

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS**  
**2014 END OF SESSION REPORT**



PREPARED BY ILLINOIS STRATEGIES, LLC

## OVERVIEW

The Illinois General Assembly began the second year of the 98<sup>th</sup> General Assembly in January and concluded the session at the end of May. This Spring Session was primarily to deal with appropriation and emergency issues. The legislators returned to their districts where they are campaigning for the November 4, 2014 election. There are 19 Senatorial Districts, 118 Representative Districts and the six Constitutional Offices up this election cycle. The Fall Veto Session is scheduled for November 19, 20, 21, December 2, 3 and 4. This is the End of Session Report which contains the bill we followed for you this year. The report is broken down by subject areas.

## EMS

**HB 4523 (Moffit-R/Sullivan-D)** Amends the Emergency Medical Services (EMS) Systems Act. It provides that if the Department of Public Health approves a service upgrade for an ambulance service provider that serves a rural population of 7,500 or fewer inhabitants, then the ambulance service provider is authorized to operate at the highest level of EMT license or Pre-Hospital RN certification (currently, highest level of EMT license) held by any person staffing the ambulance. This legislation was signed into law as Public Act 98-0880 on August 13, 2014. ICEP supports this initiative.

**HB 5742 (Gabel-D/Steans-D)** Amends the Emergency Medical Services (EMS) Systems Act. It provides that beginning on the first day of the month that begins 12 months after the Department of Public Health adopts rules regarding the designation of Acute Stroke-Ready Hospitals, the Department shall attempt to designate hospitals as Acute Stroke-Ready Hospitals. It provides that a hospital that is designated as a Emergent Stroke Ready Hospital at the time that the Department begins designating Acute Stroke-Ready Hospitals shall remain designated as a Emergent Stroke Ready Hospital for the 12 month period until that designation expires. It restores the definition of "Emergent Stroke Ready Hospital". The language provides that a hospital may achieve designation as an Emergent Stroke Ready Hospital until the Department begins designating Acute Stroke-Ready Hospitals. It provides that a criterion for designating a hospital as an Acute Stroke-Ready Hospital is the hospital's ability to provide rapid access to an acute stroke team, as defined by the facility, that considers and reflects nationally-recognized, evidence-based protocols or guidelines (instead of the ability to staff an acute stroke team in accordance with national guidelines). It provides that a criterion for designating a hospital as an Acute Stroke-Ready Hospital is the hospital's ability to admit stroke patients to a unit that can provide appropriate care that considers and reflects nationally-recognized, evidence-based protocols or guidelines (instead of stroke unit) or the ability to transfer stroke patients to an Acute Stroke-Ready Hospital, Primary Stroke Center, Comprehensive Stroke Center, or another facility that can provide the appropriate care that considers and reflects nationally-recognized, evidence-based protocols or guidelines. The bill provides that a criterion for designating a hospital as an Acute Stroke-Ready Hospital is the hospital's ability to designate a Clinical Director of Stroke Care (instead of director of stroke care) and provides criteria for designating a Clinical Director of Stroke Care. It provides that the Department shall develop an "Application for Stroke Center

Designation" form (instead of a "Request for Acute Stroke Care Designation" form). This bill was signed into law on August 18, 2014 as Public Act 98-1001. ICEP supports the initiative.

**HB 5828 (Moffitt-R/Rose-R)** Amends the Emergency Medical Services (EMS) Systems Act. The language provides that a rural vehicle service provider may apply for an in-field service level upgrade. It defines "rural vehicle service provider" and provides that if a rural vehicle service provider is approved for an in-field service level upgrade, then that rural vehicle service provider is authorized to function at the highest level of emergency medical technician license held by any person staffing the ambulance, alternate response vehicle, or specialized emergency medical services vehicle. It provides procedures for a rural vehicle service provider to apply for an in-field service level upgrade. The language states that in provisions concerning an ambulance service provider's or rural service provider's proposal for an in-field service level upgrade, provides that the proposal must include (i) the manner in which the provider will store advanced life support equipment, supplies, and medications and (ii) a statement that the provider will have that vehicle inspected by the Department of Public Health annually; and (3) provides that if a rural ambulance service provider or rural vehicle service provider is approved for an in-field service level upgrade, all the advanced life support medical supplies, durable medical equipment, and medications on the vehicle must be environmentally controlled. The bill was signed into law as Public Act 98-0881 on August 13, 2014. ICEP supports this initiative.

**SB 625 (Sullivan-D/Moffitt-R)** The bill amends the Emergency Medical Services (EMS) Systems Act. It provides that the Trauma Center Medical Directors or the Trauma Center Medical Directors Committee can consider Level III Trauma Centers in the type of facility that patients can be cared for. The language provides that Level II and Level III Trauma Centers shall have some essential services available in-house, 24 hours per day and other essential services readily available. It provides that an Acute Injury Stabilization Center shall have a comprehensive emergency department capable of initial management and transfer of the acutely injured. Provides that the Department shall the authority to establish and enforce minimum standards for designation and re-designation of 3 levels of trauma centers that meet trauma center national standards. The bill creates provisions concerning Level III Trauma Center and Acute Injury Stabilization Center minimum standards. A technical change was made in a standard for a Level III Trauma Center so that the standards requires the trauma center to have helicopter landing capabilities approved by appropriate State and federal authorities, if the trauma center is located within a municipality having a population of less than 2,000,000 people. The bill is in the House Rules Committee.

