may review the supporting documents in the child's file  
26 in the presence of casework staff. In the case of an emergency

1 placement, casework staff shall at least provide known  
2 information verbally, if necessary, and must subsequently  
3 provide the information in writing as required by this  
4 subsection.

5 The information described in this subsection shall be  
6 provided in writing. In the case of emergency placements when  
7 time does not allow prior review, preparation, and collection  
8 of written information, the Department shall provide such  
9 information as it becomes available. Within 10 business days  
10 after placement, the Department shall obtain from the  
11 prospective adoptive parent or parents or other caretaker a  
12 signed verification of receipt of the information provided.  
13 Within 10 business days after placement, the Department shall  
14 provide to the child's guardian ad litem a copy of the  
15 information provided to the prospective adoptive parent or  
16 parents or other caretaker. The information provided to the  
17 prospective adoptive parent or parents or other caretaker shall  
18 be reviewed and approved regarding accuracy at the supervisory  
19 level.

20 (u-5) Effective July 1, 1995, only foster care placements  
21 licensed as foster family homes pursuant to the Child Care Act  
22 of 1969 shall be eligible to receive foster care payments from  
23 the Department. Relative caregivers who, as of July 1, 1995,  
24 were approved pursuant to approved relative placement rules  
25 previously promulgated by the Department at 89 Ill. Adm. Code  
26 335 and had submitted an application for licensure as a foster

1 family home may continue to receive foster care payments only  
2 until the Department determines that they may be licensed as a  
3 foster family home or that their application for licensure is  
4 denied or until September 30, 1995, whichever occurs first.

5 (v) The Department shall access criminal history record  
6 information as defined in the Illinois Uniform Conviction  
7 Information Act and information maintained in the adjudicatory  
8 and dispositional record system as defined in Section 2605-355  
9 of the Department of State Police Law (20 ILCS 2605/2605-355)  
10 if the Department determines the information is necessary to  
11 perform its duties under the Abused and Neglected Child  
12 Reporting Act, the Child Care Act of 1969, and the Children and  
13 Family Services Act. The Department shall provide for  
14 interactive computerized communication and processing  
15 equipment that permits direct on-line communication with the  
16 Department of State Police's central criminal history data  
17 repository. The Department shall comply with all certification  
18 requirements and provide certified operators who have been  
19 trained by personnel from the Department of State Police. In  
20 addition, one Office of the Inspector General investigator  
21 shall have training in the use of the criminal history  
22 information access system and have access to the terminal. The  
23 Department of Children and Family Services and its employees  
24 shall abide by rules and regulations established by the  
25 Department of State Police relating to the access and  
26 dissemination of this information.

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

13 (v-2) Prior to final approval for placement of a child, the  
14 Department shall check its child abuse and neglect registry for  
15 information concerning prospective foster and adoptive  
16 parents, and any adult living in the home. If any prospective  
17 foster or adoptive parent or other adult living in the home has  
18 resided in another state in the preceding 5 years, the  
19 Department shall request a check of that other state's child  
20 abuse and neglect registry.

21 (w) Within 120 days of August 20, 1995 (the effective date  
22 of Public Act 89-392), the Department shall prepare and submit  
23 to the Governor and the General Assembly, a written plan for  
24 the development of in-state licensed secure child care  
25 facilities that care for children who are in need of secure  
26 living arrangements for their health, safety, and well-being.

1 For purposes of this subsection, secure care facility shall  
2 mean a facility that is designed and operated to ensure that  
3 all entrances and exits from the facility, a building or a  
4 distinct part of the building, are under the exclusive control  
5 of the staff of the facility, whether or not the child has the  
6 freedom of movement within the perimeter of the facility,  
7 building, or distinct part of the building. The plan shall  
8 include descriptions of the types of facilities that are needed  
9 in Illinois; the cost of developing these secure care  
10 facilities; the estimated number of placements; the potential  
11 cost savings resulting from the movement of children currently  
12 out-of-state who are projected to be returned to Illinois; the  
13 necessary geographic distribution of these facilities in  
14 Illinois; and a proposed timetable for development of such  
15 facilities.

16 (x) The Department shall conduct annual credit history  
17 checks to determine the financial history of children placed  
18 under its guardianship pursuant to the Juvenile Court Act of  
19 1987. The Department shall conduct such credit checks starting  
20 when a youth in care turns 12 years old and each year  
21 thereafter for the duration of the guardianship as terminated  
22 pursuant to the Juvenile Court Act of 1987. The Department  
23 shall determine if financial exploitation of the child's  
24 personal information has occurred. If financial exploitation  
25 appears to have taken place or is presently ongoing, the  
26 Department shall notify the proper law enforcement agency, the



1 proper State's Attorney, or the Attorney General.

2 (y) Beginning on July 22, 2010 (the effective date of  
3 Public Act 96-1189), a child with a disability who receives  
4 residential and educational services from the Department shall  
5 be eligible to receive transition services in accordance with  
6 Article 14 of the School Code from the age of 14.5 through age  
7 21, inclusive, notwithstanding the child's residential  
8 services arrangement. For purposes of this subsection, "child  
9 with a disability" means a child with a disability as defined  
10 by the federal Individuals with Disabilities Education  
11 Improvement Act of 2004.

12 (z) The Department shall access criminal history record  
13 information as defined as "background information" in this  
14 subsection and criminal history record information as defined  
15 in the Illinois Uniform Conviction Information Act for each  
16 Department employee or Department applicant. Each Department  
17 employee or Department applicant shall submit his or her  
18 fingerprints to the Department of State Police in the form and  
19 manner prescribed by the Department of State Police. These  
20 fingerprints shall be checked against the fingerprint records  
21 now and hereafter filed in the Department of State Police and  
22 the Federal Bureau of Investigation criminal history records  
23 databases. The Department of State Police shall charge a fee  
24 for conducting the criminal history record check, which shall  
25 be deposited into the State Police Services Fund and shall not  
26 exceed the actual cost of the record check. The Department of

1 State Police shall furnish, pursuant to positive  
2 identification, all Illinois conviction information to the  
3 Department of Children and Family Services.

4 For purposes of this subsection:

5 "Background information" means all of the following:

6 (i) Upon the request of the Department of Children and  
7 Family Services, conviction information obtained from the  
8 Department of State Police as a result of a  
9 fingerprint-based criminal history records check of the  
10 Illinois criminal history records database and the Federal  
11 Bureau of Investigation criminal history records database  
12 concerning a Department employee or Department applicant.

13 (ii) Information obtained by the Department of  
14 Children and Family Services after performing a check of  
15 the Department of State Police's Sex Offender Database, as  
16 authorized by Section 120 of the Sex Offender Community  
17 Notification Law, concerning a Department employee or  
18 Department applicant.

19 (iii) Information obtained by the Department of  
20 Children and Family Services after performing a check of  
21 the Child Abuse and Neglect Tracking System (CANTS)  
22 operated and maintained by the Department.

23 "Department employee" means a full-time or temporary  
24 employee coded or certified within the State of Illinois  
25 Personnel System.

26 "Department applicant" means an individual who has

1 conditional Department full-time or part-time work, a  
2 contractor, an individual used to replace or supplement staff,  
3 an academic intern, a volunteer in Department offices or on  
4 Department contracts, a work-study student, an individual or  
5 entity licensed by the Department, or an unlicensed service  
6 provider who works as a condition of a contract or an agreement  
7 and whose work may bring the unlicensed service provider into  
8 contact with Department clients or client records.

9 (Source: P.A. 99-143, eff. 7-27-15; 99-933, eff. 1-27-17;  
10 100-159, eff. 8-18-17; 100-522, eff. 9-22-17; 100-759, eff.  
11 1-1-19; 100-863, eff. 8-14-18; 100-978, eff. 8-19-18; revised  
12 10-3-18.)

13 Section 910-15. The Freedom of Information Act is amended  
14 by changing Section 7.5 as follows:

15 (5 ILCS 140/7.5)

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

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

22 (b) Library circulation and order records identifying  
23 library users with specific materials under the Library  
24 Records Confidentiality Act.

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

7           (d) Information and records held by the Department of  
8 Public Health and its authorized representatives relating  
9 to known or suspected cases of sexually transmissible  
10 disease or any information the disclosure of which is  
11 restricted under the Illinois Sexually Transmissible  
12 Disease Control Act.

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

15           (f) Firm performance evaluations under Section 55 of  
16 the Architectural, Engineering, and Land Surveying  
17 Qualifications Based Selection Act.

18           (g) Information the disclosure of which is restricted  
19 and exempted under Section 50 of the Illinois Prepaid  
20 Tuition Act.

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

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

5           (j) Information and data concerning the distribution  
6 of surcharge moneys collected and remitted by carriers  
7 under the Emergency Telephone System Act.

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

12           (l) Records and information provided to a residential  
13 health care facility resident sexual assault and death  
14 review team or the Executive Council under the Abuse  
15 Prevention Review Team Act.

16           (m) Information provided to the predatory lending  
17 database created pursuant to Article 3 of the Residential  
18 Real Property Disclosure Act, except to the extent  
19 authorized under that Article.

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

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

4           (p) Security portions of system safety program plans,  
5 investigation reports, surveys, schedules, lists, data, or  
6 information compiled, collected, or prepared by or for the  
7 Regional Transportation Authority under Section 2.11 of  
8 the Regional Transportation Authority Act or the St. Clair  
9 County Transit District under the Bi-State Transit Safety  
10 Act.

11           (q) Information prohibited from being disclosed by the  
12 Personnel Record ~~Records~~ Review Act.

