

Illinois

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April 8, 2011

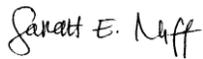
To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at **(800) 933-3413**. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLINE](#)) at **(888) 448-4911** for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at **(888) 448-8765** for consultation on preventing mother-to-child transmission of HIV.

We update the *Compendium* periodically, but it is beyond the scope of the project to perform updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



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&



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The Warmline, PEPLINE, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

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Definitions and Helpful Resources

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Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient’s name is not recorded with test results.
- **Confidential** – Patient’s name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient’s personal and social supports; (4) determining the patient’s readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required. .
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: neffs@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

Illinois

A Quick Reference Guide for Clinicians to Illinois HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Illinois state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Illinois HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- Informed consent may be through the opt-out process; included in general consent; and obtained verbally or in writing, as long as it is documented. This policy effective June 1, 2008.

Counseling

- Pre-test information must be offered; may be provided verbally, in writing, electronically, by video, or through other means, as long as patients are permitted to ask questions.

Provisos of Testing

- **Anonymous**
 - Physicians must inform patients of the availability of anonymous testing.
 - Patients may request anonymous testing.
 - All testing must be available anonymously.
- **Rapid**
 - A confirmatory test is required before notifying the patient of positive HIV test results.
- **Routine**
 - HIV testing should be made a routine part of general medical care, as recommended by the United States Centers for Disease Control and Prevention.

Disclosure

- Notification to sexual and needle-sharing partners of possible exposure to HIV is not required.

Minor/Adolescent Testing

- Persons 12 years of age or older may consent to HIV testing.
- Physicians may, but are not required to, notify the parents of HIV test results.

Illinois

Perinatal Quick Reference Guide:

A Guide to Illinois Perinatal HIV Testing Laws for Clinicians

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Illinois perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Illinois HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* (www.nccc.ucsf.edu), “Testing of pregnant women and/or newborns.”

Prenatal

- Testing of pregnant women in prenatal care is through the opt-out process; consent may be verbal or in writing but must be documented in medical record. This policy effective June 1, 2008.

Labor & Delivery

- Testing of pregnant women presenting to labor or delivery with undocumented HIV status is through the opt-out process. This policy effective June 1, 2008.

Neonatal

- Testing of newborns born to mothers of undocumented HIV status is mandatory. This policy effective June 1, 2008.

Other

- **Counseling**
 - Mandatory pre- and post-test counseling of pregnant women
 - In accordance with the AIDS Confidentiality Act, counseling must include the following:
 - (A) For the health of the pregnant woman, the voluntary nature of the testing, the benefits of HIV testing, including the prevention of transmission, and the requirement that HIV testing be performed unless she refuses and the methods by which she can refuse.
 - (B) The benefit of HIV testing for herself and the newborn infant, including interventions to prevent HIV transmission.
 - (C) The side effects of interventions to prevent HIV transmission.
 - (D) The statutory confidentiality provisions that relate to HIV and AIDS testing.
 - (E) The requirement for mandatory testing of the newborn if the mother's HIV status is unknown at the time of delivery.
 - (F) An explanation of the test, including its purpose, limitations, and the meaning of its results.
 - (G) An explanation of the procedures to be followed.
 - (H) The availability of additional or confirmatory testing, if appropriate. Counseling may be provided in writing, verbally, or by video, electronic, or other means. The woman must be offered an opportunity to ask questions about testing and to decline testing for herself.

**Illinois
State Policies Relating to HIV Testing, 2011**

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Illinois Administrative Code [IAC]

Title 77: Public Health..... Pages 56-75

	Policy Category	Type	Section Code(s)
RESTRICTIONS/MANDATES	Restrictions on use of HIV test	No related laws found	
	Mandatory testing within the criminal justice system	Juveniles convicted of a sex offense	705 ILCS 405/5-710
		Persons charged with crime involving bodily harm to victims, upon request of victim	720 ILCS 5/12-18
		Persons convicted of possession or sale or hypodermic needles or syringes	730 ILCS 5/5-5-3
		Convicted sex offenders	730 ILCS 5/5-5-3(g)
	Mandatory testing outside of the criminal justice system	Blood/organ/anatomical/ semen donations and subsequent disposal and notification of donors upon positive test	20 ILCS 2310/2310-330 210 ILCS 25/7-115 20 ILCS 2310/2310-325 IAC 697.180
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Pre-test information must be provided to patient	IAC 697.110 410 ILCS 305/5
		The availability of informed, voluntary, and confidential HIV testing should be expanded and made a routine part of general medical care, as recommended by the CDC	410 ILCS 305/2

	In cases of expedited partner therapy, counseling and Department written materials with information about HIV testing must be given.	410 ILCS 325/3
	Written information about HIV/AIDS must be given to every visitor of a correctional facility	730 ILCS 5/3-7-2 730 ILCS 125/17.10
	Information and counseling about HIV/AIDS must be given to prisoners upon arrival to correctional facility	730 ILCS 5/3-8-2
	Information concerning programs and services of the Illinois DPH to ascertain exposure to HIV/AIDS must be given upon the release of a committed person on parole	730 ILCS 5/3-14-1
	Every person committed to the Department of Juvenile Justice must receive information and counseling regarding HIV/AIDS	730 ILCS 5/3-10-2
	Verbally screen all persons seeking admission to a nursing facility – those identified as high risk who will be admitted for at least 7 days and are not known to be infected shall be offered testing	210 ILCS 45/2-213
Informed consent	Health care facility or provider may offer opt-out HIV testing	410 ILCS 305/4
	Informed consent w/ explanation of opt-out may be included in general consent form	410 ILCS 305/3
	Informed consent may be obtained in writing or verbally, and must be documented.	410 ILCS 305/3 & 4
	Written informed consent required for insurance testing	410 ILCS 50/3 IAC 697.160
	Any person who is a sexual assault survivor may consent to emergency hospital or forensic services or follow-up care without the consent of the parent, guardian, custodian,	410 ILCS 70/5

POST-TESTING		surrogate, or agent.	
		Exceptions to required consent	410 ILCS 305/7 410 ILCS 305/8 410 ILCS 305/11
	Counseling requirements	HIV counseling and testing centers – post-test counseling must be provided	IAC 697.300(f)
		Pre-test information must be offered; may be provided verbally, in writing, electronically, by video, or through other means, as long as patients are permitted to ask questions.	410 ILCS 305/3
		Provider shall provide referral to counseling and treatment for HIV positive test results	410 ILCS 305/9.5
		Risk evaluation for sexual assault survivors	410 ILCS 70/5
		Mandatory pre- and post-test counseling of pregnant women	410 ILCS 335/10
		Anonymous testing	All testing must be available anonymously, either on-site or by referral
		Physicians must inform patients of the right to anonymity	410 ILCS 305/6
		Patient has right to request anonymous testing	410 ILCS 305/3 IAC 697.130
	Disclosure/confidentiality	Exceptions to confidentiality	410 ILCS 305/9 410 ILCS 305/10 IAC 697.140
		HIV counseling and testing sites shall offer assistance in notifying sexual, needle-sharing contacts	IAC 697.300(g)
		Disclosure to principals of HIV+ children in public schools	410 ILCS 315/2a
		Disclosure to temporary caretaker of HIV status of children in temporary protective custody	325 ILCS 5/5
		Penalties for unauthorized disclosure of HIV results	410 ILCS 305/13
		Persons authorized to pursue legal action against unauthorized	410 ILCS 305/13

		disclosure	
		Disclosure to law enforcement officials at the request of sexual assault survivors by hospitals	410 ILCS 70/5
	Reporting	Name-based reporting	IAC 690.100 IAC 690.200
		Database of reported diseases should be kept as code-based	410 ILCS 310/4
		Department of Health mandated to develop list of reportable diseases and procedures	410 ILCS 325/4
OTHER	Testing of pregnant women and/or newborns	Pregnant women in prenatal care – opt-out testing (effective June 2008); may be verbal or in writing and documented in medical record	410 ILCS 335/10 IAC 699.100
		Mandatory pre- and post-test counseling of pregnant women; may be in writing, verbally, or by video, electronic, or other means	410 ILCS 335/10
		Women presenting to labor and delivery with undocumented HIV status – opt-out testing (effective June 2008)	410 ILCS 335/10
		Mandatory rapid testing of newborns born to mothers of undocumented HIV status (effective June 2008)	410 ILCS 335/10
	Testing of minors/adolescents	Any person 12 years or older may consent to HIV testing	IAC 697.420
		Physician may, but is not required to, notify the parents	410 ILCS 305/9k
	Rapid HIV testing	Department of Health must adopt rules for implementation of rapid HIV testing	410 ILCS 305/5.5
		Supplemental test required for confirmation	IAC 697.100
	Training and education of health care providers	Department of Health creates program and administers training	20 ILCS 2310/2310-315 410 ILCS 305/16
		HIV counseling and testing center counselors must complete training	IAC 697.300

Recommended Resources

Illinois General Assembly

<http://www.ilga.gov/>

Illinois Administrative Code

<http://www.cyberdriveillinois.com/departments/index/home.html>

Illinois Department of Public Health

<http://www.idph.state.il.us/home.htm>

Illinois Department of Public Health – Laws, Rules, and Proposed Rules

<http://www.idph.state.il.us/rulesregs/rules-indexhome.htm>

AIDS Foundation of Chicago – 2007 Legislative Update

http://www.aidschicago.org/advocacy/state_legislative_news.php

Chapter 20: Executive Branch

IL Chapter 20 Code §	Code Language
20 ILCS 505/22.3	<p>[Provision of HIV testing for children to be adopted]</p> <p>Sec. 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.</p>
20 ILCS 2310/2310-315	<p>Prevention and treatment of AIDS</p> <p>Sec. 2310-315. Prevention and treatment of AIDS. To perform the following in relation to the prevention and treatment of acquired immunodeficiency syndrome (AIDS):</p> <p>(1) 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.</p> <p>(2) 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 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.</p> <p>(3) (Blank).</p> <p>(4) 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</p>

IL Chapter 20 Code §	Code Language
	<p>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).</p> <p>(5) 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.</p> <p>(6) Provide grants to individuals, organizations or facilities to support the following:</p> <ul style="list-style-type: none"> (A) Information, referral, and treatment services. (B) Interdisciplinary workshops for professionals involved in research and treatment. (C) Establishment and operation of a statewide hotline. (D) Establishment and operation of alternative testing services. (E) Research into detection, prevention, and treatment. (F) Supplementation of other public and private resources. (G) 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 those persons. <p>(7) (Blank).</p> <p>(8) 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.</p> <p>(9) 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 those facilities to develop adequate numbers and types of placements for persons with AIDS and shall advise those facilities on proper implementation of its standards and procedures.</p> <p>(10) 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. The 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 other matters that may be appropriate. The training may also be made available to employees of local governments, public service agencies, and private agencies that contract with the State; in those cases the Department may charge a reasonable fee to recover the cost of the training.</p> <p>(11) Approve tests or testing procedures used in determining exposure to HIV or any other identified causative agent of AIDS.</p>

IL Chapter 20 Code §	Code Language
20 ILCS 2310/2310-325	<p>Donors of semen for artificial insemination; AIDS test; penalty</p> <p>Sec. 2310-325. Donors of semen for artificial insemination; AIDS test; penalty. (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 that use.</p> <p>(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.</p>
20 ILCS 2310/2310-330	<p>Sperm and tissue bank registry; AIDS test for donors; penalties</p> <p>Sec. 2310-330. Sperm and tissue bank registry; AIDS test for donors; penalties.</p> <p>(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 that 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.</p> <p>(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 that 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.</p> <p>(c) Except as otherwise provided in subsection (c-5), 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. Except as otherwise provided in subsection (c-5), 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.</p>

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	<p>(c-5) It is not a violation of this Section for a person to perform a solid organ transplant of an organ from an HIV infected donor to a person who has tested positive for exposure to HIV or any other identified causative agent of AIDS and who is in immediate threat of death unless the transplant is performed. A tissue bank that provides an organ from an HIV infected donor under this subsection (c-5) may not be criminally or civilly liable for the furnishing of that organ under this subsection (c-5).</p> <p>(d) For the purposes of this Section:</p> <p>"Human tissue" shall not be construed to mean organs or whole blood or its component parts.</p> <p>"Tissue bank" has the same meaning as set forth in the Illinois Anatomical Gift Act [755 ILCS 50/1 et seq.].- "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.</p> <p>"Solid organ transplant" means the surgical transplantation of internal organs including, but not limited to, the liver, kidney, pancreas, lungs, or heart. "Solid organ transplant" does not mean a bone marrow based transplant or a blood transfusion.</p> <p>"HIV infected donor" means a deceased donor who was infected with HIV or a living donor known to be infected with HIV and who is willing to donate a part or all of one or more of his or her organs. A determination of the donor's HIV infection is made by the donor's medical history or by specific tests that document HIV infection, such as HIV RNA or DNA, or by antibodies to HIV.</p>

Chapter 105: Schools

<p>IL Chapter 105 Code §</p>	<p>Code Language</p>
<p>105 ILCS 5/27-8.1</p>	<p>Health examinations and immunizations</p> <p>Sec. 27-8.1. Health examinations and immunizations. (1) In compliance with rules and regulations which the Department of Public Health shall promulgate, and except as hereinafter provided, all children in Illinois shall have a health examination as follows: within one year prior to entering kindergarten or the first grade of any public, private, or parochial elementary school; upon entering the fifth and ninth grades of any public, private, or parochial school; prior to entrance into any public, private, or parochial nursery school; and, irrespective of grade, immediately prior to or upon entrance into any public, private, or parochial school or nursery school, each child shall present proof of having been examined in accordance with this Section and the rules and regulations promulgated hereunder.</p> <p>A tuberculosis skin test screening shall be included as a required part of each health examination included under this Section if the child resides in an area designated by the Department of Public Health as having a high incidence of tuberculosis. Additional health examinations of pupils, including vision examinations, may be required when deemed necessary by school authorities. Parents are encouraged to have their children undergo vision examinations at the same points in time required for health examinations.</p> <p>(1.5) In compliance with rules adopted by the Department of Public Health and except as otherwise provided in this Section, all children in kindergarten and the second and sixth grades of any public, private, or parochial school shall have a dental examination. Each of these children shall present proof of having been examined by a dentist in accordance with this Section and rules adopted under this Section before May 15th of the school year. If a child in the second or sixth grade fails to present proof by May 15th, the school may hold the child's report card until one of the following occurs: (i) the child presents proof of a completed dental examination or (ii) the child presents proof that a dental examination will take place within 60 days after May 15th. The Department of Public Health shall establish, by rule, a waiver for children who show an undue burden or a lack of access to a dentist. Each public, private, and parochial school must give notice of this dental examination requirement to the parents and guardians of students at least 60 days before May 15th of each school year.</p> <p>(2) The Department of Public Health shall promulgate rules and regulations specifying the examinations and procedures that constitute a health examination, which shall include the collection of data relating to obesity, including at a minimum, date of birth, gender, height, weight, blood pressure, and date of exam, and a dental examination and may recommend by rule that certain additional examinations be performed. The rules and regulations of the Department of Public Health</p>