**SB 3414 (Steans-D/Harris-D)** Is IDPH's initiative to bring EMS Education standards in Illinois into national compliance. The bill changes references from "AEMT" to "A-EMT"; in the definitions of "Emergency Medical Responder" and "EMS personnel", changes the term "Emergency Medical Responder (EMR)" to "Emergency Medical Responder (EMR) (First Responder)"; in the definitions of "Paramedic" and "EMS personnel", changes the term "Paramedic" to "Paramedic (EMT-P)"; provides that a valid

First Responder license shall continue to be valid and shall be recognized as an Emergency Medical Responder license until the First Responder license expires; provides that all EMS Systems and licensees shall be fully compliant with the National EMS Education Standards, as modified by the Department of Public Health in administrative rules, within 24 months after the adoption of the administrative rules (instead of after the effective date of the amendatory Act); in the provisions amending the AIDS Confidentiality Act, provides that informed consent is not required to perform a test for HIV if an emergency medical responder or pre-hospital registered nurse is involved in an accidental contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV; and removes provisions amending the Good Samaritan Act. This bill was signed into law as Public Act 98-0973 on August 15, 2014. ICEP supports this initiative.

## **HOSPITALS & NURSING HOME FACILITIES**

**HB 1322 (Hoffman-D/Steans-D)** Inserts provisions regarding applications to open, conduct, operate, and maintain a hospital, except that the license fee that is required to be accompanied with the application shall be \$55 per bed (instead of \$30 per bed). The language spells out that that the license fee for a critical access hospital or a safety-net hospital shall be \$0 per bed. Inserts provisions establishing the Hospital Licensure Fund as a special fund in the State treasury and adds provisions concerning the sources of funding and permissible disbursements for the Fund. It provides that the Hospital Licensure Fund shall consist of license fees collected pursuant to a provision of the Hospital Licensing Act concerning licenses and fees (instead of provisions concerning the Hospital Licensure Fund). It provides that rehabilitation hospitals and long-term acute care hospitals are hospitals that are not required to provide hospital emergency services. The bill amends the Illinois Adverse Health Care Event Reporting Law of 2005 and defines "adverse health care event" as an event identified as a serious reportable event by the National Quality Forum and the Centers for Medicare and Medicaid Services on the effective date of the amendatory Act. It provides that the Department of Public Health shall adopt, by rule, the list of adverse health care events, and provides that if the National Quality Forum or the Centers for Medicare and Medicaid Services revises its list of serious reportable events, then the term "adverse health care event" shall be similarly revised. It removes language concerning certain reportable events. It provides that if the adverse health care events are revised, the Department of Public Health shall notify all affected health care facilities promptly. The language amends the Emergency Medical Services (EMS) Systems Act, the Hospital Emergency Service Act, the Hospital Licensing Act, and the State Finance Act. The bill was signed into law on June 30, 2014 as Public Act 98-0683. ICEP was neutral on this initiative.

**SB 3432 (T.Cullerton-D/Sandack-R)** Amends the Hospital Licensing Act. It provides that a hospital must give notice to a private emergency medical services provider if a patient has a dangerous or infectious disease. It provides that to determine the diseases for which notification must be provided, the Department of Public Health shall utilize the Centers for Disease Control and Prevention's (CDC) list of Potentially Life-Threatening

Infectious Disease (instead of establishing a list by regulation). It requires a hospital to provide verbal notice and written notice (instead of only written notice) regarding a patient. It requires a hospital to send a later of notification no later than 48 hours (instead of 72 hours) following a confirmed diagnosis of an airborne or droplet-transmitted communicable disease as provided by the Centers for Disease Control and Prevention. The bill was signed into law as Public Act 98-0851 on August 1, 2014. ICEP supports this bill.

## **SCHOOL REQUIREMENTS**

**HB 3724 (Burke-D/Mulroe-D)** Amends the Critical Health Problems and Comprehensive Health Education Act. It provides that training on how to properly administer cardiopulmonary resuscitation and how to use an automated external defibrillator shall be included as a basis for health education curricula in all secondary schools in this State. The language provides that no pupil shall be required to receive training on how to properly administer cardiopulmonary resuscitation or how to use an automated external defibrillator if his or her parent or guardian submits written objection thereto, and refusal to take or participate in the training shall not be reason for suspension or expulsion of the pupil. The bill was signed into law as Public Act 98-0632 on June 5, 2014. ICEP supports the bill.