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

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

17           (t) All identified or deidentified health information  
18 in the form of health data or medical records contained in,  
19 stored in, submitted to, transferred by, or released from  
20 the Illinois Health Information Exchange, and identified  
21 or deidentified health information in the form of health  
22 data and medical records of the Illinois Health Information  
23 Exchange in the possession of the Illinois Health  
24 Information Exchange Authority due to its administration  
25 of the Illinois Health Information Exchange. The terms  
26 "identified" and "deidentified" shall be given the same

1 meaning as in the Health Insurance Portability and  
2 Accountability Act of 1996, Public Law 104-191, or any  
3 subsequent amendments thereto, and any regulations  
4 promulgated thereunder.

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

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

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

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

24 (y) Confidential information under the Adult  
25 Protective Services Act and its predecessor enabling  
26 statute, the Elder Abuse and Neglect Act, including

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

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

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

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

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

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

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

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

24 (gg) Information that is prohibited from being  
25 disclosed under Section 7-603.5 of the Illinois Vehicle  
26 Code.



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

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

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

11 (kk) Information prohibited from disclosure under the  
12 Seizure and Forfeiture Reporting Act.

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

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

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

21 (oo) Information and records held by the Department of  
22 Public Health and its authorized representatives collected  
23 under the Reproductive Health Act.

24 (Source: P.A. 99-78, eff. 7-20-15; 99-298, eff. 8-6-15; 99-352,  
25 eff. 1-1-16; 99-642, eff. 7-28-16; 99-776, eff. 8-12-16;  
26 99-863, eff. 8-19-16; 100-20, eff. 7-1-17; 100-22, eff. 1-1-18;

1 100-201, eff. 8-18-17; 100-373, eff. 1-1-18; 100-464, eff.  
2 8-28-17; 100-465, eff. 8-31-17; 100-512, eff. 7-1-18; 100-517,  
3 eff. 6-1-18; 100-646, eff. 7-27-18; 100-690, eff. 1-1-19;  
4 100-863, eff. 8-14-18; 100-887, eff. 8-14-18; revised  
5 10-12-18.)

6 Section 910-20. The Counties Code is amended by changing  
7 Section 3-3013 as follows:

8 (55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

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

14 (a) A sudden or violent death, whether apparently  
15 suicidal, homicidal or accidental, including but not  
16 limited to deaths apparently caused or contributed to by  
17 thermal, traumatic, chemical, electrical or radiational  
18 injury, or a complication of any of them, or by drowning or  
19 suffocation, or as a result of domestic violence as defined  
20 in the Illinois Domestic Violence Act of 1986;

21 (b) A ~~maternal or fetal death due to abortion, or any~~  
22 ~~death due to a sex crime or a crime against nature;~~

23 (c) A death where the circumstances are suspicious,  
24 obscure, mysterious or otherwise unexplained or where, in

1 the written opinion of the attending physician, the cause  
2 of death is not determined;

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

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

7 shall go to the place where the dead body is, and take charge  
8 of the same and shall make a preliminary investigation into the  
9 circumstances of the death. In the case of death without  
10 attendance by a licensed physician the body may be moved with  
11 the coroner's consent from the place of death to a mortuary in  
12 the same county. Coroners in their discretion shall notify such  
13 physician as is designated in accordance with Section 3-3014 to  
14 attempt to ascertain the cause of death, either by autopsy or  
15 otherwise.

16 In cases of accidental death involving a motor vehicle in  
17 which the decedent was (1) the operator or a suspected operator  
18 of a motor vehicle, or (2) a pedestrian 16 years of age or  
19 older, the coroner shall require that a blood specimen of at  
20 least 30 cc., and if medically possible a urine specimen of at  
21 least 30 cc. or as much as possible up to 30 cc., be withdrawn  
22 from the body of the decedent in a timely fashion after the  
23 accident causing his death, by such physician as has been  
24 designated in accordance with Section 3-3014, or by the coroner  
25 or deputy coroner or a qualified person designated by such  
26 physician, coroner, or deputy coroner. If the county does not

1 maintain laboratory facilities for making such analysis, the  
2 blood and urine so drawn shall be sent to the Department of  
3 State Police or any other accredited or State-certified  
4 laboratory for analysis of the alcohol, carbon monoxide, and  
5 dangerous or narcotic drug content of such blood and urine  
6 specimens. Each specimen submitted shall be accompanied by  
7 pertinent information concerning the decedent upon a form  
8 prescribed by such laboratory. Any person drawing blood and  
9 urine and any person making any examination of the blood and  
10 urine under the terms of this Division shall be immune from all  
11 liability, civil or criminal, that might otherwise be incurred  
12 or imposed.

13 In all other cases coming within the jurisdiction of the  
14 coroner and referred to in subparagraphs (a) through (e) above,  
15 blood, and whenever possible, urine samples shall be analyzed  
16 for the presence of alcohol and other drugs. When the coroner  
17 suspects that drugs may have been involved in the death, either  
18 directly or indirectly, a toxicological examination shall be  
19 performed which may include analyses of blood, urine, bile,  
20 gastric contents and other tissues. When the coroner suspects a  
21 death is due to toxic substances, other than drugs, the coroner  
22 shall consult with the toxicologist prior to collection of  
23 samples. Information submitted to the toxicologist shall  
24 include information as to height, weight, age, sex and race of  
25 the decedent as well as medical history, medications used by  
26 and the manner of death of decedent.

1           When the coroner or medical examiner finds that the cause  
2 of death is due to homicidal means, the coroner or medical  
3 examiner shall cause blood and buccal specimens (tissue may be  
4 submitted if no uncontaminated blood or buccal specimen can be  
5 obtained), whenever possible, to be withdrawn from the body of  
6 the decedent in a timely fashion. For proper preservation of  
7 the specimens, collected blood and buccal specimens shall be  
8 dried and tissue specimens shall be frozen if available  
9 equipment exists. As soon as possible, but no later than 30  
10 days after the collection of the specimens, the coroner or  
11 medical examiner shall release those specimens to the police  
12 agency responsible for investigating the death. As soon as  
13 possible, but no later than 30 days after the receipt from the  
14 coroner or medical examiner, the police agency shall submit the  
15 specimens using the agency case number to a National DNA Index  
16 System (NDIS) participating laboratory within this State, such  
17 as the Illinois Department of State Police, Division of  
18 Forensic Services, for analysis and categorizing into genetic  
19 marker groupings. The results of the analysis and categorizing  
20 into genetic marker groupings shall be provided to the Illinois  
21 Department of State Police and shall be maintained by the  
22 Illinois Department of State Police in the State central  
23 repository in the same manner, and subject to the same  
24 conditions, as provided in Section 5-4-3 of the Unified Code of  
25 Corrections. The requirements of this paragraph are in addition  
26 to any other findings, specimens, or information that the

1 coroner or medical examiner is required to provide during the  
2 conduct of a criminal investigation.

3 In all counties, in cases of apparent suicide, homicide, or  
4 accidental death or in other cases, within the discretion of  
5 the coroner, the coroner may summon 8 persons of lawful age  
6 from those persons drawn for petit jurors in the county. The  
7 summons shall command these persons to present themselves  
8 personally at such a place and time as the coroner shall  
9 determine, and may be in any form which the coroner shall  
10 determine and may incorporate any reasonable form of request  
11 for acknowledgement which the coroner deems practical and  
12 provides a reliable proof of service. The summons may be served  
13 by first class mail. From the 8 persons so summoned, the  
14 coroner shall select 6 to serve as the jury for the inquest.  
15 Inquests may be continued from time to time, as the coroner may  
16 deem necessary. The 6 jurors selected in a given case may view  
17 the body of the deceased. If at any continuation of an inquest  
18 one or more of the original jurors shall be unable to continue  
19 to serve, the coroner shall fill the vacancy or vacancies. A  
20 juror serving pursuant to this paragraph shall receive  
21 compensation from the county at the same rate as the rate of  
22 compensation that is paid to petit or grand jurors in the  
23 county. The coroner shall furnish to each juror without fee at  
24 the time of his discharge a certificate of the number of days  
25 in attendance at an inquest, and, upon being presented with  
26 such certificate, the county treasurer shall pay to the juror

1 the sum provided for his services.

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

18 In every case in which a fire is determined to be a  
19 contributing factor in a death, the coroner shall report the  
20 death to the Office of the State Fire Marshal. The coroner  
21 shall provide a copy of the death certificate (i) within 30  
22 days after filing the permanent death certificate and (ii) in a  
23 manner that is agreed upon by the coroner and the State Fire  
24 Marshal.

25 In every case in which a drug overdose is determined to be  
26 the cause or a contributing factor in the death, the coroner or

1 medical examiner shall report the death to the Department of  
2 Public Health. The Department of Public Health shall adopt  
3 rules regarding specific information that must be reported in  
4 the event of such a death. If possible, the coroner shall  
5 report the cause of the overdose. As used in this Section,  
6 "overdose" has the same meaning as it does in Section 414 of  
7 the Illinois Controlled Substances Act. The Department of  
8 Public Health shall issue a semiannual report to the General  
9 Assembly summarizing the reports received. The Department  
10 shall also provide on its website a monthly report of overdose  
11 death figures organized by location, age, and any other  
12 factors, the Department deems appropriate.

13 In addition, in every case in which domestic violence is  
14 determined to be a contributing factor in a death, the coroner  
15 shall report the death to the Department of State Police.

