



SENATE JOURNAL

STATE OF ILLINOIS

NINETY-THIRD GENERAL ASSEMBLY

85TH LEGISLATIVE DAY

THURSDAY, FEBRUARY 26, 2004

10:15 O'CLOCK A.M.

SENATE
Daily Journal Index
85th Legislative Day

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The Senate met pursuant to adjournment.
Senator Debbie DeFrancesco Halvorson, Kankakee, Illinois, presiding.
Prayer by Reverend Dave Hultberg, Sherman United Methodist Church, Sherman, Illinois.
Senator Link led the Senate in the Pledge of Allegiance.

The Journal of Wednesday, February 25, 2004, was being read when on motion of Senator Haine, further reading of same was dispensed with and unless some Senator had corrections to offer, the Journal would stand approved. No corrections being offered, the Journal was ordered to stand approved.

JOINT ACTION MOTION FILED

The following Joint Action Motion to the Senate Bill listed below has been filed with the Secretary and referred to the Committee on Rules:

Motion to Concur in House Amendments 2, 5, 11 and 12 to Senate Bill 1498

LEGISLATIVE MEASURES FILED

The following Committee amendments to the Senate Bills listed below have been filed with the Secretary and referred to the Committee on Rules:

Senate Committee Amendment No. 1 to Senate Bill 2654
Senate Committee Amendment No. 3 to Senate Bill 2895

The following Floor amendments to the Senate Bills listed below have been filed with the Secretary, and referred to the Committee on Rules:

Senate Floor Amendment No. 2 to Senate Bill 2112
Senate Floor Amendment No. 2 to Senate Bill 2196
Senate Floor Amendment No. 1 to Senate Bill 2235
Senate Floor Amendment No. 1 to Senate Bill 2530
Senate Floor Amendment No. 1 to Senate Bill 2634
Senate Floor Amendment No. 1 to Senate Bill 2933
Senate Floor Amendment No. 3 to Senate Bill 3112

PRESENTATION OF RESOLUTION

Senator Burzynski offered the following Senate Resolution, which was referred to the Committee on Rules:

SENATE RESOLUTION NO. 440

WHEREAS, Music in the schools of Illinois is designed to bring about recognition of the vital place of music in the education process; and

WHEREAS, Music is a powerful and aesthetic force that gives our young people a sense of civilization because it dignifies the realm of feeling by merging intellect and emotion in the search for a humane way of life; and

WHEREAS, Music is a basic influence in the lives of millions of people who participate in creating, performing, and listening experiences developed through music in the schools; and

WHEREAS, Music in Our Schools Month is a special opportunity for citizens to understand and support the ongoing process of music education; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we proclaim and recognize March as Music in Our Schools Month.

[February 26, 2004]

REPORTS FROM STANDING COMMITTEES

Senator Silverstein, Chairperson of the Committee on Executive, to which was referred **Senate Bills numbered 2148, 2460, 2567, 2678, 2693, 2724, 2839, 2966, 2989, 3026, 3150, 3166, 3174, 3185, 3186 and 3219**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Silverstein, Chairperson of the Committee on Executive, to which was referred **Senate Bills numbered 2123, 2198, 2200, 2548, 2937, 3053, 3148 and 3208** reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

Senator Silverstein, Chairperson of the Committee on Executive, to which was referred **Senate Joint Resolution No. 58**, reported the same back with the recommendation that the resolution be adopted.

Under the rules, **Senate Joint Resolution No. 58** was placed on the Secretary's Desk.

MESSAGE FROM THE PRESIDENT

OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS

EMIL JONES, JR.
Senate President

327 State Capitol
Springfield, Illinois 62706

February 26, 2004

The Honorable Linda Hawker
Secretary of the Senate
Room 403, State Capitol
Springfield, IL 62706

Dear Madam Secretary:

Pursuant to Rule 3-5(c), I hereby re-appoint Senator Vince Demuzio to replace Senator Rickey Hendon as a member of the Rules Committee. This appointment is effective immediately.

Very truly yours,
Emil Jones, Jr.
President

cc: Senate Minority Leader Frank Watson
House Speaker Michael J. Madigan
House Minority Leader Tom Cross

MESSAGES FROM THE HOUSE

A message from the House by

Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 1611

A bill for AN ACT in relation to transportation.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 1611

Passed the House, as amended, February 25, 2004.