IL Chapter 105 Code §	Code Language
	<p>shall specify that a tuberculosis skin test screening shall be included as a required part of each health examination included under this Section if the child resides in an area designated by the Department of Public Health as having a high incidence of tuberculosis. The Department of Public Health shall specify that a diabetes screening as defined by rule shall be included as a required part of each health examination. Diabetes testing is not required.</p> <p>Physicians licensed to practice medicine in all of its branches, advanced practice nurses who have a written collaborative agreement with a collaborating physician which authorizes them to perform health examinations, or physician assistants who have been delegated the performance of health examinations by their supervising physician shall be responsible for the performance of the health examinations, other than dental examinations and vision and hearing screening, and shall sign all report forms required by subsection (4) of this Section that pertain to those portions of the health examination for which the physician, advanced practice nurse, or physician assistant is responsible. If a registered nurse performs any part of a health examination, then a physician licensed to practice medicine in all of its branches must review and sign all required report forms. Licensed dentists shall perform all dental examinations and shall sign all report forms required by subsection (4) of this Section that pertain to the dental examinations. Physicians licensed to practice medicine in all its branches, or licensed optometrists, shall perform all vision exams required by school authorities and shall sign all report forms required by subsection (4) of this Section that pertain to the vision exam. Vision and hearing screening tests, which shall not be considered examinations as that term is used in this Section, shall be conducted in accordance with rules and regulations of the Department of Public Health, and by individuals whom the Department of Public Health has certified. In these rules and regulations, the Department of Public Health shall require that individuals conducting vision screening tests give a child's parent or guardian written notification, before the vision screening is conducted, that states, "Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report form indicating that an examination has been administered within the previous 12 months."</p> <p>(3) Every child shall, at or about the same time as he or she receives a health examination required by subsection (1) of this Section, present to the local school proof of having received such immunizations against preventable communicable diseases as the Department of Public Health shall require by rules and regulations promulgated pursuant to this Section and the Communicable Disease Prevention Act [410 ILCS 315/0.01 et seq.].</p> <p>(4) The individuals conducting the health examination or dental examination shall record the fact of having conducted the examination,</p>

IL Chapter 105 Code §	Code Language
	<p>and such additional information as required, including data relating to obesity, including at a minimum, date of birth, gender, height, weight, blood pressure, and date of exam, on uniform forms which the Department of Public Health and the State Board of Education shall prescribe for statewide use. The examiner shall summarize on the report form any condition that he or she suspects indicates a need for special services, including factors relating to obesity. The individuals confirming the administration of required immunizations shall record as indicated on the form that the immunizations were administered.</p> <p>(5) If a child does not submit proof of having had either the health examination or the immunization as required, then the child shall be examined or receive the immunization, as the case may be, and present proof by October 15 of the current school year, or by an earlier date of the current school year established by a school district. To establish a date before October 15 of the current school year for the health examination or immunization as required, a school district must give notice of the requirements of this Section 60 days prior to the earlier established date. If for medical reasons one or more of the required immunizations must be given after October 15 of the current school year, or after an earlier established date of the current school year, then the child shall present, by October 15, or by the earlier established date, a schedule for the administration of the immunizations and a statement of the medical reasons causing the delay, both the schedule and the statement being issued by the physician, advanced practice nurse, physician assistant, registered nurse, or local health department that will be responsible for administration of the remaining required immunizations. If a child does not comply by October 15, or by the earlier established date of the current school year, with the requirements of this subsection, then the local school authority shall exclude that child from school until such time as the child presents proof of having had the health examination as required and presents proof of having received those required immunizations which are medically possible to receive immediately. During a child's exclusion from school for noncompliance with this subsection, the child's parents or legal guardian shall be considered in violation of Section 26-1 [105 ILCS 5/26-1] and subject to any penalty imposed by Section 26-10 [105 ILCS 5/26-10]. This subsection (5) does not apply to dental examinations.</p> <p>(6) Every school shall report to the State Board of Education by November 15, in the manner which that agency shall require, the number of children who have received the necessary immunizations and the health examination (other than a dental examination) as required, indicating, of those who have not received the immunizations and examination as required, the number of children who are exempt from health examination and immunization requirements on religious or medical grounds as provided in subsection (8). Every school shall report to the State Board of Education by June 30, in the manner that the State Board requires, the number of children who have received the required dental examination, indicating, of those who have not received</p>

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	<p>the required dental examination, the number of children who are exempt from the dental examination on religious grounds as provided in subsection (8) of this Section and the number of children who have received a waiver under subsection (1.5) of this Section. This reported information shall be provided to the Department of Public Health by the State Board of Education.</p> <p>(7) Upon determining that the number of pupils who are required to be in compliance with subsection (5) of this Section is below 90% of the number of pupils enrolled in the school district, 10% of each State aid payment made pursuant to Section 18-8.05 [105 ILCS 5/18-8.05] to the school district for such year shall be withheld by the regional superintendent until the number of students in compliance with subsection (5) is the applicable specified percentage or higher.</p> <p>(8) Parents or legal guardians who object to health or dental examinations or any part thereof, or to immunizations, on religious grounds shall not be required to submit their children or wards to the examinations or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed statement of objection, detailing the grounds for the objection. If the physical condition of the child is such that any one or more of the immunizing agents should not be administered, the examining physician, advanced practice nurse, or physician assistant responsible for the performance of the health examination shall endorse that fact upon the health examination form. Exempting a child from the health or dental examination does not exempt the child from participation in the program of physical education training provided in Sections 27-5 through 27-7 of this Code [105 ILCS 5/27-5 through 105 ILCS 5/27-7].</p> <p>(9) For the purposes of this Section, "nursery schools" means those nursery schools operated by elementary school systems or secondary level school units or institutions of higher learning.</p>

Chapter 210: Health Facilities

IL Chapter 210 Code §	Code Language
210 ILCS 25/7-115	<p>HIV testing; rules</p> <p>Sec. 7-115. HIV testing; rules. (a) The Department shall by rule provide for the testing of blood for evidence of exposure to the human immunodeficiency virus (HIV) and any other identified causative agent of acquired immunodeficiency syndrome (AIDS). These rules shall require the disposal of any blood showing evidence of exposure to HIV or any other identified causative agent of AIDS, unless a research facility requests, in writing, the use of this blood for AIDS research. The rules shall also provide for the personal and confidential notification of the donor if the tests required by the Department yield a positive result. No person shall incur any civil or criminal liability for making this notification, if it is made in good faith and in accordance with the rules of the Department.</p> <p>(b) No blood may be withdrawn from any individual in this State for transfusion or industrial use without (i) giving the individual notice that the blood withdrawn will be subjected to testing for evidence of exposure to the causative agent of AIDS and (ii) giving the individual an opportunity to refuse to consent to the withdrawal of blood.</p> <p>(c) In a medical emergency constituting an imminent threat to the life of a potential transfusion recipient, if blood that has been subjected to the testing required under subsection (a) is not available, the testing and notification requirements of subsections (a) and (b) shall not apply.</p>
210 ILCS 45/2-213	<p>The Nursing Home Care Act Vaccinations.</p> <p>(c) All persons seeking admission to a nursing facility shall be verbally screened for risk factors associated with hepatitis B, hepatitis C, and the Human Immunodeficiency Virus (HIV) according to guidelines established by the U.S. Centers for Disease Control and Prevention. Persons who are identified as being at high risk for hepatitis B, hepatitis C, or HIV shall be offered an opportunity to undergo laboratory testing in order to determine infection status if they will be admitted to the nursing facility for at least 7 days and are not known to be infected with any of the listed viruses. All HIV testing shall be conducted in compliance with the AIDS Confidentiality Act. All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days of admission to any nursing facility. A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. Nothing in this subsection (c) shall apply to a nursing facility licensed or regulated by the Illinois Department of Veterans' Affairs.</p>
210 ILCS 85/6.10	[Testing for HIV]

	<p>Sec. 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.</p> <p>Tests requested or administered under such rules shall be subject to the provisions of the AIDS Confidentiality Act [410 ILCS 305/1 et seq.].</p>
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Chapter 225: Professions and Occupations

IL Chapter 225 Code §	Code Language
225 ILCS 60/64	<p>Sexually Transmissible Disease Control Act – Medical Practice</p> <p>No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act.</p> <p>(Section 5. The Medical Practice Act of 1987 amendment)</p>
225 ILCS 65/70-170	<p>Sexually Transmissible Disease Control Act – Nurses</p> <p>No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act.</p> <p>(Section 10. The Nurse Practice Act amendment)</p>
225 ILCS 95/25	<p>Sec. 25. Sexually Transmissible Disease Control Act – Physician Assistants</p> <p>No licensee under this Act may be disciplined for providing expedited partner therapy in accordance with the provisions of the Illinois Sexually Transmissible Disease Control Act.</p> <p>(Section 15. The Physician Assistant Practice Act of 1987 amendment)</p>

Chapter 325: Children

IL Chapter 325 Code §	Code Language
325 ILCS 5/5	<p>[Temporary protective custody]</p> <p>Sec. 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 child cannot be cared for at home or in the custody of the person responsible for the child's welfare without endangering the child's health or safety; and (2) there is not time to apply for a court order under the Juvenile Court Act of 1987 [705 ILCS 405/1-1 et seq.] 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 HIV 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 [410 ILCS 235/9]. The Department shall promptly initiate proceedings under the Juvenile Court Act of 1987 [705 ILCS 405/1-1 et seq.] for the continued temporary custody of the child.</p> <p>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.</p> <p>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 [705 ILCS 405/1-1 et seq.].</p> <p>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</p>

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	<p>emergency treatment.</p> <p>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 [410 ILCS 305/1 et seq.] if deemed necessary and appropriate by the Department's Guardianship Administrator or designee and for purposes of consenting to the release of information pursuant to the Illinois Sexually Transmissible Disease Control Act [410 ILCS 325/1 et seq.] if deemed necessary and appropriate by the Department's Guardianship Administrator or designee.</p> <p>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.</p>

Chapter 410: Public Health

IL Chapter 410 Code §	Code Language
410 ILCS 50/3	<p>[Patients' rights]</p> <p>Sec. 3. The following rights are hereby established:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>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 any appropriately interested party, but the insurer may only disclose the test result itself to a physician designated by the applicant or patient, and any such disclosure shall be in a manner that assures confidentiality.</p> <p>The Department of Insurance shall enforce the provisions of this subsection.</p> <p>(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</p>

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	responsible for peer review, utilization review and quality assurance, and those parties required to be notified under the Abused and Neglected Child Reporting Act [325 ILCS 5/1 et seq.], the Illinois Sexually Transmissible Disease Control Act [410 ILCS 325/1 et seq.] 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.
410 ILCS 70/1a	<p>Minimum requirements for hospitals providing hospital emergency services and forensic services to sexual assault survivors.</p> <p>(a) Every hospital providing hospital emergency services and forensic services to sexual assault survivors under this Act shall, as minimum requirements for such services, provide, with the consent of the sexual assault survivor, and as ordered by the attending physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of emergency services, or a physician assistant who has been delegated authority to provide hospital emergency services and forensic services, the following:</p> <ol style="list-style-type: none"> (1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of a sexual assault survivor or which may be used as evidence in a criminal proceeding against a person accused of the sexual assault, or both; and records of the results of such examinations and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the sexual assault survivor; (2) appropriate oral and written information concerning the possibility of infection, sexually transmitted disease and pregnancy resulting from sexual assault; (3) appropriate oral and written information concerning accepted medical procedures, medication, and possible contraindications of such medication available for the prevention or treatment of infection or disease resulting from sexual assault; (4) an amount of medication for treatment at the hospital and after discharge as is deemed appropriate by the attending physician, an advanced practice nurse, or a physician assistant and consistent with the hospital's current approved protocol for sexual assault survivors;; (5) an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from the sexual assault; (6) written and oral instructions indicating the need for follow- up examinations and laboratory tests after the sexual assault to determine the presence or absence of sexually transmitted disease;

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	<p>(7) referral by hospital personnel for appropriate counseling; and</p> <p>(8) when HIV prophylaxis is deemed appropriate, an initial dose or doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up healthcare.</p> <p>(b) Any minor who is a sexual assault survivor who seeks emergency hospital services and forensic services or follow-up healthcare under this Act shall be provided such services without the consent of the parent, guardian or custodian of the minor.</p> <p>(c) Nothing in this Section creates a physician-patient relationship that extends beyond discharge from the hospital emergency department. (Source: P.A. 94-434, eff. 1-1-06; 95-432, eff. 1-1-08.)</p>
410 ILCS 70/5	<p>Minimum requirements for hospitals providing hospital emergency services and forensic services to sexual assault survivors.</p> <p>(a) Every hospital providing hospital emergency services and forensic services to sexual assault survivors under this Act shall, as minimum requirements for such services, provide, with the consent of the sexual assault survivor, and as ordered by the attending physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of emergency services, or a physician assistant who has been delegated authority to provide hospital emergency services and forensic services, the following:</p> <p>(1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of a sexual assault survivor or which may be used as evidence in a criminal proceeding against a person accused of the sexual assault, or both; and records of the results of such examinations and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the sexual assault survivor;</p> <p>(2) appropriate oral and written information concerning the possibility of infection, sexually transmitted disease and pregnancy resulting from sexual assault;</p> <p>(3) appropriate oral and written information concerning accepted medical procedures, medication, and possible contraindications of such medication available for the prevention or treatment of infection or disease resulting from sexual assault;</p> <p>(4) an amount of medication for treatment at the hospital and after discharge as is deemed appropriate by the attending physician, an advanced practice nurse, or a physician assistant and consistent with the hospital's current approved protocol for sexual assault survivors;</p> <p>(5) an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from the sexual assault;</p> <p>(6) written and oral instructions indicating the need for follow-up examinations and laboratory tests after the sexual assault to determine the presence or absence of sexually transmitted disease;</p> <p>(7) referral by hospital personnel for appropriate counseling; and</p> <p>(8) when HIV prophylaxis is deemed appropriate, an initial dose or</p>

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	<p>doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up healthcare.</p> <p>(b) Any person who is a sexual assault survivor who seeks emergency hospital services and forensic services or follow-up healthcare under this Act shall be provided such services without the consent of any parent, guardian, custodian, surrogate, or agent.</p> <p>(c) Nothing in this Section creates a physician-patient relationship that extends beyond discharge from the hospital emergency department.</p> <p>(Source: P.A. 94-434, eff. 1-1-06; 95-432, eff. 1-1-08.)</p>
410 ILCS 70/5.5	<p>Minimum reimbursement requirements for follow-up healthcare.</p> <p>a) Every hospital, health care professional, laboratory, or pharmacy that provides follow-up healthcare to a sexual assault survivor, with the consent of the sexual assault survivor and as ordered by the attending physician, an advanced practice nurse who has a written collaborative agreement with a collaborating physician, or physician assistant who has been delegated authority by a supervising physician shall be reimbursed for the follow-up healthcare services provided. Follow-up healthcare services include, but are not limited to, the following:</p> <ol style="list-style-type: none"> (1) a physical examination; (2) laboratory tests to determine the presence or absence of sexually transmitted disease; and (3) appropriate medications, including HIV prophylaxis. <p>(b) Reimbursable follow-up healthcare is limited to office visits with a physician, advanced practice nurse, or physician assistant within 90 days after an initial visit for hospital emergency services.</p> <p>(c) Nothing in this Section requires a hospital, health care professional, laboratory, or pharmacy to provide follow-up healthcare to a sexual assault survivor.</p> <p>(Source: P.A. 95-432, eff. 1-1-08.)</p>
410 ILCS 305/1	<p>[Short title]</p> <p>Sec. 1. This Act shall be known and may be cited as the "AIDS Confidentiality Act".</p>
410 ILCS 305/2	<p>[Statement of legislative findings]</p> <p>Sec. 2. The General Assembly finds that:</p> <ol style="list-style-type: none"> (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