16 All deaths in State institutions and all deaths of wards of  
17 the State or youth in care as defined in Section 4d of the  
18 Children and Family Services Act in private care facilities or  
19 in programs funded by the Department of Human Services under  
20 its powers relating to mental health and developmental  
21 disabilities or alcoholism and substance abuse or funded by the  
22 Department of Children and Family Services shall be reported to  
23 the coroner of the county in which the facility is located. If  
24 the coroner has reason to believe that an investigation is  
25 needed to determine whether the death was caused by  
26 maltreatment or negligent care of the ward of the State or



1 youth in care as defined in Section 4d of the Children and  
2 Family Services Act, the coroner may conduct a preliminary  
3 investigation of the circumstances of such death as in cases of  
4 death under circumstances set forth in paragraphs (a) through  
5 (e) of this Section.

6 (Source: P.A. 99-354, eff. 1-1-16; 99-480, eff. 9-9-15; 99-642,  
7 eff. 7-28-16; 100-159, eff. 8-18-17.)

8 Section 910-25. The Ambulatory Surgical Treatment Center  
9 Act is amended by changing Section 2, and 3 as follows:

10 (210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

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

23 (Source: P.A. 78-227.)

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

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

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

22 The term "ambulatory surgical treatment center" does not  
23 include any of the following:

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

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

5           (3) Hospitals or ambulatory surgical treatment centers  
6 maintained by the State or any department or agency  
7 thereof, where such department or agency has authority  
8 under law to establish and enforce standards for the  
9 hospitals or ambulatory surgical treatment centers under  
10 its management and control.

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

13           (5) Any place, agency, clinic, or practice, public or  
14 private, whether organized for profit or not, devoted  
15 exclusively to the performance of dental or oral surgical  
16 procedures.

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

1 ambulatory surgical treatment center.

2 (B) "Person" means any individual, firm, partnership,  
3 corporation, company, association, or joint stock association,  
4 or the legal successor thereof.

5 (C) "Department" means the Department of Public Health of  
6 the State of Illinois.

7 (D) "Director" means the Director of the Department of  
8 Public Health of the State of Illinois.

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

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

13 (G) "Podiatric physician" means a person licensed to  
14 practice podiatry under the Podiatric Medical Practice Act of  
15 1987.

16 (Source: P.A. 98-214, eff. 8-9-13; 98-1123, eff. 1-1-15;  
17 99-180, eff. 7-29-15.)

18 Section 910-30. The Illinois Insurance Code is amended by  
19 changing Section 356z.4 and adding 356z.4a as follows:

20 (215 ILCS 5/356z.4)

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

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

24 (A) Illinois has a long history of expanding timely

1 access to birth control to prevent unintended pregnancy.

2 (B) The federal Patient Protection and Affordable Care  
3 Act includes a contraceptive coverage guarantee as part of  
4 a broader requirement for health insurance to cover key  
5 preventive care services without out-of-pocket costs for  
6 patients.

7 (C) The General Assembly intends to build on existing  
8 State and federal law to promote gender equity and women's  
9 health and to ensure greater contraceptive coverage equity  
10 and timely access to all federal Food and Drug  
11 Administration approved methods of birth control for all  
12 individuals covered by an individual or group health  
13 insurance policy in Illinois.

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

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

19 "Contraceptive services" includes consultations,  
20 examinations, procedures, and medical services related to the  
21 use of contraceptive methods (including natural family  
22 planning) to prevent an unintended pregnancy.

23 "Medical necessity", for the purposes of this subsection  
24 (a), includes, but is not limited to, considerations such as  
25 severity of side effects, differences in permanence and  
26 reversibility of contraceptive, and ability to adhere to the

1 appropriate use of the item or service, as determined by the  
2 attending provider.

3 "Therapeutic equivalent version" means drugs, devices, or  
4 products that can be expected to have the same clinical effect  
5 and safety profile when administered to patients under the  
6 conditions specified in the labeling and satisfy the following  
7 general criteria:

8 (i) they are approved as safe and effective;

9 (ii) they are pharmaceutical equivalents in that they

10 (A) contain identical amounts of the same active drug  
11 ingredient in the same dosage form and route of  
12 administration and (B) meet compendial or other applicable  
13 standards of strength, quality, purity, and identity;

14 (iii) they are bioequivalent in that (A) they do not  
15 present a known or potential bioequivalence problem and  
16 they meet an acceptable in vitro standard or (B) if they do  
17 present such a known or potential problem, they are shown  
18 to meet an appropriate bioequivalence standard;

19 (iv) they are adequately labeled; and

20 (v) they are manufactured in compliance with Current  
21 Good Manufacturing Practice regulations.

22 (3) An individual or group policy of accident and health  
23 insurance amended, delivered, issued, or renewed in this State  
24 after the effective date of this amendatory Act of the 99th  
25 General Assembly shall provide coverage for all of the  
26 following services and contraceptive methods:

1 (A) All contraceptive drugs, devices, and other  
2 products approved by the United States Food and Drug  
3 Administration. This includes all over-the-counter  
4 contraceptive drugs, devices, and products approved by the  
5 United States Food and Drug Administration, excluding male  
6 condoms. The following apply:

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

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

22 (iii) If a drug, device, or product is not covered,  
23 plans and issuers must have an easily accessible,  
24 transparent, and sufficiently expedient process that  
25 is not unduly burdensome on the individual or a  
26 provider or other individual acting as a patient's

1 authorized representative to ensure coverage without  
2 cost sharing.

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

5 (B) Voluntary sterilization procedures.

6 (C) Contraceptive services, patient education, and  
7 counseling on contraception.

8 (D) Follow-up services related to the drugs, devices,  
9 products, and procedures covered under this Section,  
10 including, but not limited to, management of side effects,  
11 counseling for continued adherence, and device insertion  
12 and removal.

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

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

25 (6) If, at any time, the Secretary of the United States  
26 Department of Health and Human Services, or its successor



1 agency, promulgates rules or regulations to be published in the  
2 Federal Register or publishes a comment in the Federal Register  
3 or issues an opinion, guidance, or other action that would  
4 require the State, pursuant to any provision of the Patient  
5 Protection and Affordable Care Act (Public Law 111-148),  
6 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any  
7 successor provision, to defray the cost of any coverage  
8 outlined in this subsection (a), then this subsection (a) is  
9 inoperative with respect to all coverage outlined in this  
10 subsection (a) other than that authorized under Section 1902 of  
11 the Social Security Act, 42 U.S.C. 1396a, and the State shall  
12 not assume any obligation for the cost of the coverage set  
13 forth in this subsection (a).

14 (b) This subsection (b) shall become operative if and only  
15 if subsection (a) becomes inoperative.

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

1 for any outpatient service or outpatient prescription drug or  
2 device otherwise covered by the policy.

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

6 As used in this subsection (b), "outpatient contraceptive  
7 service" means consultations, examinations, procedures, and  
8 medical services, provided on an outpatient basis and related  
9 to the use of contraceptive methods (including natural family  
10 planning) to prevent an unintended pregnancy.

11 (c) (Blank). ~~Nothing in this Section shall be construed to~~  
12 ~~require an insurance company to cover services related to an~~  
13 ~~abortion as the term "abortion" is defined in the Illinois~~  
14 ~~Abortion Law of 1975.~~

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

23 (Source: P.A. 99-672, eff. 1-1-17; 100-1102, eff. 1-1-19.)

24 (215 ILCS 5/356z.4a new)

25 Sec. 356z.4a. Coverage for abortion.

1       (a) Except as otherwise provided in this Section, no  
2       individual or group policy of accident and health insurance  
3       that provides pregnancy related benefits may be issued,  
4       amended, delivered, or renewed in this State after the  
5       effective date of this amendatory Act of the 101st General  
6       Assembly unless the policy provides a covered person with  
7       coverage for abortion care.

8       (b) Except as otherwise provided in this Section, a policy  
9       subject to this Section shall not impose a deductible,  
10       coinsurance, copayment, or any other cost-sharing requirement  
11       on the coverage provided.

12       (c) Except as otherwise authorized under this Section, a  
13       policy shall not impose any restrictions or delays on the  
14       coverage required under this Section.

15       (d) This Section does not, pursuant to 42 U.S.C. Sec.  
16       18054(a)(6), apply to a multistate plan that does not provide  
17       coverage for abortion.

18       (e) If the Department concludes that enforcement of this  
19       Section may adversely affect the allocation of federal funds to  
20       this State, the Department may grant an exemption to the  
21       requirements, but only to the minimum extent necessary to  
22       ensure the continued receipt of federal funds.

23       Section 910-35. The Health Maintenance Organization Act is  
24       amended by changing Section 5-3 as follows:

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

2 Sec. 5-3. Insurance Code provisions.

3 (a) Health Maintenance Organizations shall be subject to  
4 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
5 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
6 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,  
7 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,  
8 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
9 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,  
10 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
11 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,  
12 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,  
13 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of  
14 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
15 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

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

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

22 (2) a corporation organized under the laws of this  
23 State; or

24 (3) a corporation organized under the laws of another  
25 state, 30% or more of the enrollees of which are residents  
26 of this State, except a corporation subject to

1 substantially the same requirements in its state of  
2 organization as is a "domestic company" under Article VIII  
3 1/2 of the Illinois Insurance Code.

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

7 (1) the Director shall give primary consideration to  
8 the continuation of benefits to enrollees and the financial  
9 conditions of the acquired Health Maintenance Organization  
10 after the merger, consolidation, or other acquisition of  
11 control takes effect;

12 (2) (i) the criteria specified in subsection (1) (b) of  
13 Section 131.8 of the Illinois Insurance Code shall not  
14 apply and (ii) the Director, in making his determination  
15 with respect to the merger, consolidation, or other  
16 acquisition of control, need not take into account the  
17 effect on competition of the merger, consolidation, or  
18 other acquisition of control;

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

21 (A) certification by an independent actuary of the  
22 adequacy of the reserves of the Health Maintenance  
23 Organization sought to be acquired;

24 (B) pro forma financial statements reflecting the  
25 combined balance sheets of the acquiring company and  
26 the Health Maintenance Organization sought to be

1           acquired as of the end of the preceding year and as of  
2           a date 90 days prior to the acquisition, as well as pro  
3           forma financial statements reflecting projected  
4           combined operation for a period of 2 years;

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

9           (D) such other information as the Director shall  
10          require.

