

/*Illinois, part 2 of 2. */

2310/55.46. Sperm bank and tissue bank registry-Testing

55.46. (a) The Department shall establish a registry of all sperm banks and tissue banks operating in this State. All sperm banks and tissue banks operating in this State shall register with the Department by May 1 of each year. Any person, hospital, clinic, corporation, partnership or other legal entity which operates a sperm bank or tissue bank in this State and fails to register with the Department pursuant to this Section commits a business offense and shall be subject to a fine of \$5000.

(b) All donors of semen for purposes of artificial insemination, or donors of corneas, bones, organs, or other human tissue for the purpose of injecting, transfusing or transplanting any of them in the human body, shall be tested for evidence of exposure to human immunodeficiency virus (HIV) and any other identified causative agent of acquired immunodeficiency syndrome (AIDS) at the time of or after the donation, but prior to the semen, corneas, bones, organs, or other human tissue being made available for such use. However, when in the opinion of the attending physician the life of a recipient of a bone, organ or other human tissue donation would be jeopardized by delays caused by testing for evidence of exposure to HIV and any other causative agent of AIDS, testing shall not be required.

(c) No person may intentionally, knowingly, recklessly or negligently use the semen, corneas, bones, organs, or other human tissue of a donor unless the requirements of subsection (b) have been met. No person may intentionally, knowingly, recklessly or negligently use the semen, corneas, bones, organs, or other human tissue of a donor who has tested positive for exposure to HIV or any other identified causative agent of AIDS. Violation of this subsection (c) shall be a Class 4 felony.

(d) For the purposes of this Section, "human tissue" shall not be construed to mean whole blood or its component parts. For the purposes of this Section, "tissue bank" means any facility or program that is involved in procuring, furnishing, donating, processing or distributing corneas, bones,

organs, or other human tissue for the purpose of injecting, transfusing or transplanting any of them in the human body.

2310/55.52. Prenatal transmission of HIV infection

55.52. The Department shall develop and implement a public education program to reduce the prenatal transmission of HIV infection. The program shall be targeted toward population groups whose behavior places them at the risk of HIV infection.

2310/55.55. Brochure describing sexually transmitted diseases and inherited metabolic diseases

55.55. The Department of Public Health shall prepare a brochure describing sexually transmitted diseases (including without limitation acquired immunodeficiency syndrome, or AIDS) and inherited metabolic diseases (including without limitation hemophilia, sickle cell anemia and Tay-Sachs disease). The descriptions shall include discussion of the ways in which the diseases are transmitted and ways to avoid contacting the diseases. With respect to inherited metabolic diseases, the brochure shall include recommendations that persons who are susceptible to contacting such diseases obtain genetic counseling. The brochure shall be distributed to each county clerk's office in the State and to any other office where applications for a marriage license are taken, to be distributed free of charge to persons applying for a marriage license or others.

2310/55.56. AIDS awareness program-High risk population groups

55.56. (a) The Department of Public Health shall include within its

AIDS awareness programs and materials, information directed toward Hispanics, African Americans and other population groups in Illinois that are considered high risk populations for AIDS and AIDS-related complex. Such information shall inform high risk groups about the transmission of the AIDS virus, the prevention of infection, the treatment available for the disease and how treatment may be obtained.

(b) The Department of Public Health shall include in its AIDS campaign material information directed toward African-Americans and Hispanics. The Department shall seek the advice and assistance of community-based organizations representing these populations with respect to the most effective methods to educate persons within these populations about AIDS.

210 ILCS

85/6.08. Patients diagnosed as having dangerous communicable or infectious diseases - Emergency care-Notification - Violations

6.08. (a) Every hospital shall provide notification as required in this Section to police officers, paramedics and ambulance personnel who have provided or are about to provide emergency care or life support services to a patient who has been diagnosed as having a dangerous communicable or infectious disease. Such notification shall not include the name of the patient, and the emergency services provider agency and any person receiving such notification shall treat the information received as a confidential medical record.

(b) The Department shall establish by regulation a list of those communicable reportable diseases and conditions for which notification shall be provided.

(c) The hospital shall send the letter of notification within 72 hours after a confirmed diagnosis of any of the communicable diseases listed by the Department pursuant to subsection (b), except confirmed diagnoses of Acquired Immunodeficiency Syndrome (AIDS). If there is a confirmed diagnosis of AIDS, the hospital shall send the letter of notification only if the police officers, paramedics or ambulance personnel have indicated on the ambulance run sheet that a reasonable possibility exists that they have had blood or body fluid contact with the patient, or if hospital personnel providing the notification have reason to know of a possible exposure.

(d) Notification letters shall be sent to the designated contact at the municipal or private provider agencies listed on the ambulance run sheet. The letter shall state the names of crew members listed on the ambulance run sheet and the name of the

communicable disease diagnosed, but shall not contain the patient's name. Upon receipt of such notification letter, the provider agency shall contact all personnel involved in the pre-hospital or inter-hospital care and transport of the patient. Such notification letter may, but is not required to, consist of the following form:

NOTIFICATION LETTER

(NAME OF HOSPITAL)

(ADDRESS)

TO (Name of Organization)

FROM: (Infection Control Coordinator)

DATE

As required by Section 6.08 of the Illinois Hospital Licensing Act (name of hospital) is hereby providing notification that the following crew members transported a patient who was later diagnosed as having (name of communicable disease) (list of crew members). The Hospital Licensing Act requires you to maintain this information as a confidential medical record. Disclosure of this information may therefore result in civil liability for the individual or company breaching the patient's confidentiality, or both.

If you have any questions regarding this patient, please contact me at (telephone number), between (hours). Questions regarding exposure or the financial aspects of obtaining medical care should be directed to your employer.

(e) Upon discharge of a patient with a communicable disease to emergency personnel, the hospital shall notify the emergency personnel of appropriate precautions against the communicable

disease, but shall not identify the name of the disease.

(f) The hospital may, in its discretion, take any measures in addition to those required in this Section to notify police officers, paramedics and ambulance personnel of possible exposure to any communicable disease. However, in all cases this information shall be maintained as a confidential medical record.

(g) Any person providing or failing to provide notification under the protocol required by this Section shall have immunity from any liability, either criminal or civil, that might result by reason of such action or inaction, unless such action or inaction is willful.

(h) Any person who willfully fails to provide any notification required pursuant to an applicable protocol which has been adopted and approved

pursuant to this Section commits a petty offense, and shall be subject to a fine of \$200 for the first offense, and \$500 for a second or subsequent offense.

(i) Nothing in this Section shall preclude a civil action by a paramedic or ambulance crew member against an emergency services provider agency which fails to inform such crew member in a timely fashion of the receipt of a notification letter.

85/6.10. Testing for HIV upon patient request

6.10. The Department shall adopt rules requiring hospitals licensed under this Act to offer testing for infection with human immunodeficiency virus (HIV) to patients upon request. Such rules shall provide for appropriate pre-test and post-test counseling, and may provide for payment of the cost of testing the medically indigent in appropriate cases.

Tests requested or administered under such rules shall be subject to the provisions of the AIDS Confidentiality Act.

DEPARTMENT OF ALCOHOLISM AND SUBSTANCE ABUSE

ACT 305. ILLINOIS ALCOHOLISM AND

OTHER DRUG DEPENDENCY ACT

ARTICLE IV. POWERS AND DUTIES AND FUNCTIONS OF DEPARTMENT

305/4-101. Powers, duties and functions of the Department

4-101. Powers, duties and functions of the Department. In addition to the powers, duties and functions vested in the Department by this Act, or by other law's of this State, the Department shall have the powers, duties and functions enumerated below:

(a) To promulgate regulations to provide appropriate standards for programs and levels of payment for governmentally funded health and disability programs which provide care prevention, intervention or treatment for alcoholism and other drug abuse or dependency.