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	<p>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.</p> <p>(3) The public health will be served by facilitating informed, voluntary and confidential use of tests designed to reveal HIV infection.</p> <p>(4) The public health will also be served by expanding the availability of informed, voluntary, and confidential HIV testing and making HIV testing a routine part of general medical care, as recommended by the United States Centers for Disease Control and Prevention.</p>
410 ILCS 305/3	<p>[Definitions]</p> <p>Sec. 3. When used in this Act:</p> <p>(a) "Department" means the Illinois Department of Public Health.</p> <p>(b) "AIDS" means acquired immunodeficiency syndrome.</p> <p>(c) "HIV" means the Human Immunodeficiency Virus or any other identified causative agent of AIDS.</p> <p>(d) "Informed consent" means a written or verbal agreement 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 pre-test information:</p> <p>(1) a fair explanation of the test, including its purpose, potential uses, limitations and the meaning of its results; and</p> <p>(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.</p> <p>Pre-test information may be provided in writing, verbally, or by video, electronic, or other means. The subject must be offered an opportunity to ask questions about the HIV test and decline testing. Nothing in this Act shall prohibit a health care provider from combining a form used to obtain informed consent for HIV testing with forms used to obtain written consent for general medical care or any other medical test or procedure provided that the forms make it clear that the subject may consent to general medical care, tests, or medical procedures without being required to consent to HIV testing and clearly explain how the subject may opt-</p>

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	<p>out of HIV testing.</p> <p>(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 Finance Authority Act [20 ILCS 3501/801-1 et seq.].</p> <p>(f) "Health care provider" means any health care professional, nurse, paramedic, psychologist or other person providing medical, nursing, psychological, or other health care services of any kind.</p> <p>(f-5) "Health care professional" means (i) a licensed physician, (ii) a physician assistant to whom the physician assistant's supervising physician has delegated the provision of AIDS and HIV-related health services, (iii) an advanced practice registered nurse who has a written collaborative agreement with a collaborating physician which authorizes the provision of AIDS and HIV-related health services, (iv) a licensed dentist, (v) a licensed podiatrist, or (vi) an individual certified to provide HIV testing and counseling by a state or local public health department.</p> <p>(g) "Test" or "HIV test" means a test to determine the presence of the antibody or antigen to HIV, or of HIV infection.</p> <p>(h) "Person" includes any natural person, partnership, association, joint venture, trust, governmental entity, public or private corporation, health facility or other legal entity.</p>
410 ILCS 305/4	<p>[Written informed consent]</p> <p>Sec. 4. No person may order an HIV test without first receiving the documented informed consent of the subject of the test or the subject's legally authorized representative. A health care facility or provider may offer opt-out HIV testing where the subject or the subject's legally authorized representative is informed that the subject will be tested for HIV unless he or she refuses. The health care facility or provider must document the provision of informed consent, including pre-test information, and whether the subject or the subject's legally authorized representative declined the offer of HIV testing.</p>
410 ILCS 305/5	<p>[Duty to provide information]</p> <p>Sec. 5. No health care professional may order an HIV test without making available to the person tested pre-test 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.</p>
410 ILCS 305/5.5	<p>Rapid testing</p> <p>Sec. 5.5. Rapid testing. The Department shall adopt rules to allow for the</p>

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	implementation of HIV/AIDS rapid testing. The rules must include, but need not be limited to, standards for ordering and administration of testing and counseling and dissemination of test results.
410 ILCS 305/6	<p>[Anonymous testing]</p> <p>Sec. 6. Any individual seeking an HIV test shall have the right to anonymous testing, unless identification of the test subject is otherwise required. Anonymous testing shall be performed after pre-test information is provided and informed consent is obtained, using a coded system that does not link individual identity with the request or result. A health care facility or health care provider that does not provide anonymous testing shall refer an individual requesting an anonymous test to a site where it is available. 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.</p>
410 ILCS 305/7	<p>[Exceptions to written informed consent]</p> <p>Sec. 7. (a) Notwithstanding the provisions of Sections 4, 5 and 6 of this Act [410 ILCS 305/4, 410 ILCS 305/5 and 410 ILCS 305/6], 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 Illinois Anatomical Gift Act [755 ILCS 50/1 et seq.], 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.</p> <p>(b) 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.</p> <p>(c) 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</p>

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	risk of that person's life.
410 ILCS 305/8	<p>[Additional exceptions to written informed consent]</p> <p>Sec. 8. Notwithstanding the provisions of Sections 4 and 5 of this Act [410 ILCS 305/4 and 410 ILCS 305/5], informed consent and pre-test information 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.</p>
410 ILCS 305/9	<p>[Confidentiality; exceptions]</p> <p>Sec. 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:</p> <p>(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 pursuant to rules adopted by the Department, 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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The Department and local health authorities serving a population of over 1,000,000 residents or other local health authorities as designated</p>

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	<p>by the Department, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by State law. The Department, local health authorities, and authorized representatives shall not disclose information and records held by them relating to known or suspected cases of AIDS or HIV infection, publicly or in any action of any kind in any court or before any tribunal, board, or agency. AIDS and HIV infection data shall be protected from disclosure in accordance with the provisions of Sections 8-2101 through 8-2105 of the Code of Civil Procedure [735 ILCS 5/8-2101 through 735 ILCS 5/8-2105].</p> <p>(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.</p> <p>(f) Health facility staff committees for the purposes of conducting program monitoring, program evaluation or service reviews.</p> <p>(g) (Blank).</p> <p>(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.</p> <p>(i) Any law enforcement officer, as defined in subsection (c) of Section 7 [410 ILCS 305/7], 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.</p> <p>(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 [325 ILCS 5/5].</p> <p>(k) In the case of a minor under 18 years of age whose test result is positive and has been confirmed pursuant to rules adopted by the Department, 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 judgment 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</p>

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	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.
410 ILCS 305/9.5	<p>[Delivery of test results]</p> <p>(a) The Department shall develop rules regarding the delivery of HIV test results to patients.</p> <p>(b) The subject of the test or the subject's legally authorized representative shall be notified by personal contact whenever possible of the confirmed positive result of an HIV test. When the subject or the subject's legally authorized representative is notified of a confirmed positive test result, the health care provider or professional shall provide the subject or the subject's legally authorized representative with a referral to counseling in connection with the confirmed positive test result and a referral to an appropriate medical facility for the treatment and management of HIV.</p> <p>(c) A health care provider shall not be in violation of this Section when an attempt to contact the test subject or the subject's legally authorized representative at the address or telephone number provided by the test subject or the test subject's legally authorized representative does not result in contact and notification or where an attempt to deliver results by personal contact has not been successful.</p>
410 ILCS 305/10	<p>[Disclosure of test results]</p> <p>Sec. 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 [410 ILCS 305/9].</p>
410 ILCS 305/11	<p>[Tests required by law]</p> <p>Sec. 11. Notwithstanding the provisions of Section 4 of this Act [410 ILCS 305/4], 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.</p>
410 ILCS 305/12	<p>[Violations]</p> <p>Sec. 12. Intentional or reckless violation of this Act or any regulation issued hereunder shall constitute a Class A misdemeanor.</p>
410 ILCS 305/13	<p>[Remedies]</p> <p>Sec. 13. Any person aggrieved by a violation of this Act or of a regulation</p>

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	<p>promulgated hereunder shall have a right of action in the circuit court and may recover for each violation:</p> <p>(1) Against any person who negligently violates a provision of this Act or the regulations promulgated hereunder, liquidated damages of \$ 2,000 or actual damages, whichever is greater.</p> <p>(2) Against any person who intentionally or recklessly violates a provision of this Act or the regulations promulgated hereunder, liquidated damages of \$ 10,000 or actual damages, whichever is greater.</p> <p>(3) Reasonable attorney fees.</p> <p>(4) Such other relief, including an injunction, as the court may deem appropriate.</p>
410 ILCS 305/15	<p>[Reporting requirements of Department]</p> <p>Sec. 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.</p>
410 ILCS 305/16	<p>The Department shall promulgate rules and regulations concerning implementation and enforcement of this Act</p> <p>Sec. 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 [5 ILCS 100/1-1 et seq.] 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 [5 ILCS 100/1-1 et seq.] and this Act, the provisions of this Act shall control. The Department shall conduct training, technical assistance, and outreach activities, as needed, to implement routine HIV testing in healthcare medical settings.</p>
410 ILCS 310/4	<p>[Establishment and maintenance of registry; collection of information; confidentiality]</p> <p>Sec. 4. (a) The Department shall establish and maintain an HIV/AIDS Registry consisting of a record of cases of HIV and AIDS 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 HIV and AIDS 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.</p>

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	<p>(b) To facilitate the collection of information relating to cases of HIV and AIDS, the Department shall have the authority to require hospitals, laboratories and other facilities which diagnose such conditions to report cases of HIV and AIDS to the Department or a local health authority if the local health authority serves a population of over 1,000,000 citizens or if the local health authority has been designated by the Department to collect such information, 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.</p> <p>(c) The Director shall by rule establish standards for ensuring the protection of information made confidential or privileged under law.</p>
410 ILCS 315/2a	<p>[Children with AIDS, ARC, or HIV; disclosure in public schools]</p> <p>Sec. 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.</p> <p>The principal may, as necessary, disclose the identity of an infected child to:</p> <ol style="list-style-type: none"> (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. <p>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.</p>
410 ILCS 325/3	<p>Definitions.</p> <p>As used in this Act, unless the context clearly requires otherwise:</p> <ol style="list-style-type: none"> (1) "Department" means the Department of Public Health. (2) "Local health authority" means the full-time official health

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	<p>department of board of health, as recognized by the Department, having jurisdiction over a particular area.</p> <p>(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.</p> <p>(4) "Health care professional" means a physician licensed to practice medicine in all its branches, a physician assistant who has been delegated the provision of sexually transmissible disease therapy services or expedited partner therapy services by his or her supervising physician, or an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the provision of sexually transmissible disease therapy services or expedited partner therapy services, or an advanced practice nurse who practices in a hospital or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act.</p> <p>(5) "Expedited partner therapy" means to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the partner or partners of persons clinically diagnosed as infected with a sexually transmissible disease, without physical examination of the partner or partners.</p>
410 ILCS 325/4	<p>Reporting required</p> <p>Sec. 4. Reporting required.</p> <p>(a) A physician licensed under the provisions of the Medical Practice Act of 1987 [225 ILCS 60/1 et seq.], an advanced practice nurse licensed under the provisions of the Nursing and Advanced Practice Nursing Act [225 ILCS 65/5-1 et seq.] who has a written collaborative agreement with a collaborating physician that authorizes the provision of services for a sexually transmissible disease, or a physician assistant licensed under the provisions of the Physician Assistant Practice Act of 1987 [225 ILCS 95/1 et seq.] who has been delegated authority to provide services for a sexually transmissible disease 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.</p>

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	<p>(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.</p> <p>(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.</p> <p>(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.</p>
410 ILCS 325/6	<p>Physical examination and treatment.</p> <p>(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.</p> <p>(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 of 1987, 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.</p> <p>(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.</p> <p>(d) Any person who knowingly or maliciously disseminates any false</p>

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	<p>information or report concerning the existence of any sexually transmissible disease under this Section is guilty of a Class A misdemeanor.</p> <p>(e) Taking into account the recommendations of the U.S. Centers for Disease Control and Prevention and other nationally recognized medical authorities, the Department shall provide information and technical assistance as appropriate to health care professionals who provide expedited partner therapy services for persons with sexually transmissible diseases.</p> <p>(1) Notwithstanding any other provision of law, a health care professional who makes a clinical diagnosis of chlamydia or gonorrhea may prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to the infected person's sexual partner or partners for the treatment of the sexually transmissible disease without physical examination of the partner or partners, if in the judgment of the health care professional the partner is unlikely or unable to present for comprehensive healthcare, including evaluation, testing, and treatment for sexually transmissible diseases. Expedited partner therapy shall be limited to partners who may have been exposed to a sexually transmissible disease within the previous 60 days, if the patient is able to contact the partner.</p> <p>(2) Health care professionals who provide expedited partner therapy shall comply with Sections 4 and 5 of the Illinois Sexually Transmissible Disease Control Act.</p> <p>(3) Health care professionals who provide expedited partner therapy shall provide counseling for the patient and written materials provided by the Department to be given by the patient to the partner or partners that include at a minimum the following:</p> <p>(A) a warning that a woman who is pregnant or might be pregnant must not take certain antibiotics and must immediately contact a health care professional for an examination, and a recommendation for such an examination;</p> <p>(B) information about the antibiotic and dosage provided or prescribed; clear and explicit allergy and side effect warnings, including a warning that a partner who has a history of allergy to the antibiotic or the pharmaceutical class of antibiotic must not take the antibiotic and must be immediately examined by a health care professional, and a recommendation for such an examination;</p> <p>(C) information about the treatment and prevention of sexually transmissible diseases;</p> <p>(D) the requirement of abstinence until a period of time after treatment to prevent infecting others;</p> <p>(E) notification of the importance of the partner or partners of the patient to receive examination and testing for HIV and other sexually transmissible diseases, and available resources;</p> <p>(F) notification of the risk to self, others, and the public health if the sexually transmissible disease is not completely and successfully treated;</p> <p>(G) the responsibility of the partner or partners to inform his or her sex partner or partners of the risk of sexually transmissible</p>

