/* Illinois has passed voluminous AIDS legislation. It is presented in two parts. Illinois has a victim assistance fund; a registry act; a high risk population awareness program; alcohol and drug program; health insurance continuation coverage; supportive residence licensing; and a communicable disease prevention act, as well as statutes covering inmate testing, STD control, donor testing, STD brochures, and similar matters.*/

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5/34-18.8. AIDS training

3418.8. AIDS training. 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, 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 Board of Education shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.

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410 ILCS

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50/1. Purpose

1. The purpose of this Act is to establish certain rights for medical patients and to provide a penalty for the violation thereof.

50/2. Definitions

2. As used in this Act, unless the context otherwise requires, the terms specified in Sections 2.01 through 2.05 have the meanings ascribed to them in those Sections.

50/2.01. Patient

2.01. "Patient" means any person who has received or is receiving medical care, treatment or services from an individual or institution licensed to provide medical care or treatment in this State.

50/2.02. Health services corporation

2.02. "Health services corporation" means any corporation issuing a plan for medical or hospital services or for the payment or reimbursement of expenses arising from such services.

50/2.03. Health care provider

2.03. "Health care provider" means any public or private facility that provides, on an inpatient or outpatient basis, preventive, diagnostic, therapeutic, convalescent, rehabilitation, mental health or mental retardation services, including general or special hospitals, skilled nursing homes, extended care facilities, intermediate care facilities and mental health centers.

50/2.04. Insurance company

2.04. "Insurance company" means (1) an insurance company, fraternal benefit society, and any other insurer subject to regulation under the Illinois Insurance Code; or (2) a health maintenance organization.

50/2.05. Experimental procedures

2.05. "Experimental procedures" means a research program or an experimental procedure, as defined under the rules and regulations of the Hospital Licensing Act.

50/3. Rights established

3. The following rights are hereby established:

(a) The right of each patient to care consistent with sound nursing and medical practices, to be informed of the name of the physician responsible for coordinating his or her care, to receive information concerning his or her condition and proposed treatment, to refuse any treatment to the extent permitted by law, and to privacy and confidentiality of records except as otherwise provided by law.

(b) The right of each patient, regardless of source of payment, to examine and receive a reasonable explanation of his total bill for services rendered by his physician or health care provider, including the itemized charges for specific services received. Each physician or health care provider shall be responsible only for a reasonable explanation of those specific services provided by such physician or health care provider.

(c) in the event an insurance company or health services corporation cancels or refuses to renew an individual policy or plan, the insured patient shall be entitled to timely, prior notice of the termination of such policy or plan.

An insurance company or health services corporation that requires any insured patient or applicant for new or continued insurance or coverage to be tested for infection with human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency syndrome (AIDS) shall (1) give the patient or applicant prior written notice of such requirement, (2) proceed with such testing only upon the written authorization of the applicant or patient, and (3) keep the results of such testing confidential. Notice of an adverse underwriting or coverage decision may be given to an-'. appropriately interested party, but the insurer may only disclose the test result itself to a physician designated by the applicant or patient, and an-'. such disclosure shall be in a manner that assures confidentiality.

The Department of Insurance shall enforce the provisions of this subsection.

(d) The right of each patient to privacy and confidentiality in health care. Each physician, health care provider, health services corporation and insurance company shall refrain from

disclosing the nature or details of services provided to patients, except that such information may be disclosed to the patient, the party making treatment decisions if the patient is incapable of making decisions regarding the health services provided, those parties directly involved with providing treatment to the patient or processing the payment for that treatment, those parties responsible for peer review, utilization review and quality assurance, and those parties required to be notified under the Abused and Neglected Child Reporting Act, the Illinois Sexually Transmissible Disease Control Act 2 or where otherwise authorized or required by law. This right may be waived in writing by the patient or the patient's guardian, but a physician or other health care provider may not condition the provision of services on the patient's or guardian's agreement to sign such a waiver.

50/3.1. Subjects of research programs or experimental procedures consent

3.1. (a) Any patient who is the subject of a research program or an experimental procedure, as defined under the rules and regulations of the Hospital Licensing Act,' shall have, at a minimum, the right to receive an explanation of the nature and possible consequences of such research or experiment before the research or experiment is conducted, and to consent to or reject it.

(b) No physician may conduct any research program or experimental procedure on a patient without the prior informed consent of the patient or, if the patient is unable to consent, the patient's guardian, spouse, parent, or authorized agent.

50/3.2. Patient visitation

3.2. (a) Every health care facility in this State shall permit visitation by any person or persons designated by a patient who is 15 years of age or older and who is allowed rights of visitation unless (1) the facility does not allow any visitation for a patient or patients, or (2) the facility or the patient's physician determines that visitation would endanger the physical health or safety of a patient or visitor, or would interfere with the operations of the facility. Nothing in this Act shall restrict the ability of a health care facility to regulate the hours of visitation, the number of visitors per patient or the

movement of visitors within the facility.

(b) Nothing in this Section shall be construed to further limit or restrict the right of visitation provided by other provisions of law.

(c) For the purposes of this Section a "health care facility" does not include a developmental disability facility, a mental health facility or a mental health center.

50/4. Offense-Penalties

4. Any physician or health care provider that violates a patient's rights as set forth in subparagraph (a) of Section 3 is guilty of a petty offense and shall be fined $500. Any insurance company or health service corporation that violates a patient's rights as set forth in subparagraph (b) of Section 3 is guilty of a petty offense and shall be fined $1,000. Any physician, health care provider, health services corporation or insurance company that violates a patient's rights as set forth in subsection (c) of Section 3 is guilty of a petty offense and shall be fined $1,000.

ACT 305. AIDS CONFIDENTIALITY ACT

Section

305/1. Short title

1. This Act shall be known and may be cited as the "AIDS Confidentiality Act.

305/2. Legislative findings

2. The General Assembly finds that:

(1) The use of tests designed to reveal a condition indicative of Human Immunodeficiency Virus (HIV) infection can be a valuable tool in protecting the public health.

(2) Despite existing laws, regulations and professional standards which require or promote the informed, voluntary and confidential use of tests designed to reveal HIV infection, many members of the public are deterred from seeking such testing because they misunderstand the nature of the test or fear that test results will be disclosed without their consent.

(3) The public health will be served by facilitating informed, voluntary and confidential use of tests designed to reveal HIV infection.

305/3. Definitions

3. When used in this Act:

(a) "Department" means the Illinois Department of Public Health.

(b) "AIDS" means acquired immunodeficiency syndrome.

(c) "HIV" means the Human Immunodeficiency Virus or any other identified causative agent of AIDS.

(d) "written informed consent" means an agreement in writing executed by the subject of a test or the subject's legally authorized representative without undue inducement or any element of force, fraud, deceit, duress or other form of constraint or coercion, which entails at least the following:

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

(2) a fair explanation of the procedures to be followed, including the voluntary nature of the test, the right to withdraw consent to the testing process at any time, the right to anonymity to the extent provided by law with respect to participation in the test and disclosure of test results, and the right to confidential treatment of information identifying the subject of the test and the results of the test, to the extent provided by law.

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

(f) "Health care provider" means any physician, nurse, paramedic, psychologist or other person providing medical, nursing, psychological, or other health care services of any kind.

(g) "Test" or "HIV test" means a test to determine the presence of the antibody or antigen to HIV, or of HIV infection.

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

4. No person may order an HIV test without first receiving the written informed consent of the subject of the test or the subject's legally authorized representative

305/5. Information about results and further testing or counseling

5. No physician may order an HIV test without making available to the person tested information about the meaning of the test results, the availability of additional or confirmatory testing, if appropriate, and the availability of referrals for further information or counseling.