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

17          (e) In considering any management contract or service  
18          agreement subject to Section 141.1 of the Illinois Insurance  
19          Code, the Director (i) shall, in addition to the criteria  
20          specified in Section 141.2 of the Illinois Insurance Code, take  
21          into account the effect of the management contract or service  
22          agreement on the continuation of benefits to enrollees and the  
23          financial condition of the health maintenance organization to  
24          be managed or serviced, and (ii) need not take into account the  
25          effect of the management contract or service agreement on  
26          competition.

1 (f) Except for small employer groups as defined in the  
2 Small Employer Rating, Renewability and Portability Health  
3 Insurance Act and except for medicare supplement policies as  
4 defined in Section 363 of the Illinois Insurance Code, a Health  
5 Maintenance Organization may by contract agree with a group or  
6 other enrollment unit to effect refunds or charge additional  
7 premiums under the following terms and conditions:

8 (i) the amount of, and other terms and conditions with  
9 respect to, the refund or additional premium are set forth  
10 in the group or enrollment unit contract agreed in advance  
11 of the period for which a refund is to be paid or  
12 additional premium is to be charged (which period shall not  
13 be less than one year); and

14 (ii) the amount of the refund or additional premium  
15 shall not exceed 20% of the Health Maintenance  
16 Organization's profitable or unprofitable experience with  
17 respect to the group or other enrollment unit for the  
18 period (and, for purposes of a refund or additional  
19 premium, the profitable or unprofitable experience shall  
20 be calculated taking into account a pro rata share of the  
21 Health Maintenance Organization's administrative and  
22 marketing expenses, but shall not include any refund to be  
23 made or additional premium to be paid pursuant to this  
24 subsection (f)). The Health Maintenance Organization and  
25 the group or enrollment unit may agree that the profitable  
26 or unprofitable experience may be calculated taking into

1 account the refund period and the immediately preceding 2  
2 plan years.

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

15 In no event shall the Illinois Health Maintenance  
16 Organization Guaranty Association be liable to pay any  
17 contractual obligation of an insolvent organization to pay any  
18 refund authorized under this Section.

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

25 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;  
26 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.



1 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
2 10-4-18.)

3 Section 910-40. The Voluntary Health Services Plans Act is  
4 amended by changing Section 10 as follows:

5 (215 ILCS 165/10) (from Ch. 32, par. 604)

6 Sec. 10. Application of Insurance Code provisions. Health  
7 services plan corporations and all persons interested therein  
8 or dealing therewith shall be subject to the provisions of  
9 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
10 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,  
11 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,  
12 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
13 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
14 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
15 356z.30, 356z.32, 364.01, 367.2, 368a, 401, 401.1, 402, 403,  
16 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of  
17 Section 367 of the Illinois Insurance Code.

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

24 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;

1 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
2 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

3 Section 910-45. The Medical Practice Act of 1987 is amended  
4 by changing Section 22 and 36 as follows:

5 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

6 (Section scheduled to be repealed on December 31, 2019)

7 Sec. 22. Disciplinary action.

8 (A) The Department may revoke, suspend, place on probation,  
9 reprimand, refuse to issue or renew, or take any other  
10 disciplinary or non-disciplinary action as the Department may  
11 deem proper with regard to the license or permit of any person  
12 issued under this Act, including imposing fines not to exceed  
13 \$10,000 for each violation, upon any of the following grounds:

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

16 ~~(a) a facility licensed pursuant to the Ambulatory~~  
17 ~~Surgical Treatment Center Act;~~

18 ~~(b) an institution licensed under the Hospital~~  
19 ~~Licensing Act;~~

20 ~~(c) an ambulatory surgical treatment center or~~  
21 ~~hospitalization or care facility maintained by the~~  
22 ~~State or any agency thereof, where such department or~~  
23 ~~agency has authority under law to establish and enforce~~  
24 ~~standards for the ambulatory surgical treatment~~

1 ~~centers, hospitalization, or care facilities under its~~  
2 ~~management and control;~~

3 ~~(d) ambulatory surgical treatment centers,~~  
4 ~~hospitalization or care facilities maintained by the~~  
5 ~~Federal Government; or~~

6 ~~(e) ambulatory surgical treatment centers,~~  
7 ~~hospitalization or care facilities maintained by any~~  
8 ~~university or college established under the laws of~~  
9 ~~this State and supported principally by public funds~~  
10 ~~raised by taxation.~~

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

14 (3) A plea of guilty or nolo contendere, finding of  
15 guilt, jury verdict, or entry of judgment or sentencing,  
16 including, but not limited to, convictions, preceding  
17 sentences of supervision, conditional discharge, or first  
18 offender probation, under the laws of any jurisdiction of  
19 the United States of any crime that is a felony.

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

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

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

26 (7) Habitual or excessive use or abuse of drugs defined

1 in law as controlled substances, of alcohol, or of any  
2 other substances which results in the inability to practice  
3 with reasonable judgment, skill or safety.

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

6 (9) Fraud or misrepresentation in applying for, or  
7 procuring, a license under this Act or in connection with  
8 applying for renewal of a license under this Act.

9 (10) Making a false or misleading statement regarding  
10 their skill or the efficacy or value of the medicine,  
11 treatment, or remedy prescribed by them at their direction  
12 in the treatment of any disease or other condition of the  
13 body or mind.

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

16 (12) Adverse action taken by another state or  
17 jurisdiction against a license or other authorization to  
18 practice as a medical doctor, doctor of osteopathy, doctor  
19 of osteopathic medicine or doctor of chiropractic, a  
20 certified copy of the record of the action taken by the  
21 other state or jurisdiction being prima facie evidence  
22 thereof. This includes any adverse action taken by a State  
23 or federal agency that prohibits a medical doctor, doctor  
24 of osteopathy, doctor of osteopathic medicine, or doctor of  
25 chiropractic from providing services to the agency's  
26 participants.

1           (13) Violation of any provision of this Act or of the  
2 Medical Practice Act prior to the repeal of that Act, or  
3 violation of the rules, or a final administrative action of  
4 the Secretary, after consideration of the recommendation  
5 of the Disciplinary Board.

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

8           (15) A finding by the Disciplinary Board that the  
9 registrant after having his or her license placed on  
10 probationary status or subjected to conditions or  
11 restrictions violated the terms of the probation or failed  
12 to comply with such terms or conditions.

13           (16) Abandonment of a patient.

14           (17) Prescribing, selling, administering,  
15 distributing, giving or self-administering any drug  
16 classified as a controlled substance (designated product)  
17 or narcotic for other than medically accepted therapeutic  
18 purposes.

19           (18) Promotion of the sale of drugs, devices,  
20 appliances or goods provided for a patient in such manner  
21 as to exploit the patient for financial gain of the  
22 physician.

23           (19) Offering, undertaking or agreeing to cure or treat  
24 disease by a secret method, procedure, treatment or  
25 medicine, or the treating, operating or prescribing for any  
26 human condition by a method, means or procedure which the

1 licensee refuses to divulge upon demand of the Department.

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

5 (21) Willfully making or filing false records or  
6 reports in his or her practice as a physician, including,  
7 but not limited to, false records to support claims against  
8 the medical assistance program of the Department of  
9 Healthcare and Family Services (formerly Department of  
10 Public Aid) under the Illinois Public Aid Code.

11 (22) Willful omission to file or record, or willfully  
12 impeding the filing or recording, or inducing another  
13 person to omit to file or record, medical reports as  
14 required by law, or willfully failing to report an instance  
15 of suspected abuse or neglect as required by law.

16 (23) Being named as a perpetrator in an indicated  
17 report by the Department of Children and Family Services  
18 under the Abused and Neglected Child Reporting Act, and  
19 upon proof by clear and convincing evidence that the  
20 licensee has caused a child to be an abused child or  
21 neglected child as defined in the Abused and Neglected  
22 Child Reporting Act.

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

26 (25) Gross and willful and continued overcharging for

1 professional services, including filing false statements  
2 for collection of fees for which services are not rendered,  
3 including, but not limited to, filing such false statements  
4 for collection of monies for services not rendered from the  
5 medical assistance program of the Department of Healthcare  
6 and Family Services (formerly Department of Public Aid)  
7 under the Illinois Public Aid Code.

8 (26) A pattern of practice or other behavior which  
9 demonstrates incapacity or incompetence to practice under  
10 this Act.

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

14 (28) Physical illness, including, but not limited to,  
15 deterioration through the aging process, or loss of motor  
16 skill which results in a physician's inability to practice  
17 under this Act with reasonable judgment, skill or safety.

18 (29) Cheating on or attempt to subvert the licensing  
19 examinations administered under this Act.

20 (30) Willfully or negligently violating the  
21 confidentiality between physician and patient except as  
22 required by law.

23 (31) The use of any false, fraudulent, or deceptive  
24 statement in any document connected with practice under  
25 this Act.

26 (32) Aiding and abetting an individual not licensed

1 under this Act in the practice of a profession licensed  
2 under this Act.

3 (33) Violating state or federal laws or regulations  
4 relating to controlled substances, legend drugs, or  
5 ephedra as defined in the Ephedra Prohibition Act.

