

HB2467



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2467

by Rep. Emanuel Chris Welch

SYNOPSIS AS INTRODUCED:

55 ILCS 5/3-4006	from Ch. 34, par. 3-4006
225 ILCS 60/22	from Ch. 111, par. 4400-22
225 ILCS 60/23	from Ch. 111, par. 4400-23
410 ILCS 210/1.5	
750 ILCS 70/Act rep.	

Repeals the Parental Notice of Abortion Act of 1995. Makes corresponding changes in the Counties Code, the Medical Practice Act of 1987, and the Consent by Minors to Medical Procedures Act. Effective immediately.

LRB101 09029 LNS 54122 b

A BILL FOR

1 AN ACT concerning civil law.

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

4 Section 5. The Counties Code is amended by changing Section
5 3-4006 as follows:

6 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

7 Sec. 3-4006. Duties of public defender. The Public
8 Defender, as directed by the court, shall act as attorney,
9 without fee, before any court within any county for all persons
10 who are held in custody or who are charged with the commission
11 of any criminal offense, and who the court finds are unable to
12 employ counsel.

13 The Public Defender shall be the attorney, without fee,
14 when so appointed by the court under Section 1-20 of the
15 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of
16 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
17 ~~of Abortion Act of 1983~~ for any party who the court finds is
18 financially unable to employ counsel.

19 In cases subject to Section 5-170 of the Juvenile Court Act
20 of 1987 involving a minor who was under 15 years of age at the
21 time of the commission of the offense, that occurs in a county
22 with a full-time public defender office, a public defender,
23 without fee or appointment, may represent and have access to a

1 minor during a custodial interrogation. In cases subject to
2 Section 5-170 of the Juvenile Court Act of 1987 involving a
3 minor who was under 15 years of age at the time of the
4 commission of the offense, that occurs in a county without a
5 full-time public defender, the law enforcement agency
6 conducting the custodial interrogation shall ensure that the
7 minor is able to consult with an attorney who is under contract
8 with the county to provide public defender services.
9 Representation by the public defender shall terminate at the
10 first court appearance if the court determines that the minor
11 is not indigent.

12 Every court shall, with the consent of the defendant and
13 where the court finds that the rights of the defendant would be
14 prejudiced by the appointment of the public defender, appoint
15 counsel other than the public defender, except as otherwise
16 provided in Section 113-3 of the "Code of Criminal Procedure of
17 1963". That counsel shall be compensated as is provided by law.
18 He shall also, in the case of the conviction of any such
19 person, prosecute any proceeding in review which in his
20 judgment the interests of justice require.

21 (Source: P.A. 99-882, eff. 1-1-17.)

22 Section 10. The Medical Practice Act of 1987 is amended by
23 changing Sections 22 and 23 as follows:

24 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

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

2 Sec. 22. Disciplinary action.

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

9 (1) Performance of an elective abortion in any place,
10 locale, facility, or institution other than:

11 (a) a facility licensed pursuant to the Ambulatory
12 Surgical Treatment Center Act;

13 (b) an institution licensed under the Hospital
14 Licensing Act;

15 (c) an ambulatory surgical treatment center or
16 hospitalization or care facility maintained by the
17 State or any agency thereof, where such department or
18 agency has authority under law to establish and enforce
19 standards for the ambulatory surgical treatment
20 centers, hospitalization, or care facilities under its
21 management and control;

22 (d) ambulatory surgical treatment centers,
23 hospitalization or care facilities maintained by the
24 Federal Government; or

25 (e) ambulatory surgical treatment centers,
26 hospitalization or care facilities maintained by any

1 university or college established under the laws of
2 this State and supported principally by public funds
3 raised by taxation.

4 (2) Performance of an abortion procedure in a willful
5 and wanton manner on a woman who was not pregnant at the
6 time the abortion procedure was performed.

7 (3) A plea of guilty or nolo contendere, finding of
8 guilt, jury verdict, or entry of judgment or sentencing,
9 including, but not limited to, convictions, preceding
10 sentences of supervision, conditional discharge, or first
11 offender probation, under the laws of any jurisdiction of
12 the United States of any crime that is a felony.