305/6. Anonymity

6. A subject of a test who wishes to remain anonymous shall have the right to do so, and to provide written informed consent by using a coded system that does not link individual identity with the request or result, except when written informed consent is not required by law. The Department may, if it deems necessary, promulgate regulations exempting blood banks, as defined in the Illinois Blood Bank Act,' from the requirements of this Section.

305/7 Consent to test-Exceptions

7. (a) Notwithstanding the provisions of Sections 4, 5 and 6 of this Act, Written informed consent is not required for a health care provider or health facility to perform a test when the health care provider or health facility procures, processes, distributes or uses a human body part donated for a Purpose specified under the Uniform Anatomical Gift Act,' or semen provided prior to the effective date of this Act for the purpose of artificial insemination, and such a test is necessary to assure medical acceptability of such gift or semen for the purposes intended.

(b) Written informed consent is not required for a health care provider or health facility to perform a test when a health care provider or employee of a health facility, or a firefighter or an EMT-A, EMT-I or EMT-P, is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment. Should such test prove to be positive, the patient and the health care provider, health facility employee, firefighter, EMT-A, EMT-I, or

EMT-P shall be provided appropriate counseling consistent with this Act.

(c) Written informed consent is not required for a health care provider or health facility to perform a test when a law enforcement officer is involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment. Should such test prove to be positive, the patient shall be provided appropriate counseling consistent with this Act. For purposes of this subsection (c), "law enforcement officer" means any person employed by the State, a county or a municipality as a policeman, peace officer, auxiliary policeman, correctional officer or in some like position involving the enforcement of the law and protection of the public interest at the risk of that person's life.

305/8. Consent to test; information and counseling-Exceptions

8. Notwithstanding the provisions of Sections 4 and 5 of this Act, written informed consent, information and counseling are not required for the performance of an HIV test: (a) for the purpose of research, if the testing is performed in such a way that the identity of the test subject is not known and may not be retrieved by the researcher, and in such a way that the test subject is not informed of the results of the testing, or (b) when in the judgment of the physician, such testing is medically indicated to provide appropriate diagnosis and treatment to the subject of the test, provided that the subject of, the test has otherwise provided his or her consent to such physician for medical treatment

305/9. Disclosure of identity of person tested

9. No person may disclose or be compelled to disclose the identity of any person upon whom a test is performed, or the results of such a test in a manner which permits identification of the subject of the test, except to the following persons:

(a) The subject of the test or the subject's legally authorized representative. A physician may notify the spouse of the test subject, if the test result is positive and has been confirmed by a Western Blot Assay or more reliable test, provided that the

physician has first sought unsuccessfully to persuade the patient to notify the spouse or that, a reasonable time after the patient has agreed to make the notification, the physician has reason to believe that the patient has not provided the notification. This paragraph shall not create a duty or obligation under which a physician must notify the spouse of the test results, nor shall such duty or obligation be implied. No civil liability or criminal sanction under this Act shall be imposed for any disclosure or non-disclosure of a test result to a spouse by a physician acting in good faith under this paragraph. For the purpose of any proceedings, civil or criminal, the good faith of any physician acting under this paragraph shall be presumed.

(b) Any person designated in a legally effective release of the test results executed by the subject of the test or the subject's legally authorized representative.

(c) An authorized agent or employee of a health facility or health care provider if the health facility or health care provider itself is authorized to obtain the test results, the agent or employee provides patient care or handles or processes specimens of body fluids or tissues, and the agent or employee has a need to know such information.

(d) The Department, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by State law.

(e) A health facility or health care provider which procures, processes, distributes or uses: (i) a human body part from a deceased person with respect to medical information regarding that person; or (ii) semen provided prior to the effective date of this Act for the purpose of artificial insemination.

(f) Health facility staff committees for the purposes of conducting program monitoring, program evaluation or service reviews.

(g) A person allowed access to said record by a court order which is issued in compliance with the following provisions:

(i) No court of this State shall issue such order unless the court finds that the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means. In assessing compelling need, the court shall weigh the need for disclosure against the privacy interest of the test subject and the public interest which may be disserved by disclosure which deters blood, organ, and semen

donation and future HIV related testing.

(ii) Pleadings pertaining to disclosure of test results shall substitute a pseudonym for the true name of the subject of the test. The disclosure to the parties of the subject's true name shall be communicated confidentially, in documents not filed with the court.

(iii) Before granting any such order, the court shall provide the individual whose test result is in question with notice and a reasonable opportunity to participate in the proceedings if he or she is not already a party.

(iv) Court proceedings as to disclosure of test results shall be conducted in camera unless the subject of the test agrees to a hearing in open court or unless the court determines that a public hearing is necessary to the public interest and the proper administration of justice.

(v) Upon the issuance of an order to disclose test results, the court shall impose appropriate safeguards against unauthorized disclosure, which shall specify the persons who may have access to the information, the purposes for which the information shall be used, and appropriate prohibitions on future disclosure.

(h) Any health care provider or employee of a health facility, and any firefighter or EMT-A, EMT-P, or EMT-I, involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment.

(i) Any law enforcement officer, as defined in subsection (c) of Section 7 involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment.

(j) A temporary caretaker of a child taken into temporary protective custody by the Department of Children and Family Services pursuant to Section 5 of the Abused and Neglected Child Reporting Act, as now or hereafter amended.'

(k) In the case of a minor under 18 years of age whose test result is positive and has been confirmed by a Western Blot Assay or a more reliable test, the health care provider who ordered the test shall make a reasonable effort to notify the minor's parent or legal guardian if, in the professional judgement of the health

care provider, notification would be in the best interest of the child and the health care provider has first sought unsuccessfully to persuade the minor to notify the parent or legal guardian or a reasonable time after the minor has agreed to notify the parent or legal guardian, the health care provider has reason to believe that the minor has not made the notification. This subsection shall not create a duty or obligation under which a health care provider must notify the minor's parent or legal guardian of the test results, nor shall a duty or obligation be implied. No civil liability or criminal sanction under this Act shall be imposed for any notification or non-notification of a minor's test result by a health care provider acting in good faith under this subsection. For the purpose of any proceeding, civil or criminal, the good faith of any health care provider acting under this subsection shall be presumed.

305/10. Disclosure by person to whom results have been disclosed

10. No person to whom the results of a test have been disclosed may disclose the test results to another person except as authorized by Section 9.

305/11. Consent to test-Persons required by law to be tested

11. Notwithstanding the provisions of Section 4 of this Act, written informed consent is not required for the performance of an HIV test upon a person who is specifically required by law to be so tested.

305/12. Intentional or reckless violations

12. Intentional or reckless violation of this Act or any regulation issued hereunder shall constitute a Class A misdemeanor.

305/13. Right of action

13. Any person aggrieved by a violation of this Act or of a regulation promulgated hereunder shall have a right of action in the circuit court and may recover for each violation:

(1) Against any person who negligently violates a provision of this Act or the regulations promulgated hereunder, liquidated damages of $1000 or actual damages, whichever is greater.

(2) Against any person who intentionally or recklessly violates a provision of this Act or the regulations promulgated hereunder, liquidated damages of $5000 or actual damages, whichever is greater.

(3) Reasonable attorney fees.

(4) Such other relief, including an injunction, as the court may deem appropriate.

305/14. Damages or other relief

14. Nothing in this Act limits the right of the subject of a test to recover damages or other relief under any other applicable law.

305/15. Disclosure in accordance with departmental reporting requirements

15. Nothing in this Act shall be construed to impose civil liability or criminal sanction for disclosure of a test result in accordance with any reporting requirement of the Department for a diagnosed case of HIV infection, AIDS or a related condition.