MARK MAHONEY, Clerk of the House

[February 26, 2004]

AMENDMENT NO.1

AMENDMENT NO. 1. Amend Senate Bill 1611 by replacing everything after the enacting clause with the following:

"Section 5. The Department of Transportation Law of the Civil Administrative Code of Illinois is amended by changing Section 2705-207 as follows:

(20 ILCS 2705/2705-207)

(Section scheduled to be repealed on January 1, 2005)

Sec. 2705-207. Regional Transportation Task Force.

(a) The Regional Transportation Task Force is created within the Department.

(b) The Task Force shall consist of 11 voting members, as follows: 3 members appointed by the Governor, one of whom shall be designated as chair of the task force at the time of appointment; 2 members appointed by the President of the Senate; 2 members appointed by the Senate Minority Leader; 2 members appointed by the Speaker of the House of Representatives; and 2 members appointed by the House Minority Leader.

The following shall serve, ex officio, as non-voting members: the Secretary of Transportation; one member designated by the Chicago Area Transportation Study (CATS); one member designated by the Northeastern Illinois Planning Commission (NIPC); one member designated by the Regional Transportation Authority (RTA); one member designated by the Illinois State Toll Highway Authority (ISTHA); 2 members of Congress representing Illinois from different political parties, as designated by the Governor; and 4 members designated by the Metropolitan Mayors Caucus.

If a vacancy occurs in the task force membership, the vacancy shall be filled in the same manner as the initial appointment.

(c) The task force may begin to conduct business upon the appointment of a majority of the voting members, including the chair.

(d) The task force may adopt bylaws; it must meet at least once each calendar quarter; and it may establish committees and officers as it deems necessary. For purposes of task force meetings, a quorum is 6 voting members. Meetings of the task force are subject to the Open Meetings Act. The task force must afford an opportunity for public comment at each of its meetings.

(e) Task force members shall serve without compensation, but may be reimbursed for their reasonable travel expenses from funds available for that purpose. The Department shall provide staff and administrative support services to the task force. The Department and the task force may accept donated services and other resources from registered not-for-profit organizations as may be necessary to complete the work of the task force with minimal expense to the State of Illinois.

(f) The task force shall gather information and make recommendations to the Governor and to the General Assembly regarding metro area transportation programs in northeastern Illinois, which includes, without limitation, the counties of Cook, DuPage, Kane, Lake, McHenry, and Will. These recommendations must include, without limitation:

- (1) examining the feasibility of merging CATS, NIPC, RTA, and ISTHA into a single agency;
- (2) identifying areas where functions of these and other agencies are redundant or unnecessary;
- (3) identifying methods to promote cost effectiveness, efficiency, and equality in meeting area transportation needs; and
- (4) examining regional and economic impact as it relates to potential policy implementation.

(g) The task force shall submit a report to the Governor and the General Assembly by ~~April 15, 2004~~ ~~March 1, 2004~~ concerning its findings and recommendations.

(h) This Section is repealed on January 1, 2005.

(Source: P.A. 93-405, eff. 8-1-03.)

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

Under the rules, the foregoing **Senate Bill No. 1611**, with House Amendment No. 1, was referred to the Secretary's Desk.

[February 26, 2004]

A message from the House by
Mr. Mahoney, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL NO. 4194

A bill for AN ACT concerning taxes.
Passed the House, February 25, 2004.

MARK MAHONEY, Clerk of the House

The foregoing **House Bill No. 4194** was taken up, ordered printed and placed on first reading.

REPORTS FROM STANDING COMMITTEES

Senator Schoenberg, Chairperson of the Committee on State Government, to which was referred **Senate Bills numbered 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2262, 2263, 2407, 2526, 2626, 2683, 2718, 2788, 2801, 2820, 2844, 2847, 2961, 2962, 3037, 3188, 3189, 3190, 3191, 3192, 3193, 3194, 3195, 3196, 3197, 3198, 3199, 3200, 3201, 3202, 3203 and 3204**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Schoenberg, Chairperson of the Committee on State Government, to which was referred **Senate Bill No. 3207**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

Under the rules, the bill was ordered to a second reading.