(b) To promulgate regulations as may be necessary to carry out the purposes and enforce the provisions of this Act.

(c) To the extent made possible by appropriations, to fund a comprehensive and coordinated array of services throughout the State for prevention, intervention, treatment, and relapse prevention that is accessible to, and meets the needs of, at risk or addicted individuals and their families.

(d) (Blank)

(e) To develop an annual comprehensive State plan for the provision of intervention, treatment, rehabilitation, prevention, education, including education of the elderly, and other services and activities to alleviate alcoholism and other drug abuse and dependency. The plan shall include identification of problems, needs priorities, services and other pertinent information, including the needs of minorities and other specific populations in each region of the State and in the entire State. The plan shall also include a statement of the need for services to reduce the spread of AIDS and to provide treatment and care for people with AIDS or AIDS-related complex whose infections were related to intravenous drug use. Additionally, the plan shall contain a report of the activities and progress of the program established under Section 4-103 of this Act. In the development of the plan, input shall be sought from providers, parent groups, associations and interested citizens.

(f) To establish a clearinghouse and central repository for the development and maintenance of a centralized data collection and dissemination system and a management information system for all alcoholism and other drug abuse and dependency functions.

(g) To review all State health, welfare and treatment services proposals submitted for Federal funding under legislation that includes provisions relating to alcoholism and other drug abuse and dependency.

(h) To cooperate with public and private agencies, organizations and individuals in the development of programs, and to provide technical assistance and consultation services for this purpose.

(i) To specify a uniform statistical methodology for use by agencies, organizations and individuals, and to collect and disseminate statistical information, including the number of persons treated, frequency of admission and readmission, and duration of treatment.

(j) To receive data and assistance from federal, State and local governmental agencies, and to obtain copies of identification and arrest data from all federal, State and local law enforcement agencies for use in carrying out the purposes and functions of the Department.

(k) To coordinate the funding of programs relating to alcoholism and other drug abuse and dependency, to accept gifts or grants, and to act as the exclusive State agency to accept, receive and expend funds, grants and services from the Federal government or its agents, and to deposit such funds into the Alcoholism and Substance Abuse Fund in the State Treasury which is hereby created, except funds received from the Federal Alcohol, Drug Abuse and Mental Health Block Grant, which shall be deposited as elsewhere provided, and except funds deposited in the Youth Drug Abuse Prevention Fund. Obligation and expenditure of public funds may be made by the Department subject to appropriations by the General Assembly.

(l) To make such agreements, grants-in-aid and purchase-care arrangements with any other Department, authority or commission of this State, or any other state or the Federal Government or with any public or private agency, including the disbursement of funds and furnishing of staff, to effectuate the purposes of this Act.

(m) To designate and maintain medical examination and other facilities for measuring alcoholism and other drug abuse and dependency.

(n) To designate, coordinate and assist rehabilitation centers and other necessary facilities for the treatment of alcoholism and other drug abuse and dependency.

(o) To assign or transfer any person placed under the treatment supervision of the Department pursuant to this Act to any person providing facilities or services approved by the Department, and who agrees to provide the necessary services, provided that any person so transferred shall continue to be under the treatment supervision of the Department or its designee.

(p) To cooperate with the Department of Corrections in establishing and conducting programs relating to alcoholism and other drug abuse and dependency.

(q) To cooperate with the State Superintendent of Education, boards of education, schools, police departments, courts and other public and private agencies and individuals in establishing programs for prevention and preparing curriculum materials for use at all levels of education, and to establish prevention programs in all Educational Service Regions in the State and to enter into an agreement with the State Superintendent of Education to establish such programs.

(r) To prepare, publish, evaluate and disseminate educational materials dealing with the nature and effects of alcoholism and other drug abuse and dependency.

(s) To develop and coordinate, with regional and local agencies, education and training programs for persons engaged in the treatment and detoxification of persons having alcoholism or other drug abuse and dependency problems, which programs shall include specific AIDS education and training for program personnel.

(t) To cooperate with and assist in the development of education, prevention and treatment programs for employees of State and local governments and businesses in the State.

(u) To utilize the support and assistance of interested persons in the community, particularly recovered addicts and alcoholics, to encourage clients to voluntarily undergo treatment.

(v) To promote, conduct, assist and sponsor basic clinical, epidemiological and statistical research in alcoholism and other drug abuse and dependency, either individually or in conjunction with any public or private agency.

(w) To encourage service providers who receive financial assistance in any form from the State to assess and collect fees for services rendered; provided, however, that no person shall be denied services by any program licensed or funded under this Act

because of inability to pay. Services shall be afforded to such persons on the same terms and conditions as services afforded to persons who are able to pay.

(x) To cooperate with the Illinois Department of Public Aid in the development and provision of services offered to recipients of public assistance for the treatment and prevention of alcoholism and other drug abuse and dependency.

(y) To encourage all health and disability insurance programs to include alcoholism and other drug abuse and dependency as a covered illness.

(z) To promulgate regulations to provide appropriate standards for programs for privately funded health and disability programs which provide care or treatment for alcoholism and other drug abuse or dependency.

(aa) The Department may establish and maintain 2 State-wide toll-free telephone numbers, or may contract with a private agency for the establishment and maintenance of such telephone numbers. One telephone number shall be used to provide information and referrals in relation to alcohol and drug abuse by adults, and the other telephone number shall be used to provide information and referrals in relation to alcohol and drug abuse by juveniles. In conjunction with the establishment of the toll-free telephone numbers, the Department may, with the assistance of the news media, produce and actively market television and radio announcements and billboard advertising using the theme "drug usage and addiction is a crippling disease" and encouraging the public to avoid the use of alcohol and illegal drugs and to seek the help of parents, teachers and professional counselors.

(bb) To promulgate rules in relation to service plans and rehabilitative services to be provided to persons upon referral by the Department of Children and Family Services pursuant to Section 8.2 of the Abused and Neglected Child Reporting Act, as now or hereafter amended.

(cc) To submit to the General Assembly not later than November 1 of each year a report of the uses to which funds from the Youth Drug Abuse Prevention Fund were applied during the previous fiscal year.

(dd) To cooperate with the Illinois Department of Public Health in the establishment funding and operation of programs for the prevention and treatment of acquired immunodeficiency syndrome (AIDS), especially with respect to those persons who may abuse

drugs by intravenous injection or may have been sexual partners of drug abusers or may have abused substances so that their immune systems are impaired, making them high-risk.

(ee) To require all programs supported by the Department to include an education component to inform participants regarding the causes and means of transmission and methods of reducing the risk of acquiring or transmitting AIDS, and to include funding for such education component in its support of the program.

(ff) The Department shall provide training in the recognition of symptoms and side effects of anabolic steroid abuse. Training shall be made available to physicians, other health care professionals, educators, persons engaged in the coaching and supervision of high school and college athletics, and other groups determined by the Department to be likely to come into contact with anabolic steroid abusers. The training shall also include information concerning education and appropriate referral of persons identified as probable or actual anabolic steroid abusers.

The Department is hereby authorized to develop and implement a Statewide steroid education program to alert the public, and particularly Illinois student athletes, athletic trainers, coaches, practitioners, and health club personnel, to the dangers and adverse effects of abusing anabolic steroids. The program shall be developed with the advice of the Illinois Advisory Council established by Section 5101 of this Act.

(gg) To develop and publish pamphlets that describe the causes and effects of fetal alcohol syndrome and distribute the pamphlets free of charge to each county clerk in sufficient quantities that the county clerk may provide a pamphlet to the recipients of all marriage licenses issued in the county.