Nothing in this Act shall be construed to impose civil liability or criminal sanction for performing a test without written informed consent pursuant to the provisions of subsection (b) or (c) of Section 7 of this Act.

305/15.1. Exempt entities

15.1. Sections 1 through 15 of this Act shall not apply to a health maintenance organization, nor to any insurance company, fraternal benefit society, or other insurer regulated under the "Illinois Insurance Code", approved June 29, 1937, as amended.

305/16. Rules and regulations

16. The Department shall promulgate rules and regulations concerning implementation and enforcement of this Act. The rules and regulations promulgated by the Department pursuant to this Act may include procedures for taking appropriate action with regard to health care facilities or health care providers which violate this Act or the regulations promulgated hereunder. The provisions of The Illinois Administrative Procedure Act shall apply to all administrative rules and procedures of the Department pursuant to this Act, except that in case of conflict between The Illinois Administrative Procedure Act and this Act, the provisions of this Act shall control.

ACT 310. AIDS REGISTRY ACT

Section

310/1. Short title

1. This Act shall be known and may be cited as the "AIDS Registry Act".

310/2. Legislative findings

2. The General Assembly finds that:

(1) More complete and precise statistical data than are presently available are necessary to evaluate AIDS treatment and prevention measures that are currently available; and

(2) The creation of an AIDS registry will provide a vital foundation for a concerted State effort to reduce the incidence

of AIDS in this State.

310/3. Definitions

3. For the purposes of this Act, unless the context requires otherwise:

(a) "AIDS" means acquired immunodeficiency syndrome, as defined by the Centers for Disease Control or the National Institutes of Health.

(b) "ARC" means AIDS-related complex, as defined by the Centers for Disease Control or the National Institutes of Health.

(c) "Department" means the Illinois Department of Public Health.

(d) "Director" means the Director of Public Health.

310/4. AIDS registry

4. (a) The Department shall establish and maintain an AIDS Registry consisting of a record of cases of AIDS and ARC which occur in Illinois, and such information concerning those cases as it deems necessary or appropriate in order to conduct thorough and complete epidemiological surveys of AIDS and ARC in Illinois, and to evaluate existing control and prevention measures. Cases included in the Registry shall be identified by a code rather than by name. To the extent feasible, the Registry shall be compatible with other national models so as to facilitate the coordination of information with other data bases.

(b) To facilitate the collection of information relating to cases of AIDS and ARC, the Department shall have the authority to require hospitals, laboratories and other facilities which diagnose such conditions to report cases of AIDS and ARC to the Department, and to require the submission of such other information pertaining to or in connection with such reported cases as the Department deems necessary or appropriate for the purposes of this Act. The Department may promulgate rules or regulations specifying the types of information required, requirements for follow up of patients, frequency of reporting, methods of submitting such information and any other details deemed by the Department to be necessary or appropriate for the administration of this Act. Nothing in this Act shall be

construed to compel any individual to submit to a medical examination or supervision.

(c) The Director shall by rule establish standards for ensuring the protection of information made confidential or privileged under law.

310/5. Funds

5. The Department shall have the authority to accept, receive and administer on behalf of the Registry grants, gifts, loans or other funds made available to the Registry from any source for the purposes of this Act.

310/6. Annual report

6. The Department shall file an annual report to the General Assembly beginning August 31, 1989. The report shall include information on the progress of the Registry, as well as descriptions of any related studies which are underway or have been completed.

310/7. Confidentiality

7. (a) The Department may not release information gathered pursuant to this Act unless (1) it is in a statistical, nonidentifiable form; or (2) the release or transfer is to an Illinois local public health department or to a registry or health department of another state, and is of information concerning a person who is residing in that jurisdiction.

(b) All data obtained directly from medical records of individual patients shall be for the confidential use of the Department and those entities authorized by the Department to view such records in order to carry out the purposes of this Act.

(c) The identity of any person whose condition or treatment has been studied, or any facts which are likely to reveal the identity of such person, shall be confidential and shall not be revealed in any report or any other matter prepared, released or published. Researchers may, however, use the names of persons when requesting additional information for research studies

approved by the Department; provided, however, that when a request for additional information is to be made, the Department shall first obtain authorization from the patient or the patient's legally authorized representative.

(d) No liability shall attach to any hospital, physician or other facility submitting information pursuant to this Act based upon a claim that such hospital, physician or facility reported information which may be confidential.

310/8. Rules and regulations

8. The Department may promulgate rules and regulations for the implementation of this Act.

ACT 315. COMMUNICABLE DISEASE PREVENTION ACT

Section

315/0.01. Short title

0.01. Short title. This Act may be cited as the Communicable Disease Prevention Act.

315/1. Communicable diseases-Declaration of policy

1. Certain communicable diseases such as measles, poliomyelitis

and tetanus, may and do result in serious physical and mental disability including mental retardation, permanent paralysis, encephalitis, convulsions, pneumonia, and not infrequently, death.

Most of these diseases attack young children, and if they have not been immunized, may spread to other susceptible children and possibly, adults, thus, posing serious threats to the health of the community. Effective, safe and widely used vaccines and immunization procedures have been developed and are available to prevent these diseases and to limit their spread. Even though such immunization procedures are available, many children fail to receive this protection either through parental oversight, lack of concern, knowledge or interest, or lack of available facilities or funds. The existence of susceptible children in the community constitutes a health hazard to the individual and to the public at large by serving as a focus for the spread of these communicable diseases.

It is declared to be the public policy of this State that all children shall be protected, as soon after birth as medically indicated, by the appropriate vaccines and immunizing procedures to prevent communicable diseases which are or which may in the future become preventable by immunization.

315/2. Communicable diseases-Rules and regulations regarding immunization-Application of Act

2. The Department of Public Health shall promulgate rules and regulations requiring immunization of children against preventable communicable diseases designated by the Director. Before any regulation or amendment thereto is prescribed, the Department shall conduct a public hearing regarding such regulation. The Department may prescribe additional rules and regulations for immunization of other diseases as vaccines are developed.

The provisions of this Act shall not apply if:

1. The parent or guardian of the child objects thereto on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices or,

2. A physician employed by the parent or guardian to provide care and treatment to the child states that the physical condition of the child is such that the administration of one or

more of the required immunizing agents would be detrimental to the health of the child.

315/2a. Child of school age diagnosed as having AIDS----Notice to principal

2a. Whenever a child of school age is reported to the Illinois Department of Public Health or a local health department as having been diagnosed as having acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC) or as having been shown to have been exposed to human immunodeficiency virus (HIV) or any other identified causative agent of AIDS by testing positive on a Western Blot Assay or more reliable test, such department shall give prompt and confidential notice of the identity of the child to the principal of the school in which the child is enrolled. If the child is enrolled in a public school, the principal shall disclose the identity of the child to the superintendent of the school district in which the child resides.

The principal may, as necessary, disclose the identity of an infected child to:

(1) the school nurse at that school;

(2) the classroom teachers in whose classes the child is enrolled; and

(3) those persons who, pursuant to federal or state law, are required to decide the placement or educational program of the child.

In addition, the principal may inform such other persons as may be necessary that an infected child is enrolled at that school, so long as the child's identity is not revealed.

315/2b. Ryan White AIDS Victims Assistance Fund

2b. From funds appropriated from the Ryan White AIDS Victims Assistance Fund, a special fund in the State treasury which is hereby created, the Illinois Department of Public Health shall make grants to public and private agencies for direct patient care, counselling or assistance for persons who are victims of acquired immunodeficiency syndrome (AIDS) or acquired immu-

nodeficiency syndrome related complex (ARC).