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

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

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

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

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

25 (9) Fraud or misrepresentation in applying for, or
26 procuring, a license under this Act or in connection with

1 applying for renewal of a license under this Act.

2 (10) Making a false or misleading statement regarding
3 their skill or the efficacy or value of the medicine,
4 treatment, or remedy prescribed by them at their direction
5 in the treatment of any disease or other condition of the
6 body or mind.

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

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

20 (13) Violation of any provision of this Act or of the
21 Medical Practice Act prior to the repeal of that Act, or
22 violation of the rules, or a final administrative action of
23 the Secretary, after consideration of the recommendation
24 of the Disciplinary Board.

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

1 (15) A finding by the Disciplinary Board that the
2 registrant after having his or her license placed on
3 probationary status or subjected to conditions or
4 restrictions violated the terms of the probation or failed
5 to comply with such terms or conditions.

6 (16) Abandonment of a patient.

7 (17) Prescribing, selling, administering,
8 distributing, giving or self-administering any drug
9 classified as a controlled substance (designated product)
10 or narcotic for other than medically accepted therapeutic
11 purposes.

12 (18) Promotion of the sale of drugs, devices,
13 appliances or goods provided for a patient in such manner
14 as to exploit the patient for financial gain of the
15 physician.

16 (19) Offering, undertaking or agreeing to cure or treat
17 disease by a secret method, procedure, treatment or
18 medicine, or the treating, operating or prescribing for any
19 human condition by a method, means or procedure which the
20 licensee refuses to divulge upon demand of the Department.

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

24 (21) Willfully making or filing false records or
25 reports in his or her practice as a physician, including,
26 but not limited to, false records to support claims against

1 the medical assistance program of the Department of
2 Healthcare and Family Services (formerly Department of
3 Public Aid) under the Illinois Public Aid Code.

4 (22) Willful omission to file or record, or willfully
5 impeding the filing or recording, or inducing another
6 person to omit to file or record, medical reports as
7 required by law, or willfully failing to report an instance
8 of suspected abuse or neglect as required by law.

9 (23) Being named as a perpetrator in an indicated
10 report by the Department of Children and Family Services
11 under the Abused and Neglected Child Reporting Act, and
12 upon proof by clear and convincing evidence that the
13 licensee has caused a child to be an abused child or
14 neglected child as defined in the Abused and Neglected
15 Child Reporting Act.

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

19 (25) Gross and willful and continued overcharging for
20 professional services, including filing false statements
21 for collection of fees for which services are not rendered,
22 including, but not limited to, filing such false statements
23 for collection of monies for services not rendered from the
24 medical assistance program of the Department of Healthcare
25 and Family Services (formerly Department of Public Aid)
26 under the Illinois Public Aid Code.

1 (26) A pattern of practice or other behavior which
2 demonstrates incapacity or incompetence to practice under
3 this Act.

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

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

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

13 (30) Willfully or negligently violating the
14 confidentiality between physician and patient except as
15 required by law.

16 (31) The use of any false, fraudulent, or deceptive
17 statement in any document connected with practice under
18 this Act.

19 (32) Aiding and abetting an individual not licensed
20 under this Act in the practice of a profession licensed
21 under this Act.

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

25 (34) Failure to report to the Department any adverse
26 final action taken against them by another licensing

1 jurisdiction (any other state or any territory of the
2 United States or any foreign state or country), by any peer
3 review body, by any health care institution, by any
4 professional society or association related to practice
5 under this Act, by any governmental agency, by any law
6 enforcement agency, or by any court for acts or conduct
7 similar to acts or conduct which would constitute grounds
8 for action as defined in this Section.

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

19 (36) Failure to report to the Department any adverse
20 judgment, settlement, or award arising from a liability
21 claim related to acts or conduct similar to acts or conduct
22 which would constitute grounds for action as defined in
23 this Section.

24 (37) Failure to provide copies of medical records as
25 required by law.

26 (38) Failure to furnish the Department, its

1 investigators or representatives, relevant information,
2 legally requested by the Department after consultation
3 with the Chief Medical Coordinator or the Deputy Medical
4 Coordinator.

5 (39) Violating the Health Care Worker Self-Referral
6 Act.