Senator Munoz, Chairperson of the Committee on Licensed Activities, to which was referred **Senate Bills numbered 2288, 2290, 2382, 2435, 2605, 2613, 2614, 2617, 2729, 2756, 2887 and 3108**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Ronen, Chairperson of the Committee on Labor & Commerce, to which was referred **Senate Bills numbered 2289, 2547, 2665, 2858, 2901, 2905 and 3069**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Link, Chairperson of the Committee on Revenue, to which was referred **Senate Bills numbered 2144, 2177, 2432, 2441, 2542, 2635, 2807, 2890, 2892, 2968, 2974, 3029, 3030, 3129 and 3183**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Link, Chairperson of the Committee on Revenue, to which was referred **Senate Bills numbered 2112, 2409, 2411, 2466 and 2704**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

Senator Lightford, Chairperson of the Committee on Financial Institutions, to which was referred **Senate Bills numbered 2176, 2553, 2634, 2707, 2710, 2908, 2981, 3021 and 3027**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

REPORT FROM RULES COMMITTEE

Senator Demuzio, Chairperson of the Committee on Rules, during its February 26, 2004 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committee of the Senate:

[February 26, 2004]

Judiciary: **Senate Committee Amendment No. 1 to Senate Bill 2654; Senate Committee Amendment No. 1 to Senate Bill 2806; Senate Committee Amendment No. 3 to Senate Bill 2895.**

Senator Demuzio, Chairperson of the Committee on Rules, reported that the following Legislative Measure has been approved for consideration:

Senate Floor Amendment No. 1 to House Bill 989

The foregoing floor amendment was placed on the Secretary's Desk.

PRESENTATION OF RESOLUTION

Senator Obama offered the following Senate Resolution, which was referred to the Committee on Rules:

SENATE RESOLUTION NO. 441

WHEREAS, The World Health Organization has designated April 7, 2004, as World Health Day; and

WHEREAS, The theme of the 2004 World Health Day is Road Safety; and

WHEREAS, Over 42,000 Americans die in motor vehicle crashes every year; and

WHEREAS, Motor vehicles crashes are the leading cause of death for people ages one to 34 in the United States; and

WHEREAS, Death and injury from motor vehicle crashes may be significantly reduced by greater public awareness, enforcement, and strengthening of existing laws; and

WHEREAS, Research indicates that between 1979 and 1999 safety belts have been effective in saving approximately 123,000 lives in the United States; and

WHEREAS, AAA and other safety groups across the country will be emphasizing the importance of safety belt use in 2004; and

WHEREAS, Minor steps like wearing safety belts, obeying traffic laws, avoiding distracted driving, and knowing your personal driving limits will reduce traffic crashes and injuries; therefore be it

RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we designate April 7, 2004 as World Health Day in the State of Illinois; and be it further

RESOLVED, That a suitable copy of this resolution be presented to the World Health Organization.

READING BILLS OF THE SENATE A SECOND TIME

On motion of Senator Garrett, **Senate Bill No. 2135** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Education, adopted and ordered printed:

AMENDMENT NO. 1

AMENDMENT NO. 1 . Amend Senate Bill 2135 as follows:

on page 1, line 11, by replacing "school districts" with "schools"; and

on page 1, line 25, by replacing "a class size" with "an average class size within a specific grade"; and

on page 1, line 26, after the period, by inserting "If a school's facilities are inadequate to allow for this specified class size, then a school may use the grant funds for teacher aides instead.".

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There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Garrett, **Senate Bill No. 2142** having been printed, was taken up, read by title a second time.

Committee Amendment No. 1 was postponed in the Committee on Environment and Energy.

The following amendment was offered in the Committee on Environment & Energy, adopted and ordered printed:

AMENDMENT NO. 2

AMENDMENT NO. 2. Amend Senate Bill 2142 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Groundwater Protection Act is amended by adding Section 7.5 as follows:
(415 ILCS 55/7.5 new)

Sec. 7.5. Permit program for high-capacity wells and community water supply systems."

There being no further amendments, the foregoing Amendment No. 2 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Bomke, **Senate Bill No. 2151** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Local Government, adopted and ordered printed:

AMENDMENT NO. 1

AMENDMENT NO. 1. Amend Senate Bill 2151 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Municipal Code is amended by changing Section 2-3-5 as follows:
(65 ILCS 5/2-3-5) (from Ch. 24, par. 2-3-5)

Sec. 2-3-5. Whenever in any county of less than 150,000 population as determined by the last preceding federal census, any area of contiguous territory, not exceeding 2 square miles, not already included within the corporate limits of any municipality, has residing thereon at least 200 inhabitants living in dwellings other than those designed to be mobile, and is owned by at least 30 different owners, it may be incorporated as a village as follows:

35 electors residing within the area may file with the circuit clerk of the county in which such area is situated a petition addressed to the circuit court for that county.

The petition shall set forth (1) a definite description of the lands intended to be embraced in the proposed village, (2) the number of inhabitants residing therein, (3) the name of the proposed village, and (4) a prayer that a question be submitted to the electors residing within the limits of the proposed village whether they will incorporate as a village under this Code.