315/3. Administrative Procedure Act-Application

3. The provisions of "The Illinois Administrative Procedure Act", approved September 22, 1975, are hereby expressly adopted and shall apply to all administrative rules and procedures of the Department of Public Health under this Act, except that Section 5 of the Illinois Administrative Procedure Act 2 relating to procedures for rule-making does not apply to the adoption of any rule required by federal law in connection with which the Department is precluded by law from exercising any discretion.

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ACT 325. ILLINOIS SEXUALLY TRANSMISSIBLE DISEASE CONTROL ACT

Section

325/10. Rules.

325/1. Short title

1. Short title. This Act shall be known and may be cited as the Illinois Sexually Transmissible Disease Control Act.

325/2. Findings-Intent

2. Findings; intent. The General Assembly finds and declares that sexually transmissible diseases constitute a serious and sometimes fatal threat to the public and individual health and welfare of the people of the State and visitors to the State. The General Assembly finds that the incidence of sexually transmissible diseases is rising at an alarming rate and that these diseases result in significant social, health and economic costs, including infant and maternal mortality, temporary and lifelong disability and premature death. The General Assembly finds that sexually transmissible diseases, by their nature, involve sensitive issues of privacy, and it is the intent of the General Assembly that all programs designed to deal with these diseases afford patients privacy, confidentiality and dignity. The General Assembly finds that medical knowledge and information about sexually transmissible diseases are rapidly changing. The General Assembly intends to provide a program that is sufficiently flexible to meet emerging needs, deals efficiently and effectively with reducing the incidence of sexually transmissible diseases, and provides patients with a secure knowledge that information they provide will remain private and confidential.

325/3. Definitions

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

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

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

(3) "Sexually transmissible disease" means a bacterial, viral,

fungal or parasitic disease, determined by rule of the Department to be sexually transmissible, to be a threat to the public health and welfare, and to be a disease for which a legitimate public interest will be served by providing for regulation and treatment. In considering which diseases are to be designated sexually transmissible diseases, the Department shall consider such diseases as chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, chlamydia, nongonococcal urethritis (NGU), pelvic inflammatory disease (PID)/Acute Salpingitis, syphilis, Acquired Immunodeficiency Syndrome (AIDS), and Human Immunodeficiency Virus (HIV) for designation, and shall consider the recommendations and classifications of the Centers for Disease Control and other nationally recognized medical authorities. Not all diseases that are sexually transmissible need be designated for purposes of this Act.

325/4. Reporting required

4. Reporting required. (a) A physician licensed under the provisions of the Medical Practice Act' who makes a diagnosis of or treats a person with a sexually transmissible disease and each laboratory that performs a test for a sexually transmissible disease which concludes with a positive result shall report such facts as may be required by the Department by rule, within such time period as the Department may require by rule, but in no case to exceed 2 weeks.

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

(c) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

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

these provisions apply.

325/5. Contact investigation

5. Contact investigation. (a) The Department shall adopt rules authorizing interviews and its authorized representatives may interview, or cause to be interviewed, all persons infected with a sexually transmissible disease and all persons whom the Department reasonably believes may be infected with such disease for the purpose of investigating the source and spread of the disease and for the purpose of ordering a person to submit to examination and treatment as necessary for the protection of the public health and safety.

(b) All information gathered in the course of contact investigation pursuant to this Section shall be considered confidential and subject to the provisions of Section 8 of this Act. Such information shall be exempt from inspection and copying under The Freedom of Information Act, as amended.'

(c) No person contacted under this Section or reasonably believed to be infected with a sexually transmissible disease who reveals the name or names of sexual contacts during the course of an investigation shall be held liable in a civil action for such revelation, unless the revelation is made falsely or with reckless disregard for the truth.

(d) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

325/5.5. Risk assessment

5.5. Risk assessment.

(a) Whenever the Department receives a report of HIV infection or AIDS pursuant to this Act and the Department determines that the subject of the report may present or may have presented a possible risk of HIV transmission, the Department shall, when medically appropriate, investigate the subject of the report and that person's contacts as defined in subsection (c), to assess the potential risks of transmission. Any investigation and action shall be conducted in a timely fashion. All contacts other than

those defined in subsection (c) shall be investigated in accordance with Section 5 of this Act.

(b) If the Department determines that there is or may have been potential risks of HIV transmission from the subject of the report to other persons, the Department shall afford the subject the opportunity to submit any information and comment on proposed actions the Department intends to take with respect to the subject's contacts who are at potential risk of transmission of HIV prior to notification of the subject's contacts. The Department shall also afford the subject of the report the opportunity to notify the subject's contacts in a timely fashion who are at potential risk of transmission of HIV prior to the Department taking any steps to notify such contacts. If the subject declines to notify such contacts or if the Department determines the notices to be inadequate or incomplete, the Department shall endeavor to notify such other persons of the potential risk, and offer testing and counseling services to these individuals. When the contacts are notified, they shall be informed the disclosure provisions of the AIDS Confidentiality Act and the penalties therein and this Section.

(c) Contacts investigated under this Section shall in the case of HIV infection include (i) individuals who have undergone invasive procedures performed by an HIV infected health care provider and (ii) health care providers who have performed invasive procedures for persons infected with HIV, provided the Department has determined that there is or may have been potential risk of HIV transmission from the health care provider to those individuals or from infected persons to health care providers. The Department shall have access to the subject's records to review for the identity of contacts. The subject's records shall not be copied or seized by the Department.

For purposes of this subsection, the term "invasive procedures" means those procedures termed invasive by the Centers for Disease Control in current guidelines or recommendations for the prevention of HIV transmission in health care settings, and the term "health care provider" means any physician, dentist, podiatrist, nurse or other person providing health care services of any kind.

(d) All information and records held by the Department and local health authorities pertaining to activities conducted pursuant to this Section shall be strictly confidential and exempt from copying and inspection under the Freedom of Information Act. Such information and records shall not be released or made public by the Department or local health authorities, and shall not be

admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person and shall be treated in the same manner as the information and those records subject to the provisions of Part 21 of the Code of Civil Procedure except under the following circumstances:

(1) When made with the written consent of all persons to whom this information pertains;

(2) When authorized under Section 8 to be released under court order or subpoena pursuant to Section 12-16.2 of the Criminal Code of 1961; or

(3) When made by the Department for the purpose of seeking a warrant authorized by Sections 6 and 7 of this Act. Such disclosure shall conform to the requirements of subsection (a) of Section 8 of this Act.

(e) Any person who knowingly or maliciously disseminates any information or report concerning the existence of any disease under this Section is guilty of a Class A misdemeanor.

325/6. Physical examination and treatment

6. Physical examination and treatment. (a) Subject to the provisions of subsection (c) of this Section, the Department and its authorized representatives may examine or cause to be examined persons reasonably believed to be infected with or to have been exposed to a sexually transmissible disease.

(b) Subject to the provisions of subsection (c) of this Section, persons with a sexually transmissible disease shall report for complete treatment to a physician licensed under the provisions of the Medical Practice Act, or shall submit to treatment at a facility provided by a local health authority or other public facility, as the Department shall require by rule or regulation until the disease is noncommunicable or the Department determines that the person does not present a real and present danger to the public health. This subsection (b) shall not be construed to require the Department or local health authorities to pay for or provide such treatment.

(c) No person shall be apprehended, examined or treated for a sexually transmissible disease against his will, under the provisions of this Act, except upon the presentation of a warrant duly authorized by a court of competent jurisdiction. In

requesting the issuance of such a warrant the Department shall show by a preponderance of evidence that the person is infectious and that a real and present danger to the public health and welfare exists unless such warrant is issued and shall show that all other reasonable means of obtaining compliance have been exhausted and that no other less restrictive alternative is available. The court shall require any proceedings authorized by this subsection (c) to be conducted in camera. A record shall be made of such proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to the reviewing court in the event of an appeal.