## **POISON CONTROL FUNDING**

**HB 4230 (Madigan-D)** Amends the State Finance Act and adds the Poison Response Fund and amends the Wireless Emergency Telephone Safety Act. It provides that human poison control centers constitute an enhancement to 9-1-1 services pursuant to federal law. The language provides that for surcharges collected and remitted on or after July 1, 2013, \$0.1275 per surcharge collected shall be deposited into the Wireless Carrier Reimbursement Fund on the last day of each month, \$0.5825 per surcharge collected shall be deposited into the Wireless Service Emergency Fund, \$0.02 per surcharge shall be deposited in the Poison Response Fund, and \$0.01 per surcharge collected may be disbursed to the Illinois Commerce Commission for administrative costs. It requires the Auditor General to conduct an annual audit of the Poison Response Fund. The language permits the Commission to require an annual report of income and expenditures from each human poison control center. It extends the date of repeal of the Act to July 1, 2018 (currently July 1, 2013). The Poison Response Fund is created. It amends the Public Utilities Act and extends the repeal of certain Sections relating to 9-1-1 system providers until July 1, 2016 (currently July 1, 2015). The bill is in the House Rules Committee. ICEP supports this initiative.

**HB 4575 (Lilly-D)** Appropriates \$1,331,100 from the General Revenue Fund to the Department of Public Health from the General Revenue Fund for grants to the Illinois Poison Center. The bill was held in the House Appropriations Human Services Committee. ICEP supports the initiative.

**SB 650 (Munoz-D/Turner-D)** Amends the Illinois Public Aid Code. The bill creates the

Medicare-Medicaid Alignment Initiative (MMAI) Nursing Home Residents' Managed Care Rights Law as a new Article in the Code to apply to policies and contracts for the nursing home component of the Medicare-Medicaid Alignment Initiative with provisions concerning network adequacy; care coordination; continuity of care; reimbursement; contractual requirements; and other matters. It makes changes in the Code regarding: pharmacy payments; care coordination; managed care; the Hospital Provider Fund; capitation payments to capitated managed care entities; Treatment of trust amounts; eligibility verification; the Affordable Care Act; entry of specified data; eligibility determinations; assessments on hospital providers; disbursements to hospitals; hospital reimbursement; eyeglasses; kidney transplantation; supportive living facilities; long-term care facilities for persons under 22 years of age; Safety-Net Hospitals; medical assistance limitations; developmentally disabled care providers; and other matters. It amends the Health Maintenance Organization Act and the Managed Care Reform and Patient Rights Act by changing definitions. The language amends the Illinois Health Facilities Planning Act and requires the Health Facilities and Services Review Board to establish rules and guidelines for facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013. It amends the Specialized Mental Health Rehabilitation Act of 2013 in relation to: voluntary closure and reopening of a facility; the number of licensed beds; a service authorization system; definitions; surveys; provisional licensure; reimbursement; disclosure of information; transition payments; and other matters. It amends the Illinois Administrative Procedure Act concerning emergency rulemaking authority. The bill amends the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act concerning eligibility. Amends the State Finance Act in relation to the University of Illinois Hospital Services Fund and lists the Supportive Living Facility Fund as a special fund. Also, amends the Hospital Licensing Act in a provision concerning the orderly transition of aged and disabled patients from hospitals to post-hospital care, provides that, with regard to pending discharges, the hospital must notify the care coordination unit at least 48 hours (rather than 24 hours) prior to discharge and must include a copy of the prescreening information with the materials sent with the patient to the nursing home. It amends the Lead Poisoning Prevention Act to require a hospital satisfying specified criteria to pay specified amounts to a human poison control center established under the authority of the Act. The bill contains a severability provision. It provides that any action required by the Act to occur prior to or on June 30, 2014 shall be completed within 30 days after the effective date of the Act. This bill is in the House Rules Committee.

**SB 741 (Trotter-D/Harris-D)** The bill amends the Illinois Public Aid Code. It creates the Medicare-Medicaid Alignment Initiative (MMAI) Nursing Home Residents' Managed Care Rights Law as a new Article in the Code to apply to policies and contracts for the nursing home component of the Medicare-Medicaid Alignment Initiative with provisions concerning network adequacy; care coordination; continuity of care; reimbursement; contractual requirements; and other matters. It makes changes in the Code regarding: pharmacy payments; care coordination; managed care; the Hospital Provider Fund; capitation payments to capitated managed care entities; Treatment of trust amounts; eligibility verification; the Affordable Care Act; entry of specified data; eligibility determinations; assessments on hospital providers; disbursements to hospitals; hospital

reimbursement; eyeglasses; kidney transplantation; supportive living facilities; long-term care facilities for persons under 22 years of age; Safety-Net Hospitals; medical assistance limitations; developmentally disabled care providers; and other matters. The language amends the Health Maintenance Organization Act and the Managed Care Reform and Patient Rights Act by changing definitions. It amends the Illinois Health Facilities Planning Act. Requires the Health Facilities and Services Review Board to establish rules and guidelines for facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013. The Specialized Mental Health Rehabilitation Act of 2013 is amended in relation to: voluntary closure and reopening of a facility; the number of licensed beds; a service authorization system; definitions; surveys; provisional licensure; reimbursement; disclosure of information; transition payments; and other matters. The Illinois Administrative Procedure Act concerning emergency rulemaking authority is amended. It amends the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act concerning eligibility. Amends the State Finance Act in relation to the University of Illinois Hospital Services Fund and lists the Supportive Living Facility Fund as a special fund. Also amends the Hospital Licensing Act in a provision concerning the orderly transition of aged and disabled patients from hospitals to post-hospital care, provides that, with regard to pending discharges, the hospital must notify the care coordination unit at least 48 hours (rather than 24 hours) prior to discharge and must include a copy of the prescreening information with the materials sent with the patient to the nursing home. It amends the Lead Poisoning Prevention Act to require a hospital satisfying specified criteria to pay specified amounts to a human poison control center established under the authority of the Act. It makes other changes and contains a severability provision. Provides that any action required by the Act to occur prior to or on June 30, 2014 shall be completed within 30 days after the effective date of the Act. The bill was signed into law as Public Act 98-651 on June 16, 2014. ICEP supports the funding for poison control.