If the area contains fewer than 7,500 residents and lies within 1 1/2 miles of the boundary line of any existing municipality, the consent of the existing municipality must be obtained before the area may be incorporated. No area in a county with a population of 150,000 or more that is incorporating under the provisions of this Section shall need to obtain the consent of any existing municipality before the area may be incorporated.

In addition, any contiguous territory in a county of 150,000 or more population which otherwise meets the requirements of this Section may be incorporated as a village pursuant to the provisions of this Section if (1) any part of such territory is situated within 10 miles of a county with a population less than 150,000 and a petition is filed pursuant to this Section before January 1, 1991 or (2) any part of the territory is situated within 25 miles of the Illinois state line in a county having a population, according to the 1990 federal decennial census, of at least 150,000 but less than 185,000 and a petition is filed pursuant to this Section before January 1, 1998.

In addition, contiguous territory not exceeding 2 square miles in a county with a population of not less than ~~187,000~~ ~~300,000~~ and not more than ~~190,000~~ ~~350,000~~ that otherwise meets the requirements of this Section may be incorporated as a village pursuant to the provisions of this Section if (1) any part of the territory is situated within ~~13~~ ~~2~~ miles of a county with a population of less than ~~38,000~~ ~~and more than~~ ~~36,000~~ ~~150,000~~ and (2) a petition is filed in the manner provided in this Section before ~~January 1, 2005~~ ~~July 1, 2001~~. The requirements of Section 2-3-18 concerning compatibility with the official plan for

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development of the county shall not apply to any territory seeking incorporation under this paragraph. (Source: P.A. 90-190, eff. 7-24-97; 91-885, eff. 7-6-00.)

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

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Shadid, **Senate Bill No. 2275** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Cullerton, **Senate Bill No. 2339** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Ronen, **Senate Bill No. 2377** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Licensed Activities, adopted and ordered printed:

AMENDMENT NO. 1

AMENDMENT NO. 1 . Amend Senate Bill 2377 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Occupational Therapy Practice Act is amended by changing Sections 3.1 and 19 as follows:

(225 ILCS 75/3.1)

(Section scheduled to be repealed on January 1, 2014)

Sec. 3.1. Referrals. A licensed occupational therapist or licensed occupational therapy assistant may consult with, educate, evaluate, and monitor services for clients concerning non-medical occupational therapy needs. Implementation of direct occupational therapy to individuals for their specific health care conditions shall be based upon a referral from a licensed physician, dentist, podiatrist, advanced practice nurse who has a written collaborative agreement with a collaborative physician that authorizes the provision of or acceptance of referrals from licensed occupational therapists, physician assistant who has been delegated authority to provide or accept referrals from or to licensed occupational therapists, or optometrist.

An occupational therapist shall refer to a licensed physician, dentist, optometrist, advanced practice nurse, physician assistant, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the occupational therapist.

(Source: P.A. 92-297, eff. 1-1-02; 93-461, eff. 8-8-03.)

(225 ILCS 75/19) (from Ch. 111, par. 3719)

(Section scheduled to be repealed on January 1, 2014)

Sec. 19. (a) The Department may refuse to issue or renew, or may revoke, suspend, place on probation, reprimand or take other disciplinary action as the Department may deem proper, including fines not to exceed \$2,500 for each violation, with regard to any license for any one or combination of the following:

(1) Material misstatement in furnishing information to the Department;

(2) Wilfully violating this Act, or of the rules promulgated thereunder;

(3) Conviction of any crime under the laws of the United States or any state or territory thereof which is a felony or which is a misdemeanor, an essential element of which is dishonesty, or of any crime which is directly related to the practice of occupational therapy;

(4) Making any misrepresentation for the purpose of obtaining certification, or violating any provision of this Act or the rules promulgated thereunder pertaining to advertising;

(5) Having demonstrated unworthiness, or incompetency to act as an occupational therapist or occupational therapy assistant in such manner as to safeguard the interest of the public;

(6) Wilfully aiding or assisting another person, firm, partnership or corporation in violating any provision of this Act or rules;

(7) Failing, within 60 days, to provide information in response to a written request made by the Department;

(8) Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public;