(d) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

325/7. Quarantine and isolation

7. Quarantine and isolation. (a) Subject to the provisions of subsection (b) of this Section, the Department may order a person to be isolated or a place to be quarantined and made off limits to the public to prevent the probable spread of a sexually transmissible disease, until such time as the condition can be corrected or the danger to the public health eliminated or reduced in such a manner that no substantial danger to the public's health any longer exists.

(b) No person may be ordered to be isolated, and no place may be ordered to be quarantined, except with the consent of such person or owner of such place or upon the order of a court of competent jurisdiction and upon proof by the Department, by clear and convincing evidence, that the public's health and welfare are significantly endangered by a person with a sexually transmissible disease or by a place where there is a significant amount of sexual activity likely to spread a sexually transmissible disease, and upon proof that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists.

(c) This Section shall be considered supplemental to the existing authorities and powers of the Department, and shall not be construed to restrain or restrict the Department in protecting the public health under any other provisions of the law.

(d) Any person who knowingly or maliciously disseminates any

false information or report concerning the existence of any sexually transmissible disease in connection with the Department's power of quarantine and isolation is guilty of a Class A misdemeanor.

325/8. Confidentiality

8. Confidentiality.

(a) All information and records held by the Department and its authorized representatives relating to known or suspected cases of sexually transmissible diseases shall be strictly confidential and exempt from inspection and copying under The Freedom of Information Act,' as amended. Such information shall not be released or made public by the Department or its authorized representatives, by a court or parties to a lawsuit upon revelation by subpoena or by a court conducting proceedings authorized by subsection (c) of Section 6 of this Act, except that release of such information may be made under the following circumstances:

(1) When made with the consent of all persons to which the information applies;

(2) When made for statistical purposes and medical or epidemiologic information is summarized so that no person can be identified and no names are revealed;

(3) When made to medical personnel, appropriate State agencies or courts of appropriate jurisdiction to enforce the provisions of this Act and related rules; or

(4) When made to persons determined by the Department to be or have been at potential risk of HIV transmission pursuant to Section 5.5 of this Act.

(b) When disclosure is made pursuant to a subpoena, such information shall be sealed by the court from further disclosure, except as deemed necessary by the court to reach a decision, unless otherwise agreed to by all parties.

(c) A court hearing a request for the issuance of a warrant as authorized in subsection (c) of Section 6 of this Act shall conduct such proceedings in camera. A record shall be made of authorized proceedings but shall be sealed, impounded and preserved in the records of the court, to be made available to

the reviewing court in the event of an appeal.

(d) No employee of the Department or its authorized representatives shall be examined in a civil, criminal, special or other proceeding concerning the existence or contents of pertinent records of a person examined or treated for a sexually transmissible disease by the Department or its authorized representatives pursuant to the provisions of this Act, or concerning the existence or contents of such reports received from a private physician or private health facility, pursuant to the provisions of this Act, without the consent of the person examined and treated for such diseases, except in proceedings under Sections 6 and 7 of this Act.

(e) Any person who knowingly violates the confidentiality provisions of this Section is guilty of a Class A misdemeanor.

(f) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

325/9. Prisoners

9. Prisoners. (a) The Department and its authorized representatives may, at its discretion, enter any State, county or municipal detention facility to interview, examine and treat any prisoner for a sexually transmissible disease. Any such State, county or municipal detention facility shall cooper-ate with the Department and its authorized representative to provide such space as is necessary for the examination and treatment of all prisoners suffering from or suspected of having a sexually transmissible disease.

(b) Nothing in this Section shall be construed as relieving the Department of Corrections or any county or municipality of their primary responsibility for providing medical treatment for prisoners under their jurisdiction, including treatment for sexually transmissible diseases.

(c) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.

325/10. Rules

10. Rules. (a) The Department shall adopt such rules as may be necessary for the performance of its duties under this Act.

(b) Rules of the Department for the performance of its duties under this Act shall include criteria, standards and procedures for the identification and contact of any person to be interviewed and subject to examination and treatment under Sections 5 and 6 of this Act.

ACT 520. ILLINOIS HEALTH STATISTICS ACT

Section

520/1. Short title

1. This Act may be cited as the Illinois Health Statistics Act.

520/2. Definitions

2. As used in this Act, unless the context otherwise requires, the terms specified in this Section have the meanings ascribed to them herein.

(a) "Department means the Illinois Department of Public Health.

(b) "Disclosure" means the communication of health data to any individual or organization outside the Department.

(c) "Health data" means any information, except vital records as defined in the Vital Records Act,' relating to the health status of people, the availability of health resources and services, and the use and cost of such resources and services.

(d) "Identifiable health data" means any item, collection, or grouping of health data which makes the individual supplying it or described in it identifiable.

(e) "Individual" means a natural person.

(f) "Organization" means any corporation, association, partnership, agency, department, unit or other legally constituted institution or entity or part thereof.

(g) "Research and statistical purposes" means the performance of certain activities relating to health data including but not limited to: (1) describing the group characteristics of individuals or organizations; (2) analyzing the interrelationships among the various characteristics of individuals or organizations; (3) the conduct of statistical procedures or studies to improve the quality of health data; (4) the design of sample surveys and the selection of samples of individuals or organizations; (5) the preparation and publication of reports describing these matters; and (6) other related functions. Specifically excluded as research and statistical purposes is the use of the data for an individual or organization to make any determination directly affecting the rights, benefits, or entitlements of that individual or organization.

520/3. Department designated

3. The Department of Public Health is hereby designated as the Depart ment to carry out the purposes of this Act.

520/4. Powers and duties of Department-Collection of health data

4. (a) In carrying out the purposes of this Act, the Department may:

(1) Collect and maintain health data on:

(i) The extent, nature, and impact of illness and disability on the population of the State;

(ii) The determinants of health and health hazards;

(iii) Health resources, including the extent of available manpower and resources;

(iv) Utilization of health care;

(v) Health care costs and financing; and

(vi) Other health or health-related matters.

(2) Undertake and support research, demonstrations, and evaluations respecting new or improved methods for obtaining current data on the matters referred to in subparagraph (1).

(b) The Department may collect health data under authority granted by any unit of local government and on behalf of other governmental or not-for-profit organizations.

(c) The Department shall collect data only on a voluntary basis from individuals and organizations, except when there is specific legal authority to compel the mandatory reporting of the health data so requested. In making any collection of health data from an individual or organization the Department must give to such individual or organization a written statement which states:

(1) Whether the individual or organization is required to respond, and any sanctions for noncompliance;

(2) The purposes for which the health data are being collected; and

(3) In the case of any disclosure of identifiable health data for other than research and statistical purposes, the items to be

disclosed, to whom the data are to be disclosed and the purposes for which the data are to be disclosed.

(d) Except as provided in Section 5, no health data obtained in the course of activities undertaken or supported under this Act may be used for any purpose other than the purpose for which they were supplied or for which the individual or organization described in the data has otherwise consented.

(e) The Department shall take such actions as may be necessary to assure that statistics developed under this Act are of high quality, timely, comprehensive, as well as specific, standardized and adequately analyzed and indexed.

(f) The Department shall take such action as is appropriate to effect the coordination of health data activities within the State to eliminate unnecessary duplication of data collection and maximize the usefulness of data collected.

(g) The Department shall (1) participate with state, local and federal agencies in the design and implementation of a cooperative system for producing comparable and uniform health information and statistics at the federal, state, and local levels; and (2 undertake and support research, development, demonstrations, and evaluations respecting such cooperative system.