7 (40) (Blank). ~~Willful failure to provide notice when~~
8 ~~notice is required under the Parental Notice of Abortion~~
9 ~~Act of 1995.~~

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

12 (42) Entering into an excessive number of written
13 collaborative agreements with licensed advanced practice
14 registered nurses resulting in an inability to adequately
15 collaborate.

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

18 (44) Violating the Compassionate Use of Medical
19 Cannabis Pilot Program Act.

20 (45) Entering into an excessive number of written
21 collaborative agreements with licensed prescribing
22 psychologists resulting in an inability to adequately
23 collaborate.

24 (46) Repeated failure to adequately collaborate with a
25 licensed prescribing psychologist.

26 (47) Willfully failing to report an instance of

1 suspected abuse, neglect, financial exploitation, or
2 self-neglect of an eligible adult as defined in and
3 required by the Adult Protective Services Act.

4 (48) Being named as an abuser in a verified report by
5 the Department on Aging under the Adult Protective Services
6 Act, and upon proof by clear and convincing evidence that
7 the licensee abused, neglected, or financially exploited
8 an eligible adult as defined in the Adult Protective
9 Services Act.

10 (49) Entering into an excessive number of written
11 collaborative agreements with licensed physician
12 assistants resulting in an inability to adequately
13 collaborate.

14 (50) Repeated failure to adequately collaborate with a
15 physician assistant.

16 Except for actions involving the ground numbered (26), all
17 proceedings to suspend, revoke, place on probationary status,
18 or take any other disciplinary action as the Department may
19 deem proper, with regard to a license on any of the foregoing
20 grounds, must be commenced within 5 years next after receipt by
21 the Department of a complaint alleging the commission of or
22 notice of the conviction order for any of the acts described
23 herein. Except for the grounds numbered (8), (9), (26), and
24 (29), no action shall be commenced more than 10 years after the
25 date of the incident or act alleged to have violated this
26 Section. For actions involving the ground numbered (26), a

1 pattern of practice or other behavior includes all incidents
2 alleged to be part of the pattern of practice or other behavior
3 that occurred, or a report pursuant to Section 23 of this Act
4 received, within the 10-year period preceding the filing of the
5 complaint. In the event of the settlement of any claim or cause
6 of action in favor of the claimant or the reduction to final
7 judgment of any civil action in favor of the plaintiff, such
8 claim, cause of action or civil action being grounded on the
9 allegation that a person licensed under this Act was negligent
10 in providing care, the Department shall have an additional
11 period of 2 years from the date of notification to the
12 Department under Section 23 of this Act of such settlement or
13 final judgment in which to investigate and commence formal
14 disciplinary proceedings under Section 36 of this Act, except
15 as otherwise provided by law. The time during which the holder
16 of the license was outside the State of Illinois shall not be
17 included within any period of time limiting the commencement of
18 disciplinary action by the Department.

19 The entry of an order or judgment by any circuit court
20 establishing that any person holding a license under this Act
21 is a person in need of mental treatment operates as a
22 suspension of that license. That person may resume their
23 practice only upon the entry of a Departmental order based upon
24 a finding by the Disciplinary Board that they have been
25 determined to be recovered from mental illness by the court and
26 upon the Disciplinary Board's recommendation that they be

1 permitted to resume their practice.

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

10 The Department, upon the recommendation of the
11 Disciplinary Board, shall adopt rules which set forth standards
12 to be used in determining:

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

15 (b) what constitutes dishonorable, unethical or
16 unprofessional conduct of a character likely to deceive,
17 defraud, or harm the public;

18 (c) what constitutes immoral conduct in the commission
19 of any act, including, but not limited to, commission of an
20 act of sexual misconduct related to the licensee's
21 practice; and

22 (d) what constitutes gross negligence in the practice
23 of medicine.