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	<p>disease and the importance of prompt examination and treatment; and</p> <p>(H) other information as deemed necessary by the Department.</p> <p>(4) The Department shall develop and disseminate in electronic and other formats the following written materials:</p> <p>(A) informational materials for partners, as required in item (3) of this subsection (e);</p> <p>(B) informational materials for persons who are repeatedly diagnosed with sexually transmissible diseases; and</p> <p>(C) guidance for health care professionals on the safe and effective provision of expedited partner therapy.</p> <p>The Department may offer educational programs about expedited partner therapy for health care professionals and pharmacists licensed under the Pharmacy Practice Act.</p> <p>(5) A health care professional prescribing, dispensing, furnishing, or otherwise providing in good faith without fee or compensation prescription antibiotics to partners under this subsection (e) and providing counseling and written materials as required by item (3) of this subsection (e) shall not be subject to civil or professional liability, except for willful and wanton misconduct. A health care professional shall not be subject to civil or professional liability for choosing not to provide expedited partner therapy.</p> <p>(6) A pharmacist or pharmacy shall not be subject to civil or professional liability for choosing not to fill a prescription that would cause the pharmacist or pharmacy to violate any provision of the Pharmacy Practice Act, including the definition of "prescription" set forth in subsection (e) of Section 3 of the Pharmacy Practice Act or the definition of "drug regimen review" set forth in subsection (y) of Section 3 of the Pharmacy Practice Act.</p>
<p>410 ILCS 335/10</p>	<p>Perinatal HIV counseling and offer of HIV testing required</p> <p>Sec. 10. HIV counseling and offer of HIV testing required.</p> <p>(a) Every health care professional who provides health care services to a pregnant woman shall, unless she has already been tested during the current pregnancy, provide the woman with HIV counseling, as described in subpart (d) of this Section, and shall test her for HIV unless she refuses. A refusal may be verbal or in writing. A health care professional shall provide the counseling and recommend the testing as early in the woman's pregnancy as possible. For women at continued risk of exposure to HIV infection in the judgment of the health care professional, a repeat test should be recommended late in pregnancy or at the time of labor and delivery. The counseling and testing or refusal of testing shall be documented in the woman's medical record.</p> <p>(b) Every health care professional or facility that cares for a pregnant woman during labor or delivery shall, unless she has already been tested during the current pregnancy, provide the woman with HIV counseling, as described in subpart (d) of this Section, and HIV testing unless she refuses. A refusal may be verbal or in writing. The counseling and testing or refusal of testing shall be documented in the woman's medical record.</p>

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	<p>The health care facility shall adopt a policy that provides that as soon as possible within medical standards after the infant's birth, the mother's HIV test result, if available, shall be noted in the newborn infant's medical record. It shall also be noted in the newborn infant's medical record if the mother's HIV test result is not available because she has not been tested or has declined testing. Any testing or test results shall be documented in accordance with the AIDS Confidentiality Act.</p> <p>(c) Every health care professional or facility caring for a newborn infant shall, upon delivery or as soon as possible within medical standards after the infant's birth, provide counseling as described in subsection (d) of this Section to the parent or guardian of the infant and perform rapid HIV testing on the infant, when the HIV status of the infant's mother is unknown.</p> <p>(d) The counseling required under this Section must be provided in accordance with the AIDS Confidentiality Act and must include the following:</p> <ol style="list-style-type: none"> (1) For the health of the pregnant woman, the voluntary nature of the testing, the benefits of HIV testing, including the prevention of transmission, and the requirement that HIV testing be performed unless she refuses and the methods by which she can refuse. (2) The benefit of HIV testing for herself and the newborn infant, including interventions to prevent HIV transmission. (3) The side effects of interventions to prevent HIV transmission. (4) The statutory confidentiality provisions that relate to HIV and acquired immune deficiency syndrome ("AIDS") testing. (5) The requirement for mandatory testing of the newborn if the mother's HIV status is unknown at the time of delivery. (6) An explanation of the test, including its purpose, limitations, and the meaning of its results. (7) An explanation of the procedures to be followed. (8) The availability of additional or confirmatory testing, if appropriate. Counseling may be provided in writing, verbally, or by video, electronic, or other means. The woman must be offered an opportunity to ask questions about testing and to decline testing for herself. <p>(e) All counseling and testing must be performed in accordance with the standards set forth in the AIDS Confidentiality Act, including the informed consent provisions of Sections 4, 7, and 8 of that Act, with the exception of the requirement of consent for testing of newborn infants. Consent for testing of a newborn infant shall be presumed when a health care professional or health care facility seeks to perform a test on a newborn infant whose mother's HIV status is not known, provided that the counseling required under subsection (d) of this Section and the AIDS Confidentiality Act has taken place.</p> <p>(f) The Illinois Department of Public Health shall adopt necessary rules to implement this Act by July 1, 2008. (Source: P.A. 94-910, eff. 6-23-06; 95-702, eff. 6-1-08.)</p>
<p>410 ILCS 335/15</p>	<p>Reporting</p> <p>(a) A health care facility shall adopt a policy that provides that a report of</p>

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	<p>a preliminarily HIV-positive woman and a report of a preliminarily HIV-exposed newborn infant identified by a rapid HIV test conducted during labor and delivery or after delivery shall be made to the Department's Perinatal HIV Hotline within 24 hours after birth. Section 15 of the AIDS Confidentiality Act applies to reporting under this Act, except that the immunities set forth in that Section do not apply in cases of willful or wanton misconduct.</p> <p>(b) The Department shall adopt rules specifying the information required in reporting the preliminarily HIV-positive woman and preliminarily HIV-exposed newborn infant and the method of reporting. In adopting the rules, the Department shall consider the need for information, protections for the privacy and confidentiality of the infant and parents, the need to provide access to care and follow-up services to the infant, and procedures for destruction of records maintained by the Department if, through subsequent HIV testing, the woman or newborn infant is found to be HIV-negative.</p> <p>(c) The confidentiality provisions of the AIDS Confidentiality Act shall apply to the reports of cases of perinatal HIV made pursuant to this Section.</p> <p>(d) Health care facilities shall monthly report aggregate statistics to the Department that include the number of infected women who presented with known HIV status, the number of pregnant women rapidly tested for HIV in labor and delivery, the number of newborn infants rapidly tested for HIV-exposure, the number of preliminarily HIV-positive pregnant women and preliminarily HIV-exposed newborn infants identified, the number of families referred to case management, and other information the Department determines is necessary to measure progress under the provisions of this Act. Health care facilities must report the confirmatory test result when it becomes available for each preliminarily positive rapid HIV test performed on the woman and newborn.</p> <p>(e) The Department or its authorized representative shall provide case management services to the preliminarily positive pregnant woman or the parent or guardian of the preliminarily positive newborn infant to ensure access to treatment and care and other services as appropriate if the parent or guardian has consented to the services.</p> <p>(f) Every health care facility caring for a newborn infant whose mother had been diagnosed HIV positive prior to labor and delivery shall report a case of perinatal HIV exposure in accordance with the HIV/AIDS Registry Act, the Illinois Sexually Transmissible Disease Control Act, and rules to be developed by the Department. If after 18 months from the date that the report was submitted, a newborn infant is determined to not have HIV or AIDS, the Department shall remove the newborn infant's name from all reports, records, and files collected or created under this subsection (f).</p>

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410 ILCS 335/30	Objections of parent or guardian to test. The provisions of this Act shall not apply when a parent or guardian of a child objects thereto on the grounds that the test conflicts with his or her religious tenets and practices. A written statement of the objection shall be presented to the physician or other person whose duty it is to administer and report the tests under the provisions of this Act.

Chapter 705: Courts

IL Chapter 20 Code §	Code Language
705 ILCS 405/5-710	<p>Kinds of sentencing orders</p> <p>(9) In addition to any other sentencing order, the court shall order any minor found to be guilty for an act which would constitute, predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse, or criminal sexual abuse if committed by an adult to 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 agency of acquired immunodeficiency syndrome (AIDS). Any 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 minor's person. Except as otherwise provided by law, 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 judge of the court in which the sentencing order 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 the results of the testing may be revealed. The court shall notify the minor of the results of the test for infection with the human immunodeficiency virus (HIV). The court shall also notify the victim if requested by the victim, and if the victim is under the age of 15 and if requested by the victim's parents or legal guardian, the court shall notify the victim's parents or the legal guardian, of the results of the test for infection with the human immunodeficiency virus (HIV). The court shall provide information on the availability of HIV testing and counseling at the Department of Public Health facilities to all parties to whom the results of the testing are revealed. The court shall order that the cost of any test shall be paid by the county and may be taxed as costs against the minor.</p>

Chapter 720: Criminal Offenses

IL Chapter 720 Code §	Code Language
720 ILCS 5/12-18	<p>General Provisions</p> <p>(e) After a finding at a preliminary hearing that there is probable cause to believe that an accused has committed a violation of Section 12-13, 12-14, or 12-14.1 of this Code [720 ILCS 5/12-13, 720 ILCS 5/12-14, or 720 ILCS 5/12-14.1], or after an indictment is returned charging an accused with a violation of Section 12-13, 12-14, or 12-14.1 of this Code [720 ILCS 5/12-13, 720 ILCS 5/12-14 or 720 ILCS 5/12-14.1], or after a finding that a defendant charged with a violation of Section 12-13, 12-14, or 12-14.1 of this Code [720 ILCS 5/12-13, 720 ILCS 5/12-14, or 720 ILCS 5/12-14.1] is unfit to stand trial pursuant to Section 104-16 of the Code of Criminal Procedure of 1963 [725 ILCS 5/100-1 et seq.] where the finding is made prior to preliminary hearing, at the request of the person who was the victim of the violation of Section 12-13, 12-14, or 12-14.1 [720 ILCS 5/12-13, 720 ILCS 5/12-14 or 720 ILCS 5/12-14.1], the prosecuting State's attorney shall seek an order from the court to compel the accused to be tested within 48 hours for any sexually transmissible disease, including a test for infection with human immunodeficiency virus (HIV). The medical tests shall be performed only by appropriately licensed medical practitioners. The test for infection with human immunodeficiency virus (HIV) 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 tests and any follow-up tests 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, to the defendant, to the State's Attorney, and to the judge who entered the order, for the judge's inspection in camera. The judge shall provide to the victim a referral to the Illinois Department of Public Health HIV/AIDS toll-free hotline for counseling and information in connection with the test result. 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 tests shall be paid by the county, and shall be taxed as costs against the accused if convicted.</p>
720 ILCS 5/12-16.2	<p>Criminal Transmission of HIV</p> <p>(a) A person commits criminal transmission of HIV when he or she, knowing that he or she is infected with HIV:</p> <p>(1) engages in intimate contact with another;</p>

	<p>(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</p> <p>(3) dispenses, delivers, exchanges, sells, or in any other way transfers to another any nonsterile intravenous or intramuscular drug paraphernalia.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(e) A person who commits criminal transmission of HIV commits a Class 2 felony.</p>
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Chapter 730: Corrections

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730 ILCS 5/3-6-2	<p>Institutions and Facility Administration</p> <p>Sec. 3-6-2. Institutions and Facility Administration.</p> <p>(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.</p>
730 ILCS 5/3-7-2	<p>Facilities</p> <p>Sec. 3-7-2. Facilities.</p> <p>(a) All institutions and facilities of the Department shall provide every committed person with access to toilet facilities, barber facilities, bathing facilities at least once each week, a library of legal materials and published materials including newspapers and magazines approved by the Director. A committed person may not receive any materials that the Director deems pornographic.</p> <p>(b) (Blank).</p> <p>(c) All institutions and facilities of the Department shall provide facilities for every committed person to leave his cell for at least one hour each day unless the chief administrative officer determines that it would be harmful or dangerous to the security or safety of the institution or facility.</p> <p>(d) All institutions and facilities of the Department shall provide every committed person with a wholesome and nutritional diet at regularly scheduled hours, drinking water, clothing adequate for the season, bedding, soap and towels and medical and dental care.</p> <p>(e) All institutions and facilities of the Department shall permit every committed person to send and receive an unlimited number of uncensored letters, provided, however, that the Director may order that mail be inspected and read for reasons of the security, safety or morale of</p>

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	<p>the institution or facility.</p> <p>(f) All of the institutions and facilities of the Department shall permit every committed person to receive visitors, except in case of abuse of the visiting privilege or when the chief administrative officer determines that such visiting would be harmful or dangerous to the security, safety or morale of the institution or facility. The chief administrative officer shall have the right to restrict visitation to non-contact visits for reasons of safety, security, and order, including, but not limited to, restricting contact visits for committed persons engaged in gang activity. No committed person in a super maximum security facility or on disciplinary segregation is allowed contact visits. Any committed person found in possession of illegal drugs or who fails a drug test shall not be permitted contact visits for a period of at least 6 months. Any committed person involved in gang activities or found guilty of assault committed against a Department employee shall not be permitted contact visits for a period of at least 6 months. The Department shall offer every visitor appropriate written information concerning HIV and AIDS, including information concerning how to contact the Illinois Department of Public Health for counseling information. The Department shall develop the written materials in consultation with the Department of Public Health. The Department shall ensure that all such information and materials are culturally sensitive and reflect cultural diversity as appropriate. Implementation of the changes made to this Section by this amendatory Act of the 94th General Assembly [P.A. 94-629] is subject to appropriation.</p> <p>(f-5) The Department shall establish a pilot program in one or more institutions or facilities of the Department to permit committed persons to remotely visit family members through interactive video conferences. The Department may enter into agreements with third-party organizations to provide video conference facilities for family members of committed persons. The Department may determine who is a family member eligible to participate in the program and the conditions in which and times when the video conferences may be conducted. The Department may conduct such conferences as an alternative to transporting committed persons to facilities and institutions of the Department near the residences of family members of the committed persons.</p> <p>Beginning on October 1, 2010 and through October 1, 2012, the Department shall issue an annual report to the General Assembly regarding the implementation and effectiveness of the pilot program created by this subsection (f-5).</p> <p>(g) All institutions and facilities of the Department shall permit religious ministrations and sacraments to be available to every committed person, but attendance at religious services shall not be required.</p> <p>(h) Within 90 days after December 31, 1996, the Department shall prohibit the use of curtains, cell-coverings, or any other matter or object</p>

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	that obstructs or otherwise impairs the line of vision into a committed person's cell.
730 ILCS 5/3-8-2	<p>Social Evaluation; physical examination; HIV/AIDS</p> <p>Sec. 3-8-2. Social Evaluation; physical examination; HIV/AIDS.</p> <p>(a) A social evaluation shall be made of a committed person's medical, psychological, educational and vocational condition and history, including the use of alcohol and other drugs, the circumstances of his offense, and such other information as the Department may determine. The committed person shall be assigned to an institution or facility in so far as practicable in accordance with the social evaluation. Recommendations shall be made for medical, dental, psychiatric, psychological and social service treatment.</p> <p>(b) A record of the social evaluation shall be entered in the committed person's master record file and shall be forwarded to the institution or facility to which the person is assigned.</p> <p>(c) Upon admission to a correctional institution each committed person shall be given a physical examination. If he is suspected of having a communicable disease that in the judgment of the Department medical personnel requires medical isolation, the committed person shall remain in medical isolation until it is no longer deemed medically necessary.</p> <p>(d) Upon arrival at an inmate's final destination, the Department must provide the committed person with appropriate written information and counseling concerning HIV and AIDS. The Department shall develop the written materials in consultation with the Department of Public Health. At the same time, the Department also must offer the committed person the option of being tested, with no copayment, for infection with human immunodeficiency virus (HIV). The Department shall require each committed person to sign a form stating that the committed person has been informed of his or her rights with respect to the testing required to be offered under this subsection (d) and providing the committed person with an opportunity to indicate either that he or she wants to be tested or that he or she does not want to be tested. The Department, in consultation with the Department of Public Health, shall prescribe the contents of the form. The testing provided under this subsection (d) shall consist of an enzyme-linked immunosorbent assay (ELISA) test or any other test approved by the Department of Public Health. If the test result is positive, the Western Blot Assay or more reliable confirmatory test shall be administered. Implementation of this subsection (d) is subject to appropriation.</p>
730 ILCS 5/3-10-2	<p>Examination of Persons Committed to the Department of Juvenile Justice</p> <p>Sec. 3-10-2. Examination of Persons Committed to the Department of</p>