6 (34) Failure to report to the Department any adverse  
7 final action taken against them by another licensing  
8 jurisdiction (any other state or any territory of the  
9 United States or any foreign state or country), by any peer  
10 review body, by any health care institution, by any  
11 professional society or association related to practice  
12 under this Act, by any governmental agency, by any law  
13 enforcement agency, or by any court for acts or conduct  
14 similar to acts or conduct which would constitute grounds  
15 for action as defined in this Section.

16 (35) Failure to report to the Department surrender of a  
17 license or authorization to practice as a medical doctor, a  
18 doctor of osteopathy, a doctor of osteopathic medicine, or  
19 doctor of chiropractic in another state or jurisdiction, or  
20 surrender of membership on any medical staff or in any  
21 medical or professional association or society, while  
22 under disciplinary investigation by any of those  
23 authorities or bodies, for acts or conduct similar to acts  
24 or conduct which would constitute grounds for action as  
25 defined in this Section.

26 (36) Failure to report to the Department any adverse



1 judgment, settlement, or award arising from a liability  
2 claim related to acts or conduct similar to acts or conduct  
3 which would constitute grounds for action as defined in  
4 this Section.

5 (37) Failure to provide copies of medical records as  
6 required by law.

7 (38) Failure to furnish the Department, its  
8 investigators or representatives, relevant information,  
9 legally requested by the Department after consultation  
10 with the Chief Medical Coordinator or the Deputy Medical  
11 Coordinator.

12 (39) Violating the Health Care Worker Self-Referral  
13 Act.

14 (40) Willful failure to provide notice when notice is  
15 required under the Parental Notice of Abortion Act of 1995.

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

18 (42) Entering into an excessive number of written  
19 collaborative agreements with licensed advanced practice  
20 registered nurses resulting in an inability to adequately  
21 collaborate.

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

24 (44) Violating the Compassionate Use of Medical  
25 Cannabis Pilot Program Act.

26 (45) Entering into an excessive number of written

1 collaborative agreements with licensed prescribing  
2 psychologists resulting in an inability to adequately  
3 collaborate.

4 (46) Repeated failure to adequately collaborate with a  
5 licensed prescribing psychologist.

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

10 (48) Being named as an abuser in a verified report by  
11 the Department on Aging under the Adult Protective Services  
12 Act, and upon proof by clear and convincing evidence that  
13 the licensee abused, neglected, or financially exploited  
14 an eligible adult as defined in the Adult Protective  
15 Services Act.

16 (49) Entering into an excessive number of written  
17 collaborative agreements with licensed physician  
18 assistants resulting in an inability to adequately  
19 collaborate.

20 (50) Repeated failure to adequately collaborate with a  
21 physician assistant.

22 Except for actions involving the ground numbered (26), all  
23 proceedings to suspend, revoke, place on probationary status,  
24 or take any other disciplinary action as the Department may  
25 deem proper, with regard to a license on any of the foregoing  
26 grounds, must be commenced within 5 years next after receipt by

1 the Department of a complaint alleging the commission of or  
2 notice of the conviction order for any of the acts described  
3 herein. Except for the grounds numbered (8), (9), (26), and  
4 (29), no action shall be commenced more than 10 years after the  
5 date of the incident or act alleged to have violated this  
6 Section. For actions involving the ground numbered (26), a  
7 pattern of practice or other behavior includes all incidents  
8 alleged to be part of the pattern of practice or other behavior  
9 that occurred, or a report pursuant to Section 23 of this Act  
10 received, within the 10-year period preceding the filing of the  
11 complaint. In the event of the settlement of any claim or cause  
12 of action in favor of the claimant or the reduction to final  
13 judgment of any civil action in favor of the plaintiff, such  
14 claim, cause of action or civil action being grounded on the  
15 allegation that a person licensed under this Act was negligent  
16 in providing care, the Department shall have an additional  
17 period of 2 years from the date of notification to the  
18 Department under Section 23 of this Act of such settlement or  
19 final judgment in which to investigate and commence formal  
20 disciplinary proceedings under Section 36 of this Act, except  
21 as otherwise provided by law. The time during which the holder  
22 of the license was outside the State of Illinois shall not be  
23 included within any period of time limiting the commencement of  
24 disciplinary action by the Department.

25 The entry of an order or judgment by any circuit court  
26 establishing that any person holding a license under this Act

1 is a person in need of mental treatment operates as a  
2 suspension of that license. That person may resume their  
3 practice only upon the entry of a Departmental order based upon  
4 a finding by the Disciplinary Board that they have been  
5 determined to be recovered from mental illness by the court and  
6 upon the Disciplinary Board's recommendation that they be  
7 permitted to resume their practice.

8 The Department may refuse to issue or take disciplinary  
9 action concerning the license of any person who fails to file a  
10 return, or to pay the tax, penalty or interest shown in a filed  
11 return, or to pay any final assessment of tax, penalty or  
12 interest, as required by any tax Act administered by the  
13 Illinois Department of Revenue, until such time as the  
14 requirements of any such tax Act are satisfied as determined by  
15 the Illinois Department of Revenue.

16 The Department, upon the recommendation of the  
17 Disciplinary Board, shall adopt rules which set forth standards  
18 to be used in determining:

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

21 (b) what constitutes dishonorable, unethical or  
22 unprofessional conduct of a character likely to deceive,  
23 defraud, or harm the public;

24 (c) what constitutes immoral conduct in the commission  
25 of any act, including, but not limited to, commission of an  
26 act of sexual misconduct related to the licensee's

1 practice; and

2 (d) what constitutes gross negligence in the practice  
3 of medicine.

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

7 In enforcing this Section, the Disciplinary Board or the  
8 Licensing Board, upon a showing of a possible violation, may  
9 compel, in the case of the Disciplinary Board, any individual  
10 who is licensed to practice under this Act or holds a permit to  
11 practice under this Act, or, in the case of the Licensing  
12 Board, any individual who has applied for licensure or a permit  
13 pursuant to this Act, to submit to a mental or physical  
14 examination and evaluation, or both, which may include a  
15 substance abuse or sexual offender evaluation, as required by  
16 the Licensing Board or Disciplinary Board and at the expense of  
17 the Department. The Disciplinary Board or Licensing Board shall  
18 specifically designate the examining physician licensed to  
19 practice medicine in all of its branches or, if applicable, the  
20 multidisciplinary team involved in providing the mental or  
21 physical examination and evaluation, or both. The  
22 multidisciplinary team shall be led by a physician licensed to  
23 practice medicine in all of its branches and may consist of one  
24 or more or a combination of physicians licensed to practice  
25 medicine in all of its branches, licensed chiropractic  
26 physicians, licensed clinical psychologists, licensed clinical

1 social workers, licensed clinical professional counselors, and  
2 other professional and administrative staff. Any examining  
3 physician or member of the multidisciplinary team may require  
4 any person ordered to submit to an examination and evaluation  
5 pursuant to this Section to submit to any additional  
6 supplemental testing deemed necessary to complete any  
7 examination or evaluation process, including, but not limited  
8 to, blood testing, urinalysis, psychological testing, or  
9 neuropsychological testing. The Disciplinary Board, the  
10 Licensing Board, or the Department may order the examining  
11 physician or any member of the multidisciplinary team to  
12 provide to the Department, the Disciplinary Board, or the  
13 Licensing Board any and all records, including business  
14 records, that relate to the examination and evaluation,  
15 including any supplemental testing performed. The Disciplinary  
16 Board, the Licensing Board, or the Department may order the  
17 examining physician or any member of the multidisciplinary team  
18 to present testimony concerning this examination and  
19 evaluation of the licensee, permit holder, or applicant,  
20 including testimony concerning any supplemental testing or  
21 documents relating to the examination and evaluation. No  
22 information, report, record, or other documents in any way  
23 related to the examination and evaluation shall be excluded by  
24 reason of any common law or statutory privilege relating to  
25 communication between the licensee, permit holder, or  
26 applicant and the examining physician or any member of the

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

1 Chief Medical Coordinator or Deputy Medical Coordinators,  
2 shall be referred to the Secretary for a determination as to  
3 whether the licensee shall have their license suspended  
4 immediately, pending a hearing by the Disciplinary Board. In  
5 instances in which the Secretary immediately suspends a license  
6 under this Section, a hearing upon such person's license must  
7 be convened by the Disciplinary Board within 15 days after such  
8 suspension and completed without appreciable delay. The  
9 Disciplinary Board shall have the authority to review the  
10 subject physician's record of treatment and counseling  
11 regarding the impairment, to the extent permitted by applicable  
12 federal statutes and regulations safeguarding the  
13 confidentiality of medical records.

14 An individual licensed under this Act, affected under this  
15 Section, shall be afforded an opportunity to demonstrate to the  
16 Disciplinary Board that they can resume practice in compliance  
17 with acceptable and prevailing standards under the provisions  
18 of their license.

19 The Department may promulgate rules for the imposition of  
20 fines in disciplinary cases, not to exceed \$10,000 for each  
21 violation of this Act. Fines may be imposed in conjunction with  
22 other forms of disciplinary action, but shall not be the  
23 exclusive disposition of any disciplinary action arising out of  
24 conduct resulting in death or injury to a patient. Any funds  
25 collected from such fines shall be deposited in the Illinois  
26 State Medical Disciplinary Fund.



1 All fines imposed under this Section shall be paid within  
2 60 days after the effective date of the order imposing the fine  
3 or in accordance with the terms set forth in the order imposing  
4 the fine.

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

16 (C) The Department shall not revoke, suspend, place on  
17 probation, reprimand, refuse to issue or renew, or take any  
18 other disciplinary or non-disciplinary action against the  
19 license or permit issued under this Act to practice medicine to  
20 a physician:

21 (1) based solely upon the recommendation of the  
22 physician to an eligible patient regarding, or  
23 prescription for, or treatment with, an investigational  
24 drug, biological product, or device; or

25 (2) for experimental treatment for Lyme disease or  
26 other tick-borne diseases, including, but not limited to,

1 the prescription of or treatment with long-term  
2 antibiotics.