520/5. Disclosure of health data

5. (a) The Department may make no disclosure of any item, collection or grouping of health data which makes the individual supplying or described in such data identifiable unless:

(1) The individual described in the data has consented to the disclosure.

(2) The disclosure is to a governmental entity in this State, in another state or to the federal government, provided that:

(i) the data will be used for a purpose for which the data was collected by the Department; and

(ii) the recipient of the data has entered into a written agreement satisfactory to the Department, that it will protect such data in accordance with the requirements of this Act and

will not permit further disclosure without prior approval of the Department.

(3) The disclosure is to an individual or organization, for a specified time period determined by the Department, solely for bona fide research and statistical purposes, as determined in accordance with guidelines adopted by the Department, and the Department determines that: (i) the disclosures of the data to the requesting individual or organization is required for the research and statistical purposes proposed; and (ii) the requesting individual or organization has entered into a written agreement satisfactory to the Department that it will protect such data in accordance with the requirements of this Act and will not permit further disclosure without prior approval of the Department. In no event, however, may the name, address or other unique personal identifier of an individual supplying the data or described in it be disclosed under this subparagraph to the requesting individual or organization.

(4) The disclosure is to a governmental entity for the purpose of conducting an audit, evaluation or investigation of the Department and such governmental entity agrees not to use such data for making any determination to whom the health data relates.

(b) Any disclosure provided for in paragraph (a) of this Section shall be made at the discretion of the Department except that the disclosure provided for in subparagraph (4) of paragraph (a) of this Section must be made when the requirements of that subparagraph have been met.

(c) No identifiable health data obtained in the course of activities undertaken or supported under this Act shall be subject to subpoena or similar compulsory process in any civil or criminal, judicial, administrative or legislative proceeding, nor shall any individual or organization with lawful access to identifiable health data under the provisions of this Act be compelled to testify with regard to such health data, except that data pertaining to a party in litigation may be subject to subpoena or similar compulsory process in an action brought by or on behalf of such individual to enforce any liability arising under this Act.

520/6. Security of health data

6. The Department shall take appropriate measures to protect the

security of health data including:

(a) Limiting the access to health data to authorized individuals who have received training in the handling of such data.

(b) Designating a person to be responsible for physical security.

(c) Developing and implementing a system for monitoring security.

(d) Reviewing periodically all health data to evaluate whether it is appropriate to remove identifying characteristics from the data.

(e) Any data or other information which is to be processed by a computer or other type of artificial intelligence and which is related to human immunodeficiency virus (HIV) testing or the results of such testing or to the testing and test results of any other identified causative agent of acquired immunodeficiency syndrome (AIDS) or to any list of persons known to have been exposed to HIV or to have a diagnosed case of AIDS or AIDS-related complex shall be stored and processed in the most secure manner available.

520/7. Rules and regulations

7. The Department may promulgate such reasonable rules and regulations as may be necessary to carry out the provisions of this Act.

520/8. Review under Administrative Review Law

8. The provisions of the Administrative Review Law and the rules adopted pursuant thereto shall apply to and govern all proceedings for judicial review of final administrative decisions of the Department hereunder.

For the purposes of this Act the term "administrative decision" has the meaning ascribed to it in Section 3-101 of the Code of Civil Procedure.

520/9. Administrative Procedure Act-Application

9. The provisions of "The Illinois Administrative Procedure Act", and the rules and regulations adopted pursuant thereto shall govern all actions and procedures of the Department under this Act.

520/10. Disclosure-Penalty

10. Any person who intentionally, willfully or wantonly discloses identifiable health data collected pursuant to this Act, except as provided for in Section 5, shall be guilty of a Class C misdemeanor.

520/11. Effective date

11. This Act takes effect July 1,1982.

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ACT 65. SUPPORTIVE RESIDENCES LICENSING ACT Section

65/1. Short title

1. Short title. This Act may be cited as the Supportive Residences Licensing Act.

65/5. Purpose

5. Purpose. The purpose of this Act is to authorize the Department of Public Health to license Supportive Residences for Persons with HIV Disease using standards appropriate to this type of residential setting. Supportive Residences for Persons with HIV Disease provide a home-like atmosphere as well as a continuum of care which takes into account the special needs of persons with HIV Disease. The Act authorizes the Department of Public Health to establish minimum standards, rules, and regulations that will facilitate the provision of quality residential care that is specific to the unique needs of persons with HIV Disease, while ensuring the protection of residents' rights and general welfare.

65/10. Definitions

10. Definitions. As used in this Act:

"Applicant" means any not-for-profit corporation making application for a license.

"Department means the Illinois Department of Public Health.

"Director" means the Director of the Illinois Department of Public Health.

"Facility" means a private home, institution, building, residence, or any other place that provides a home-like atmosphere as well as a continuum of care which takes into account the special needs of persons with HIV Disease.

"License" means any of the following types of licenses issued to an applicant or licensee by the Department.

(a) "Probationary license" means a license issued to an applicant or licensee which has not held a license contiguous to its application.

(b) 'Regular license" means a license issued to an applicant or licensee that is in substantial compliance with this Act and its rules and regulations.

"Licensee" means an applicant that has been issued a license under this Act.

"Owner" means the not-for-profit corporation that owns a Supportive Residence. If a Supportive Residence is operated by a person or entity who leases the physical plant that is owned by another person or entity, "owner" means the person who operates the Supportive Residence; except that if the person or entity who owns the physical plant is an affiliate of the person who operates the Supportive Residence and has significant control over the day-today operations of the Supportive Residence, the person or entity who owns the physical plant shall incur, jointly and severally with the owner, all liabilities imposed on an owner under this Act.

"Plan of correction" means a written plan submitted to the Department for correction of a violation of this Act or its rules that are cited by the Department. The plan shall describe the steps that will be taken in order to bring the Supportive Residence into compliance and the time frame for completion of each step.

"Qualified surveyor" means any individual or governmental agency designated by the Department to survey Supportive Residences for compliance with this Act and its rules and regulations.

"Resident" means a person residing in a Supportive Residence.

"Supportive Residence" means a Supportive Residence for persons with HIV Disease.

65/15. Department's powers and duties

15. Departments powers and duties. The Department shall establish a system of licensure for Supportive Residences, in accordance with this Act, for the purposes of:

(a) protecting the health, safety, and welfare of the residents;

(b) protecting the residents' rights; and

(c) monitoring and inspecting Supportive Residences to ensure that minimum physical plant standards are maintained.

65/20. Licensing standards

20. Licensing standards.

(a) The Department shall promulgate rules establishing minimum standards for licensing and operating Supportive Residences in municipalities with a population over 500,000. No such municipality shall have more than 6 Supportive Residences. These rules shall regulate the operation and conduct of Supportive Residences and shall include but not be limited to:

(1) developme
which an integrated care plan is to be created for each resident;

(2) the train
responsible for providing care to residents;

(3) provision
transfer of residents;

(4) provision
and support services commensurate with their individual needs;

(5) agreement
other health care providers;

(6) residents
families and guardians;

(7)fee and other contractual agreements between Supportive Residences and residents;

(8) medical a

(9) the safet
premises, including provision for maintenance of fire and health standards that conform to State laws and municipal codes, to provide for the physical comfort, well-being, care, and protection of the residents;

(10) maintenan
those records; and

(11) procedure

(b) The rules shall also regulate the general financial ability, competence, character, and qualifications of the applicant to provide appropriate care and comply with this Act.

(c) The Department may promulgate special rules and regulations establishing minimum standards for Support Residences that permit the admission of:

(1) residents who are parents with children, whether either or both have HIV Disease; or

(2) residents with HIV Disease who are also developmentally or physically disabled.