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	<p>Juvenile Justice.</p> <p>(a) A person committed to the Department of Juvenile Justice shall be examined in regard to his medical, psychological, social, educational and vocational condition and history, including the use of alcohol and other drugs, the circumstances of his offense and any other information as the Department of Juvenile Justice may determine.</p> <p>(a-5) Upon admission of a person committed to the Department of Juvenile Justice, the Department of Juvenile Justice must provide the person with appropriate written information and counseling concerning HIV and AIDS. The Department of Juvenile Justice shall develop the written materials in consultation with the Department of Public Health. At the same time, the Department of Juvenile Justice also must offer the person the option of being tested, at no charge to the person, for infection with human immunodeficiency virus (HIV) or any other identified causative agent of acquired immunodeficiency syndrome (AIDS). The Department of Juvenile Justice shall require each person committed to the Department of Juvenile Justice to sign a form stating that the person has been informed of his or her rights with respect to the testing required to be offered under this subsection (a-5) and providing the person with an opportunity to indicate either that he or she wants to be tested or that he or she does not want to be tested. The Department of Juvenile Justice, in consultation with the Department of Public Health, shall prescribe the contents of the form. The testing provided under this subsection (a-5) shall consist of an enzyme-linked immunosorbent assay (ELISA) test or any other test approved by the Department of Public Health. If the test result is positive, the Western Blot Assay or more reliable confirmatory test shall be administered.</p> <p>Also upon admission of a person committed to the Department of Juvenile Justice, the Department of Juvenile Justice must inform the person of the Department's obligation to provide the person with medical care.</p> <p>Implementation of this subsection (a-5) is subject to appropriation.</p> <p>(b) Based on its examination, the Department of Juvenile Justice may exercise the following powers in developing a treatment program of any person committed to the Department of Juvenile Justice:</p> <ol style="list-style-type: none"> (1) Require participation by him in vocational, physical, educational and corrective training and activities to return him to the community. (2) Place him in any institution or facility of the Department of Juvenile Justice. (3) Order replacement or referral to the Parole and Pardon Board as often as it deems desirable. The Department of Juvenile Justice shall refer the person to the Parole and Pardon Board as required under Section 3-3-4 [730 ILCS 5/3-3-4]. (4) Enter into agreements with the Secretary of Human Services and the Director of Children and Family Services, with courts having probation officers, and with private agencies or institutions for separate care or

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	<p>special treatment of persons subject to the control of the Department of Juvenile Justice.</p> <p>(c) The Department of Juvenile Justice shall make periodic reexamination of all persons under the control of the Department of Juvenile Justice to determine whether existing orders in individual cases should be modified or continued. This examination shall be made with respect to every person at least once annually.</p> <p>(d) A record of the treatment decision including any modification thereof and the reason therefor, shall be part of the committed person's master record file.</p> <p>(e) The Department of Juvenile Justice shall by certified mail, return receipt requested, notify the parent, guardian or nearest relative of any person committed to the Department of Juvenile Justice of his physical location and any change thereof.</p>
730 ILCS 5/3-14-1	<p>Release from the Institution.</p> <p>(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).</p>
730 ILCS 5/5-5-3	<p>Disposition</p> <p>(a) (Blank).</p> <p>(b) (Blank).</p> <p>(c) (1) (Blank).</p> <p>(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:</p> <p>(A) First degree murder where the death penalty is not imposed.</p> <p>(B) Attempted first degree murder.</p> <p>(C) A Class X felony.</p> <p>(D) A violation of Section 401.1 or 407 of the Illinois Controlled Substances Act [720 ILCS 570/401.1 or 720 ILCS 570/407], or a violation of subdivision (c)(1) or (c)(2) of Section 401 of that Act [720 ILCS 570/401] which relates to more than 5 grams of a substance containing heroin or cocaine or an analog thereof.</p> <p>(E) A violation of Section 5.1 or 9 of the Cannabis Control Act [720</p>

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	<p>ILCS 550/5.1 or 720 ILCS 550/9].</p> <p>(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 the offender committed the offense for which he or she is being sentenced, except as otherwise provided in Section 40-10 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/40-10].</p> <p>(F-5) A violation of Section 24-1, 24-1.1, or 24-1.6 of the Criminal Code of 1961 [720 ILCS 5/24-1, 720 ILCS 24-1.1, or 720 ILCS 24-1.6] for which imprisonment is prescribed in those Sections.</p> <p>(G) Residential burglary, except as otherwise provided in Section 40-10 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/40-10].</p> <p>(H) Criminal sexual assault.</p> <p>(I) Aggravated battery of a senior citizen.</p> <p>(J) A forcible felony if the offense was related to the activities of an organized gang. Before July 1, 1994, 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. Beginning July 1, 1994, for the purposes of this paragraph, "organized gang" has the meaning ascribed to it in Section 10 of the Illinois Streetgang Terrorism Omnibus Prevention Act [740 ILCS 147/10].</p> <p>(K) Vehicular hijacking.</p> <p>(L) A second or subsequent conviction for the offense of hate crime when the underlying offense upon which the hate crime is based is felony aggravated assault or felony mob action.</p> <p>(M) A second or subsequent conviction for the offense of institutional vandalism if the damage to the property exceeds \$ 300.</p> <p>(N) A Class 3 felony violation of paragraph (1) of subsection (a) of Section 2 of the Firearm Owners Identification Card Act [430 ILCS 65/2].</p> <p>(O) A violation of Section 12-6.1 of the Criminal Code of 1961 [720 ILCS 5/12-6.1].</p> <p>(P) A violation of paragraph (1), (2), (3), (4), (5), or (7) of subsection (a) of Section 11-20.1 of the Criminal Code of 1961 [720 ILCS 5/11-20.1].</p> <p>(Q) A violation of Section 20-1.2 or 20-1.3 of the Criminal Code of 1961 [720 ILCS 5/20-1.2 or 720 ILCS 5/20-1.3].</p> <p>(R) A violation of Section 24-3A of the Criminal Code of 1961 [720 ILCS 5/24-3A].</p> <p>(S) (Blank).</p> <p>(T) A second or subsequent violation of the Methamphetamine Control and Community Protection Act.</p> <p>(U) A second or subsequent violation of Section 6-303 of the Illinois Vehicle Code committed while his or her driver's license, permit, or privilege was revoked because of a violation of Section 9-3 of the Criminal Code of 1961, relating to the offense of reckless homicide, or a similar provision of a law of another state.</p> <p>(V) A violation of paragraph (4) of subsection (c) of Section 11-20.3</p>

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	<p>of the Criminal Code of 1961.</p> <p>(W) A violation of Section 24-3.5 of the Criminal Code of 1961.</p> <p>(X) A violation of subsection (a) of Section 31-1a of the Criminal Code of 1961.</p> <p>(Y) A conviction for unlawful possession of a firearm by a street gang member when the firearm was loaded or contained firearm ammunition.</p> <p>(Z) A Class 1 felony committed while he or she was serving a term of probation or conditional discharge for a felony.</p> <p>(AA) Theft of property exceeding \$500,000 and not exceeding \$1,000,000 in value.</p> <p>(BB) Laundering of criminally derived property of a value exceeding \$500,000.</p> <p>(CC) Knowingly selling, offering for sale, holding for sale, or using 2,000 or more counterfeit items or counterfeit items having a retail value in the aggregate of \$500,000 or more.</p> <p>(3) (Blank).</p> <p>(4) A minimum term of imprisonment of not less than 10 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 [625 ILCS 5/6-303].</p> <p>(4.1) (Blank).</p> <p>(4.2) Except as provided in paragraph (4.3) of this subsection (c), a minimum of 100 hours of community service shall be imposed for a second violation of Section 6-303 of the Illinois Vehicle Code [625 ILCS 5/6-303].</p> <p>(4.3) A minimum term of imprisonment of 30 days or 300 hours of community service, as determined by the court, shall be imposed for a second violation of subsection (c) of Section 6-303 of the Illinois Vehicle Code [625 ILCS 5/6-303].</p> <p>(4.4) Except as provided in paragraph (4.5) and paragraph (4.6) of this subsection (c), a minimum term of imprisonment of 30 days or 300 hours of community service, as determined by the court, shall be imposed for a third or subsequent violation of Section 6-303 of the Illinois Vehicle Code [625 ILCS 5/6-303].</p> <p>(4.5) A minimum term of imprisonment of 30 days shall be imposed for a third violation of subsection (c) of Section 6-303 of the Illinois Vehicle Code [625 ILCS 5/6-303].</p> <p>(4.6) A minimum term of imprisonment of 180 days shall be imposed for a fourth or subsequent violation of subsection (c) of Section 6-303 of the Illinois Vehicle Code [625 ILCS 5/6-303].</p> <p>(5) The court may sentence an offender convicted of a business offense or a petty offense or a corporation or unincorporated association convicted</p>

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	<p>of any offense to:</p> <ul style="list-style-type: none"> (A) a period of conditional discharge; (B) a fine; (C) make restitution to the victim under Section 5-5-6 of this Code [730 ILCS 5/5-5-6]. <p>(5.1) In addition to any penalties imposed under paragraph (5) of this subsection (c), and except as provided in paragraph (5.2) or (5.3), a person convicted of violating subsection (c) of Section 11-907 of the Illinois Vehicle Code [625 ILCS 5/11-907] shall have his or her driver's license, permit, or privileges suspended for at least 90 days but not more than one year, if the violation resulted in damage to the property of another person.</p> <p>(5.2) In addition to any penalties imposed under paragraph (5) of this subsection (c), and except as provided in paragraph (5.3), a person convicted of violating subsection (c) of Section 11-907 of the Illinois Vehicle Code [625 ILCS 5/11-907] shall have his or her driver's license, permit, or privileges suspended for at least 180 days but not more than 2 years, if the violation resulted in injury to another person.</p> <p>(5.3) In addition to any penalties imposed under paragraph (5) of this subsection (c), a person convicted of violating subsection (c) of Section 11-907 of the Illinois Vehicle Code [625 ILCS 5/11-907] shall have his or her driver's license, permit, or privileges suspended for 2 years, if the violation resulted in the death of another person.</p> <p>(5.4) (As added by P.A. 94-1035, effective July 1, 2007) In addition to any penalties imposed under paragraph (5) of this subsection (c), a person convicted of violating Section 3-707 of the Illinois Vehicle Code [625 ILCS 5/3-707] shall have his driver's license, permit, or privileges suspended for 3 months and until he or she has paid a reinstatement fee of \$ 100.</p> <p>(5.5) (As added by P.A. 94-1035, effective July 1, 2007) In addition to any penalties imposed under paragraph (5) of this subsection (c), a person convicted of violating Section 3-707 of the Illinois Vehicle Code [625 ILCS 5/3-707] during a period in which his or her driver's license, permit, or privileges were suspended for a previous violation of that Section shall have his driver's license, permit, or privileges suspended for an additional 6 months after the expiration of the original 3-month suspension and until he or she has paid a reinstatement fee of \$ 100.</p> <p>(6) (Blank).</p> <p>(7) (Blank).</p> <p>(8) (Blank).</p> <p>(9) A defendant convicted of a second or subsequent offense of ritualized</p>

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	<p>abuse of a child may be sentenced to a term of natural life imprisonment.</p> <p>(10) (Blank).</p> <p>(11) The court shall impose a minimum fine of \$ 1,000 for a first offense and \$ 2,000 for a second or subsequent offense upon a person convicted of or placed on supervision for battery when the individual harmed was a sports official or coach at any level of competition and the act causing harm to the sports official or coach occurred within an athletic facility or within the immediate vicinity of the athletic facility at which the sports official or coach was an active participant of the athletic contest held at the athletic facility. For the purposes of this paragraph (11), "sports official" means a person at an athletic contest who enforces the rules of the contest, such as an umpire or referee; "athletic facility" means an indoor or outdoor playing field or recreational area where sports activities are conducted; and "coach" means a person recognized as a coach by the sanctioning authority that conducted the sporting event.</p> <p>(12) A person may not receive a disposition of court supervision for a violation of Section 5-16 of the Boat Registration and Safety Act if that person has previously received a disposition of court supervision for a violation of that Section.</p> <p>(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 [730 ILCS 5/5-4-1] 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 [730 ILCS 5/5-5-4]. If a sentence is vacated on appeal or on collateral attack due to the failure of the trier of fact at trial to determine beyond a reasonable doubt the existence of a fact (other than a prior conviction) necessary to increase the punishment for the offense beyond the statutory maximum otherwise applicable, either the defendant may be re-sentenced to a term within the range otherwise provided or, if the State files notice of its intention to again seek the extended sentence, the defendant shall be afforded a new trial.</p> <p>(e) In cases where prosecution for aggravated criminal sexual abuse under Section 12-16 of the Criminal Code of 1961 [720 ILCS 5/12-16] 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:</p> <p style="padding-left: 40px;">(1) the court finds (A) or (B) or both are appropriate:</p> <p style="padding-left: 80px;">(A) the defendant is willing to undergo a court approved counseling program for a minimum duration of 2 years; or</p> <p style="padding-left: 80px;">(B) the defendant is willing to participate in a court approved plan</p>

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	<p>including but not limited to the defendant's:</p> <ul style="list-style-type: none"> (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) compliance with any other measures that the court may deem appropriate; and <p>(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.</p> <p>Probation may be revoked or modified pursuant to Section 5-6-4 [730 ILCS 5/5-6-4]; 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.</p> <p>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 [720 ILCS 5/12-12].</p> <p>(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.</p> <p>(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, 12-14.1, 12-15 or 12-16 of the Criminal Code of 1961 [720 ILCS 5/11-14, 720 ILCS 5/11-15, 720 ILCS 5/11-15.1, 720 ILCS 5/11-16, 720 ILCS 5/11-17, 720 ILCS 5/11-18, 720 ILCS 5/11-18.1, 720 ILCS 5/11-19, 720 ILCS 5/11-19.1, 720 ILCS 5/11-19.2, 720 ILCS 5/12-13, 720 ILCS 5/12-14, 720 ILCS 5/12-14.1, 720 ILCS 5/12-15 or 720 ILCS 5/12-16], 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</p>

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	<p>the defendant of the test results. The court shall also notify the victim if requested by the victim, and if the victim is under the age of 15 and if requested by the victim's parents or legal guardian, the court shall notify the victim's parents or legal guardian of the test results. 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 [720 ILCS 5/12-16.2] 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.</p> <p>(g-5) When an inmate is tested for an airborne communicable disease, as determined by the Illinois Department of Public Health including but not limited to tuberculosis, the results of the test shall be personally delivered by the warden or his or her designee in a sealed envelope to the judge of the court in which the inmate must appear for the judge's inspection in camera if requested by the judge. Acting in accordance with the best interests of those in the courtroom, the judge shall have the discretion to determine what if any precautions need to be taken to prevent transmission of the disease in the courtroom.</p> <p>(h) Whenever a defendant is convicted of an offense under Section 1 or 2 of the Hypodermic Syringes and Needles Act [720 ILCS 635/1 or 720 ILCS 635/2], 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 [720 ILCS 5/12-16.2] 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</p>