3 (D) The Disciplinary Board shall recommend to the  
4 Department civil penalties and any other appropriate  
5 discipline in disciplinary cases when the Board finds that a  
6 physician willfully performed an abortion with actual  
7 knowledge that the person upon whom the abortion has been  
8 performed is a minor or an incompetent person without notice as  
9 required under the Parental Notice of Abortion Act of 1995.  
10 Upon the Board's recommendation, the Department shall impose,  
11 for the first violation, a civil penalty of \$1,000 and for a  
12 second or subsequent violation, a civil penalty of \$5,000.

13 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;  
14 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.  
15 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised  
16 12-19-18.)

17 (225 ILCS 60/36) (from Ch. 111, par. 4400-36)

18 (Section scheduled to be repealed on December 31, 2019)

19 Sec. 36. Investigation; notice.

20 (a) Upon the motion of either the Department or the  
21 Disciplinary Board or upon the verified complaint in writing of  
22 any person setting forth facts which, if proven, would  
23 constitute grounds for suspension or revocation under Section  
24 22 of this Act, the Department shall investigate the actions of  
25 any person, so accused, who holds or represents that they hold

1 a license. Such person is hereinafter called the accused.

2 (b) The Department shall, before suspending, revoking,  
3 placing on probationary status, or taking any other  
4 disciplinary action as the Department may deem proper with  
5 regard to any license at least 30 days prior to the date set  
6 for the hearing, notify the accused in writing of any charges  
7 made and the time and place for a hearing of the charges before  
8 the Disciplinary Board, direct them to file their written  
9 answer thereto to the Disciplinary Board under oath within 20  
10 days after the service on them of such notice and inform them  
11 that if they fail to file such answer default will be taken  
12 against them and their license may be suspended, revoked,  
13 placed on probationary status, or have other disciplinary  
14 action, including limiting the scope, nature or extent of their  
15 practice, as the Department may deem proper taken with regard  
16 thereto. The Department shall, at least 14 days prior to the  
17 date set for the hearing, notify in writing any person who  
18 filed a complaint against the accused of the time and place for  
19 the hearing of the charges against the accused before the  
20 Disciplinary Board and inform such person whether he or she may  
21 provide testimony at the hearing.

22 (c) (Blank). ~~Where a physician has been found, upon~~  
23 ~~complaint and investigation of the Department, and after~~  
24 ~~hearing, to have performed an abortion procedure in a wilful~~  
25 ~~and wanton manner upon a woman who was not pregnant at the time~~  
26 ~~such abortion procedure was performed, the Department shall~~

1 ~~automatically revoke the license of such physician to practice~~  
2 ~~medicine in Illinois.~~

3 (d) Such written notice and any notice in such proceedings  
4 thereafter may be served by delivery of the same, personally,  
5 to the accused person, or by mailing the same by registered or  
6 certified mail to the accused person's address of record.

7 (e) All information gathered by the Department during its  
8 investigation including information subpoenaed under Section  
9 23 or 38 of this Act and the investigative file shall be kept  
10 for the confidential use of the Secretary, Disciplinary Board,  
11 the Medical Coordinators, persons employed by contract to  
12 advise the Medical Coordinator or the Department, the  
13 Disciplinary Board's attorneys, the medical investigative  
14 staff, and authorized clerical staff, as provided in this Act  
15 and shall be afforded the same status as is provided  
16 information concerning medical studies in Part 21 of Article  
17 VIII of the Code of Civil Procedure, except that the Department  
18 may disclose information and documents to a federal, State, or  
19 local law enforcement agency pursuant to a subpoena in an  
20 ongoing criminal investigation to a health care licensing body  
21 of this State or another state or jurisdiction pursuant to an  
22 official request made by that licensing body. Furthermore,  
23 information and documents disclosed to a federal, State, or  
24 local law enforcement agency may be used by that agency only  
25 for the investigation and prosecution of a criminal offense or,  
26 in the case of disclosure to a health care licensing body, only

1 for investigations and disciplinary action proceedings with  
2 regard to a license issued by that licensing body.

3 (Source: P.A. 97-449, eff. 1-1-12; 97-622, eff. 11-23-11;  
4 98-1140, eff. 12-30-14.)

5 Section 910-50. The Nurse Practice Act is amended by  
6 changing Section 65-35 and 65-43 as follows:

7 (225 ILCS 65/65-35) (was 225 ILCS 65/15-15)

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

9 Sec. 65-35. Written collaborative agreements.

10 (a) A written collaborative agreement is required for all  
11 advanced practice registered nurses engaged in clinical  
12 practice prior to meeting the requirements of Section 65-43,  
13 except for advanced practice registered nurses who are  
14 privileged to practice in a hospital, hospital affiliate, or  
15 ambulatory surgical treatment center.

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

22 (b) A written collaborative agreement shall describe the  
23 relationship of the advanced practice registered nurse with the  
24 collaborating physician and shall describe the categories of

1 care, treatment, or procedures to be provided by the advanced  
2 practice registered nurse. A collaborative agreement with a  
3 podiatric physician must be in accordance with subsection (c-5)  
4 or (c-15) of this Section. A collaborative agreement with a  
5 dentist must be in accordance with subsection (c-10) of this  
6 Section. A collaborative agreement with a podiatric physician  
7 must be in accordance with subsection (c-5) of this Section.  
8 Collaboration does not require an employment relationship  
9 between the collaborating physician and the advanced practice  
10 registered nurse.

11 The collaborative relationship under an agreement shall  
12 not be construed to require the personal presence of a  
13 collaborating physician at the place where services are  
14 rendered. Methods of communication shall be available for  
15 consultation with the collaborating physician in person or by  
16 telecommunications or electronic communications as set forth  
17 in the written agreement.

18 (b-5) Absent an employment relationship, a written  
19 collaborative agreement may not (1) restrict the categories of  
20 patients of an advanced practice registered nurse within the  
21 scope of the advanced practice registered nurses training and  
22 experience, (2) limit third party payors or government health  
23 programs, such as the medical assistance program or Medicare  
24 with which the advanced practice registered nurse contracts, or  
25 (3) limit the geographic area or practice location of the  
26 advanced practice registered nurse in this State.

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

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

25           (c-10) A certified registered nurse anesthetist who  
26 provides anesthesia services in a dental office shall enter

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

23 (c-15) An advanced practice registered nurse who had a  
24 written collaborative agreement with a podiatric physician  
25 immediately before the effective date of Public Act 100-513 may  
26 continue in that collaborative relationship or enter into a new



1 written collaborative relationship with a podiatric physician  
2 under the requirements of this Section and Section 65-40, as  
3 those Sections existed immediately before the amendment of  
4 those Sections by Public Act 100-513 with regard to a written  
5 collaborative agreement between an advanced practice  
6 registered nurse and a podiatric physician.

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

11 (e) Nothing in this Act shall be construed to limit the  
12 delegation of tasks or duties by a physician to a licensed  
13 practical nurse, a registered professional nurse, or other  
14 persons in accordance with Section 54.2 of the Medical Practice  
15 Act of 1987. Nothing in this Act shall be construed to limit  
16 the method of delegation that may be authorized by any means,  
17 including, but not limited to, oral, written, electronic,  
18 standing orders, protocols, guidelines, or verbal orders.

19 (e-5) Nothing in this Act shall be construed to authorize  
20 an advanced practice registered nurse to provide health care  
21 services required by law or rule to be performed by a  
22 physician. ~~, including those acts to be performed by a~~  
23 ~~physician in Section 3.1 of the Illinois Abortion Law of 1975.~~

24 (f) An advanced practice registered nurse shall inform each  
25 collaborating physician, dentist, or podiatric physician of  
26 all collaborative agreements he or she has signed and provide a

1 copy of these to any collaborating physician, dentist, or  
2 podiatric physician upon request.

3 (g) (Blank).

4 (Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18;  
5 100-577, eff. 1-26-18; 100-1096, eff. 8-26-18.)

6 (225 ILCS 65/65-43)

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

8 Sec. 65-43. Full practice authority.

9 (a) An Illinois-licensed advanced practice registered  
10 nurse certified as a nurse practitioner, nurse midwife, or  
11 clinical nurse specialist shall be deemed by law to possess the  
12 ability to practice without a written collaborative agreement  
13 as set forth in this Section.

14 (b) An advanced practice registered nurse certified as a  
15 nurse midwife, clinical nurse specialist, or nurse  
16 practitioner who files with the Department a notarized  
17 attestation of completion of at least 250 hours of continuing  
18 education or training and at least 4,000 hours of clinical  
19 experience after first attaining national certification shall  
20 not require a written collaborative agreement, except as  
21 specified in subsection (c). Documentation of successful  
22 completion shall be provided to the Department upon request.

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

1           The clinical experience must be in the advanced practice  
2 registered nurse's area of certification. The clinical  
3 experience shall be in collaboration with a physician or  
4 physicians. Completion of the clinical experience must be  
5 attested to by the collaborating physician or physicians and  
6 the advanced practice registered nurse.