(hh) To fund intervention services including the identification of substance abuse problems in an individual and within a family, the assessment and impact of that substance abuse on the individual's health and social, economic, and family well-being, and the development of a plan to prevent the increased or continued use of alcohol or other addictive drugs or substances.

(ii) To fund services to help, first, children of alcohol or drug addicted parents, and then partners, parents, family members, and other co-dependents who are adversely affected by their relationship with an alcohol or other drug abuser.

(jj) To make grants with funds appropriated from the Drug

Treatment Fund in accordance with Section 7 of the Controlled Substance and Cannabis Nuisance Act.

ARTICLE V. MEDICAL ASSISTANCE

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- 5/5-1. Declaration of purpose

5-1. Declaration of purpose. It is the purpose of this Article to provide a program of essential medical care and rehabilitative services for persons receiving basic maintenance grants under this Code and for other persons who are unable, because of inadequate resources, to meet their essential medical needs.

Preservation of health, alleviation of sickness, and correction of handicapping conditions for persons requiring maintenance support are essential if they are to have an opportunity to become self supporting or to attain a greater capacity for self-care. For persons who are medically indigent but otherwise able to provide themselves with a livelihood, it is of special importance to maintain their incentives for continued independence and preserve their limited resources for ordinary maintenance needs to prevent their total or substantial dependency.

5/5-1.1. Definitions

5-1.1. Definitions. The terms defined in this Section shall have the meanings ascribed to them, except when the context otherwise requires.

(a) "Skilled Nursing Facility" means a nursing home eligible to participate as a Skilled Nursing Facility under Title XIX of the Federal Social Security Act.'

(b) "Intermediate Care Facility" means a nursing home eligible to participate as an Intermediate Care Facility under Title XIX of the Federal Social Security Act.

(c) "Standard Services" means those services required for the care of all patients in the facility and shall as a minimum include the following: (1) Administration; (2) Dietary (standard); (3) Housekeeping; (4) Laundry and linen; (5) Maintenance of property and equipment, including utilities; (6) Medical records; (7) Training of employees; (8) Utilization review; (9) Activities services; (10) Social services; (11) Disability services; and all other similar services required by either the laws of the State

of Illinois or one of its political subdivisions or municipalities or by Title XIX of the Social Security Act.

(d) "Patient Services" means those which vary with the number of personnel; professional and para-professional skills of the personnel; specialized equipment, and reflect the intensity of the medical and psycho-social needs of the patients. Patient services shall as a minimum include: (1) Physical services; (2) Nursing services, including restorative nursing; (3) Medical direction and patient care planning; (4) Health related supportive and habilitative services and all similar services required by either the laws of the State of Illinois or one of its political subdivisions or municipalities or by Title XIX of the Social Security Act.

(e) "Ancillary Services" means those services which require a specific physician's order and defined as under the medical assistance program as not being routine in nature for skilled nursing and intermediate care facilities. Such services generally must be authorized prior to delivery and payment as provided for under the rules of the Department of Public Aid.

(f) "Capital" means the investment in a facility's assets for both debt and non-debt funds. Non-debt capital is the difference between an adjusted replacement value of the assets and the actual amount of debt capital.

(g) "Profit" means the amount which shall accrue to a facility as a result of its revenues exceeding its expenses as determined in accordance with generally accepted accounting principles.

(h) "Non-Institutional Services" means those services provided under paragraph (f) of Section 3 of "An Act in relation to rehabilitation of disabled persons", approved June 28, 1921, as amended, and those services provided under Section 4.02 of 'The

Illinois Act on the Aging", approved August 9, 1973, as amended.

(i) "Exceptional Medical Care" means the level of medical care required by persons who are medically stable for discharge from a hospital but who require acute intensity hospital level care for physician, nurse and ancillary specialist services, including persons with acquired immunodeficiency syndrome (AIDS) or a related condition. Such care shall consist of those services which the Department shall determine by rule.

(j) "Institutionalized person" means an individual who is an inpatient in an intermediate care or skilled nursing facility, or who is an inpatient in a medical institution receiving a level of care equivalent to that of an intermediate care or skilled nursing facility, or who is receiving services under Section 1915(c) of the Social Security Act.

(k) "Institutionalized spouse" means an institutionalized person who is expected to receive services at the same level of care for at least 30 days and is married to a spouse who is not an institutionalized person.

(l) "Community spouse" is the spouse of an institutionalized spouse.

5/5-2. Classes of persons eligible

5/5-2. Classes of Persons Eligible. Medical assistance under this Article shall be available to any of the following classes of persons in respect to whom a plan for coverage has been submitted to the Governor by the Illinois Department and approved by him:

1. Recipients of basic maintenance grants under Articles III and IV.

2. Persons otherwise eligible for basic maintenance under Articles III and IV but who fail to qualify thereunder on the basis of need, and who have insufficient income and resources to meet the costs of necessary medical care, including but not limited to, all persons who would be determined eligible for such

basic maintenance under Article IV by disregarding the maximum earned income permitted by federal law.

3. Persons who would otherwise qualify for Aid to the Medically Indigent under Article VII.

4. Persons not eligible under any of the preceding paragraphs who fall sick, are injured, or die, not having sufficient money, property or other resources to meet the costs of necessary medical care or funeral and burial expenses.

5.

been determined by medical diagnosis, and during the 60-day period beginning on the last day of the pregnancy, together with their infants and children born after September 30, 1983, whose income and resources are insufficient to meet the costs of necessary medical care to the maximum extent possible under Title XIX of the Federal Social Security Act.

(a) Women

(b) The Illinois Department and the Governor shall provide a plan for coverage of the persons eligible under paragraph 5(a) by April 1, 1990. Such plan shall provide ambulatory prenatal care to pregnant women during a presumptive eligibility period and establish an income eligibility standard that is equal to 133% of the confirmed income official poverty line, as defined by the federal Office of Management and Budget and revised annually in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981, applicable to families of the same size, provided that costs incurred for medical care are not taken into account in determining such income eligibility.

(c) The Illinois Department may conduct a demonstration in at least one county that will provide medical assistance to pregnant women, together with their infants and children up to one year of age, where the income eligibility standard is set up to 185% of the confirmed income official poverty line, as defined by the federal Office of Management and Budget. The Illinois Department shall seek and obtain necessary authorization provided under federal law to implement such a demonstration. Such demonstration may establish resource standards that are not more restrictive than those established under Article IV of this Code.

6. Persons under the age of 18 who fail to qualify as dependent under Article IV and who have insufficient income and resources to meet the costs of necessary medical care to the maximum extent permitted under Title XIX of the Federal Social Security Act.

7. Persons who are 18 years of age or younger and would qualify

as disabled as defined under the Federal Supplemental Security Income Program, provided medical service for such persons would be eligible for Federal Financial Participation, and provided the Illinois Department determines that:

(a) the person requires a level of care provided by a hospital, skilled nursing facility, or intermediate care facility, as determined by a physician licensed to practice medicine in all its branches

(b) it is appropriate to provide such care outside of an institution, as determined by a physician licensed to practice medicine in all its branches;

(c) the estimated amount which would be expended for care outside the institution is not greater than the estimated amount which would be expended in an institution.

8. Persons who become ineligible for basic maintenance assistance under Article IV of this Code in programs administered by the Illinois Department due to employment earnings and persons in assistance units comprised of adults and children who become ineligible for basic maintenance assistance under Article VI of this Code due to employment earnings. The plan for coverage for this class of persons shall:

(a) extend the medical assistance coverage for up to 12 months following termination of basic maintenance assistance; and

(b) offer persons who have initially received 6 months of the coverage provided in paragraph (a) above, the option of receiving an additional 6 months of coverage, subject to the following:

(i) such coverage shall be pursuant to provisions of the federal Social Security Act;

(ii) such coverage shall include all services covered while the person was eligible for basic maintenance assistance;

(iii) no premium shall be charged for such coverage; and

(iv) such coverage shall be suspended in the event of a person's failure without good cause to file in a timely fashion reports required for this coverage under the Social Security Act and coverage shall be reinstated upon the filing of such reports if the person remains otherwise eligible.