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	<p>convicted defendant.</p> <p>(i) All fines and penalties imposed under this Section for any violation of Chapters 3, 4, 6, and 11 of the Illinois Vehicle Code [625 ILCS 5/3-100 et seq., 625 ILCS 5/4-101 et seq., 625 ILCS 5/6-100 et seq., and 625 ILCS 5/11-100 et seq.], 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 [705 ILCS 105/27.5].</p> <p>(j) In cases when prosecution for any violation of Section 11-6, 11-8, 11-9, 11-11, 11-14, 11-15, 11-15.1, 11-16, 11-17, 11-17.1, 11-18, 11-18.1, 11-19, 11-19.1, 11-19.2, 11-20.1, 11-21, 12-13, 12-14, 12-14.1, 12-15, or 12-16 of the Criminal Code of 1961 [720 ILCS 5/11-6, 720 ILCS 5/11-8, 720 ILCS 5/11-9, 720 ILCS 5/11-11, 720 ILCS 5/11-14, 720 ILCS 5/11-15, 720 ILCS 5/11-15.1, 720 ILCS 5/11-16, 720 ILCS 5/11-17, 720 ILCS 5/11-17.1, 720 ILCS 5/11-18, 720 ILCS 5/11-18.1, 720 ILCS 5/11-19, 720 ILCS 5/11-19.1, 720 ILCS 5/11-19.2, 720 ILCS 5/11-20.1, 720 ILCS 5/11-21, 720 ILCS 5/12-13, 720 ILCS 5/12-14, 720 ILCS 5/12-14.1, 720 ILCS 5/12-15, or 720 ILCS 5/12-16], any violation of the Illinois Controlled Substances Act [720 ILCS 570/100 et seq.], any violation of the Cannabis Control Act [720 ILCS 550/1 et seq.], or any violation of the Methamphetamine Control and Community Protection Act [720 ILCS 646/1 et seq.] results in conviction, a disposition of court supervision, or an order of probation granted under Section 10 of the Cannabis Control Act, Section 410 of the Illinois Controlled Substance Act, or Section 70 of the Methamphetamine Control and Community Protection Act [720 ILCS 550/10, 720 ILCS 570/410, or 720 ILCS 646/70] of a defendant, the court shall determine whether the defendant is employed by a facility or center as defined under the Child Care Act of 1969 [225 ILCS 10/1 et seq.], a public or private elementary or secondary school, or otherwise works with children under 18 years of age on a daily basis. When a defendant is so employed, the court shall order the Clerk of the Court to send a copy of the judgment of conviction or order of supervision or probation to the defendant's employer by certified mail. If the employer of the defendant is a school, the Clerk of the Court shall direct the mailing of a copy of the judgment of conviction or order of supervision or probation to the appropriate regional superintendent of schools. The regional superintendent of schools shall notify the State Board of Education of any notification under this subsection.</p> <p>(j-5) A defendant at least 17 years of age who is convicted of a felony and who has not been previously convicted of a misdemeanor or felony and who is sentenced to a term of imprisonment in the Illinois Department of Corrections shall as a condition of his or her sentence be required by the court to attend educational courses designed to prepare the defendant for a high school diploma and to work toward a high school diploma or to work toward passing the high school level Test of General Educational Development (GED) or to work toward completing a vocational training</p>

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	<p>program offered by the Department of Corrections. If a defendant fails to complete the educational training required by his or her sentence during the term of incarceration, the Prisoner Review Board shall, as a condition of mandatory supervised release, require the defendant, at his or her own expense, to pursue a course of study toward a high school diploma or passage of the GED test. The Prisoner Review Board shall revoke the mandatory supervised release of a defendant who wilfully fails to comply with this subsection (j-5) upon his or her release from confinement in a penal institution while serving a mandatory supervised release term; however, the inability of the defendant after making a good faith effort to obtain financial aid or pay for the educational training shall not be deemed a wilful failure to comply. The Prisoner Review Board shall recommit the defendant whose mandatory supervised release term has been revoked under this subsection (j-5) as provided in Section 3-3-9 [730 ILCS 5/3-3-9]. This subsection (j-5) does not apply to a defendant who has a high school diploma or has successfully passed the GED test. This subsection (j-5) does not apply to a defendant who is determined by the court to be developmentally disabled or otherwise mentally incapable of completing the educational or vocational program.</p> <p>(k) (Blank).</p> <p>(l)(A) Except as provided in paragraph (C) of subsection (l), whenever a defendant, who is an alien as defined by the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.], is convicted of any felony or misdemeanor offense, the court after sentencing the defendant may, upon motion of the State's Attorney, hold sentence in abeyance and remand the defendant to the custody of the Attorney General of the United States or his or her designated agent to be deported when:</p> <p style="padding-left: 40px;">(1) a final order of deportation has been issued against the defendant pursuant to proceedings under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.], and</p> <p style="padding-left: 40px;">(2) the deportation of the defendant would not deprecate the seriousness of the defendant's conduct and would not be inconsistent with the ends of justice.</p> <p>Otherwise, the defendant shall be sentenced as provided in this Chapter V.</p> <p>(B) If the defendant has already been sentenced for a felony or misdemeanor offense, or has been placed on probation under Section 10 of the Cannabis Control Act, Section 410 of the Illinois Controlled Substances Act, or Section 70 of the Methamphetamine Control and Community Protection Act [720 ILCS 550/10, 720 ILCS 570/410, or 720 ILCS 646/70], the court may, upon motion of the State's Attorney to suspend the sentence imposed, commit the defendant to the custody of the Attorney General of the United States or his or her designated agent when:</p> <p style="padding-left: 40px;">(1) a final order of deportation has been issued against the defendant pursuant to proceedings under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.], and</p>

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	<p>(2) the deportation of the defendant would not deprecate the seriousness of the defendant's conduct and would not be inconsistent with the ends of justice.</p> <p>(C) This subsection (l) does not apply to offenders who are subject to the provisions of paragraph (2) of subsection (a) of Section 3-6-3 [730 ILCS 5/3-6-3].</p> <p>(D) Upon motion of the State's Attorney, if a defendant sentenced under this Section returns to the jurisdiction of the United States, the defendant shall be recommitted to the custody of the county from which he or she was sentenced. Thereafter, the defendant shall be brought before the sentencing court, which may impose any sentence that was available under Section 5-5-3 [730 ILCS 5/5-5-3] at the time of initial sentencing. In addition, the defendant shall not be eligible for additional good conduct credit for meritorious service as provided under Section 3-6-6 [730 ILCS 5/3-6-6].</p> <p>(m) A person convicted of criminal defacement of property under Section 21-1.3 of the Criminal Code of 1961 [720 ILCS 5/21-1.3], in which the property damage exceeds \$ 300 and the property damaged is a school building, shall be ordered to perform community service that may include cleanup, removal, or painting over the defacement.</p> <p>(n) The court may sentence a person convicted of a violation of Section 12-19, 12-21, or 16-1.3 of the Criminal Code of 1961 [720 ILCS 5/12-19, 720 ILCS 5/12-21, or 720 ILCS 5/16-1.3] (i) to an impact incarceration program if the person is otherwise eligible for that program under Section 5-8-1.1 [730 ILCS 5/5-8-1.1], (ii) to community service, or (iii) if the person is an addict or alcoholic, as defined in the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-1 et seq.], to a substance or alcohol abuse program licensed under that Act.</p> <p>(o) Whenever a person is convicted of a sex offense as defined in Section 2 of the Sex Offender Registration Act, the defendant's driver's license or permit shall be subject to renewal on an annual basis in accordance with the provisions of license renewal established by the Secretary of State.</p>
<p>730 ILCS 125/17.10</p>	<p>Requirements in connection with HIV/AIDS.</p> <p>(a) In each county other than Cook, during the medical admissions exam, the warden of the jail, a correctional officer at the jail, or a member of the jail medical staff must provide the prisoner with appropriate written information concerning human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The Department of Public Health and community-based organizations certified to provide HIV/AIDS testing must provide these informational materials to the warden at no cost to the county. The warden, a correctional officer, or a member of the jail medical staff must inform the prisoner of the option of being tested for infection with HIV by a certified local community-based agency or other</p>

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	<p>available medical provider at no charge to the prisoner.</p> <p>(b) In Cook County, during the medical admissions exam, an employee of the Cook County Bureau of Health Services must provide the prisoner with appropriate written information concerning human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and must also provide the prisoner with option of testing for infection with HIV or any other identified causative agent of AIDS, as well as counseling in connection with such testing. The Department of Public Health and community-based organizations certified to provide HIV/AIDS testing must provide these informational materials to the Bureau at no cost to the county. The testing provided under this subsection (b) shall be conducted by the Cook County Bureau of Health Services and shall consist of an enzyme-linked immunosorbent assay (ELISA) test or any other test approved by the Department of Public Health. If the test result is positive, the Western Blot Assay or more reliable confirmatory test shall be administered.</p> <p>(c) In each county, the warden of the jail must make appropriate written information concerning HIV/AIDS available to every visitor to the jail. This information must include information concerning persons or entities to contact for local counseling and testing. The Department of Public Health and community-based organizations certified to provide HIV/AIDS testing must provide these informational materials to the warden at no cost to the office of the county sheriff.</p> <p>(d) Implementation of this Section is subject to appropriation.</p>

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690.100	<p>Section Diseases and Conditions</p> <p>The following are declared to be contagious, infectious, communicable and dangerous to the public health and each suspected or diagnosed case shall be reported to the local health authority who shall subsequently report each case to the Illinois Department of Public Health. This listing includes those diseases and conditions reportable because of classification as communicable or sexually transmitted. Communicable diseases and conditions are reportable under this Part (77 Ill. Adm. Code 690) and sexually transmissible diseases and conditions are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). (See Subpart B, Section 690.200.)</p> <p>c) Class II The following diseases shall be reported as soon as possible during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">21) Human immunodeficiency virus (HIV) infection</td> <td style="text-align: right; vertical-align: bottom;">Section 693.20</td> </tr> </table>	21) Human immunodeficiency virus (HIV) infection	Section 693.20
21) Human immunodeficiency virus (HIV) infection	Section 693.20		
690.200	<p>Reporting</p> <p>a) Reporting Entities and Manner of Reporting.</p> <p>1) It shall be the duty of each of the following persons or any other person having knowledge of a known or suspected case or carrier of communicable disease or communicable disease death, to report within the time frames set forth in Section 690.100 of this Part (except for sexually transmissible diseases that are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) and tuberculosis, which is reportable under the Control of Tuberculosis Code (77 Ill. Adm. Code 696)) the case, suspected case, carrier or death:</p> <ul style="list-style-type: none"> A) Physicians, B) Nurses, C) Nurse aides, D) Dentists, E) Health care practitioners, F) Laboratory personnel, G) School personnel, H) Long-term care personnel, I) Day care personnel, J) College/university personnel. <p>2) Laboratories are required to report certain positive test results as specified in Subpart C of this Part.</p> <p>3) The reports shall be submitted by mail, telephone, facsimile or electronically (see Section 690.100) to the local health authority (see definition of, Section 690.900) in whose jurisdiction the reporter is</p>		

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	<p>located. Local health authorities receiving the reports shall notify the local health authority where the patient resides within 3 hours following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, a case transfer form supplied by the Department should be completed. The reporter shall cooperate in any case investigation conducted by health officials. If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.</p> <p>b) Upon receipt of this report, the local health authority shall forward a written copy to the Department according to time frames specified in Section 690.100.</p> <p>c) The report to the Department shall provide the following information: name, age, sex, race, ethnicity, address of the case, and name of the attending physician (except for chickenpox). When requested, on forms provided by the Department, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information will be required.</p> <p>d) Confidentiality.</p> <p>1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.</p> <p>2) Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule of an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of communicable diseases, including sexually transmitted diseases to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other persons making such report in good faith shall be immune from suit for slander or libel based upon any statements contained in such report. The identity of any individual contained in a report of communicable disease, sexually transmitted disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease, sexually transmitted disease or foodborne illness shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency. (Communicable Disease Report Act [745 ILCS 45])</p> <p>e) Section 8-2101 of the Code of Civil Procedure explains the confidential character of reports obtained for research projects [735 ILCS 5]. The Department, and other agencies specified in this Section, may collect certain information and require reporting of certain diseases and</p>

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	<p>conditions for research projects. The law provides for confidentiality of these reports, prohibits disclosure of all data so obtained except that necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.</p> <p>f) When the Director determines that morbidity and mortality from a certain disease warrants study, the Director may declare the disease to be the subject of an emergency medical investigation and require hospitals, physicians, etc., to submit information, data and reports as are necessary for the purpose of the specific study. Because any unusual case or cluster of cases is reportable, the data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].</p>
693.20	<p>Reportable STDs and Laboratory Results</p> <p>a) The Department has determined that the following shall be considered reportable STDs:</p> <ol style="list-style-type: none"> 1) Acquired Immunodeficiency Syndrome (AIDS), as defined by the Centers for Disease Control and Prevention of the United States Public Health Service, in 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol. 41, no. RR-17, and in 1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age. Morbidity and Mortality Weekly Report (MMWR), vol. 43, no. RR-12. 2) HIV Infection (see Section 693.10 for a definition). 3) Syphilis. 4) Gonorrhea. 5) Chlamydia. 6) Chancroid. 7) Ophthalmia Neonatorum (Gonococcal). <p>b) The Department has determined that the following shall be considered reportable STD laboratory results:</p> <ol style="list-style-type: none"> 1) A serologic test for antibodies to the human immunodeficiency virus (HIV), which is reactive on two or more enzyme-linked immunosorbent assay (ELISA) tests and on one confirmatory Western blot assay test or Indirect Fluorescent Antibody Test (see 77 Ill. Adm. Code 697.100(b)). 2) A serologic test for syphilis, either presumptive or confirmatory, which is weakly reactive, reactive, or positive. 3) A test for gonorrhea or chlamydia, such as the smear, culture, ELISA, or molecular probe (amplified and non-amplified) test, which test is reactive or positive. 4) A CD4+ count with an absolute result of less than 200 CD4+ lymphocytes per microliter or a relative value of less than 14% of total lymphocytes, the levels specified by the Centers for Disease Control and Prevention for defining AIDS.