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

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

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

1 individual to be examined may have, at his or her own expense,
2 another physician of his or her choice present during all
3 aspects of the examination. Failure of any individual to submit
4 to mental or physical examination and evaluation, or both, when
5 directed, shall result in an automatic suspension, without
6 hearing, until such time as the individual submits to the
7 examination. If the Disciplinary Board or Licensing Board finds
8 a physician unable to practice following an examination and
9 evaluation because of the reasons set forth in this Section,
10 the Disciplinary Board or Licensing Board shall require such
11 physician to submit to care, counseling, or treatment by
12 physicians, or other health care professionals, approved or
13 designated by the Disciplinary Board, as a condition for
14 issued, continued, reinstated, or renewed licensure to
15 practice. Any physician, whose license was granted pursuant to
16 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
17 renewed, disciplined or supervised, subject to such terms,
18 conditions or restrictions who shall fail to comply with such
19 terms, conditions or restrictions, or to complete a required
20 program of care, counseling, or treatment, as determined by the
21 Chief Medical Coordinator or Deputy Medical Coordinators,
22 shall be referred to the Secretary for a determination as to
23 whether the licensee shall have their license suspended
24 immediately, pending a hearing by the Disciplinary Board. In
25 instances in which the Secretary immediately suspends a license
26 under this Section, a hearing upon such person's license must

1 be convened by the Disciplinary Board within 15 days after such
2 suspension and completed without appreciable delay. The
3 Disciplinary Board shall have the authority to review the
4 subject physician's record of treatment and counseling
5 regarding the impairment, to the extent permitted by applicable
6 federal statutes and regulations safeguarding the
7 confidentiality of medical records.

8 An individual licensed under this Act, affected under this
9 Section, shall be afforded an opportunity to demonstrate to the
10 Disciplinary Board that they can resume practice in compliance
11 with acceptable and prevailing standards under the provisions
12 of their license.

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

21 All fines imposed under this Section shall be paid within
22 60 days after the effective date of the order imposing the fine
23 or in accordance with the terms set forth in the order imposing
24 the fine.

25 (B) The Department shall revoke the license or permit
26 issued under this Act to practice medicine or a chiropractic

1 physician who has been convicted a second time of committing
2 any felony under the Illinois Controlled Substances Act or the
3 Methamphetamine Control and Community Protection Act, or who
4 has been convicted a second time of committing a Class 1 felony
5 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
6 person whose license or permit is revoked under this subsection
7 B shall be prohibited from practicing medicine or treating
8 human ailments without the use of drugs and without operative
9 surgery.

10 (C) The Department shall not revoke, suspend, place on
11 probation, reprimand, refuse to issue or renew, or take any
12 other disciplinary or non-disciplinary action against the
13 license or permit issued under this Act to practice medicine to
14 a physician:

15 (1) based solely upon the recommendation of the
16 physician to an eligible patient regarding, or
17 prescription for, or treatment with, an investigational
18 drug, biological product, or device; or

19 (2) for experimental treatment for Lyme disease or
20 other tick-borne diseases, including, but not limited to,
21 the prescription of or treatment with long-term
22 antibiotics.

23 (D) (Blank). ~~The Disciplinary Board shall recommend to the~~
24 ~~Department civil penalties and any other appropriate~~
25 ~~discipline in disciplinary cases when the Board finds that a~~
26 ~~physician willfully performed an abortion with actual~~

1 ~~knowledge that the person upon whom the abortion has been~~
2 ~~performed is a minor or an incompetent person without notice as~~
3 ~~required under the Parental Notice of Abortion Act of 1995.~~
4 ~~Upon the Board's recommendation, the Department shall impose,~~
5 ~~for the first violation, a civil penalty of \$1,000 and for a~~
6 ~~second or subsequent violation, a civil penalty of \$5,000.~~

7 (Source: P.A. 99-270, eff. 1-1-16; 99-933, eff. 1-27-17;
8 100-429, eff. 8-25-17; 100-513, eff. 1-1-18; 100-605, eff.
9 1-1-19; 100-863, eff. 8-14-18; 100-1137, eff. 1-1-19; revised
10 12-19-18.)

11 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

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

13 Sec. 23. Reports relating to professional conduct and
14 capacity.

15 (A) Entities required to report.