9. Persons with acquired immunodeficiency syndrome (AIDS) or

with AID S-related conditions with respect to whom there has been a determination that but for home or community-based services such individuals would require the level of care provided in an inpatient hospital, skilled nursing facility or intermediate care facility the cost of which is reimbursed under this Article. Assistance shall be provided to such persons to the maximum extent permitted under Title XIX of the Federal Social Security Act.

The Illinois Department and the Governor shall provide a plan for coverage of the persons eligible under paragraph 7 as soon as possible after July 1, 1984.

The eligibility of any such person for medical assistance under this Article is not affected by the payment of any grant under the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. The Department shall by rule establish the amounts of assets to be disregarded in determining eligibility for medical assistance, which shall at a minimum equal the amounts to be disregarded under the Federal Supplemental Security Income Program. The amount of assets of a single person to be disregarded shall not be less than \$2,000, and the amount of assets of a married couple to be disregarded shall not be less than \$3,000.

To the extent permitted under federal law, any person found guilty of a second violation of Article VIII A 8 shall be ineligible for medical assistance under this Article, as provided in Section 8A-8.

The eligibility of any person for medical assistance under this Article shall not be affected by the receipt by the person of donations or benefits from fundraisers held for the person in cases of serious illness, as long as neither the person nor members of the person's family have actual control over the donations or benefits or the disbursement of the donations or benefits.

5/5-5.13. Reimbursement for antimicrobial drug-Expedited review for drugs for AIDS treatment

5-5.13. The Illinois Department may not prohibit reimbursement for any antimicrobial drug used to treat infections which is approved by the federal Food and Drug Administration, and all such drugs shall be included in any Illinois Public Aid formulary which the Department may adopt, except that it may restrict

reimbursement for any antimicrobial drugs under the federal Maximum Allowable Cost Program.

The Illinois Department shall establish procedures for the expedited review, for purposes of inclusion in the Illinois Public Aid formulary, of any drug for the treatment of acquired immunodeficiency syndrome (AIDS) which the federal Food and Drug Administration has indicated is subject to a treatment investigational new drug application.

305 ILCS

5/5-18. Health insurance for HIV infected persons eligible for continuation coverage - Income eligibility requirements-Rules and regulations

5-18. The Illinois Department may pay for health insurance coverage with funds appropriated for this purpose on behalf of persons who are infected with the human immunodeficiency virus (HIV) and are eligible for "continuation coverage" as provided by the federal Consolidated Omnibus Budget Reconciliation Act of 1985 or group health insurance policies. The Illinois Department shall adopt rules to establish income eligibility requirements for participation in this health insurance coverage program. The Illinois Department shall also adopt rules and regulations to administer this program that are in compliance with the requirements of the federal Ryan White Comprehensive AIDS Resources Emergency Act of 1990.

5/10-22.39. In-service training programs

1022.39. In-service training programs. To conduct in-service training programs for teachers. In addition to other topics at such programs, school guidance counselors. teachers and other school personnel who work with -pupils in grades 7 through 12 shall be trained to identify the warning signs of suicidal behavior in adolescents and teens and shall be taught appropriate intervention and referral techniques.

School guidance counselors, nurses, teachers and other school personnel who work with pupils may be trained to have a basic knowledge of matters relating to acquired immunodeficiency syndrome (AIDS), including the nature of the disease, its causes and effects, the means of detecting it and preventing its transmission, and the availability of appropriate sources of counseling and referral, and any other information that may be appropriate considering the age and grade level of such pupils. The School Board shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.

5/27-9.1. Sex education

27-9.1. Sex Education (a) No pupil shall be required to take or participate in any class or course in comprehensive sex education if his parent or guardian submits written objection thereto, and refusal to take or participate in such course or program shall not be reason for suspension or expulsion of such pupil. Each class or course in comprehensive sex education offered in any of grades 6 through 12 shall include instruction on the prevention, transmission and spread of AIDS. Nothing in this Section prohibits instruction in sanitation, hygiene or traditional courses in biology.

(b) All public elementary, junior high, and senior high school classes that teach sex education and discuss sexual intercourse shall emphasize that abstinence is the expected norm in that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.

(c) All sex education courses that discuss sexual intercourse shall satisfy the following

- (1) Course material and instruction shall be age appropriate.
- (2) Course material and instruction shall teach honor and respect for monogamous heterosexual marriage.
- (3) Course material and instruction shall stress that pupils should abstain from sexual intercourse until they are ready for marriage.
- (4) Course material and instruction shall include a discussion

of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse outside of marriage and the consequences of unwanted adolescent pregnancy.

(5) Course material and instruction shall stress that sexually transmitted diseases are serious possible hazards of sexual intercourse. Pupils shall be provided with statistics based on the latest medical information citing the failure and success rates of condoms in preventing AIDS and other sexually transmitted diseases.

(6) Course material and instruction shall advise pupils of the laws pertaining to their financial responsibility to children born in and out of wedlock.

(7) Course material and instruction shall advise pupils of the circumstances under which it is unlawful for males to have sexual relations with females under the age of 18 to whom they are not married pursuant to Article 12 of the Criminal Code of 1961, as now or hereafter amended.

(8) Course material and instruction shall teach pupils to not make unwanted physical and verbal sexual advances and how to say no to unwanted sexual advances. Pupils shall be taught that it is wrong to take advantage of or to exploit another person. The material and instruction shall also encourage youth to resist negative peer pressure.

(d) An opportunity shall be afforded to parents or guardians to examine the instructional materials to be used in such class or course.

5/27-9.2. Family life

27-9.2. Family Life. If any school district provides courses of instruction designed to promote wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic and social responsibility aspects of family life, then such courses of instruction shall include the teaching of the alternatives to abortion, appropriate to the various grade levels; and whenever such courses of instruction are provided in any of grades 6 through 12, then such courses also shall include instruction on the prevention, transmission and spread of AIDS. However, no pupil shall be required to take or participate in any family life class or course on AIDS instruction if his parent or guardian submits written objection thereto, and refusal to take

or participate in such course or program shall not be reason for suspension or expulsion of such pupil.

The State Superintendent of Education shall prepare and make available to local school districts courses of instruction designed to satisfy the requirements of this Section.

The State Superintendent of Education shall develop a procedure for evaluating and measuring the effectiveness of the family life courses of instruction in each local school district, including the setting of reasonable goals for reduced sexual activity, sexually transmitted diseases and premarital pregnancy. The goals shall be set by the beginning of the 1991-92 school year. The State Superintendent shall distribute a copy of the procedure to each local school district. Each local school district may develop additional procedures or methods for measuring the effectiveness of the family life courses of instruction within the district. Before the beginning of the 1993-94 school year, the State Superintendent shall collect and evaluate all relevant data to determine whether the goals are being achieved.

5/5. Temporary protective custody

5. An officer of a local law enforcement agency, designated employee of the Department, or a physician treating a child may take or retain temporary protective custody of the child without the consent of the person responsible for the child's welfare, if (1) he has reason to believe that the circumstances or conditions of the child are such that continuing in his place of residence or in the care and custody of the person responsible for the child's welfare, presents an imminent danger to that child's life or health; and (2) there is not time to apply for a court order under the Juvenile Court Act of 1987 for temporary custody of the child. The person taking or retaining a child in temporary protective custody shall immediately make every reasonable effort to notify the person responsible for the child's welfare and shall immediately notify the Department. The Department shall provide to the temporary caretaker of a child any information in the Department's possession concerning the positive results of a

test performed on the child to determine the presence of the antibody or antigen to Human Immunodeficiency Virus (HIV), or of 11W infection, as well as any communicable diseases or communicable infections that the child has. The temporary caretaker of a child shall not disclose to another person any information received by the temporary caretaker from the Department concerning the results of a test performed on the child to determine the presence of the antibody or antigen to HIV, or of HIV infection, except pursuant to Section 9 of the AIDS Confidentiality Act, as now or hereafter amended. The Department shall promptly initiate proceedings under the Juvenile Court Act of 1987 for the continued temporary custody of the child.