**SB 2674 (Harmon-D/Madigan-D)** Amends the State Finance Act to add the Poison Response Fund. It amends the Wireless Emergency Telephone Safety Act and provides that human poison control centers constitute an enhancement to 9-1-1 services pursuant to federal law. The bill provides that for surcharges collected and remitted on or after July 1, 2013, \$0.1275 per surcharge collected shall be deposited into the Wireless Carrier Reimbursement Fund on the last day of each month, \$0.5825 per surcharge collected shall be deposited into the Wireless Service Emergency Fund, \$0.02 per surcharge shall be deposited in the Poison Response Fund, and \$0.01 per surcharge collected may be disbursed to the Illinois Commerce Commission for administrative costs. It requires the Auditor General to conduct an annual audit of the Poison Response Fund. It permits the Commission to require an annual report of income and expenditures from each human poison control center. It extends the date of repeal of the Act to July 1, 2018 (currently July 1, 2013). The Poison Response Fund is created. It amends the Public Utilities Act and extends the repeal of certain Sections relating to 9-1-1 system providers until July 1, 2016 (currently July 1, 2015). It sets forth surcharge amounts and distributions. It provides that the Illinois Commerce Commission shall issue guidelines for the collection and reporting of financial statements. It sets forth requirements concerning suspension of payment to emergency telephone system boards or qualified governmental entities and

withholding of grants by the Illinois Commerce Commission. It defines a required term. It makes other changes concerning payments from the Wireless Carrier Reimbursement Fund and contains fund sweeps protections. The bill is in the House Rules Committee. ICEP supports this initiative.

**SB 3006 (Harmon-D)** Appropriates \$1,331,100 from the General Revenue Fund to the Department of Public Health for grants to the Illinois Poison Center. This bill is in the Senate Assignments Committee. ICEP supports the bill.

**HR 956 (Lilly-D)** Designates March of 2014 as Poison Prevention Month in the State of Illinois. This resolution was adopted May 9, 2014.

**SR 1017 (Harmon-D)** Designates March of 2014 as Poison Prevention Month in the State of Illinois. This resolution was adopted March 27, 2014.

## **PUBLIC SAFETY**

**HB 4418 (Hoffman-D/Delgado-D)** Amends the Illinois Municipal Code. It prohibits a city or village that owns, operates, or maintains any fire department or departments from ceasing the operation and maintenance of that fire department or those fire departments unless the proposed cessation is first submitted to the voters by referendum. It further amends the Fire Protection District Act and provides that where any city, village, or incorporated town is in fact owning, operating, and maintaining a fire department or fire departments located in whole or in part within or adjacent to the corporate limits of a fire protection district organized under this Act, such city, village, or incorporated town shall not cease operating and maintaining the fire department or fire departments unless such proposed cessation of services is first submitted by referendum to voters. The language provides that a municipality with less than 500 residents is not subject to the referendum requirements of the amendatory Act. It further provides that the rights of the employees of the dissolved fire department or departments provided by the Personnel Code, any applicable collective bargaining agreements, or under any pension, retirement, or annuity plan shall not be affected by this amendatory Act. It limits home rule powers. The State Mandates Act is amended to require implementation without reimbursement. This bill was signed into law as Public Act 98-0666 on June 25, 2014. ICEP was neutral on the bill.

**HB 5856 (Moffitt-R/Sullivan-D)** Amends the Fire Protection District Act. The language provides that the voters of a fire protection district may vote to simultaneously dissolve and consolidate the district into an adjoining fire protection district. It requires the board of trustees of the adjoining district to accept by resolution the former fire protection district's territory prior to the effective date of the simultaneous dissolution and consolidation. The bill was signed into law as Public Act 98-1003 on August 18, 2014. ICEP was neutral on the bill.

**HB 5864 (Moffitt-R/Bivins-R)** Amends the Illinois Public Safety Agency Network Act and redefines membership for the board of directors. The language provides that the



Board of the Illinois Public Safety Agency Network shall adopt and adhere to the Open Meetings Act, the State Records Act, and the Freedom of Information Act. The bill provides that the board may purchase or lease real estate or personal property for corporate purposes. It expands the power of the board of directors concerning the securing of funding. It makes changes concerning finances and reporting requirements. The bill was signed into law as Public Act 98-0745 on July 16, 2014. ICEP was neutral.