16 (1) Health care institutions. The chief administrator
17 or executive officer of any health care institution
18 licensed by the Illinois Department of Public Health shall
19 report to the Disciplinary Board when any person's clinical
20 privileges are terminated or are restricted based on a
21 final determination made in accordance with that
22 institution's by-laws or rules and regulations that a
23 person has either committed an act or acts which may
24 directly threaten patient care or that a person may have a
25 mental or physical disability that may endanger patients

1 under that person's care. Such officer also shall report if
2 a person accepts voluntary termination or restriction of
3 clinical privileges in lieu of formal action based upon
4 conduct related directly to patient care or in lieu of
5 formal action seeking to determine whether a person may
6 have a mental or physical disability that may endanger
7 patients under that person's care. The Disciplinary Board
8 shall, by rule, provide for the reporting to it by health
9 care institutions of all instances in which a person,
10 licensed under this Act, who is impaired by reason of age,
11 drug or alcohol abuse or physical or mental impairment, is
12 under supervision and, where appropriate, is in a program
13 of rehabilitation. Such reports shall be strictly
14 confidential and may be reviewed and considered only by the
15 members of the Disciplinary Board, or by authorized staff
16 as provided by rules of the Disciplinary Board. Provisions
17 shall be made for the periodic report of the status of any
18 such person not less than twice annually in order that the
19 Disciplinary Board shall have current information upon
20 which to determine the status of any such person. Such
21 initial and periodic reports of impaired physicians shall
22 not be considered records within the meaning of The State
23 Records Act and shall be disposed of, following a
24 determination by the Disciplinary Board that such reports
25 are no longer required, in a manner and at such time as the
26 Disciplinary Board shall determine by rule. The filing of

1 such reports shall be construed as the filing of a report
2 for purposes of subsection (C) of this Section.

3 (1.5) Clinical training programs. The program director
4 of any post-graduate clinical training program shall
5 report to the Disciplinary Board if a person engaged in a
6 post-graduate clinical training program at the
7 institution, including, but not limited to, a residency or
8 fellowship, separates from the program for any reason prior
9 to its conclusion. The program director shall provide all
10 documentation relating to the separation if, after review
11 of the report, the Disciplinary Board determines that a
12 review of those documents is necessary to determine whether
13 a violation of this Act occurred.

14 (2) Professional associations. The President or chief
15 executive officer of any association or society, of persons
16 licensed under this Act, operating within this State shall
17 report to the Disciplinary Board when the association or
18 society renders a final determination that a person has
19 committed unprofessional conduct related directly to
20 patient care or that a person may have a mental or physical
21 disability that may endanger patients under that person's
22 care.

23 (3) Professional liability insurers. Every insurance
24 company which offers policies of professional liability
25 insurance to persons licensed under this Act, or any other
26 entity which seeks to indemnify the professional liability

1 of a person licensed under this Act, shall report to the
2 Disciplinary Board the settlement of any claim or cause of
3 action, or final judgment rendered in any cause of action,
4 which alleged negligence in the furnishing of medical care
5 by such licensed person when such settlement or final
6 judgment is in favor of the plaintiff.

7 (4) State's Attorneys. The State's Attorney of each
8 county shall report to the Disciplinary Board, within 5
9 days, any instances in which a person licensed under this
10 Act is convicted of any felony or Class A misdemeanor. ~~The~~
11 ~~State's Attorney of each county may report to the~~
12 ~~Disciplinary Board through a verified complaint any~~
13 ~~instance in which the State's Attorney believes that a~~
14 ~~physician has willfully violated the notice requirements~~
15 ~~of the Parental Notice of Abortion Act of 1995.~~

16 (5) State agencies. All agencies, boards, commissions,
17 departments, or other instrumentalities of the government
18 of the State of Illinois shall report to the Disciplinary
19 Board any instance arising in connection with the
20 operations of such agency, including the administration of
21 any law by such agency, in which a person licensed under
22 this Act has either committed an act or acts which may be a
23 violation of this Act or which may constitute
24 unprofessional conduct related directly to patient care or
25 which indicates that a person licensed under this Act may
26 have a mental or physical disability that may endanger

1 patients under that person's care.

2 (B) Mandatory reporting. All reports required by items
3 (34), (35), and (36) of subsection (A) of Section 22 and by
4 Section 23 shall be submitted to the Disciplinary Board in a
5 timely fashion. Unless otherwise provided in this Section, the
6 reports shall be filed in writing within 60 days after a
7 determination that a report is required under this Act. All
8 reports shall contain the following information:

9 (1) The name, address and telephone number of the
10 person making the report.