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- (9) Habitual intoxication or addiction to the use of drugs;
- (10) Discipline by another state, the District of Columbia, a territory, or foreign nation, if at least one of the grounds for the discipline is the same or substantially equivalent to those set forth herein;
- (11) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership or association any fee, commission, rebate or other form of compensation for professional services not actually or personally rendered;
- (12) A finding by the Department that the license holder, after having his license disciplined, has violated the terms of the discipline;
- (13) Wilfully making or filing false records or reports in the practice of occupational therapy, including but not limited to false records filed with the State agencies or departments;
- (14) Physical illness, including but not limited to, deterioration through the aging process, or loss of motor skill which results in the inability to practice the profession with reasonable judgment, skill or safety;
- (15) Solicitation of professional services other than by permitted advertising;
- (16) Wilfully exceeding the scope of practice customarily undertaken by persons licensed under this Act, which conduct results in, or may result in, harm to the public;
- (17) Holding one's self out to practice occupational therapy under any name other than his own or impersonation of any other occupational therapy licensee;
- (18) Gross negligence;
- (19) Malpractice;
- (20) Obtaining a fee in money or gift in kind of any other items of value or in the form of financial profit or benefit as personal compensation, or as compensation, or charge, profit or gain for an employer or for any other person or persons, on the fraudulent misrepresentation that a manifestly incurable condition of sickness, disease or injury to any person can be cured;
- (21) Accepting commissions or rebates or other forms of remuneration for referring persons to other professionals;
- (22) Failure to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied;
- (23) Violating the Health Care Worker Self-Referral Act; and
- (24) Having treated patients other than by the practice of occupational therapy as defined in this Act, or having treated patients as a licensed occupational therapist independent of a referral from a physician, advanced practice nurse or physician assistant in accordance with Section 3.1, dentist, podiatrist, or optometrist, or having failed to notify the physician, advanced practice nurse, physician assistant, dentist, podiatrist, or optometrist who established a diagnosis that the patient is receiving occupational therapy pursuant to that diagnosis.
- (b) The determination by a circuit court that a license holder is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code, as now or hereafter amended, operates as an automatic suspension. Such suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission, an order by the court so finding and discharging the patient, and the recommendation of the Board to the Director that the license holder be allowed to resume his practice.
- (c) The Department may refuse to issue or take disciplinary action concerning the license of any person who fails to file a return, to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest as required by any tax Act administered by the Department of Revenue, until such time as the requirements of any such tax Act are satisfied as determined by the Department of Revenue.
- (d) In enforcing this Section, the Board, upon a showing of a possible violation, may compel a licensee or applicant to submit to a mental or physical examination, or both, as required by and at the expense of the Department. The examining physicians or clinical psychologists shall be those specifically designated by the Board. The Board or the Department may order (i) the examining physician to present testimony concerning the mental or physical examination of a licensee or applicant or (ii) the examining clinical psychologist to present testimony concerning the mental examination of a licensee or applicant. No information shall be excluded by reason of any common law or statutory privilege relating to communications between a licensee or applicant and the examining physician or clinical psychologist. An individual to be examined may have, at his or her own expense, another physician or clinical psychologist of his or her choice present during all aspects of the examination.

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Failure of an individual to submit to a mental or physical examination, when directed, is grounds for suspension of his or her license. The license must remain suspended until the person submits to the examination or the Board finds, after notice and hearing, that the refusal to submit to the examination was with reasonable cause.

If the Board finds an individual unable to practice because of the reasons set forth in this Section, the Board must require the individual to submit to care, counseling, or treatment by a physician or clinical psychologist approved by the Board, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice. In lieu of care, counseling, or treatment, the Board may recommend that the Department file a complaint to immediately suspend or revoke the license of the individual or otherwise discipline the licensee.

Any individual whose license was granted, continued, reinstated, or renewed subject to conditions, terms, or restrictions, as provided for in this Section, or any individual who was disciplined or placed on supervision pursuant to this Section must be referred to the Director for a determination as to whether the person shall have his or her license suspended immediately, pending a hearing by the Board.

(Source: P.A. 93-461, eff. 8-8-03.)

Section 10. The Illinois Physical Therapy Act is amended by changing Sections 1 and 17 as follows:
(225 ILCS 90/1) (from Ch. 111, par. 4251)

(Section scheduled to be repealed on January 1, 2006)

Sec. 1. Definitions. As used in this Act:

(1) "Physical therapy" means the evaluation or treatment of a person by the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air; and the use of therapeutic massage, therapeutic exercise, mobilization, and the rehabilitative procedures with or without assistive devices for the purposes of preventing, correcting, or alleviating a physical or mental disability, or promoting physical fitness and well-being. Physical therapy includes, but is not limited to: (a) performance of specialized tests and measurements, (b) administration of specialized treatment procedures, (c) interpretation of referrals from physicians, dentists, advanced practice nurses, physician assistants, and podiatrists, (d) establishment, and modification of physical therapy treatment programs, (e) administration of topical medication used in generally accepted physical therapy procedures when such medication is prescribed by the patient's physician, licensed to practice medicine in all its branches, the patient's physician licensed to practice podiatric medicine, the patient's advanced practice nurse, the patient's physician assistant, or the patient's dentist, and (f) supervision or teaching of physical therapy. Physical therapy does not include radiology, electrosurgery, chiropractic technique or determination of a differential diagnosis; provided, however, the limitation on determining a differential diagnosis shall not in any manner limit a physical therapist licensed under this Act from performing an evaluation pursuant to such license. Nothing in this Section shall limit a physical therapist from employing appropriate physical therapy techniques that he or she is educated and licensed to perform. A physical therapist shall refer to a licensed physician, dentist, advanced practice nurse, physician assistant, or podiatrist any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the physical therapist.

(2) "Physical therapist" means a person who practices physical therapy and who has met all requirements as provided in this Act.

(3) "Department" means the Department of Professional Regulation.

(4) "Director" means the Director of Professional Regulation.

(5) "Committee" means the Physical Therapy Examining Committee approved by the Director.

(6) "Referral" for the purpose of this Act means the following of guidance or direction to the physical therapist given by the physician, advanced practice nurse, physician assistant, dentist, or podiatrist who shall maintain supervision of the patient.

(7) "Documented current and relevant diagnosis" for the purpose of this Act means a diagnosis, substantiated by signature or oral verification of a physician, dentist, advanced practice nurse, physician assistant, or podiatrist, that a patient's condition is such that it may be treated by physical therapy as defined in this Act, which diagnosis shall remain in effect until changed by the physician, dentist, advanced practice nurse, physician assistant, or podiatrist.

(8) "State" includes:

- (a) the states of the United States of America;
- (b) the District of Columbia; and
- (c) the Commonwealth of Puerto Rico.

(9) "Physical therapist assistant" means a person licensed to assist a physical therapist and who has met all requirements as provided in this Act and who works under the supervision of a licensed physical

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therapist to assist in implementing the physical therapy treatment program as established by the licensed physical therapist. The patient care activities provided by the physical therapist assistant shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

(10) "Physical therapy aide" means a person who has received on the job training, specific to the facility in which he is employed, but who has not completed an approved physical therapist assistant program.

(11) "Advanced practice nurse" means a person licensed under the Nursing and Advanced Practice Nursing Act who has a collaborative agreement with a collaborating physician that authorizes referrals to physical thereapists.

(12) "Physician assistant" means a person licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to make referrals to physical therapists.

(Source: P.A. 92-651, eff. 7-11-02.)

(225 ILCS 90/17) (from Ch. 111, par. 4267)

(Section scheduled to be repealed on January 1, 2006)

Sec. 17. (1) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary action as the Department deems appropriate, including the issuance of fines not to exceed \$5000, with regard to a license for any one or a combination of the following:

A. Material misstatement in furnishing information to the Department or otherwise making misleading, deceptive, untrue, or fraudulent representations in violation of this Act or otherwise in the practice of the profession;

B. Violations of this Act, or of the rules or regulations promulgated hereunder;

C. Conviction of any crime under the laws of the United States or any state or territory thereof which is a felony or which is a misdemeanor, an essential element of which is dishonesty, or of any crime which is directly related to the practice of the profession; conviction, as used in this paragraph, shall include a finding or verdict of guilty, an admission of guilt or a plea of nolo contendere;

D. Making any misrepresentation for the purpose of obtaining licenses, or violating any provision of this Act or the rules promulgated thereunder pertaining to advertising;

E. A pattern of practice or other behavior which demonstrates incapacity or incompetency to practice under this Act;

F. Aiding or assisting another person in violating any provision of this Act or Rules;

G. Failing, within 60 days, to provide information in response to a written request made by the Department;

H. Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public. Unprofessional conduct shall include any departure from or the failure to conform to the minimal standards of acceptable and prevailing physical therapy practice, in which proceeding actual injury to a patient need not be established;

I. Unlawful distribution of any drug or narcotic, or unlawful conversion of any drug or narcotic not belonging to the person for such person's own use or benefit or for other than medically accepted therapeutic purposes;

J. Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug which results in a physical therapist's or physical therapist assistant's inability to practice with reasonable judgment, skill or safety;

K. Revocation or suspension of a license to practice physical therapy as a physical therapist or physical therapist assistant or the taking of other disciplinary action by the proper licensing authority of another state, territory or country;

L. Directly or indirectly giving to or receiving from any person, firm, corporation, partnership or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered;

M. A finding by the Committee that the licensee after having his or her license placed on probationary status has violated the terms of probation;