Where the physician keeping a child in his custody does so in his capacity as a member of the staff of a hospital or similar institution, he shall notify the person in charge of the institution or his designated agent, who shall then become responsible for the further care of such child in the hospital or similar institution under the direction of the Department.

Said care includes, but is not limited to the granting of permission to perform emergency medical treatment to a minor where the treatment itself does not involve a substantial risk of harm to the minor and the failure to render such treatment will likely result in death or permanent harm to the minor, and there is not time to apply for a court order under the Juvenile Court Act of 1987.

Any person authorized and acting in good faith in the removal of a child under this Section shall have immunity from any liability, civil or criminal that might otherwise be incurred or imposed as a result of such removal. Any physician authorized and acting in good faith and in accordance with acceptable medical practice in the treatment of a child under this Section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of granting permission for emergency treatment.

With respect to any child taken into temporary protective custody pursuant to this Section, the Department of Children and Family Services Guardianship Administrator or his designee shall be deemed the child's legally authorized representative for purposes of consenting to an HIV test if deemed necessary and appropriate by the Department's Guardianship Administrator or designee and obtaining and disclosing information concerning such test pursuant to the AIDS Confidentiality Act if deemed necessary and appropriate by the Department 5 Guardianship Administrator or designee and for purposes of consenting to the release of

information pursuant to the Illinois Sexually Transmissible Disease Control Act if deemed necessary and appropriate by the Department's Guardianship Administrator or designee.

Any person who administers an HIV test upon the consent of the Department of Children and Family Services Guardianship Administrator or his designee, or who discloses the results of such tests to the Department's Guardianship Administrator or his designee, shall have immunity from any liability, civil, criminal or otherwise, that might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the good faith of any persons required to administer or disclose the results of tests, or permitted to take such actions, shall be presumed.

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5/12-7.2. Educational intimidation

12-7.2. Educational intimidation. (a) A person commits educational intimidation when he knowingly interferes with the right of any child who is or is believed to be afflicted with a chronic infectious disease to attend or participate in the activities of an elementary or secondary school in this State:

(1) by actual or threatened physical harm to the person or property of the child or the child's family; or

(2) by impeding or obstructing the child's right of ingress to, egress from, or freedom of movement at school facilities or activities; or

(3) by exposing or threatening to expose the child, or the family or friends of the child, to public hatred, contempt or ridicule.

(b) Subsection (a) does not apply to the actions of school officials or the school's infectious disease review team who are acting within the course of their professional duties and in accordance with applicable law.

(c) Educational intimidation is a Class C misdemeanor, except that a second or subsequent offense shall be a Class A misdemeanor.

(d) Independent of any criminal prosecution or the result thereof, any person suffering injury to his person or damage to his property as a result of educational intimidation may bring a civil action for damages, injunction or other appropriate relief. The court may award actual damages, including damages for emotional distress, or punitive damages. A judgment may include attorney's fees and costs. The parents or legal guardians of an unemancipated minor, other than guardians appointed pursuant to the Juvenile Court Act or the Juvenile Court Act of 1987, shall be liable for the amount of any judgment for actual damages awarded against such minor under this subsection (d) in any amount not exceeding the amount provided under Section 5 of the Parental Responsibility Law.

5/12-16.2. Criminal transmission of HIV

12-16.2. Criminal Transmission of HIV. (a) A person commits criminal transmission of HIV when he or she, knowing that he or she is infected with HIV:

(1) engages in intimate contact with another;

(2) transfers, donates, or provides his or her blood, tissue, semen, organs, or other potentially infectious body fluids for transfusion, transplantation, insemination, or other administration to another; or

(3) dispenses, delivers, exchanges, sells, or in any other way transfers to another any nonsterile intravenous or intramuscular drug paraphernalia.

(b) For purposes of this Section:

"HIV" means the human immunodeficiency virus or any other identified causative agent of acquired immunodeficiency syndrome.

"Intimate contact with another" means the exposure of the body of one person to a bodily fluid of another person in a manner that could result in the transmission of HIV.

"Intravenous or intramuscular drug paraphernalia" means any equipment, product, or material of any kind which is peculiar to and marketed for use in injecting a substance into the human body.

(c) Nothing in this Section shall be construed to require that an

infection with HIV has occurred in order for a person to have committed criminal transmission of HIV.

(d) It shall be an affirmative defense that the person exposed knew that the infected person was infected with HIV, knew that the action could result in infection with HIV, and consented to the action with that knowledge.

(e) A person who commits criminal transmission of HIV commits a Class 2 felony.

5/12-17. Defenses

12-17. Defenses.

(a) It shall be a defense to any offense under Section 12-13 through 12-16 of this Code where force or threat of force is an element of the offense that the victim consented. "Consent" means a freely given agreement to the act of sexual penetration or sexual conduct in question. Lack of verbal or physical resistance or submission by the victim resulting from the use of force or threat of force by the accused shall not constitute consent. The manner of dress of the victim at the time of the offense shall not constitute consent.

(b) It shall be a defense under subsection (b) and subsection (c) of Section 12-15 and subsection (d) of Section 12-16 of this Code that the accused reasonably believed the person to be 17 years of age or over.

5/12-18. General provisions

12-18. General Provisions. (a) No person accused of violating Sections 12-13, 12-14, 12-15 or 12-16 of this Code shall be presumed to be incapable of committing an offense prohibited by Sections 12-13, 12-14, 12-15 or 12-16 of this Code because of age, physical condition or relationship to the victim, except as otherwise provided in subsection (c) of this Section. Nothing in this Section shall be construed to modify or abrogate the affirmative defense of infancy under Section 6-1 of this Code or the provisions of Section 54 of the Juvenile Court Act of 1987.

(b) Any medical examination or procedure which is conducted by a physician, nurse, medical or hospital personnel, parent, or

caretaker for purposes and in a manner consistent with reasonable medical standards is not an offense under Sections 12-13, 12-14, 12-15 and 12-16 of this Code.

(c) No person may be charged by his or her spouse under Sections 12-15 and 12-16 of this Code.

Prosecution of a spouse of a victim under this subsection for any violation by the victim's spouse of Section 12-13 or 12-14 of this Code is barred unless the victim reported such offense to a law enforcement agency or the State's Attorney's office within 30 days after the offense was committed, except when the court finds good cause for the delay.

(d) In addition to the sentences provided for in Sections 12-13, 12-14, 12-15 and 12-16 of the Criminal Code of 1961 the Court may order any person who is convicted of violating any of those Sections to meet all or any portion of the financial obligations of treatment, including but not limited to medical, psychiatric, rehabilitative or psychological treatment, prescribed for the victim or victims of the offense.