**SB 3313 (Bertino-Tarrant-D/Manley-D)** Amends the Emergency Telephone System Act. It provides that an entity that installs or operates a private business switch service shall install and operate that service such that when a user dials the digits "9-1-1" the emergency call can be connected to the 9-1-1 system without first dialing any number or set of numbers. It exempts certain entities from the requirements of the amendatory Act and sets forth penalties for failing to comply with the requirements of this amendatory Act. This bill was signed into law on August 11, 2014 as Public Act 98-0875. ICEP supports this initiative.

**SB 3427 (Koehler-D/Gordon-Booth-D)** Amends the Fire Protection District Act. It provides that the board of trustees is not required to accept the lowest contract bid for certain projects when the cost is in excess of \$20,000 if the bid does not meet the board's established specifications, terms of delivery, quality, and serviceability requirements. It sets forth the types of contracts that are not subject to competitive bidding. It exempts emergency expenditures from competitive bidding when the emergency expenditure is approved by a vote of 3/4 of the members of the board. It provides notice and advertisement requirements for bid proposals and bid submissions. The bill was signed into law as Public Act 98-0799 on July 31, 2014. ICEP was neutral.

**SJR 62 (Rose-R)** Creates the Emergency Responder Roadway Safety Task Force. This resolution passed the Senate May 23, 2014. It is currently in the House Rules Committee. ICEP supports the resolution.

## **MEDICATIONS**

**HB 4486 (Willis-D/Kotowski-D)** Amends the Mental Health and Developmental Disabilities Administrative Act. The language provides that the Department of Human Services shall develop a training program for authorized direct care staff to administer medications (deletes oral and topical) under the supervision and monitoring of a registered professional nurse. It defines "medications" and "insulin in an injectable form" in relation to direct care staff administering medications to persons with a developmentally disability under the supervision and monitoring of a registered professional nurse in settings of 16 persons or fewer that are funded or licensed by the Department of Human Services and that distribute or administer medications and intermediate care facilities for the developmentally disabled with 16 beds or fewer that are licensed by the Department of Public Health. The language establishes procedures in relation to direct care staff administering insulin. The bill was signed into law on August 15, 2014 as Public Act 98-0901.

## **HEALTH CARE**

**HB 4525 (Tabares-D/Silverstein-D)** Amends the Health Care Worker Background Check Act. It establishes the Voluntary FBI Fingerprint Demonstration Project (Demonstration Project), which shall be operated in accordance with certain provisions of the federal Affordable Care Act of 2010 that provide grant money for such a program. The bill provides that the Department of Public Health shall distribute the grant money in accordance with these federal provisions. Authorizes the Demonstration Project to operate for the period of January 1, 2014 through December 31, 2014 or until the long-term care facility terminates its participation in the Demonstration Project, whichever occurs sooner. It provides that any long-term care facility may voluntarily participate in the Demonstration Project and establishes certain application requirements. Defines "direct access employee" for the purposes of determining who shall be required to undergo an FBI fingerprint-based criminal history record check pursuant to the Demonstration Project. It provides that the definition of "direct access employee" is for the purposes of determining who shall be required to undergo a State and an FBI (rather than only an FBI) fingerprint-based criminal history records check under the Demonstration Project. Restores to current law the provision concerning fingerprints being submitted to the Department of State Police in an electronic format that complies with the form and manner for requesting and furnishing criminal history record information by the Department of State Police and the Federal Bureau of Investigation criminal history record databases now and hereafter filed. This legislation was signed into law as Public Act 98-1041 on August 25, 2014. ICEP was neutral.

**HB 4593 (Zalewski-D/Martinez-D)** is an ISMS initiative. The bill amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. It provides the Department of Financial and Professional Regulation with the authority to grant volunteer licenses to licensed health care professionals. The language defines "volunteer practice" and "health care professional". It provides that the Department may grant a volunteer license to a health care professional who meets the requirements of the licensing Act that applies to his or her health care profession and the rules adopted under the Act and who agrees to engage in the volunteer practice of his or her health care profession in a free medical clinic or in a public health clinic and to not practice for compensation. The language further provides that a volunteer license shall be granted in accordance with the licensing Act that applies to the health care professional's given health care profession and that the licensure fee shall be set by rule. It prohibits a health care professional from holding a non-volunteer license and a volunteer license in the same health care profession at the same time. It requires that the Department waive the licensure fee for the first 500 volunteer licenses issued and provides that the Department may by rule provide for a fee waiver or fee reduction that shall apply to all licenses issued after the initial 500. It provides that the Department shall file proposed rules implementing these provisions within 6 months after the effective date of this amendatory Act. The bill was signed into law as Public Act 98-0659 on June 23, 2014. ICEP supports this initiative.

**SB 3110 (Hastings-R/Cassidy-D)** Amends the Code of Civil Procedure. In the list of

circumstances under which a physician or surgeon is permitted to disclose information acquired in attending a patient in a professional character, provides that the physician or surgeon is permitted to disclose the information upon the issuance of a grand jury subpoena. It provides that upon disclosure pursuant to a grand jury subpoena, in any criminal action where the charge is domestic battery, aggravated domestic battery, or an offense under the Sex Offenses Article of the Criminal Code of 2012 or where the patient is under the age of 18 years or upon the request of the patient (instead of "domestic battery, aggravated domestic battery, criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, criminal sexual abuse, or aggravated criminal sexual abuse"), the State's Attorney shall petition the court for a protective order. This bill was signed into law on August 15, 2014 as Public Act 98-0954.