11 (2) The name, address and telephone number of the
12 person who is the subject of the report.

13 (3) The name and date of birth of any patient or
14 patients whose treatment is a subject of the report, if
15 available, or other means of identification if such
16 information is not available, identification of the
17 hospital or other healthcare facility where the care at
18 issue in the report was rendered, provided, however, no
19 medical records may be revealed.

20 (4) A brief description of the facts which gave rise to
21 the issuance of the report, including the dates of any
22 occurrences deemed to necessitate the filing of the report.

23 (5) If court action is involved, the identity of the
24 court in which the action is filed, along with the docket
25 number and date of filing of the action.

26 (6) Any further pertinent information which the

1 reporting party deems to be an aid in the evaluation of the
2 report.

3 The Disciplinary Board or Department may also exercise the
4 power under Section 38 of this Act to subpoena copies of
5 hospital or medical records in mandatory report cases alleging
6 death or permanent bodily injury. Appropriate rules shall be
7 adopted by the Department with the approval of the Disciplinary
8 Board.

9 When the Department has received written reports
10 concerning incidents required to be reported in items (34),
11 (35), and (36) of subsection (A) of Section 22, the licensee's
12 failure to report the incident to the Department under those
13 items shall not be the sole grounds for disciplinary action.

14 Nothing contained in this Section shall act to in any way,
15 waive or modify the confidentiality of medical reports and
16 committee reports to the extent provided by law. Any
17 information reported or disclosed shall be kept for the
18 confidential use of the Disciplinary Board, the Medical
19 Coordinators, the Disciplinary Board's attorneys, the medical
20 investigative staff, and authorized clerical staff, as
21 provided in this Act, and shall be afforded the same status as
22 is provided information concerning medical studies in Part 21
23 of Article VIII of the Code of Civil Procedure, except that the
24 Department may disclose information and documents to a federal,
25 State, or local law enforcement agency pursuant to a subpoena
26 in an ongoing criminal investigation or to a health care

1 licensing body or medical licensing authority of this State or
2 another state or jurisdiction pursuant to an official request
3 made by that licensing body or medical licensing authority.
4 Furthermore, information and documents disclosed to a federal,
5 State, or local law enforcement agency may be used by that
6 agency only for the investigation and prosecution of a criminal
7 offense, or, in the case of disclosure to a health care
8 licensing body or medical licensing authority, only for
9 investigations and disciplinary action proceedings with regard
10 to a license. Information and documents disclosed to the
11 Department of Public Health may be used by that Department only
12 for investigation and disciplinary action regarding the
13 license of a health care institution licensed by the Department
14 of Public Health.

15 (C) Immunity from prosecution. Any individual or
16 organization acting in good faith, and not in a wilful and
17 wanton manner, in complying with this Act by providing any
18 report or other information to the Disciplinary Board or a peer
19 review committee, or assisting in the investigation or
20 preparation of such information, or by voluntarily reporting to
21 the Disciplinary Board or a peer review committee information
22 regarding alleged errors or negligence by a person licensed
23 under this Act, or by participating in proceedings of the
24 Disciplinary Board or a peer review committee, or by serving as
25 a member of the Disciplinary Board or a peer review committee,
26 shall not, as a result of such actions, be subject to criminal

1 prosecution or civil damages.

2 (D) Indemnification. Members of the Disciplinary Board,
3 the Licensing Board, the Medical Coordinators, the
4 Disciplinary Board's attorneys, the medical investigative
5 staff, physicians retained under contract to assist and advise
6 the medical coordinators in the investigation, and authorized
7 clerical staff shall be indemnified by the State for any
8 actions occurring within the scope of services on the
9 Disciplinary Board or Licensing Board, done in good faith and
10 not wilful and wanton in nature. The Attorney General shall
11 defend all such actions unless he or she determines either that
12 there would be a conflict of interest in such representation or
13 that the actions complained of were not in good faith or were
14 wilful and wanton.

15 Should the Attorney General decline representation, the
16 member shall have the right to employ counsel of his or her
17 choice, whose fees shall be provided by the State, after
18 approval by the Attorney General, unless there is a
19 determination by a court that the member's actions were not in
20 good faith or were wilful and wanton.