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

9           (1) all matters included in subsection (c) of Section  
10 65-30 of this Act;

11           (2) practicing without a written collaborative  
12 agreement in all practice settings consistent with  
13 national certification;

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

24           (4) prescribing benzodiazepines or Schedule II  
25 narcotic drugs, such as opioids, only in a consultation  
26 relationship with a physician; this consultation

1 relationship shall be recorded in the Prescription  
2 Monitoring Program website, pursuant to Section 316 of the  
3 Illinois Controlled Substances Act, by the physician and  
4 advanced practice registered nurse with full practice  
5 authority and is not required to be filed with the  
6 Department; the specific Schedule II narcotic drug must be  
7 identified by either brand name or generic name; the  
8 specific Schedule II narcotic drug, such as an opioid, may  
9 be administered by oral dosage or topical or transdermal  
10 application; delivery by injection or other route of  
11 administration is not permitted; at least monthly, the  
12 advanced practice registered nurse and the physician must  
13 discuss the condition of any patients for whom a  
14 benzodiazepine or opioid is prescribed; nothing in this  
15 subsection shall be construed to require a prescription by  
16 an advanced practice registered nurse with full practice  
17 authority to require a physician name;

18 (5) authority to obtain an Illinois controlled  
19 substance license and a federal Drug Enforcement  
20 Administration number; and

21 (6) use of only local anesthetic.

22 The scope of practice of an advanced practice registered  
23 nurse does not include operative surgery. For the purposes of  
24 this Act, "operative surgery" does not include abortions as  
25 defined in Section 10 of the Reproductive Health Act, or  
26 procedures to manage pregnancy loss.

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

4 (e) Nothing in this Act shall be construed to authorize an  
5 advanced practice registered nurse with full practice  
6 authority to provide health care services required by law or  
7 rule to be performed by a physician, ~~including, but not limited~~  
8 ~~to, those acts to be performed by a physician in Section 3.1 of~~  
9 ~~the Illinois Abortion Law of 1975.~~

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

11 Section 910-55. The Vital Records Act is amended by  
12 changing Section 1 as follows:

13 (410 ILCS 535/1) (from Ch. 111 1/2, par. 73-1)

14 Sec. 1. As used in this Act, unless the context otherwise  
15 requires:

16 (1) "Vital records" means records of births, deaths, fetal  
17 deaths, marriages, dissolution of marriages, and data related  
18 thereto.

19 (2) "System of vital records" includes the registration,  
20 collection, preservation, amendment, and certification of  
21 vital records, and activities related thereto.

22 (3) "Filing" means the presentation of a certificate,  
23 report, or other record provided for in this Act, of a birth,  
24 death, fetal death, adoption, marriage, or dissolution of

1 marriage, for registration by the Office of Vital Records.

2 (4) "Registration" means the acceptance by the Office of  
3 Vital Records and the incorporation in its official records of  
4 certificates, reports, or other records provided for in this  
5 Act, of births, deaths, fetal deaths, adoptions, marriages, or  
6 dissolution of marriages.

7 (5) "Live birth" means the complete expulsion or extraction  
8 from its mother of a product of human conception, irrespective  
9 of the duration of pregnancy, which after such separation  
10 breathes or shows any other evidence of life such as beating of  
11 the heart, pulsation of the umbilical cord, or definite  
12 movement of voluntary muscles, whether or not the umbilical  
13 cord has been cut or the placenta is attached.

14 (6) "Fetal death" means death prior to the complete  
15 expulsion or extraction from the uterus ~~its mother~~ of a product  
16 of human conception, irrespective of the duration of pregnancy,  
17 and which is not due to an abortion as defined in Section 10 of  
18 the Reproductive Health Act. ~~The~~ ~~the~~ death is indicated by  
19 the fact that after such separation the fetus does not breathe  
20 or show any other evidence of life such as beating of the  
21 heart, pulsation of the umbilical cord, or definite movement of  
22 voluntary muscles.

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

26 (8) "Final disposition" means the burial, cremation, or

1 other disposition of a dead human body or fetus or parts  
2 thereof.

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

5 (10) "Institution" means any establishment, public or  
6 private, which provides in-patient medical, surgical, or  
7 diagnostic care or treatment, or nursing, custodial, or  
8 domiciliary care to 2 or more unrelated individuals, or to  
9 which persons are committed by law.

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

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

14 (13) "Licensed health care professional" means a person  
15 licensed to practice as a physician, advanced practice  
16 registered nurse, or physician assistant in Illinois or any  
17 other state.

18 (14) "Licensed mental health professional" means a person  
19 who is licensed or registered to provide mental health services  
20 by the Department of Financial and Professional Regulation or a  
21 board of registration duly authorized to register or grant  
22 licenses to persons engaged in the practice of providing mental  
23 health services in Illinois or any other state.

24 (15) "Intersex condition" means a condition in which a  
25 person is born with a reproductive or sexual anatomy or  
26 chromosome pattern that does not fit typical definitions of

1 male or female.

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

7 (Source: P.A. 100-360, eff. 1-1-18; 100-506, eff. 1-1-18;  
8 100-863, eff. 8-14-18.)

9 Section 910-60. The Environmental Protection Act is  
10 amended by changing Section 56.1 as follows:

11 (415 ILCS 5/56.1) (from Ch. 111 1/2, par. 1056.1)

12 Sec. 56.1. Acts prohibited.

13 (A) No person shall:

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

18 (1) the infectious potential has been eliminated  
19 from the sharps by treatment; and

20 (2) the sharps are packaged in accordance with  
21 Board regulations.

22 (b) Cause or allow the delivery of any potentially  
23 infectious medical waste for transport, storage,  
24 treatment, or transfer except in accordance with Board



1 regulations.

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

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

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

15 (2) a potentially infectious medical waste  
16 manifest is completed for the waste if a manifest is  
17 required under subsection (h).

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

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

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

1           (A) a person transporting potentially  
2           infectious medical waste generated solely by that  
3           person's activities;

4           (B) noncommercial transportation of less than  
5           50 pounds of potentially infectious medical waste  
6           at any one time; or

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

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

10           (3) In violation of any regulation adopted by the  
11           Board.

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

14           (g) Beginning July 1, 1992, conduct any potentially  
15           infectious medical waste treatment, storage, or transfer  
16           operation:

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

22           (A) Person conducting a potentially infectious  
23           medical waste treatment, storage, or transfer  
24           operation for potentially infectious medical waste  
25           generated by the person's own activities that are  
26           treated, stored, or transferred within the site

1           where the potentially infectious medical waste is  
2           generated.

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

7           (C) Sharps collection station that is operated  
8           in accordance with Section 56.7.

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

11          (3) in violation of any regulation adopted by the  
12          Board.

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

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

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

25               (2) less than 50 pounds of potentially infectious  
26               medical waste at any one time for a noncommercial

1 transportation activity; or

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

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

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

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

23 (l) Beginning on July 1, 2015, knowingly place  
24 household sharps into a container intended for collection  
25 by a residential hauler for processing at a recycling  
26 center.

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

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

14 (Source: P.A. 99-82, eff. 7-20-15.)

15 Section 910-65. The Criminal Code of 2012 is amended by  
16 changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

17 (720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

18 Sec. 9-1.2. Intentional Homicide of an Unborn Child.

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

22 (1) either intended to cause the death of or do great  
23 bodily harm to the pregnant individual ~~woman~~ or ~~her~~ unborn  
24 child or knew that such acts would cause death or great

1           bodily harm to the pregnant individual ~~woman~~ or ~~her~~ unborn  
2           child; or

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

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

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

11          (c) This Section shall not apply to acts which cause the  
12          death of an unborn child if those acts were committed during  
13          any abortion, as defined in Section 10 of the Reproductive  
14          Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
15          ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
16          This Section shall not apply to acts which were committed  
17          pursuant to usual and customary standards of medical practice  
18          during diagnostic testing or therapeutic treatment.

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

22                   (1) the death penalty may not be imposed;

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

26                   (3) if, during the commission of the offense, the

1 person personally discharged a firearm, 20 years shall be  
2 added to the term of imprisonment imposed by the court;

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

9 (e) The provisions of this Act shall not be construed to  
10 prohibit the prosecution of any person under any other  
11 provision of law.

12 (Source: P.A. 96-1000, eff. 7-2-10.)

13 (720 ILCS 5/9-2.1) (from Ch. 38, par. 9-2.1)

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

21 Serious provocation is conduct sufficient to excite an  
22 intense passion in a reasonable person.

23 (b) A person who intentionally or knowingly kills an unborn  
24 child commits voluntary manslaughter of an unborn child if at  
25 the time of the killing he believes the circumstances to be

1 such that, if they existed, would justify or exonerate the  
2 killing under the principles stated in Article 7 of this Code,  
3 but his belief is unreasonable.

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

6 (d) For purposes of this Section, (1) "unborn child" shall  
7 mean any individual of the human species from the implantation  
8 of an embryo ~~fertilization~~ until birth, and (2) "person" shall  
9 not include the pregnant individual ~~woman~~ whose unborn child is  
10 killed.

11 (e) This Section shall not apply to acts which cause the  
12 death of an unborn child if those acts were committed during  
13 any abortion, as defined in Section 10 of the Reproductive  
14 Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
15 ~~amended,~~ to which the pregnant individual ~~woman~~ has consented.  
16 This Section shall not apply to acts which were committed  
17 pursuant to usual and customary standards of medical practice  
18 during diagnostic testing or therapeutic treatment.

19 (Source: P.A. 84-1414.)

20 (720 ILCS 5/9-3.2) (from Ch. 38, par. 9-3.2)

21 Sec. 9-3.2. Involuntary Manslaughter and Reckless Homicide  
22 of an Unborn Child. (a) A person who unintentionally kills an  
23 unborn child without lawful justification commits involuntary  
24 manslaughter of an unborn child if his acts whether lawful or  
25 unlawful which cause the death are such as are likely to cause



1 death or great bodily harm to some individual, and he performs  
2 them recklessly, except in cases in which the cause of death  
3 consists of the driving of a motor vehicle, in which case the  
4 person commits reckless homicide of an unborn child.