**SB 3228 (Haine-D/Williams-D)** Amends the Illinois Power of Attorney Act and replaces the statutory short form power of attorney for health care and the notice to the individual signing the power of attorney for health care. It defines "health care agent" and deletes the definitions of "incurable or irreversible condition", "permanent unconsciousness", and "terminal condition". It changes the term "health care provider" to "health care provider" or "health care professional". It provides that no witness to the signing of a health care agency may be under 18 years of age. It provides that non-statutory health care powers must meet certain criteria. The language clarifies that the amendatory Act does not in any way invalidate any health care agency executed or any act of any agent done, or affect any claim, right, or remedy that accrued, prior to the effective date. This bill was signed into law as Public Act 98-1113 on August 26, 2014. ICEP took a neutral position on the bill.

**SB 3409 (Manar-D/Fine-D)** Amends the Illinois Dental Practice Act. It provides that a dentist who has completed the appropriate training as set forth by the Department of Financial and Professional Regulation may administer influenza vaccinations to patients 18 years of age or older pursuant to a valid prescription or standing order by a physician licensed to practice medicine in all its branches who, in the course of professional practice, administers vaccines to patients. The bill provides that vaccines shall be administered by the dentist and shall not be delegated to an assistant or any other person. It requires that a dentist notify the patient's primary care physician of each dose of vaccine administered to the patient and that the vaccination be documented in the patient's dental record and entered in the immunization data registry maintained by the Department of Public Health. It provides that a dentist shall only provide vaccinations under the provisions if contracted with and credentialed by the patient's health insurance, health maintenance organization, or other health plan to provide the vaccinations allowed to be provided under the provisions. The bill further provides that persons enrolled in Medicare or Medicaid may only receive vaccinations from dentists who are authorized by the federal Centers for Medicare and Medicaid Services or the Department of Healthcare and Family Services. Also, provides that the provisions are repealed on January 1, 2020. This bill, an initiative of the Illinois State Dental Society, was signed into law as Public Act 98-0665 on June 23, 2014.

## **EMERGENCY VEHICLES**

**HB 5416 (Brady-R/Barickman-R)** Amends the Illinois Vehicle Code. It increases the penalty for failure to yield the right-of-way to an emergency vehicle or police vehicle making use of audible and visual signals from a business offense with a fine of not less than \$100 or more than \$10,000 to a Class C misdemeanor and if the offense results in the death of another person it is a Class B misdemeanor in addition to suspension of the person's license for 2 years. This initiative is in the Senate Assignments Committee. ICEP was neutral on this bill.

**HB 5662 (Willis-D/Mulroe-D)** Amends the State Finance Act. The bill creates the Emergency Management Fund. It amends the Illinois Vehicle Code to provide that the Secretary may issue Emergency Management license plates. It provides that the fee for these plates shall be \$20 for issuance, of which \$5 shall go to the Emergency Management Fund and \$15 of which shall go to the Secretary of State Special License Plate Fund, and \$20 for renewal, of which \$18 shall go to the Emergency Management Fund and \$2 of which shall go to the Secretary of State Special License Plate Fund. The language provides that money in the Emergency Management Fund shall be paid, subject to appropriation, as grants to the Illinois Emergency Management Agency for the purpose of training and education programs. This bill is in the Senate Assignments Committee. ICEP was neutral.

## **INSURANCE BENEFITS**

**HB 5665 (Scherer-D/Mulroe-D)** Amends the Illinois Insurance Code. It provides that no group health insurance policy providing hospital or medical expense benefits for groups with more than 50 persons shall be delivered, issued, executed, or renewed in this State or approved for issuance or renewal in this State, unless the policy provides benefits to any named insured or other person covered in the policy for expenses incurred in (1) screening by blood lead measurement for lead poisoning for children, including confirmatory blood lead testing and medical evaluation and any necessary medical follow up and treatment for lead-poisoned children; (2) all childhood immunizations as recommended by the Advisory Committee on Immunization Practices of the U.S. Public Health Service and the Department of Public Health; and (3) screening for newborn hearing loss by appropriate electrophysiologic screening measures and periodic monitoring of infants for delayed onset hearing loss. The language sets forth requirements concerning the coverage. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, and the Voluntary Health Services Plans Act. This bill is in the Senate Assignments Committee.

**SB 647 (Harmon-D/Feigenholtz-D)** The bill amends the Illinois Insurance Code to provide that if a policy of accident or health insurance provides coverage for telehealth services, then it must comply with certain prohibitions. It provides that nothing in the provision concerning coverage for telehealth services shall be deemed as precluding a health insurer from providing benefits for other services. It amends the State Employees

Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, and the Voluntary Health Services Plans Act to comport to provisions of the Illinois Insurance Code concerning coverage for telehealth services. This bill was signed into law as Public Act 98-1091 on August 26, 2014. ICEP supports this initiative.