(e) After a probable cause to believe that an accused has committed a violation of Section 12-13 or 12-14 of this Code, or after an indictment is returned charging an accused with a violation of Section 12-13 and 12-14 of this Code, at the request of the person who was the victim of the violation of Section 12-13 or 12-14, the prosecuting State's attorney shall seek an order from the court to compel the accused to be tested for infection with human immunodeficiency virus (HIV). The medical test shall be performed only by appropriately licensed medical practitioners, and shall consist of an enzyme-linked immunosorbent assay (ELISA) test, or such other test as may be approved by the Illinois Department of Public Health; in the event of a positive result, the Western Blot Assay or a more reliable confirmatory test shall be administered. The results of the test shall be kept strictly confidential by all medical personnel involved in the testing and must be personally delivered in a sealed envelope to the victim and to the judge who entered the order, for the judge's inspection in camera. Acting in accordance with the best interests of the victim and the public, the judge shall have the discretion to determine to whom, if anyone, the result of the testing may be revealed; however, in no case shall the identity of the victim be disclosed. The court shall order that the cost of the test shall be paid by the county, and may be taxed as costs against the accused if convicted.

5/3-6-2. Institutions and facility administration

3-6-2. Institutions and Facility Administration.

(a) Each institution and facility of the Department shall be administered by a chief administrative officer appointed by the Director. A chief administrative officer shall be responsible for all persons assigned to the institution or facility. The chief administrative officer shall administer the programs of the Department for the custody and treatment of such persons.

(b) The chief administrative officer shall have such assistants as the Department may assign.

(c) The Director or Assistant Director shall have the emergency powers to temporarily transfer individuals without formal procedures to any State, county, municipal or regional correctional or detention institution or facility in the State, subject to the acceptance of such receiving institution or facility, or to designate any reasonably secure place in the State as such an institution or facility and to make transfers thereto. However, transfers made under emergency powers shall be reviewed as soon as practicable under Article 8, and shall be subject to Section 1-7 of the Juvenile Court Act of 1987. This Section shall not apply to transfers to the Department of Mental Health and Developmental Disabilities which are provided for under Section 3-8-5 or Section 3-15.

(d) The Department shall provide educational programs for all committed persons so that all persons have an opportunity to attain the achievement level equivalent to the completion of the twelfth grade in the public school system in this State. Other higher levels of attainment shall be encouraged and professional instruction shall be maintained wherever possible. The Department may establish programs of mandatory education and may establish rules and regulations for the administration of such programs.

(e) A person committed to the Department who becomes in need of medical or surgical treatment but is incapable of giving consent thereto shall receive such medical or surgical treatment by the chief administrative officer consenting on the person's behalf. Before the chief administrative officer consents, he or she shall obtain the advice of one or more physicians licensed to practice medicine in all its branches in this State. If such physician or physicians advise:

(1) that immediate medical or surgical treatment is required relative to a condition threatening to cause death, damage or impairment to bodily functions, or disfigurement; and

(2) that the person is not capable of giving consent to such treatment; the chief administrative officer may give consent for such medical or surgical treatment, and such consent shall be deemed to be the consent of the person for all purposes, including, but not limited to, the authority of a physician to give such treatment.

(f) In the event that the person requires medical care and treatment at a place other than the institution or facility, the person may be removed therefrom under conditions prescribed by the Department.

(g) Any person having sole custody of a child at the time of commitment or any woman giving birth to a child after her commitment, may arrange through the Department of Children and Family Services for suitable placement of the child outside of the Department of Corrections. The Director of the Department of Corrections may determine that there are special reasons why the child should continue in the custody of the mother until the child is 6 years old.

(h) The Department may provide Family Responsibility Services which may consist of, but not be limited to the following:

(1) family advocacy counseling;

(2) parent self-help group;

(3) parenting skills training;

(4) parent and child overnight program;

(5) parent and child reunification counseling, either separately or together, preceding the inmate's release; and

(6) a prerelease reunification staffing involving the family advocate, the inmate and the child's counselor, or both and the inmate.

(i) Prior to the release of any inmate who has a documented history of intravenous drug use, and upon the

receipt of that inmate's written informed consent, the Department shall provide for the testing of such inmate for infection with human immunodeficiency virus (HIV) and any other identified causative agent of acquired immunodeficiency syndrome (AIDS). The testing provided under this subsection shall consist of an enzyme-linked immunosorbent assay (ELISA) test or such other test as may be approved by the Illinois Department of Public Health. If the test result is positive, the Western Blot Assay or more reliable confirmatory test shall be administered. All inmates tested in accordance with the provisions of this subsection shall be provided with pre-test and post-test counseling. Notwithstanding any provision of this subsection to the contrary, the Department shall not be required to conduct the testing and counseling required by this subsection unless sufficient funds to cover all costs of such testing and counseling are appropriated for that purpose by the General Assembly.

5/3-14-1. Release from the institution

3-14-1. Release from the Institution. (a) Upon release of a person on parole, mandatory release, final discharge or pardon the Department shall return all property held for him, provide him with suitable clothing and procure necessary transportation for him to his designated place of residence and employment. It may provide such person with a grant of money for travel and expenses which may be paid in installments. The amount of the money grant shall be determined by the Department.

The Department of Corrections may establish and maintain, in any institution it administers, revolving funds to be known as "Travel and Allowances Revolving Funds". These revolving funds shall be used for advancing travel and expense allowances to committed, paroled, and discharged prisoners. The moneys paid into such revolving funds shall be from appropriations to the Department for Committed, Paroled, and Discharged Prisoners.

(b) The Department shall, not later than January 1, 1986, enter into a written agreement with the Illinois Department of Public Aid which shall provide for interagency procedures to process and expedite applications for benefits authorized by the Illinois Public Aid Code which are filed by or on behalf of persons scheduled for discharge from facilities operated by the Department.

(c) Except as otherwise provided in this Code, the Department shall establish procedures to provide written notification of any

release of any person who has been convicted of a Class X felony to the sheriff of the county from which the offender was sentenced, and to the sheriff of the county in which the commission of the offense took place, at the written request of the sheriff from the county in which the commission of the offense took place. Except as otherwise provided in this Code, the Department shall establish procedures to provide written notification to the proper law enforcement agency for any municipality with a population of more than 25,000 persons, of any release of any person who has been convicted of a Class X felony where the arrest of the offender or the commission of the offense took place in such municipality, at the written request of the appropriate law enforcement agency.

(d) Upon the release of a committed person on parole, mandatory supervised release, final discharge or pardon, the Department shall provide such person with information concerning programs and services of the Illinois Department of Public Health to ascertain whether such person has been exposed to the human immunodeficiency virus (HIV) or any identified causative agent of Acquired Immunodeficiency Syndrome (AIDS).

5/5-4-3. Persons convicted of sex offenses or institutionalized as a sexually dangerous person; blood specimens; genetic marker groups

5-4-3. (a) Any person convicted of, or who received a disposition of court supervision for, a sexual offense or attempt of a sexual offense or institutionalized as a sexually dangerous person under the Sexually Dangerous Persons Act 1 shall, regardless of the sentence imposed, be required to submit specimens of blood to the Illinois Department of State Police in accordance with the provisions of this Section, provided such person is:

(1) convicted of a sexual offense or attempt of a sexual offense on or after the effective date of this amendatory Act of 1989, and sentenced to a term of imprisonment, periodic imprisonment, fine, probation, conditional discharge or any other form of sentence, or given a disposition of court supervision for the offense, or

(2) ordered institutionalized as a sexually dangerous person on or after the effective date of this amendatory Act of 1989, or

(3) convicted of a sexual offense or attempt of a sexual offense

before the effective date of this amendatory Act of 1989 and is presently confined as a result of such conviction in any State correctional facility or county jail or is presently serving a sentence of probation, conditional discharge or periodic imprisonment as a result of such conviction, or

(4) presently institutionalized as a sexually dangerous person or presently institutionalized as a person found guilty but mentally ill of a sexual offense or attempt of a sexual offense.

(b) Any person required by paragraphs (a)(1) and (a)(2) to provide specimens of blood shall be ordered by the court to have specimens of blood collected within 45 days after sentencing at a collection site designated by the Illinois Department of State Police.