21 The member must notify the Attorney General within 7 days
22 of receipt of notice of the initiation of any action involving
23 services of the Disciplinary Board. Failure to so notify the
24 Attorney General shall constitute an absolute waiver of the
25 right to a defense and indemnification.

26 The Attorney General shall determine within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 (E) Deliberations of Disciplinary Board. Upon the receipt
4 of any report called for by this Act, other than those reports
5 of impaired persons licensed under this Act required pursuant
6 to the rules of the Disciplinary Board, the Disciplinary Board
7 shall notify in writing, by certified mail, the person who is
8 the subject of the report. Such notification shall be made
9 within 30 days of receipt by the Disciplinary Board of the
10 report.

11 The notification shall include a written notice setting
12 forth the person's right to examine the report. Included in
13 such notification shall be the address at which the file is
14 maintained, the name of the custodian of the reports, and the
15 telephone number at which the custodian may be reached. The
16 person who is the subject of the report shall submit a written
17 statement responding, clarifying, adding to, or proposing the
18 amending of the report previously filed. The person who is the
19 subject of the report shall also submit with the written
20 statement any medical records related to the report. The
21 statement and accompanying medical records shall become a
22 permanent part of the file and must be received by the
23 Disciplinary Board no more than 30 days after the date on which
24 the person was notified by the Disciplinary Board of the
25 existence of the original report.

26 The Disciplinary Board shall review all reports received by

1 it, together with any supporting information and responding
2 statements submitted by persons who are the subject of reports.
3 The review by the Disciplinary Board shall be in a timely
4 manner but in no event, shall the Disciplinary Board's initial
5 review of the material contained in each disciplinary file be
6 less than 61 days nor more than 180 days after the receipt of
7 the initial report by the Disciplinary Board.

8 When the Disciplinary Board makes its initial review of the
9 materials contained within its disciplinary files, the
10 Disciplinary Board shall, in writing, make a determination as
11 to whether there are sufficient facts to warrant further
12 investigation or action. Failure to make such determination
13 within the time provided shall be deemed to be a determination
14 that there are not sufficient facts to warrant further
15 investigation or action.

16 Should the Disciplinary Board find that there are not
17 sufficient facts to warrant further investigation, or action,
18 the report shall be accepted for filing and the matter shall be
19 deemed closed and so reported to the Secretary. The Secretary
20 shall then have 30 days to accept the Disciplinary Board's
21 decision or request further investigation. The Secretary shall
22 inform the Board of the decision to request further
23 investigation, including the specific reasons for the
24 decision. The individual or entity filing the original report
25 or complaint and the person who is the subject of the report or
26 complaint shall be notified in writing by the Secretary of any

1 final action on their report or complaint. The Department shall
2 disclose to the individual or entity who filed the original
3 report or complaint, on request, the status of the Disciplinary
4 Board's review of a specific report or complaint. Such request
5 may be made at any time, including prior to the Disciplinary
6 Board's determination as to whether there are sufficient facts
7 to warrant further investigation or action.

8 (F) Summary reports. The Disciplinary Board shall prepare,
9 on a timely basis, but in no event less than once every other
10 month, a summary report of final disciplinary actions taken
11 upon disciplinary files maintained by the Disciplinary Board.
12 The summary reports shall be made available to the public upon
13 request and payment of the fees set by the Department. This
14 publication may be made available to the public on the
15 Department's website. Information or documentation relating to
16 any disciplinary file that is closed without disciplinary
17 action taken shall not be disclosed and shall be afforded the
18 same status as is provided by Part 21 of Article VIII of the
19 Code of Civil Procedure.

20 (G) Any violation of this Section shall be a Class A
21 misdemeanor.

22 (H) If any such person violates the provisions of this
23 Section an action may be brought in the name of the People of
24 the State of Illinois, through the Attorney General of the
25 State of Illinois, for an order enjoining such violation or for
26 an order enforcing compliance with this Section. Upon filing of

1 a verified petition in such court, the court may issue a
2 temporary restraining order without notice or bond and may
3 preliminarily or permanently enjoin such violation, and if it
4 is established that such person has violated or is violating
5 the injunction, the court may punish the offender for contempt
6 of court. Proceedings under this paragraph shall be in addition
7 to, and not in lieu of, all other remedies and penalties
8 provided for by this Section.