**SB 1547 (Munoz-D/Lang-D)** Amends the Illinois Insurance Code. The bill provides that an insurer that is licensed to write accident and health insurance under the provisions of the Code shall be authorized to issue policies for exclusive provider organization plans (EPOs) for either group or individual policies, provided such policies otherwise conform to certain provisions. It sets forth provisions concerning enrollment, compliance, applicability, contracts, disclosure, restrictions on primary care physicians, and claims and appeals processes. It provides that any insurer that issues, delivers, amends, or renews an individual or group EPO in this State after the effective date of the amendatory Act shall not be obligated to comply with the provision concerning non-institutional providers solely with respect to the EPO product. It provides that an administrator, or an insurer as applicable under the Code, may offer an EPO, provided that the administrator meets the requirements of the Code and the Director makes certain determinations.

An amendment was adopted to the bill that includes a definition for "emergency services". It deletes language regarding any conflict between the exclusive provider organization plans provision and any other statutory provision. It makes changes concerning the required disclosure to be included in certain contracts and evidences of coverage and annual terms of coverage disclosures concerning emergency care. Until the effective date of the rules adopted by the Director of Insurance for exclusive provider organization plans, requires insurers to file a description of the services to be offered through an exclusive provider organization and specifies the information to be included in the description. This bill is in the House Rules Committee.

## **IDPH**

**HB 6096 (Madigan-D/Cullerton-D)** Appropriates FY 14 budget to the IDPH and various agencies. This bill was signed into law as Public Act 98-680 effective July 1, 2014.

**SB 3076 (Mulroe-D/Feigenholtz-D)** Is an initiative of the ISMS regarding IDPH's Do-Not-Resuscitate Advanced Directive form. The bill provides that the execution of a Department of Public Health Uniform DNR/POLST form. It requires the Department of Public Health publish the Department of Public Health Uniform DNR/POLST form reflecting the changes made by the amendatory Act no later than January 1, 2015. This bill was signed into law on August 26, 2014 as Public Act 98-1110. ICEP supports the legislation.

**SB 3077 (Mulroe-D/Sandack-R)** Is an initiative of the ISMS. It amends the Illinois Clinical Laboratory and Blood Bank Act. It provides that a clinical laboratory shall examine specimens at the request of a licensed physician assistant if the licensed

physician assistant is authorized to make that request under the provisions of the Physician Assistant Practice Act of 1987 concerning physician assistants providing services in hospitals, hospital affiliates, or ambulatory surgical treatment centers. The bill adds that a clinical laboratory shall examine specimens at the request of an advanced practice nurse if the advanced practice nurse is authorized to make that request under the provisions of the Nurse Practice Act concerning advanced practice nurses providing services in hospitals, hospital affiliates, or ambulatory surgical treatment centers. This bill was signed into law on July 16, 2014 as Public Act 98-0767.

**SB 3512 (Manar-D)** Creates the Disease Testing for Public Safety Officials and Volunteers Act. The bill provides that an emergency services provider or first aid volunteer who is significantly exposed to blood or body fluids during the course of performing his or her duties or during the course of performing emergency assistance or first aid may: (1) request that the person to whom the emergency services provider or first aid volunteer was significantly exposed voluntarily submit to testing for the presence of communicable disease; or (2) petition the circuit court for an order requiring that the person to whom the emergency services provider or first aid volunteer was significantly exposed submit to testing to determine the presence of a communicable disease and that the results of that test be disclosed to the petitioner by the Department of Public Health. It provides that the circuit court may enter an order requiring that a person submit to testing, including blood testing, for a communicable disease if the court finds probable cause to believe: (1) the petitioner was significantly exposed; and (2) the exposure occurred during the course of the emergency services provider's duties, or the provision of emergency assistance or first aid by a first aid volunteer. It provides that any person or entity entitled to receive confidential information under the Act, other than the person tested and identified in the information, who violates the provisions of the Act by releasing or making public that confidential information, or by otherwise breaching the confidentiality requirements of the Act, is guilty of a Class B misdemeanor. The language defines "emergency services provider" as a sheriff's law enforcement employee, law enforcement officer, fireman, or federal law enforcement officer as defined in various Acts, or medical personnel licensed under the Emergency Medical Services (EMS) Systems Act. This bill is in the Senate Assignments Committee. ICEP supports the bill.

## **LICENSURE**

**SB 232 (Haine-D/Nekritz-D)** The language amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. It provides that, following disciplinary proceedings as authorized in any licensing Act administered by the Department of Financial and Professional Regulation, upon a finding by the Department that a person has committed a violation of the licensing Act with regard to licenses, certificates, or authorities of persons exercising the respective professions, trades, or occupations, the Department may revoke, suspend, refuse to renew, place on probationary status, fine, or take any other disciplinary action as authorized in the licensing Act with regard to those licenses, certificates, or authorities. Further provides that the Department shall consider only evidence contained in the record when making a determination of the appropriate disciplinary sanction to be imposed and that the

Department shall consider any aggravating or mitigating factors contained in the record. It establishes certain aggravating and mitigating factors that the Department shall consider. Further provides that good moral character shall be a qualification for licensure or registration under every licensing Act administered by the Department and that good moral character shall be a continuing requirement of licensure or registration. Provides that, upon a finding by the Department that a person has committed a violation of any licensing Act with regard to licenses, certificates, or authorities of persons exercising the respective profession, trades, or occupations, the Department is authorized to revoke, suspend, refuse to renew, place on probationary status, fine, or take any other disciplinary action it deems warranted against any licensee or registrant whose conduct violates the continuing requirement of good moral character based upon disciplinary grounds provided in each Act. This bill was signed into law as Public Act 98-1047 on August 25, 2014.