(c) Any person required by paragraphs (a)(3) and (a)(4) to provide specimens of blood shall be required to provide such samples prior to final discharge, parole, or release at a collection site designated by the Illinois Department of State Police.

(d) The Illinois Department of State Police shall provide all equipment and instructions necessary for the collection of blood samples. The collection of samples shall be performed in a medically approved manner. Only a physician authorized to practice medicine, a registered nurse or other qualified person approved by the Illinois Department of Public Health may withdraw blood for the purposes of this Act. The samples shall thereafter be forwarded to the Illinois Department of State Police, Division of Forensic Services and Identification, for analysis and categorizing into genetic marker groupings.

(e) The genetic marker groupings shall be maintained by the Illinois Department of State Police, Division of Forensic Services and Identification.

(f) The genetic marker grouping analysis information obtained pursuant to this Act shall be confidential and shall be released only to peace officers of the United States, of other states or territories, of the insular possessions of the United States, of foreign countries duly authorized to receive the same, to all peace officers of the State of Illinois and to all prosecutorial agencies.

(g) For the purposes of this Section, "sexual offense" means any violation of Sections 11-11, 12-13, 12-14, 12-15 or 12-16 of the Criminal Code of 1961, or any former statute of this State which

defined a felony sexual offense.

(h) The Illinois Department of State Police shall be the State central repository for all genetic marker grouping analysis information obtained pursuant to this Act. The Illinois Department of State Police may promulgate rules for the form and manner of the collection of blood samples and other procedures for the operation of this Act. The provisions of the Administrative Review Law 3 shall apply to all actions taken under the rules so promulgated.

(i) A person ordered by the court to provide a blood specimen shall cooperate with the collection of the specimen and any deliberate act by that person intended to impede, delay or stop the collection of the blood specimen shall be punishable as contempt of court.

5/5-5-3. Disposition

5-5-3. Disposition.

(a) Every person convicted of an offense shall be sentenced as provided in this Section.

(b) The following Options shall be appropriate dispositions, alone or in combination, for all felonies and misdemeanors other than those identified in subsection (c) of this Section:

- (1) A period of probation;
- (2) A term of periodic imprisonment;
- (3) A term of conditional discharge;
- (4) A term of imprisonment;
- (5) An order directing the offender to clean up and repair the damage, if the offender was convicted under paragraph (h) of Section 21-1 of the Criminal Code of 1961;
- (6) A fine; or
- (7) An order directing the offender to make restitution to the victim under Section 5-5-6 of this Code.

Whenever an individual is sentenced for an offense based upon an arrest for a violation of Section 11-501 of the Illinois Vehicle

Code, or a similar provision of a local ordinance, and the professional evaluation recommends remedial or rehabilitative treatment or education, neither the treatment nor the education shall be the sole disposition and either or both may be imposed only in conjunction with another disposition. The court shall monitor compliance with any remedial education or treatment recommendations contained in the professional evaluation. Programs conducting alcohol or other drug evaluation or remedial education must be licensed by the Department of Alcoholism and Substance Abuse. However, if the individual is not a resident of Illinois, the court may accept an alcohol or other drug evaluation or remedial education program in the state of such individual's residence. Programs providing treatment must be licensed under existing applicable alcoholism and drug treatment licensure standards.

In addition to any other fine or penalty required by law, any individual convicted of a violation of Section 11-501 of the Illinois Vehicle Code or a similar provision of local ordinance, whose operation of a motor vehicle while in violation of Section 11-501 or such ordinance proximately caused an incident resulting in an appropriate emergency response, shall be required to make restitution to a public agency for the costs of that emergency response. Such restitution shall not exceed \$500 per public agency for each such emergency response. For the purpose of this paragraph, emergency response shall mean any incident requiring a response by: a police officer as defined under Section 1-162 of the Illinois Vehicle Code; a fireman carried on the rolls of a regularly constituted fire department; and an ambulance as defined under Section 4.05 of the Emergency Medical Services (EMS) Systems Act.

Neither a fine nor restitution shall be the sole disposition for a felony and either or both may be imposed only in conjunction with another disposition.

(c) (1) When a defendant is found guilty of first degree murder the State may either seek a sentence of imprisonment under Section 5-8-1 of this Code, or where appropriate seek a sentence of death under Section 9-1 of the Criminal Code of 1961.

(2) A period of probation, a term of periodic imprisonment or conditional discharge shall not be imposed for the following offenses. The court shall sentence the offender to not less than the minimum term of imprisonment set forth in this Code for the following offenses, and may order a fine or restitution or both in conjunction with such term of imprisonment:

(A) First degree murder where the death penalty is not imposed;

(B) Attempted first degree murder;

(C) A Class X felony;

(D) A violation of Section 401.1 or 407 of the Illinois Controlled Substances Act, or a violation of subdivision (c) (2) of Section 401 of that Act which relates to more than 5 grams of a substance containing cocaine or an analog thereof;

(E) A violation of Section 5.1 or 9 of the Cannabis Control Act;

(F) A Class 2 or greater felony if the offender had been convicted of a Class 2 or greater felony within 10 years of the date on which he committed the offense for which he is being sentenced;

(G) Residential burglary;

(H) Criminal sexual assault, except as otherwise provided in subsection (e) of this Section;

(I) Aggravated battery of a senior citizen;

(J) A forcible felony if the offense was related to the activities of an organized gang. For the purposes of this paragraph, "organized gang" means an association of 5 or more persons, with an established hierarchy, that encourages members of the association to perpetrate crimes or provides support to the members of the association who do commit crimes.

(3) A minimum term of imprisonment of not less than 48 consecutive hours or 10 days of community service as may be determined by the court shall be imposed for a second or subsequent violation committed within 5 years of a previous violation of Section 11-501 of the Illinois Vehicle Code or a similar provision of a local ordinance.

(4) A minimum term of imprisonment of not less than 7 consecutive days or 30 days of community service shall be imposed for a violation of paragraph (c) of Section 6-303 of the Illinois Vehicle Code.

(5) The court may sentence an offender convicted of a business offense or a petty offense or a corporation or unincorporated association convicted of any offense to:

(A) A period of conditional discharge;

(B) A fine;

(C) Make restitution to the victim under Section 5-5-6 of this Code.

(6) In no case shall an offender be eligible for a disposition of probation or conditional discharge for a Class 1 felony committed while he was serving a term of probation or conditional discharge for a felony.

(7) When a defendant is adjudged a habitual criminal under Article 33B of the Criminal Code of 1961, the court shall sentence the defendant to a term of natural life imprisonment.

(8) When a defendant, over the age of 21 years, is convicted of a Class 1 or Class 2 felony, after having twice been convicted of any Class 2 or greater Class felonies in Illinois, and such charges are separately brought and tried and arise out of different series of acts, such defendant shall be sentenced as a Class X offender. This paragraph shall not apply unless (1) the first felony was committed after the effective date of this amendatory Act of 1977; and (2) the second felony was committed after conviction on the first; and (3) the third felony was committed after conviction on the second.

(9) A defendant convicted of a second or subsequent offense of ritualized abuse of a child may be sentenced to a term of natural life imprisonment.

(d) In any case in which a sentence originally imposed is vacated, the case shall be remanded to the trial court. The trial court shall hold a hearing under Section 5-4-1 of the Unified Code of Corrections which may include evidence of the defendant's life, moral character and occupation during the time since the original sentence was passed. The trial court shall then impose sentence upon the defendant. The trial court may impose any sentence which could have been imposed at the original trial subject to Section 5-5-4 of the Unified Code of Corrections.