9 (Source: P.A. 98-601, eff. 12-30-13; 99-143, eff. 7-27-15.)

10 Section 15. The Consent by Minors to Health Care Services
11 Act is amended by changing Section 1.5 as follows:

12 (410 ILCS 210/1.5)

13 Sec. 1.5. Consent by minor seeking care for limited primary
14 care services.

15 (a) The consent to the performance of primary care services
16 by a physician licensed to practice medicine in all its
17 branches, a licensed advanced practice registered nurse, a
18 licensed physician assistant, a chiropractic physician, or a
19 licensed optometrist executed by a minor seeking care is not
20 voidable because of such minority, and for such purpose, a
21 minor seeking care is deemed to have the same legal capacity to
22 act and has the same powers and obligations as has a person of
23 legal age under the following circumstances:

24 (1) the health care professional reasonably believes

1 that the minor seeking care understands the benefits and
2 risks of any proposed primary care or services; and

3 (2) the minor seeking care is identified in writing as
4 a minor seeking care by:

5 (A) an adult relative;

6 (B) a representative of a homeless service agency
7 that receives federal, State, county, or municipal
8 funding to provide those services or that is otherwise
9 sanctioned by a local continuum of care;

10 (C) an attorney licensed to practice law in this
11 State;

12 (D) a public school homeless liaison or school
13 social worker;

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

16 (F) a representative of a religious organization.

17 (b) A health care professional rendering primary care
18 services under this Section shall not incur civil or criminal
19 liability for failure to obtain valid consent or professional
20 discipline for failure to obtain valid consent if he or she
21 relied in good faith on the representations made by the minor
22 or the information provided under paragraph (2) of subsection
23 (a) of this Section. Under such circumstances, good faith shall
24 be presumed.

25 (c) The confidential nature of any communication between a
26 health care professional described in Section 1 of this Act and

1 a minor seeking care is not waived (1) by the presence, at the
2 time of communication, of any additional persons present at the
3 request of the minor seeking care, (2) by the health care
4 professional's disclosure of confidential information to the
5 additional person with the consent of the minor seeking care,
6 when reasonably necessary to accomplish the purpose for which
7 the additional person is consulted, or (3) by the health care
8 professional billing a health benefit insurance or plan under
9 which the minor seeking care is insured, is enrolled, or has
10 coverage for the services provided.

11 (d) Nothing in this Section shall be construed to limit or
12 expand a minor's existing powers and obligations under any
13 federal, State, or local law. ~~Nothing in this Section shall be~~
14 ~~construed to affect the Parental Notice of Abortion Act of~~
15 ~~1995.~~ Nothing in this Section affects the right or authority of
16 a parent or legal guardian to verbally, in writing, or
17 otherwise authorize health care services to be provided for a
18 minor in their absence.

19 (e) For the purposes of this Section:

20 "Minor seeking care" means a person at least 14 years of
21 age but less than 18 years of age who is living separate and
22 apart from his or her parents or legal guardian, whether with
23 or without the consent of a parent or legal guardian who is
24 unable or unwilling to return to the residence of a parent, and
25 managing his or her own personal affairs. "Minor seeking care"
26 does not include minors who are under the protective custody,

1 temporary custody, or guardianship of the Department of
2 Children and Family Services.

3 "Primary care services" means health care services that
4 include screening, counseling, immunizations, medication, and
5 treatment of illness and conditions customarily provided by
6 licensed health care professionals in an out-patient setting,
7 eye care services, excluding advanced optometric procedures,
8 provided by optometrists, and services provided by
9 chiropractic physicians according to the scope of practice of
10 chiropractic physicians under the Medical Practice Act of 1987.

11 "Primary care services" does not include invasive care, beyond
12 standard injections, laceration care, or non-surgical fracture
13 care.

14 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
15 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

16 (750 ILCS 70/Act rep.)

17 Section 20. The Parental Notice of Abortion Act of 1995 is
18 repealed.

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