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693.30	<p>Reporting</p> <p>a) Every physician licensed under the provisions of the Illinois Medical Practice Act shall report each case in which the physician has clinically diagnosed or treated a case of AIDS, HIV infection, syphilis, gonorrhea, chlamydia, chancroid, or ophthalmia neonatorum, or received a reportable STD laboratory result as set forth in Section 693.20(b). A hospital may, at the request of the physician of a person who has been admitted to the hospital, submit the physician's report to the appropriate health authority through the identifiers established disease-reporting mechanism. In all cases, the physician is responsible for ensuring that reporting is accomplished.</p> <p>1) The STD case report shall be mailed within seven days after such diagnosis or treatment. The STD laboratory report shall be mailed within seven days after receipt of the laboratory results.</p> <p>2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD report shall be made to that health authority. For syphilis, gonorrhea, chlamydia, chancroid, and ophthalmia neonatorum patients in jurisdictions not covered by a Local Health Authority but by a Designated Agency, the STD reports shall be made to that Designated Agency. In all other cases, the STD report shall be made directly to the Illinois Department of Public Health.</p> <p>3) For cases of AIDS or HIV infection, the STD report shall be made on a form furnished by the Department. For each report of AIDS, a physician shall complete the "Adult AIDS Confidential Case Report", as modified by the Department (or Pediatric AIDS Confidential Case Report, as modified by the Department for children under 13 years), which are forms developed by the Centers for Disease Control and Prevention (CDC), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009. For cases of HIV infection, the STD report shall be made on a form furnished by the Department. The STD report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:</p> <p>A) For AIDS:</p> <p>i) The individual's name, Social Security Number, address, telephone number, age, date of birth, age at diagnosis, current status (date of death), race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of AIDS was established;</p> <p>ii) Patient risk history;</p> <p>iii) Laboratory results of HIV antibody tests, HIV detection tests, or immunologic laboratory tests;</p> <p>iv) Information concerning the presence and method of diagnosis</p>

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	<p>of AIDS indicator disease;</p> <p>v) Each successive AIDS indicator disease (e.g., Pneumocystis carinii pneumonia, Kaposi's sarcoma or esophageal candidiasis), regardless of whether the case is known or thought to have been previously reported in another state or health jurisdiction;</p> <p>vi) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the physician;</p> <p>vii) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for prenatal cases, information about birth history;</p> <p>viii) Whether the individual has had any invasive procedures performed on him or her and, if so, the types of invasive procedures and the names, addresses and telephone numbers of the health care providers who performed those invasive procedures;</p> <p>ix) Whether the individual is a health care provider, if so, the type of health care provider and whether the individual has performed invasive procedures; and</p> <p>x) Whether post-test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.</p> <p>B) Prior to July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:</p> <p>i) The individual's city of residence, age, race/ethnicity, sex;</p> <p>ii) The laboratory findings;</p> <p>iii) Risk factors for HIV infection;</p> <p>iv) Whether the individual is known to have previously tested positive for antibodies to HIV;</p> <p>v) Reason for testing; and</p> <p>vi) Whether counseling and/or sex partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.</p> <p>C) On or after July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:</p> <p>i) A patient code number derived from demographic information</p>

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	<p>and elements of the individual's name and/or other identifying information, age, date of birth, age at diagnosis, current status (date of death), race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of HIV was established;</p> <p>ii) Patient risk history;</p> <p>iii) Laboratory results of HIV antibody tests, HIV detection tests, or immunologic laboratory tests;</p> <p>iv) Information concerning the presence and method of diagnosis of AIDS indicator diseases;</p> <p>v) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the physician;</p> <p>vi) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for perinatal cases, information about birth history;</p> <p>vii) Whether the individual has had any invasive procedures performed on him or her and, if so, the types of invasive procedures and the names of the health care providers who performed those invasive procedures;</p> <p>viii) Whether the individual is a health care provider and, if so, the type of health care provider and whether the individual has performed invasive procedures; and</p> <p>ix) Whether post-test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.</p> <p>D) All reporting sources are required to maintain a system permitting the patient code number to be linked to a specific individual for purposes of additional follow-up if necessary.</p> <p>E) The Department will monitor HIV case reports to determine the effectiveness of the HIV surveillance system. Beginning on July 1, 1999, the Department will collect data to be continually evaluated to determine whether the following criteria are satisfied:</p> <p>i) All elements of the patient identification code are complete in at least 90% of all reported cases;</p> <p>ii) Patient risk information is provided in 90% of case reports and the remaining information in the case report is complete in 85% of the case reports, after epidemiologic follow-up is completed;</p> <p>iii) No more than 5% of cases in the HIV databases are duplicate</p>

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	<p>reports;</p> <p>iv) 95% of providers will be able to link a patient code number to a case report when additional follow-up is necessary; and</p> <p>v) A system to link at least 95% of the patient code numbers for reported cases of HIV infection to the subject of the case report, maintained by at least 95% of providers. For purposes of evaluation, the Department may review but may not copy records held by the reporting source. The evaluation shall not identify by name or other identifying information any provider or subject of a case report.</p> <p>F) The Department shall complete its evaluation of the system no later than July 1, 2003. If, at the conclusion of the evaluation, the Department has determined that the criteria described in subsection (a)(3)(E) of this Section have not been met, all subsequently reported cases of HIV infection not clinically diagnosed or treated as AIDS by the reporting physician shall include all of the information required in subsection (a)(3)(C) of this Section, except that the report shall include the test subject's name and the patient code number specified in subsection (a)(3)(C)(i) will not be generated by the provider</p> <p>b) Every laboratory and blood bank, through its Director, shall report each case in which the laboratory or blood bank performed a test for an STD that concluded with a reportable laboratory result.</p> <p>1) The STD laboratory report shall be mailed within seven days after the reportable laboratory test result.</p> <p>2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD laboratory report shall be made to that health authority. For syphilis, gonorrhea, chlamydia, chancroid, and ophthalmia neonatorum test subjects in jurisdictions not covered by a Local Health Authority but by a Designated Agency, such reports shall be made to that Designated Agency. In all other cases, the STD laboratory report shall be made directly to the Department.</p> <p>3) For HIV laboratory tests, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:</p> <p>A) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);</p> <p>B) The individual's patient code number as provided by the physician, age, race/ethnicity, and sex; and</p> <p>C) The date the tests were performed, the laboratory results, and</p>

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	<p>the method employed.</p> <p>4) For CD4+ lymphocyte counts less than 200 CD4+ cells per microliter or less than 14 percent of total lymphocytes, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:</p> <p>A) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);</p> <p>B) The individual's name, address, telephone number, age, race/ethnicity, sex, as provided by the physician or other person who submitted the specimen for testing by a laboratory; and</p> <p>C) The date the tests were performed, the laboratory results, and the method employed.</p> <p>6) In addition to the above reporting requirements:</p> <p>A) If the subject of the test is under 12 years of age, any reactive or positive test results shall be reported to the Department by telephone immediately or as soon as Department business hours permit at 888-375-9613 for HIV/AIDS test results and 217-782-2747 for all other STD test results.</p> <p>C) Every laboratory and blood bank shall report the total number of tests performed for STDs each week. This report shall be made to the Local Health Authority, Designated Agency or the Department, as appropriate.</p> <p>c) Physicians are not required to file HIV case reports for:</p> <p>1) Patients known to reside outside of Illinois;</p> <p>2) Persons tested at IDPH designated anonymous test sites; or</p> <p>3) Participants in research projects approved by an institutional review board when the research is not primarily intended to provide medical treatment to participants and is conducted under the following conditions:</p> <p>A) all personal identifiers are removed from the specimen before testing;</p> <p>B) the specimen cannot be linked to the individual from whom the specimen was collected; or</p> <p>C) positive HIV results are due to vaccine administration.</p> <p>d) All persons required to report pursuant to this Part shall maintain the</p>

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	<p>strict confidentiality of all information and records relating to known or suspected cases of STDs in accordance with Section 693.100 and 77 Ill. Adm. Code 697.140.</p> <p>e) For each report of AIDS that it receives, pursuant to the provisions of this Section, the Local Health Authority shall forward a copy of the report to the Department's AIDS Registry System, within seven days after receiving the report (see Section 697.210 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)). The Local Health Authority shall assure the completeness of the report form. The Local Health Authority shall record the reporting source on the case report form, as available.</p> <p>f) A Local Health Authority shall forward to the Department a copy of each HIV report that it receives pursuant to the provisions of this Section, within seven days after receiving the report.</p> <p>i) A Local Health Authority that receives an HIV laboratory report from a physician, laboratory or blood bank for an individual age three through 21 shall contact the physician listed in the report to obtain the individual's name and address, in order to comply with Section 697.400 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697). The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority. The physician shall provide this information to the Local Health Authority or the Department unless the test subject is not enrolled in a public or private primary or secondary school. The physician shall contact the Local Health Authority or the Department if the physician learns that the test subject has enrolled in school at any subsequent date.</p>
697.100	<p>Approved HIV Tests and Testing Procedures</p> <p>b) Testing for the presence of antibodies to the HIV virus shall consist of the following:</p> <p>2) For the rapid HIV test, every sample shall be tested with an approved HIV rapid antibody screening test. If the test is found to be reactive (according to the package insert or product circular), it will be considered preliminary positive and a supplemental test shall be conducted. Before the supplemental test, a second sample shall be obtained, if necessary, to ensure an adequate sample amount. If the supplemental test is found to be reactive (according to the package insert or product circular), then the sample shall be considered to indicate the presence of antibodies to HIV or to be positive.</p>
697.110	<p>HIV Pre-Test Information</p> <p>a) No physician may order an HIV test without making available to the person tested pre-test information, except as provided in subsection (b) below. The responsibility of providing pre-test information may not be delegated by the physician. However, the task of providing pre-test information to the patient may be delegated to another health care</p>

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	<p>provider who is knowledgeable about HIV infection including possible medical and psychosocial aspects of such infection. The required pre-test information consists of the following information:</p> <ol style="list-style-type: none"> 1) About the meaning of the test results (such as the purpose, potential uses, limitations of the test and test results, and the statutory rights to anonymous testing and to confidentiality), 2) The availability of additional or confirmatory testing, if appropriate (See Section 697.100(b)), and 3) The availability of referrals for further information or counseling. (Section 5 of the AIDS Confidentiality Act). <p>b) Pre-test information when ordering an HIV test is not required in the following situations:</p> <ol style="list-style-type: none"> 1) When the Health Care provider or health facility procures processes, distributes or uses a human body part donated for purposes specified under the Uniform Anatomical Gift Act or the Organ Donation Request Act and the test is performed to assure the medical acceptability of the human body part. (Section 7 of the AIDS Confidentiality Act.) 2) When the testing is for the purpose of research and 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. (Section 8 of the AIDS Confidentiality Act.) 3) When an insurance company, fraternal benefit society, health services corporation, health maintenance organization, or any other insurer subject to regulation under the Illinois Insurance Code, as amended, requires any insured patient or applicant for new or continued insurance or coverage to be tested for infection with HIV virus or any other identified causative agent of AIDS. (Section 3 of AN ACT concerning certain rights of medical patients, Ill. Rev. Stat. 1987, ch. 111½, par. 5403). (See Section 697.170.) 4) 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. (Section 8 of the AIDS Confidentiality Act).
697.120	<p>Written Informed Consent</p> <p>a) 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, except as provided in subsection (b). (Section 4 of the AIDS Confidentiality Act)</p> <ol style="list-style-type: none"> 1) This written informed consent and test results must be obtained by the physician ordering the test or by another physician involved in the patient's care. 2) The responsibility of obtaining written informed consent may not be delegated by the physician. However, the task of obtaining written informed consent from the patient may be delegated to another health care provider who is knowledgeable about HIV infection, including

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	<p>possible medical and psychosocial aspects of such infection.</p> <p>b) Written informed consent to perform an HIV test is not required in the following situations:</p> <p>1) When the health care provider or health facility procures, processes, distributes or uses a human body part donated for purposes specified under the Uniform Anatomical Gift Act or the Organ Donation Request Act and the test is performed to assure the medical acceptability of the human body part. (Section 7 of the AIDS Confidentiality Act)</p> <p>2) When the health care provider or health facility procures, processes, distributes or uses semen provided prior to September 21, 1987, for the purpose of artificial insemination and the test is performed to assure the medical acceptability of the semen. (Section 7 of the AIDS Confidentiality Act)</p> <p>3) When the testing is for the purpose of research and 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. (Section 8 of the AIDS Confidentiality Act)</p> <p>4) When an HIV test is performed upon a person who is specifically required by state or federal law to be tested, such as blood, plasma, semen and human tissue donors, immigrants to the United States, and persons required to be tested pursuant to Section 5-5-3 of the Unified Code of Corrections). (Section 11 of the AIDS Confidentiality Act)</p> <p>5) When an insurance company, fraternal benefit society, health services corporation, health maintenance organization, or any other insurer subject to regulation under the Illinois Insurance Code, as amended requires any insured patient or applicant for new or continued insurance or coverage to be tested for infection with HIV or any other identified causative agent of AIDS. (Section 3 of the Medical Patient Rights Act [410 ILCS 50/3]) (See Section 697.160.)</p> <p>6) When a health care provider or employee of a health facility, or a firefighter or an Emergency Medical Technician-Ambulance (EMT-A), Emergency Medical Technician-Intermediate (EMT-I) or Emergency Medical Technician-Paramedic (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 shall be provided appropriate counseling consistent with this Act. (Section 7 of the AIDS Confidentiality Act).</p> <p>7) 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. (Section 8 of the AIDS Confidentiality Act).</p> <p>8) 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</p>

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	<p>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 Section 7 (c) of the Act, "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 persons life. (Section 7 of the AIDS Confidentiality Act)</p>
697.130	<p>Anonymous Testing</p> <p>Any person upon whom an HIV test is performed shall have the right to request anonymity and to provide written informed consent by using a coded system that does not link individual identity with the request or the result except when written informed consent is not required by law as specified in Section 697.120. (Section 6 of the AIDS Confidentiality Act.) Any anonymous testing system adopted by the health care provider ordering the test must ensure that the correct test results are transmitted by the persons conducting the laboratory tests to the proper physician, and that the correct test results are given to the correct patient. When a test subject does not have the right to request anonymity, the test subject may request that the blood sample be labeled in such a manner as to prevent persons from learning the identity of the test subject unless such persons are authorized to receive such information pursuant to Section 697.140 of this Part.</p> <p>a) If anonymous testing is requested, the physician shall assign to such person a unique number or notation, which shall be used by the person to sign the written informed consent in lieu of the person's name. The blood sample for testing shall be labeled with the physician's name and the unique number or notation assigned to the patient for the purpose of receiving the test results. Unless otherwise authorized by the patient, any record of the test result shall be maintained in a manner identifying the record only by its unique number or notation.</p> <p>b) Anonymous testing shall not be permitted under the following circumstances:</p> <ol style="list-style-type: none"> 1) When identification of the test subject is permitted or required in order to comply with the provisions of Section 697.140(a)(3) or (6) of this Part, or 2) If the test is performed in order to determine eligibility as a donor or acceptability of a donation of blood, plasma, semen, oocytes or other human tissue.
697.140	<p>Nondisclosure of the Identity of a Person Tested or Test Results</p> <p>a) 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</p>