65/25. Issuance of licenses

25. Issuance of licenses.

(a) All Supportive Residences shall be licensed by the Department. The procedures for obtaining a valid license are set forth in this Section.

(b) Application for a license shall be made on forms provided and in the manner prescribed by the Department. There shall be no application fee.

(c) Upon receipt of an application filed in proper order, the Department shall review the application and shall make an on-site evaluation of the proposed Supportive Residence.

(d) The evaluation shall be conducted by a qualified survivor representing the Department.

(e) If the Department has determined on the basis of available

documentation and a preliminary on-site evaluation, if the Department deems that such an evaluation is necessary, that the Supportive Residence is in substantial compliance with the Act and its rules and regulations, it shall issue a probationary license. This license shall be valid for a period not to exceed 6 months from the date of issuance. Within 30 days before the expiration of the probationary license, a qualified surveyor representing the Department shall conduct an on-site final evaluation. If, at the time of the final evaluation, the Supportive Residence is in substantial compliance with this Act, the Department shall issue a regular license which replaces the probationary license.

(f) A regular license shall normally be valid for a one year period from the date of issuance. The Director, however, may issue licenses or renewals for a period of not less than 6 months nor more than 18 months in order to distribute the expiration dates of the licenses throughout the calendar year. A license is not transferable, but may be issued for more than one facility.

(g) As a condition of the issuance or renewal of a license, the applicant or licensee shall file a statement of ownership, which shall be public information and which shall be available from the Department. The statement of owner-ship shall include the name, address, telephone number, occupation or business activity, business address and business telephone number of the person or entity who is the owner of the Supportive Residence and every person or entity who owns the building in which the Supportive Residence is located, if other than the owner; and, the address of any facility, wherever located, any financial interest of which is owned by the applicant or licensee, if the facility were required to be licensed if it were located in this State.

65/30. Departmental inspection

30. Departmental inspection.

(a) The Department may inspect the records and premises of a Supportive Residence whenever the Department determines it to be appropriate.

(b) The Department shall investigate all reports of violations from any other governmental entity that also has monitoring responsibilities for Support Residences.

(c) If the Department determines that a Supportive Residence is

not in compliance with this Act, the Department shall promptly serve a notice of violation upon the licensee. Each notice of violation shall be prepared in writing and shall specify the nature of the violation, the statutory provision or rule alleged to have been violated, and the requirement that the licensee submit a plan of correction to the Department. The notice shall also inform the licensee of any other action the Department might take under this Act and of his right to a hearing under Section 55 of this Act.

65/35. Renewal of license-Transfer of ownership

35. Renewal of license; transfer of ownership.

(a) Within 120 to 150 days before the expiration of the license, the licensee shall apply to the Department for renewal of the license. The procedure for renewing a valid license for a Supportive Residence shall be the same as applying for the initial license, under Section 25 of this Act. If the Department has determined on the basis of available documentation that the Supportive Residence is in substantial compliance with this Act and its rules, it shall renew the regular license for another one year period.

(b) Whenever ownership of a facility is transferred from the licensee to any other not-for-profit corporation, then the transferee must obtain a new probationary license. The transferee shall notify the Department of the transfer and apply for a new license at least 30 days before the final transfer. The requirement for an on-site inspection in Section 25 may be waived if the Department has conducted a survey of the Supportive Residence within the past 60 days and the survey disclosed substantial compliance with this Act, its rules and regulations.

65/40. Operation without a license

40. Operation without a license. Any not-for-profit corporation that operates a Supportive Residence without a valid license from the Department after the effective date of this Act is guilty of a business offense and shall be fined an amount in excess of $500 but not exceeding $10,000. Each day of violation is a separate violation. If the Department determines that a Supportive Residence is operating without a valid license, it shall report the results of its investigation to the Attorney

General or the appropriate State's Attorney for prosecution.

65/45. Procedures for filing a complaint

45. Procedures for filing a complaint.

(a) Any person, agency, association, or governmental body may file a complaint with the Department alleging that a Supportive Residence is in violation of this Act or its rules and regulations.

(b) The Department may conduct an investigation in order to determine if the Supportive Residence is in compliance. If, based on the results of its investigation, the Department determines that the Supportive Residence is not in compliance, it shall promptly serve a notice of violation on the licensee. This notice of violation shall comply with the requirements described in subsection (c) of Section 30 of this Act. The Department may notify the complainant of its findings.

(c) The complaint, a copy of the complaint, or a record published, released or otherwise disclosed to the Supportive Residence shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure, the investigation results in a judicial proceeding, or disclosure is essential to the investigation.

(d) A licensee or its agents shall not transfer, discharge, evict, harass, dismiss, or retaliate against a resident or an employee or agent who files a complaint under this Section or who testifies under Section 55 of this Act because of the complaint or testimony.

(e) Any person participating in good faith in the making of a complaint, or in the investigation of such a complaint, shall not be deemed to have violated any privileged communication and shall have immunity from any liability, civil or criminal action or proceeding, or any action or proceeding that otherwise might result as a consequence of making such a complaint. The good faith of any persons making a complaint or participating in the investigation of such a complaint shall be presumed.

65/50. Grounds for denial or revocation of a license

50. Grounds for denial or revocation of a license. The Department may deny or bring proceedings to revoke a license if the applicant or licensee has been convicted of a felony or 2 or more misdemeanors involving moral turpitude, as shown by a certified copy of the court of conviction; if the Department determines after investigation that such person has not been sufficiently rehabilitated to warrant the public trust; or upon other satisfactory evidence that the moral character of the applicant or licensee is not reputable. In addition, the Department may deny or begin proceedings to revoke a license at any time if the licensee:

(a) submits false information either on Department licensure forms or during an inspection;

(b) refuse to allow an inspection to occur;

(c) violates this Act or its rules and regulations;

(d) violates the rights of its residents; or

(e) fails to submit or implement a plan of correction within the specified time period.

65/55. Right to hearing

55. Right to hearing.

(a) No license may be denied or revoked unless the applicant or licensee is given written notice of the grounds for the Department's action. The applicant or licensee may appeal the Department's proposed action within 15 days after receipt of the Department's written notice by making a request to the Department for a hearing. Notice of the time, place, and nature of the hearing shall be given to the applicant or licensee not less than 2 weeks before the date of the hearing. The hearing shall be conducted in accordance with the Illinois Administrative Procedure Act. The Director may appoint a hearing officer to preside at any administrative hearing under this Act.

(b) If the applicant or licensee does not submit a request for hearing as provided for in this Section, or if after conducting the hearing the Department determines that the license should not be issued or that the license should be revoked or denied, the Department shall issue an order to that effect. If the order is to revoke the license, it shall specify that the order takes

effect upon receipt by the licensee and that the Supportive Residence shall not operate during the pendency of any proceeding for judicial review of the Department's decision, except under court order.

(c) Final administrative decisions shall be subject to judicial review exclusively as provided in the Administrative Review Law, except that any petition for judicial review of Department action under this Act shall be filed within 15 days after receipt of notice of the final agency determination. The term "administrative decision" has the meaning ascribed to it in Section 1 of the Administrative Review Law. The court may stay enforcement of the Department's final decision if a showing is made that there is a substantial probability that the party seeking review will prevail on the merits and will suffer irreparable harm if the stay is not granted, and that the facility will meet the requirements of this Act and its rules and regulations during such stay.

(d) The Director or hearing officer may compel by subpoena or subpoena duces tecum the attendance and testimony of witnesses and the production of hooks and papers, and administer oaths to witnesses. All subpoenas issued by the Director or hearing officer may be served as provided for in civil actions. The fees of witnesses for attendance and travel shall be the same as the fees for witnesses before the circuit court and shall be paid by the party to the proceeding at whose request the subpoena is issued. If the subpoena is issued at the request of the Department or by a person proceeding in forma pauperis, the witness fee shall be paid by the Department as an administrative expense.