5 (b) Sentence.

6 (1) Involuntary manslaughter of an unborn child is a Class  
7 3 felony.

8 (2) Reckless homicide of an unborn child is a Class 3  
9 felony.

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

15 (d) This Section shall not apply to acts which cause the  
16 death of an unborn child if those acts were committed during  
17 any abortion, as defined in Section 10 of the Reproductive  
18 Health Act, Section 2 of the Illinois Abortion Law of 1975, as  
19 ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
20 This Section shall not apply to acts which were committed  
21 pursuant to usual and customary standards of medical practice  
22 during diagnostic testing or therapeutic treatment.

23 (e) The provisions of this Section shall not be construed  
24 to prohibit the prosecution of any person under any other  
25 provision of law, nor shall it be construed to preclude any  
26 civil cause of action.

1 (Source: P.A. 84-1414.)

2 (720 ILCS 5/12-3.1) (from Ch. 38, par. 12-3.1)

3 Sec. 12-3.1. Battery of an unborn child; aggravated battery  
4 of an unborn child.

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

8 (a-5) A person commits aggravated battery of an unborn  
9 child when, in committing a battery of an unborn child, he or  
10 she knowingly causes great bodily harm or permanent disability  
11 or disfigurement to an unborn child.

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

17 (c) Sentence. Battery of an unborn child is a Class A  
18 misdemeanor. Aggravated battery of an unborn child is a Class 2  
19 felony.

20 (d) This Section shall not apply to acts which cause bodily  
21 harm to an unborn child if those acts were committed during any  
22 abortion, as defined in Section 10 of the Reproductive Health  
23 Act, ~~Section 2 of the Illinois Abortion Law of 1975, as~~  
24 ~~amended~~, to which the pregnant individual ~~woman~~ has consented.  
25 This Section shall not apply to acts which were committed

1 pursuant to usual and customary standards of medical practice  
2 during diagnostic testing or therapeutic treatment.

3 (Source: P.A. 96-1551, eff. 7-1-11.)

4 Section 910-70. The Code of Civil Procedure is amended by  
5 changing Section 8-802 as follows:

6 (735 ILCS 5/8-802) (from Ch. 110, par. 8-802)

7 Sec. 8-802. Physician and patient. No physician or surgeon  
8 shall be permitted to disclose any information he or she may  
9 have acquired in attending any patient in a professional  
10 character, necessary to enable him or her professionally to  
11 serve the patient, except only (1) in trials for homicide when  
12 the disclosure relates directly to the fact or immediate  
13 circumstances of the homicide, (2) in actions, civil or  
14 criminal, against the physician for malpractice, (3) with the  
15 expressed consent of the patient, or in case of his or her  
16 death or disability, of his or her personal representative or  
17 other person authorized to sue for personal injury or of the  
18 beneficiary of an insurance policy on his or her life, health,  
19 or physical condition, or as authorized by Section 8-2001.5,  
20 (4) in all actions brought by or against the patient, his or  
21 her personal representative, a beneficiary under a policy of  
22 insurance, or the executor or administrator of his or her  
23 estate wherein the patient's physical or mental condition is an  
24 issue, (5) upon an issue as to the validity of a document as a

1 will of the patient, (6) (blank) ~~in any criminal action where~~  
2 ~~the charge is either first degree murder by abortion, attempted~~  
3 ~~abortion or abortion,~~ (7) in actions, civil or criminal,  
4 arising from the filing of a report in compliance with the  
5 Abused and Neglected Child Reporting Act, (8) to any  
6 department, agency, institution or facility which has custody  
7 of the patient pursuant to State statute or any court order of  
8 commitment, (9) in prosecutions where written results of blood  
9 alcohol tests are admissible pursuant to Section 11-501.4 of  
10 the Illinois Vehicle Code, (10) in prosecutions where written  
11 results of blood alcohol tests are admissible under Section  
12 5-11a of the Boat Registration and Safety Act, (11) in criminal  
13 actions arising from the filing of a report of suspected  
14 terrorist offense in compliance with Section 29D-10(p)(7) of  
15 the Criminal Code of 2012, (12) upon the issuance of a subpoena  
16 pursuant to Section 38 of the Medical Practice Act of 1987; the  
17 issuance of a subpoena pursuant to Section 25.1 of the Illinois  
18 Dental Practice Act; the issuance of a subpoena pursuant to  
19 Section 22 of the Nursing Home Administrators Licensing and  
20 Disciplinary Act; or the issuance of a subpoena pursuant to  
21 Section 25.5 of the Workers' Compensation Act, (13) upon the  
22 issuance of a grand jury subpoena pursuant to Article 112 of  
23 the Code of Criminal Procedure of 1963, or (14) to or through a  
24 health information exchange, as that term is defined in Section  
25 2 of the Mental Health and Developmental Disabilities  
26 Confidentiality Act, in accordance with State or federal law.

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

8           In the event of a conflict between the application of this  
9 Section and the Mental Health and Developmental Disabilities  
10 Confidentiality Act to a specific situation, the provisions of  
11 the Mental Health and Developmental Disabilities  
12 Confidentiality Act shall control.

13           (Source: P.A. 98-954, eff. 1-1-15; 98-1046, eff. 1-1-15; 99-78,  
14 eff. 7-20-15.)

15           Section 910-75. The Rights of Married Persons Act is  
16 amended by changing Section 15 as follows:

17           (750 ILCS 65/15) (from Ch. 40, par. 1015)

18           Sec. 15. (a)(1) The expenses of the family and of the  
19 education of the children shall be chargeable upon the property  
20 of both husband and wife, or of either of them, in favor of  
21 creditors therefor, and in relation thereto they may be sued  
22 jointly or separately.

23           (2) No creditor, who has a claim against a spouse or former  
24 spouse for an expense incurred by that spouse or former spouse

1 which is not a family expense, shall maintain an action against  
2 the other spouse or former spouse for that expense except:

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

5 (B) an expense for goods or merchandise purchased by or in  
6 the possession of the other spouse or former spouse, or for  
7 services ordered by the other spouse or former spouse.

8 (3) Any creditor who maintains an action in violation of  
9 this subsection (a) for an expense other than a family expense  
10 against a spouse or former spouse other than the spouse or  
11 former spouse who incurred the expense, shall be liable to the  
12 other spouse or former spouse for his or her costs, expenses  
13 and attorney's fees incurred in defending the action.

14 (4) No creditor shall, with respect to any claim against a  
15 spouse or former spouse for which the creditor is prohibited  
16 under this subsection (a) from maintaining an action against  
17 the other spouse or former spouse, engage in any collection  
18 efforts against the other spouse or former spouse, including,  
19 but not limited to, informal or formal collection attempts,  
20 referral of the claim to a collector or collection agency for  
21 collection from the other spouse or former spouse, or making  
22 any representation to a credit reporting agency that the other  
23 spouse or former spouse is any way liable for payment of the  
24 claim.

25 (b) (Blank). ~~No spouse shall be liable for any expense~~  
26 ~~incurred by the other spouse when an abortion is performed on~~

1 ~~such spouse, without the consent of such other spouse, unless~~  
2 ~~the physician who performed the abortion certifies that such~~  
3 ~~abortion is necessary to preserve the life of the spouse who~~  
4 ~~obtained such abortion.~~

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

13 (Source: P.A. 86-689.)

14 Section 910-995. No acceleration or delay. Where this Act  
15 makes changes in a statute that is represented in this Act by  
16 text that is not yet or no longer in effect (for example, a  
17 Section represented by multiple versions), the use of that text  
18 does not accelerate or delay the taking effect of (i) the  
19 changes made by this Act or (ii) provisions derived from any  
20 other Public Act.

21 Section 999. Effective date. This Act takes effect upon  
22 becoming law.

1 INDEX  
2 Statutes amended in order of appearance

3 New Act

4 210 ILCS 5/6.1 rep.

5 410 ILCS 70/9 rep.

6 720 ILCS 510/Act rep.

7 720 ILCS 513/Act rep.

8 735 ILCS 5/11-107.1 rep.

9 745 ILCS 30/Act rep.

10 5 ILCS 375/6.11

11 20 ILCS 505/5 from Ch. 23, par. 5005

12 5 ILCS 140/7.5

13 55 ILCS 5/3-3013 from Ch. 34, par. 3-3013

14 210 ILCS 5/2 from Ch. 111 1/2, par. 157-8.2

15 210 ILCS 5/3 from Ch. 111 1/2, par. 157-8.3

16 215 ILCS 5/356z.4

17 215 ILCS 5/356z.4a new

18 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

19 215 ILCS 165/10 from Ch. 32, par. 604

20 225 ILCS 60/22 from Ch. 111, par. 4400-22

21 225 ILCS 60/36 from Ch. 111, par. 4400-36

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

23 225 ILCS 65/65-43

24 410 ILCS 535/1 from Ch. 111 1/2, par. 73-1

25 415 ILCS 5/56.1 from Ch. 111 1/2, par. 1056.1



- |   |                   |                          |
|---|-------------------|--------------------------|
| 1 | 720 ILCS 5/9-1.2  | from Ch. 38, par. 9-1.2  |
| 2 | 720 ILCS 5/9-2.1  | from Ch. 38, par. 9-2.1  |
| 3 | 720 ILCS 5/9-3.2  | from Ch. 38, par. 9-3.2  |
| 4 | 720 ILCS 5/12-3.1 | from Ch. 38, par. 12-3.1 |
| 5 | 735 ILCS 5/8-802  | from Ch. 110, par. 8-802 |
| 6 | 750 ILCS 65/15    | from Ch. 40, par. 1015   |