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	<p>the following persons (Section 9 of the AIDS Confidentiality Act):</p> <ol style="list-style-type: none"> 1) The subject of the test or the subject's legally authorized representative (Section 9(a) of the AIDS Confidentiality Act). 2) 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. (Section 9(b) of the AIDS Confidentiality Act) A legally effective release means a written release of medical information specific to HIV test results signed by the test subject. A general release is not sufficient. A single form may be used to authorize the release of medical records including HIV information provided such form specifically authorizes the release of any HIV information. Any such release, under this subsection (a)(2), must not reveal whether or not HIV information exists. 3) An authorized agent or employee of a health facility or health care provider or referring, treating or consulting physician, dentist, or podiatrist of the test subject, if: <ol style="list-style-type: none"> A) The health facility or health care provider itself is authorized to obtain the test results (Health facility or health care provider, for the purposes of this subsection (a)(3)(A), includes the medical records or similar personnel who handle and process medical records for that health facility or health care provider.); B) The agent or employee or referring, treating or consulting physician, dentist, or podiatrist of the test subject provides patient care or handles or processes specimens of body fluids or tissues; and C) The agent or employee or referring, treating or consulting physician of the test subject has a need to know such information. (Section 9(c) of the AIDS Confidentiality Act) An authorized agent or employee of a health facility or health care provider or referring, treating or consulting physician, dentist, or podiatrist has a need to know the identity of the patient or the test results revealing the identity of the patient under the following circumstances: <ol style="list-style-type: none"> i) When involved in direct patient care or handling or processing blood or bodily fluids for which this information is necessary in order to meet the medical needs of the patient, as certified by a physician, dentist, or podiatrist; or ii) When involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of a patient that is of a nature likely to transmit HIV, such as needle stick or percutaneous exposure, as certified by a physician, dentist, or podiatrist. 4) The Department or the local health authority, in accordance with rules for reporting and controlling the spread of disease, or as otherwise provided by State law. (See 77 Ill. Adm. Code 690, 693, 250, 300, 330, 350, 370, 390, and 840.) Neither the Department nor its authorized representatives shall disclose information and records held by them relating to known or suspected cases of AIDS or HIV infection, publicly or in any action of any kind in any court or before any tribunal, board or agency. AIDS and HIV Infection shall be protected from disclosure in accordance with the provisions of Sections 8-2101 through 8-2105 of the Code of Civil Procedure. (Section 9(d) of the AIDS Confidentiality Act) 5) A health facility or health care provider which procures, processes, distributes or uses: <ol style="list-style-type: none"> A) A human body part from a deceased person with respect to medical

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	<p>information regarding the person; or</p> <p>B) Semen provided prior to September 21, 1987, for the purpose of artificial insemination. (Section 9(e) of the AIDS Confidentiality Act)</p> <p>6) Health facility staff committees for the purpose of conducting program monitoring, program evaluation or service reviews. (Section 9(f) of the AIDS Confidentiality Act)</p> <p>7) A school principal in accordance with the provisions of Section 697.400 of this Part.</p> <p>8) Any health care provider or employee of a health facility, and any firefighter or any EMT-A, EMT-I, EMT-P 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. (Section 9(h) of the AIDS Confidentiality Act)</p> <p>9) Any law enforcement officer, as defined in subsection (c) of Section 7 of the Act, 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. (Section 9(i) of the AIDS Confidentiality Act)</p> <p>10) 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. (Section 9(j) of the AIDS Confidentiality Act)</p> <p>b) HIV test results may be disclosed to health care providers and researchers when done in a manner that does not reveal the identity of the subject of the test. Any test results that cannot be revealed without identifying the subject of the test shall be disclosed only in accordance with subsection (a). The Department shall disclose test results and demographic data without identifying information to researchers, in accordance with Section 697.220.</p> <p>c) No person may disclose unconfirmed reactive results from rapid HIV antibody tests in a manner that permits the identification of the subject of the test, except in accordance with Section 697.100(b)(4).</p> <p>d) The written informed consent form and HIV test results may be maintained, documented, and transmitted in a confidential manner in an electronic medical record system, medical record and/or confidential fax that allows disclosure only to persons authorized to receive the information under subsection (a).</p> <p>e) Liability and Sanctions</p> <p>1) Nothing in the Act or this Part 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. (Section 15 of the AIDS Confidentiality Act)</p> <p>2) Nothing in the Act or this Part shall be construed to impose civil or criminal sanction for performing a test without written informed consent pursuant to the provisions of subsection (b) or (c) of Section 7 of the AIDS Confidentiality Act. (Section 15 of the AIDS Confidentiality Act)</p>

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	<p>3) The intentional or reckless violation of the AIDS Confidentiality Act or any regulation issued under that Act shall constitute a Class A misdemeanor. (Section 12 of the AIDS Confidentiality Act)</p> <p>f) Sections 697.110, 697.120, 697.130 and 697.140 shall not apply to eligibility and coverage requirements established by a health maintenance organization nor to any insurance company, fraternal benefit society, or other insurer regulated under the Illinois Insurance Code. (Section 15.1 of the AIDS Confidentiality Act)</p>
697.160	<p>HIV Testing for Insurance Purposes</p> <p>a) Health maintenance organizations, insurance companies, fraternal benefit societies, health services corporations and other insurers subject to regulation under the Illinois Insurance Code are not required to comply with the provisions of Sections 697.110, 697.120, 697.130 and 697.140 in establishing eligibility and coverage requirements which include mandatory HIV tests. This exemption also extends to the physician or other health care provider that performs such tests.</p> <p>b) Health maintenance organizations, insurance companies, fraternal benefit societies, health services corporations and other insurers subject to regulation under the Illinois Insurance Code that require 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 or Acquired Immunodeficiency Syndrome (AIDS) shall:</p> <ol style="list-style-type: none"> 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. <p>c) Notice of an adverse underwriting or coverage decision may be given to any appropriately interested party, but the insurer may only disclose the test result itself to a physician designated by the applicant or patient, and any such disclosure shall be in a manner that assures confidentiality. (Section 2.02 of "AN ACT concerning certain rights of medical patients")</p>
697.180	<p>HIV Testing for Blood and Human Tissue Donations</p> <p>All potential donors of blood, plasma, semen, oocytes, organs, or other tissues shall be tested for HIV infection in order to determine whether or not the donated blood, plasma, semen, oocytes, organs, or other human tissue may be infected with HIV.</p> <p>a) All potential donors shall receive the HIV pre-test information set forth in Section 697.110(a) of this Part and be given the opportunity to refuse HIV testing. The written informed consent provisions of Section 697.120 of this Part are not required.</p>

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	<p>b) If permission for HIV testing is not given, then the person shall not be accepted as a donor.</p> <p>c) The results of HIV testing shall be disclosed in accordance with the provisions of Section 697.140 of this Part, 77 Ill. Adm. Code 450, 77 Ill. Adm. Code 460, 77 Ill. Adm. Code 490 and 77 Ill. Adm. Code 470.</p> <p>d) The results of HIV testing shall be kept confidential in accordance with the provisions of Section 697.140 of this Part.</p> <p>e) The donated blood, plasma, semen, oocytes, organs or other human tissue shall be handled in accordance with the provisions of 77 Ill. Adm. Code 450, 77 Ill. Adm. Code 460, 77 Ill. Adm. Code 490 and 77 Ill. Adm. Code 470.</p>
697.210	<p>Reporting Requirements</p> <p>a) Local Health Authorities which receive HIV/AIDS reports from physicians, hospitals or laboratories shall report to the HIV/AIDS Registry System within seven days after receiving the AIDS report. Prior to forwarding an HIV report to the Department, a Local Health Authority shall replace an individual's name with a unique identifier derived by methodology specified by the Department. (See Control of Sexually Transmissible Disease Code, 77 Ill. Adm. Code 693.30.)</p> <p>b) The report shall be provided upon the "HIV/AIDS Confidential Case Report", as modified by the Department, a form prepared by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009 and supplied by the Department.</p> <p>c) The Department requests, but does not require, hospitals maintained by the Federal Government or other governmental agencies within the United States to report HIV/AIDS case information concerning present or past residents of Illinois, using the "HIV/AIDS Confidential Case Report", as modified by the Department.</p>
697.300	<p>HIV Counseling and Testing Centers</p> <p>a) The Department shall establish alternative blood and HIV test services, known as HIV Counseling and Testing Centers. (Section 2310-315 of the Civil Administrative Code of Illinois) These facilities shall be operated by the Department or Designated Agencies. These facilities shall provide services in accordance with the provisions of this Part and the applicable provisions of the Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693, specifically Sections 693.40, 693.70, 693.80, 693.90, 693.100, 693.120, 693.130 and 693.140.)</p> <p>1) These facilities shall not be operated by blood banks, plasma centers or hospitals. (Section 2310-315 of the Civil Administrative Code of Illinois)</p>

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	<p>2) Physicians and other health care providers may refer HIV-infected persons to these facilities for counseling.</p> <p>3) Any person twelve years of age or older may consent to testing and counseling at an HIV Counseling and Testing Center.</p> <p>b) No person may be subjected to an HIV antibody test at HIV Counseling and Testing Centers, unless written informed consent is first obtained from the test subject or the test subject's legally authorized representative. (See Appendix A, Illustration A for a Sample Written Informed Consent Form.)</p> <p>c) All persons seeking counseling and testing at an HIV Counseling and Testing Center shall be offered the option of confidential or anonymous services and shall provide written informed consent using a coded system. All patient records shall be maintained using this code system.</p> <p>d) The HIV Counseling and Testing Centers shall provide counseling to the test subject prior to performing the test. The counseling shall include, but not necessarily be limited to, information about:</p> <ol style="list-style-type: none"> 1) HIV infection and HIV transmission; 2) the difference between confidential and anonymous HIV testing; information about the meaning of the test and test results,; such as the purpose, potential uses, and limitations of the test and test results and the statutory rights to anonymous testing and to confidentiality; and information about the availability of supplemental testing; 3) the availability of referrals for further information, or counseling; and 4) methods for prevention of transmission of HIV. <p>e) Contact interview and investigation services shall be provided only by counselors who have completed a course of training that included instruction in the following:</p> <ol style="list-style-type: none"> 1) The etiology and transmission of HIV, including associated risk behaviors and activities and patient profiles of persons at significant risk of HIV infection; 2) The natural history and progression of HIV infection; 3) Methods for preventing transmission of HIV infection; 4) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of HIV infected persons, critiqued role-playing, psychological assessment and crisis intervention; 5) Principles and techniques of contact investigation and referral; and 6) Principles of communicable diseases. <p>f) It shall be the duty of every person providing results of an HIV antibody test to provide the subject of the test with an explanation of the test results, methods for prevention of HIV transmission, and referrals for medical and psychological follow-up appropriate to the needs of the test subject. These referrals shall include appropriate referrals to physicians who will provide services to HIV positive individuals; tuberculosis and sexually transmissible disease services facilities for psychological counseling; and crisis intervention and substance abuse</p>

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	<p>treatment facilities, as available.</p> <p>g) All persons with a positive HIV antibody test shall be offered the assistance of health professionals in locating and referring sexual and needle-sharing contacts for counseling and testing, with the consent of the infected person. All persons refusing such assistance shall be strongly encouraged to notify their previous sexual and needle-sharing contacts of their possible exposure to HIV, and to refer such contacts for counseling and possible testing.</p> <p>1) HIV infected persons shall be asked to identify their sexual and needle-sharing contacts for the preceding 12-month period. The counselor shall discuss the specific nature of each contact with the client to determine the likelihood of HIV transmission based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors.</p> <p>2) Those contacts determined to be at significant risk of infection, in the professional judgment of the counselor based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors, shall be investigated. Investigation shall be conducted for contacts for whom sufficient information to identify the person is available, such as first and last name, street address, or telephone number.</p> <p>3) The counselor may prioritize the order in which contacts are to be investigated. The counselor shall provide first priority to those contacts who (based again on the counselor's professional judgment), except for contact notification, may not have reason to suspect they may be infected because the counselor has no information that the contacts:</p> <p>A) are aware of having engaged in behavior likely to result in exposure; and/or</p> <p>B) are knowledgeable about the type of behavior carrying such risks.</p> <p>4) Persons choosing to self-refer their contacts shall receive intensive individualized instruction and counseling in methods to provide this notification and referral.</p> <p>5) Contacts to persons with HIV infection, identified through the contact interview and investigative process, shall be counseled, confidentially and in person, regarding the possibility of infection, methods to prevent the spread of the infection, and services available from public health agencies. Such persons shall also be offered testing to determine infection.</p> <p>6) If such person is legally unable to agree to counseling because of age or legal incompetence, consent and participation in counseling shall be requested of the individual's parent or legal guardian. If such person is legally able to agree to but appears to be incapable of understanding and competently acting on such counseling, in the professional judgment of the counselor, participation in counseling shall be requested of a parent or other person chosen by the client.</p> <p>h) It shall be the duty of every person conducting an HIV test in an HIV Counseling and Testing Center to provide results of the test only to the individual upon whom the test was performed. Such results are to be provided only in an individual face-to-face interview. The test subject</p>

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	<p>may elect to have other persons present during the interview. It shall be the duty of the person providing the counseling to determine that the presence of a second party during the interview is not the result of undue inducement such as any element of force, fraud, deceit or other constraint or coercion.</p> <p>i) It shall be the duty of every person with access to an individual's HIV antibody test results to maintain strict confidentiality of those results and the test subject's identity as required by the Act and as specified in Section 697.140.</p>
697.420	<p>Testing, Treatment or Counseling of Minors</p> <p>Any person twelve years of age or older who may have come in contact with any STD, such as AIDS or HIV infection may consent to testing and to medical care and/or counseling related to the diagnosis and/or treatment of such diseases. (Section 4 of the Consent by Minors to Medical Procedure Act [405 ILCS 210/4])</p>
699.100	<p>Perinatal Counseling and Testing</p> <p>a) Every health care professional who provides health care services to a pregnant woman shall provide the woman with HIV counseling and offer HIV testing as early in the pregnancy as possible, unless she has already received an HIV test during the current pregnancy. (Section 10(a) of the Act)</p> <p>b) For women at continued risk of exposure to HIV infection, a repeat test should be offered late in pregnancy. (Section 10(a) of the Act)</p> <p>c) HIV counseling and offer of testing shall be documented in the woman's medical record. (Section 10(b) of the Act) Any testing or test results shall be conducted and documented in accordance with the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.</p> <p>d) All HIV counseling shall include, at minimum:</p> <ol style="list-style-type: none"> 1) The benefits of HIV testing for the pregnant woman, including the prevention of transmission; 2) The benefit of HIV testing for the newborn infant, including interventions to prevent HIV transmission; 3) The side effects of interventions to prevent HIV transmission; 4) The statutory confidentiality provisions that relate to HIV and AIDS testing; 5) The voluntary nature of the testing, including the opportunity to refuse testing of a newborn infant in writing; (Section 10 of the Act) 6) Information about HIV infection and HIV transmission; 7) Information about the meaning of the test and test results, such as: the purpose, potential uses, and limitations of the test, rapid HIV test, rapid HIV test results and the need for confirmatory testing; 8) Methods of preventing HIV transmission; and

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	<p>9) Information about the availability of referrals for further information or counseling (Section 5 of the AIDS Confidentiality Act).</p> <p>e) HIV testing shall be provided with the woman's written informed consent. "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:</p> <ol style="list-style-type: none"> 1) A fair explanation of the test, including its purpose, potential uses and limitations and the meaning of its results; 2) A fair explanation of the procedures to be followed, including the voluntary nature of the test; the right to withdraw consent at any time; the right to anonymity to the extent provided by the AIDS Confidentiality Act 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. (Section 3(d) of the AIDS Confidentiality Act)