N. Abandonment of a patient;

O. Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act;

P. Willfully failing to report an instance of suspected elder abuse or neglect as required by the Elder Abuse Reporting Act;

Q. Physical illness, including but not limited to, deterioration through the aging

process, or loss of motor skill which results in the inability to practice the profession with reasonable judgement, skill or safety;

R. The use of any words (such as physical therapy, physical therapist physiotherapy or physiotherapist), abbreviations, figures or letters with the intention of indicating practice as a licensed physical therapist without a valid license as a physical therapist issued under this Act;

S. The use of the term physical therapist assistant, or abbreviations, figures, or letters with the intention of indicating practice as a physical therapist assistant without a valid license as a physical therapist assistant issued under this Act;

T. Willfully violating or knowingly assisting in the violation of any law of this State relating to the practice of abortion;

U. Continued practice by a person knowingly having an infectious, communicable or contagious disease;

V. Having treated ailments of human beings otherwise than by the practice of physical therapy as defined in this Act, or having treated ailments of human beings as a licensed physical therapist independent of a documented referral or a documented current and relevant diagnosis from a physician, dentist, advanced practice nurse, physician assistant, or podiatrist, or having failed to notify the physician, dentist, advanced practice nurse, physician assistant, or podiatrist who established a documented current and relevant diagnosis that the patient is receiving physical therapy pursuant to that diagnosis;

W. Being named as a perpetrator in an indicated report by the Department of Children and Family Services pursuant to the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act;

X. Interpretation of referrals, performance of evaluation procedures, planning or making major modifications of patient programs by a physical therapist assistant;

Y. Failure by a physical therapist assistant and supervising physical therapist to maintain continued contact, including periodic personal supervision and instruction, to insure safety and welfare of patients;

Z. Violation of the Health Care Worker Self-Referral Act.

(2) The determination by a circuit court that a licensee is subject to involuntary admission or judicial admission as provided in the Mental Health and Developmental Disabilities Code operates as an automatic suspension. Such suspension will end only upon a finding by a court that the patient is no longer subject to involuntary admission or judicial admission and the issuance of an order so finding and discharging the patient; and upon the recommendation of the Committee to the Director that the licensee be allowed to resume his practice.

(3) The Department may refuse to issue or may suspend the license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied.

(Source: P.A. 89-387, eff. 1-1-96.)

Section 15. The Sexual Assault Survivors Emergency Treatment Act is amended by changing Sections 2.2, 5, and 6.4 as follows:

(410 ILCS 70/2.2)

Sec. 2.2. Emergency contraception.

(a) The General Assembly finds:

(1) Crimes of sexual violence cause significant physical, emotional, and psychological trauma to the victims. This trauma is compounded by a victim's fear of becoming pregnant and bearing a child as a result of the sexual assault.

(2) Each year over 32,000 women become pregnant in the United States as the result of rape and approximately 50% of these pregnancies end in abortion.

(3) As approved for use by the Federal Food and Drug Administration (FDA), emergency contraception can significantly reduce the risk of pregnancy if taken within 72 hours after the sexual assault.

(4) By providing emergency contraception to rape victims in a timely manner, the trauma of rape can be significantly reduced.

(b) Within 120 days after the effective date of this amendatory Act of the 92nd General Assembly, every hospital providing services to alleged sexual assault survivors in accordance with a plan approved under Section 2 must develop a protocol that ensures that each survivor of sexual assault will receive

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medically and factually accurate and written and oral information about emergency contraception; the indications and counter-indications and risks associated with the use of emergency contraception; and a description of how and when victims may be provided emergency contraception upon the written order of a physician licensed to practice medicine in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes prescription of emergency contraception, or a physician assistant who has been delegated authority to prescribe emergency contraception. The Department shall approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of an alleged sexual assault.

The hospital shall implement the protocol upon approval by the Department. The Department shall adopt rules and regulations establishing one or more safe harbor protocols and setting minimum acceptable protocol standards that hospitals may develop and implement. The Department shall approve any protocol that meets those standards. The Department may provide a sample acceptable protocol upon request.

(Source: P.A. 92-156, eff. 1-1-02.)

(410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

Sec. 5. Minimum requirements for hospitals providing emergency service to sexual assault survivors.