(e) In cases where prosecution for criminal sexual assault or aggravated criminal sexual abuse under Section 12-13 or 12-16 of the Criminal Code of 1961 results in conviction of a defendant who was a family member of the victim at the time of the commission of the offense, the court shall consider the safety and welfare of the victim and may impose a sentence of probation only where:

(1) the court finds (A) or (13) 6r both are appropriate:

(A) the defendant is willing to undergo a court approved counseling program for a minimum duration of 2 years; or

(B) the defendant is willing to participate in a court approved plan including but not limited to the defendant's:

(i) removal from the household;

(ii) restricted contact with the victim;

(iii) continued financial support of the family;

(iv) restitution for harm done to the victim; and

(v) such other measures that the court may deem appropriate; and

(2) the court orders the defendant to pay for the victim's counseling services, to the extent that the court finds, after considering the defendant's income and assets, that the defendant is financially capable of paying for such services, if the victim was under 18 years of age at the time the offense was committed and requires counseling as a result of the offense.

Probation may be revoked or modified pursuant to Section 5-6-4; except where the court determines at the hearing that the defendant violated a condition of his or her probation restricting contact with the victim or other family members or commits another offense with the victim or other family members, the court shall revoke the defendant's probation and impose a term of imprisonment.

For the purposes of this Section, "family member" and "victim" shall have the meanings ascribed to them in Section 12-12 of the Criminal Code of 1961.

(f) This Article shall not deprive a court in other proceedings to order a forfeiture of property, to suspend or cancel a license, to remove a person from office, or to impose any other civil penalty.

(g) Whenever a defendant is convicted of an offense under Sections 11-14, 11-15, 11-15.1, 11-16, 11-17, 11-18, 11-18.1, 11-19, 11-19.1, 11-19.2, 12-13, 12-14, 12-15 or 12-16 of the Criminal Code of 1961, the defendant shall undergo medical testing to determine whether the defendant has any sexually transmissible disease, including a test for infection with human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency syndrome (AIDS). Any such

medical test shall be performed only by appropriately licensed medical practitioners and may include an analysis of any bodily fluids as well as an examination of the defendant's person. Except as otherwise provided by law, the results of such test shall be kept strictly confidential by all medical personnel involved in the testing and must be personally delivered in a sealed envelope to the judge of the court in which the conviction was entered for the judge's inspection in camera. Acting in accordance with the best interests of the victim and the public, the judge shall have the discretion to determine to whom, if anyone, the results of the testing may be revealed. The court shall notify the defendant of a positive test showing an infection with the human immunodeficiency virus (HIV). The court shall provide information on the availability of HIV testing and counseling at Department of Public Health facilities to all parties to whom the results of the testing are revealed and shall direct the State's Attorney to provide the information to the victim when possible. A State's Attorney may petition the court to obtain the results of any HIV test administered under this Section, and the court shall grant the disclosure if the State's Attorney shows it is relevant in order to prosecute a charge of criminal transmission of HIV under Section 12-16.2 of the Criminal Code of 1961 against the defendant. The court shall order that the cost of any such test shall be paid by the county and may be taxed as costs against the convicted defendant.

(h) Whenever a defendant is convicted of an offense under Section 1 or 2 of the Hypodermic Syringes and Needles Act, the defendant shall undergo medical testing to determine whether the defendant has been exposed to human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency syndrome (AIDS). Except as otherwise provided by law, the results of such test shall be kept strictly confidential by all medical personnel involved in the testing and must be personally delivered in a sealed envelope to the judge of the court in which the conviction was entered for the judge's inspection in camera. Acting in accordance with the best interests of the public, the judge shall have the discretion to determine to whom, if anyone, the results of the testing may be revealed. The court shall notify the defendant of a positive test showing an infection with the human immunodeficiency virus (HIV). The court shall provide information on the availability of HIV testing and counseling at Department of Public Health facilities to all parties to whom the results of the testing are revealed and shall direct the State's Attorney to provide the information to the victim when possible. A State's Attorney may petition the court to obtain the results of any HIV test administered under

this Section, and the court shall grant the disclosure if the State's Attorney shows it is relevant in order to prosecute a charge of criminal transmission of HIV under Section 12-16.2 of the Criminal Code of 1961 against the defendant. The court shall order that the cost of any such test shall be paid by the county and may be taxed as costs against the convicted defendant.

(i) All fines and penalties imposed under this Section for any violation of Chapters 3, 4, 6, and 11 of the Illinois Vehicle Code, or a similar provision of a local ordinance, and any violation of the Child Passenger Protection Act, or a similar provision of a local ordinance, shall be collected and disbursed by the circuit clerk as provided under Section 27.5 of the Clerks of Courts Act.

5-204. Medical information brochure

204. Medical information brochure. The county clerk shall distribute free of charge, to all persons applying for a marriage license, a brochure prepared by the Department of Public Health concerning sexually transmitted diseases and inherited metabolic diseases.

50/7. Amendment or revocation of the gift

7. Amendment or Revocation of the Gift. (a) If the will, card, or other document or executed copy thereof, has been delivered to a specified donee, the donor may amend or revoke the gift by:

(1) the execution and delivery to the donee of a signed statement witnessed and certified as provided in Section 5(b); or

(2) a signed card or document found on his person, or in his effects, executed at a date subsequent to the date the original gift was made and witnessed and certified as provided in Section 5(b).

(b) Any document of gift which has not been delivered to the donee may be revoked by the donor in the manner set out in subsection (a).

(c) Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills or as provided in subsection (a).

50/8. Rights and duties at death

8. Rights and Duties at Death. (a) The donee may accept or reject the gift. If the donee accepts a gift of the entire body, he may, subject to the terms of the gift, authorize embalming and the use of the body in funeral services, unless a person named in subsection (b) of Section 3 has requested. prior to the final disposition by the donee, that the remains of said body be returned to his or her custody for the purpose of final disposition. Such request shall be honored by the donee if the terms of the gift are silent on how final disposition is to take place. If the gift is of a part of the body, the donee or technician designated by him upon the death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation and without undue delay in the release of the body for the purposes of final disposition. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next of kin, or other persons under obligation to dispose of the body, in the order or priority listed in subsection (b) of Section 3 of this Act.

(b) The time of death shall be determined by a physician who attends the donor at his death, or, if none, the physician who certifies the death. The physician shall not participate in the procedures for removing or transplanting a part.

(c) A person who acts in good faith in accord with the terms of this Act and the AIDS Confidentiality Act, or the anatomical gift laws of another state or a foreign country, is not liable for damages in any civil action or subject to prosecution in any criminal proceeding for his act. Any person that participates in good faith and according to the usual and customary standards of medical practice in the removal or transplantation of any part of a decedent's body pursuant to an anatomical gift made by the decedent under Section 5 of this Act or pursuant to an anatomical gift made by an individual as authorized by subsection (b) of Section 3 of this Act shall have immunity from liability, civil, criminal, or otherwise, that might result by reason of such actions. For the purpose of any proceedings, civil or criminal, the validity of an anatomical gift executed pursuant to Section 5 of this Act shall be presumed and the good faith of any person participating in the removal or transplantation of any part of a decedent's body pursuant to an anatomical gift made by the decedent or by another individual authorized by the Act shall be presumed.

(d) This Act is subject to the provisions of "An Act to revise the law in relation to coroners", approved February 6, 1874, as now or hereafter amended, to the laws of this State prescribing powers and duties with respect to autopsies, and to the statutes, rules, and regulations of this State with respect to the transportation and disposition of deceased human bodies.

(e) If the donee is provided information, or determines through independent examination, that there is evidence that the gift was exposed to the human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency syndrome (AIDS), the donee may reject the gift and shall treat the information and examination results as a confidential medical record; the donee may disclose only the results confirming HIV exposure, and only to the physician of the deceased donor. The donor's physician shall determine whether the person who executed the gift should be notified of the confirmed positive test result.