**SB 1841 (Mulroe-D/Sandack-R)** Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. It provides that any licensee disciplined under a licensure Act administered by the Division of Professional Regulation for an offense relating to the failure to pay taxes, child support, or student loans or relating to continuing education or advertising may file a petition with the Department on forms provided by the Department, along with the required fee of \$200, to have the records of that offense removed from public view on the Department's website if certain conditions are met. It provides that nothing shall prohibit the Department from using a previous discipline for any regulatory purpose or from releasing records of a previous discipline upon request from law enforcement, other governmental body, or the public. The bill provides that removal of records of a disciplinary offense from the Department's website shall not be considered a vacating or expunging of the offense from the licensee's disciplinary record. It provides that an application to make disciplinary records confidential shall not be considered for an offense relating to failure to pay child support. The bill was signed into law as Public Act 98-0816 on August 1, 2014.

**SB 2187 (Harmon-D/Bradley-D)** Amends the Clinical Psychologist Licensing Act. It makes changes in provisions concerning definitions. The bill provides that a psychologist may apply for a prescribing psychologist license and sets forth the requirements for such a license. It adds provisions regarding (1) written collaborative agreements with a collaborating physician, which is a requirement for a prescribing psychologist license, (2) prescriptive authority for controlled substances, and (3) endorsement. It increases the number of members that shall serve on the Clinical Psychologist Licensing and Disciplinary Board from 7 to 11. It makes changes in provisions concerning disciplinary grounds. The bill amends the Medical Practice Act of 1987 to add references to prescribing psychologists to provisions concerning delegation of prescriptive authority. It amends the Illinois Controlled Substances Act and includes prescribing psychologist in the definition of "prescriber". It adds prescribing psychologists to provisions concerning mid-level practitioners. This initiative was signed into law as Public Act 98-668 on June 25, 2014. ICEP previously opposed this legislation prior to the agreed language.

**SB 2998 (Martinez-D/Andrade-D)** Amends the Nurse Practice Act. It makes changes to provisions concerning the qualifications for licensure as an advanced practice nurse. Provides that an applicant for licensure to practice as an advanced practice nurse shall have successfully completed requirements to practice as, and holds and maintains (rather than only holds) a current, national certification as a nurse midwife, clinical nurse specialist, nurse practitioner, or certified registered nurse anesthetist from the appropriate national certifying body as determined by rule of the Department of Financial and Professional Regulation. Deletes provisions concerning license renewal requirements for certain advanced practice nurses licensed before the 95th General Assembly. This bill was signed into law as Public Act 98-0837 on August 1, 2014.

**SB 3109 (McGuire-D/Pihos-R)** Is an initiative of the Illinois Optometric Association. The bill amends the Illinois Controlled Substances Act to make a change to the definition of "prescription". It provides that "prescription" means a written, facsimile, or oral order, or an electronic order that complies with applicable federal requirements, of an optometrist for a Schedule II, III, IV, or V controlled substance (rather than only a Schedule III, IV, or V controlled substance) in accordance with certain provisions of the Illinois Optometric Practice Act of 1987. The bill allows a licensed optometrist to prescribe Dihydrocodeinone (Hydrocodone) with one or more active, non-narcotic ingredients only in a quantity sufficient to provide treatment for up to 72 hours, and only if such formulations are reclassified as Schedule II by federal regulation (rather than by the U.S. Food and Drug Administration). This bill was signed into law as Public Act 98-1111 on August 26, 2014. ICEP opposes the bill.

**SB 3421 (Morrison-D/Feigenholtz-D)** Requires the Department of Financial and Professional Regulation to accept continuing education credit for mandated reporter training on how to recognize and report child abuse offered by the Department of Children and Family Services and completed by any person who holds a professional license issued by the Department and who is a mandated reporter under the Abused and Neglected Child Reporting Act (rather than requiring the Department of Financial and Professional Regulation to give continuing education credit for mandated reporter training to any person who holds a professional license issued by the Department and who is required under the Abused and Neglected Child Reporting Act to complete mandated reporter training by a provider or agency with expertise in recognizing and reporting child abuse). This bill was signed into law as Public Act 98-0850 on August 1, 2014.

**SB 3513 (Althoff-R/Pihos-R)** Ratifies and adopts the Nurse Licensure Compact. The bill allows for reciprocity of licensure of licensed practical nurses and registered nurses among the states. It provides for administration of the Compact by the Nursing Act Coordinator. It provides that the licensing board shall participate in a Compact Evaluation Initiative designed to evaluate the effectiveness and operability of the Compact. The language provides that the Compact does not relieve employers from complying with statutorily imposed obligations. It provides that the Compact does not supersede existing State labor laws. This bill is in the House Rules Committee.