(e) The Department may charge any party to a hearing or other person requesting copies of records or other documents for a hearing the actual cost of reproducing those records or other documents.

65/60. Grounds for immediate closure

60. Grounds for immediate closure. Any situation that exists at a Supportive Residence that may result in serious mental, psychological or physical harm to residents shall be abated or eliminated immediately. If the Department determines that such a situation exists and that proper measures to remedy the situation are not being taken, it shall immediately issue an order of closure and withdraw the residents. Any such action by the

Department shall be included in the evidence presented at the hearing. At the time of this action, the Department shall begin license revocation proceedings and the licensee shall retain the right to a hearing as described in Section 55.

65/65. Injunction

65. Injunction. The operation or maintenance of a Supportive Residence in violation of this Act or its rules and regulations is declared a public nuisance inimical to the public welfare. The Director, in the name of the people of the State, through the Attorney General, or the State's Attorney of the county in which the facility is located, may, in addition to other remedies provided in this Act, bring action for an injunction to restrain the violation or to enjoin the future operation or maintenance of any such Supportive Residence.

65/85. Effective date

85. This Act takes effect upon becoming law.

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455/31.1. Failure to disclose Information not affecting physical condition 31.1. No cause of action shall arise against a licensee for the failure to disclose that an occupant of that property was afflicted with Human Immunodeficiency Virus (HIV) or that the property was the site of an act or occurrence which had no effect on the physical condition of the property or its environment or the structures located thereon.

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505/22.3. HIV testing

22.3. To provide human immunodeficiency virus (HIV) testing for any child in the custody of the Department being placed in adoptive care, upon the request of the child's prospective adoptive parent. Such test shall consist of an enzyme-linked immunosorbent assay (ELISA) test to determine the presence of antibodies to HIV, 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 also be administered. The prospective adoptive parent requesting the test shall be confidentially notified of the test result, and if the test is positive, the Department shall provide the prospective adoptive parents and child with treatment and counseling, as appropriate. The Department shall report positive HIV test results to the Illinois Department of Public Health

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2305/6. AIDS central plan

6. The Department of Public Health shall develop and implement a State plan for control of acquired immunodeficiency syndrome (AIDS) to guide the activities of State and local health authorities and all other officers and employees of the State or any locality responsible for the enforcement of public health laws, rules and regulations in the prevention of infectious disease. The Department shall review the provisions of the AIDS control plan with the AIDS Advisory Council prior to adoption and implementation thereof.

2305/7. Labeling bodies for infectious or communicable disease

7. The Illinois Department of Public Health shall adopt rules requiring that upon death of a person who had or is suspected of

having an infectious or communicable disease that could be transmitted through contact with the person's body or bodily fluids, the body shall be labeled "Infection Hazard", or with an equivalent term to inform persons having subsequent contact with the body, including any funeral director or embalmer, to take suitable precautions. Such rules shall require that the label shall be prominently displayed on and affixed to the outer wrapping or covering of the body if the body is wrapped or covered in any manner. Responsibility for such labeling shall lie with the attending physician who certifies death, or if the death occurs in a health care facility, with such staff member as may be designated by the administrator of the facility.

2310/55.41. AIDS

55.41. To perform the following in relation to the prevention and treatment of acquired immunodeficiency syndrome (AIDS):

(a) Establish a State AIDS Control Unit within the Department as a separate

administrative subdivision, to coordinate all State programs and services relating to the prevention, treatment and amelioration of AIDS.

(b) Conduct a public information campaign for physicians, hospitals, health

facilities, public health departments, law enforcement personnel, public employees, laboratories and the general public on acquired immunodeficiency syndrome (AIDS) and to promote necessary measures to reduce the incidence of AIDS and the mortality from AIDS. This program shall include, but not be limited to, the establishment of a statewide hotline and a State AIDS information clearinghouse that will provide periodic reports and releases to public officials, health professionals, community service organizations and the general public regarding new developments or procedures concerning prevention and treatment of AIDS.

(c) Establish an AIDS Advisory Council consisting of 25 persons appointed by the Governor, including representation from public and private agencies, organizations and facilities involved in AIDS research, prevention and treatment, which shall advise the Department on the State AIDS Control Plan. The terms of the initial appointments shall be staggered so that 13 members are appointed for 2-year terms and 12 members are appointed for 4-year terms. All subsequent appointments shall be for 4-year terms. Members shall serve without compensation, but may be reimbursed for expenses incurred in relation to their duties on the Council. A Chairman, and such other officers as may be considered necessary, shall be elected from among the members. Any vacancy shall be filled for the term of the original appointment. Members whose terms have expired may continue to serve until their successors are appointed,

(d) Establish alternative blood test services that are not operated by a blood bank, plasma center or hospital. The Department shall prescribe by rule minimum criteria, standards and procedures for the establishment and operation of such services, which shall include, but not be limited to requirements for the provision of information, counseling and referral services that ensure appropriate counseling and referral for persons whose blood is tested and shows evidence of exposure to the human immunodeficiency virus (HIV) or other identified causative agent of acquired immunodeficiency syndrome (AIDS).

(e) Establish regional and community service networks of public and private service providers or health care professionals who may be involved in AIDS research, prevention and treatment.

(f) Provide grants to individuals, organizations or facilities to support the following:

(1) information, referral and treatment services;

(2) interdisciplinary workshops for professionals involved in research and treatment;

(3) establishment and operation of a statewide hotline;

(4) establishment and operation of alternative testing services;

(5) research into detection, prevention and treatment;

(6) supplementation of other public and private resources;

(7) implementation by long-term care facilities of Department standards and procedures for the care and treatment of persons with AIDS, and the development of adequate numbers and types of placements for such persons.

(g) Conduct a study and report to the Governor and the General Assembly by July 1, 1988, on the public and private costs of AIDS medical treatment, including the availability and accessibility of inpatient, outpatient, physician and community support services.

(h) Accept any gift, donation, bequest or grant of funds from private or public agencies, including federal funds that may be provided for AIDS control efforts.

(i) Develop and implement, in consultation with the Long-Term Care Facility Advisory Board, standards and procedures for long-term care facilities that provide care and treatment of persons with AIDS, including appropriate infection control procedures. The Department shall work cooperatively with organizations representing such facilities to develop adequate numbers and types of placements for persons with AIDS, and shall advise such facilities on proper implementation of its standards and procedures.

(j) The Department shall create and administer a training program for State employees who have a need for understanding matters relating to AIDS in order to deal with or advise the public. Such training shall include information on the cause and effects of AIDS, the means of detecting it and preventing its transmission, the availability of related counseling and referral, and such other matters as may be appropriate. Such training may also be made available to employees of local governments, public service agencies and private agencies which contract with the State; in such cases the Department may charge a reasonable fee to recover the cost of the training.

(k) Approve tests or testing procedures used in determining exposure to HIV or any other identified causative agent of AIDS.

2310/55.45. Semen donor-AIDS tests

55.45. (a) The Department shall by rule require that all donors of semen for purposes of artificial insemination be tested for evidence of exposure to human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency syndrome (AIDS) prior to the semen being made available for such use.

(b) In performing the technique of human artificial insemination in this State, no person shall intentionally, knowingly, recklessly or negligently use the semen of a donor who has not been tested in accordance with subsection (a), or the semen of a donor who has tested positive for exposure to HIV or any other identified causative agent of AIDS. Violation of this subsection (b) shall be a Class A misdemeanor.