(a) Every hospital providing emergency hospital services to an alleged sexual assault survivor under this Act shall, as minimum requirements for such services, provide, with the consent of the alleged 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 emergency services, the following:

(1) appropriate medical examinations and laboratory tests required to ensure the health, safety, and welfare of an alleged 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 alleged 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) such medication as deemed appropriate by the attending physician, an advanced practice nurse, or a physician assistant;

(5) a blood test to determine the presence or absence of sexually transmitted disease;

(6) written and oral instructions indicating the need for a second blood test 6 weeks after the sexual assault to determine the presence or absence of sexually transmitted disease; and

(7) appropriate counseling as determined by the hospital, by trained personnel designated by the hospital.

(b) Any minor who is an alleged survivor of sexual assault who seeks emergency services under this Act shall be provided such services without the consent of the parent, guardian or custodian of the minor.

(Source: P.A. 91-888, eff. 7-6-00.)

(410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

Sec. 6.4. Sexual assault evidence collection program.

(a) There is created a statewide sexual assault evidence collection program to facilitate the prosecution of persons accused of sexual assault. This program shall be administered by the Illinois State Police. The program shall consist of the following: (1) distribution of sexual assault evidence collection kits which have been approved by the Illinois State Police to hospitals that request them, or arranging for such distribution by the manufacturer of the kits, (2) collection of the kits from hospitals after the kits have been used to collect evidence, (3) analysis of the collected evidence and conducting of laboratory tests, and (4) maintaining the chain of custody and safekeeping of the evidence for use in a legal proceeding. The standardized evidence collection kit for the State of Illinois shall be the State Police Evidence Collection Kit, also known as "S.P.E.C.K.". A sexual assault evidence collection kit may not be released by a hospital without the written consent of the sexual assault survivor. In the case of a survivor who is a minor 13 years of age or older, evidence and information concerning the alleged sexual assault may be released at the written request of the minor. If the survivor is a minor who is under 13 years of age, evidence and information concerning the alleged sexual assault may be released at the written request of the parent, guardian, investigating law enforcement officer, or Department of Children and Family

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Services. Any health care professional, including any physician, advanced practice nurse, physician assistant, or nurse, sexual assault nurse examiner, and any health care institution, including any hospital, who provides evidence or information to a law enforcement officer pursuant to a written request as specified in this Section is immune from any civil or professional liability that might arise from those actions, with the exception of willful or wanton misconduct. The immunity provision applies only if all of the requirements of this Section are met.

(b) The Illinois State Police shall administer a program to train hospitals and hospital personnel participating in the sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. A sexual assault nurse examiner may conduct examinations using the sexual assault evidence collection kits, without the presence or participation of a physician. The Department of Public Health shall cooperate with the Illinois State Police in this program as it pertains to medical aspects of the evidence collection.

(c) In this Section, "sexual assault nurse examiner" means a registered nurse who has completed a sexual assault nurse examiner (SANE) training program that meets the Forensic Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

(Source: P.A. 91-888, eff. 7-6-00; 92-514, eff. 1-1-02.)

Section 20. The Prenatal and Newborn Care Act is amended by changing Sections 2 and 6 as follows:
(410 ILCS 225/2) (from Ch. 111 1/2, par. 7022)

Sec. 2. Definitions. As used in this Act, unless the context otherwise requires:

"Advanced practice nurse" or "APN" means an advanced practice nurse licensed under the Nursing and Advanced Practice Nursing Act who has a written collaborative agreement with a collaborating physician that authorizes the provision of prenatal and newborn care.

(~~Ⓐ~~) "Department" means the Illinois Department of Human Services.

(~~Ⓑ~~) "Early and Periodic Screening, Diagnosis and Treatment (EPSDT)" means the provision of preventative health care under 42 C.F.R. 441.50 et seq., including medical and dental services, needed to assess growth and development and detect and treat health problems.

(~~Ⓒ~~) "Hospital" means a hospital as defined under the Hospital Licensing Act.

(~~Ⓓ~~) "Local health authority" means the full-time official health department or board of health, as recognized by the Illinois Department of Public Health, having jurisdiction over a particular area.

(~~Ⓔ~~) "Nurse" means a nurse licensed under the Nursing and Advanced Practice Nursing Act.

(~~Ⓕ~~) "Physician" means a physician licensed to practice medicine in all of its branches.

"Physician assistant" means a physician assistant licensed under the Physician Assistant Practice Act of 1987 who has been delegated authority to provide prenatal and newborn care.

(~~Ⓖ~~) "Postnatal visit" means a visit occurring after birth, with reference to the newborn.

(~~Ⓗ~~) "Prenatal visit" means a visit occurring before birth.

(~~Ⓘ~~) "Program" means the Prenatal and Newborn Care Program established pursuant to this Act.

(Source: P.A. 89-507, eff. 7-1-97; 90-742, eff. 8-13-98.)

(410 ILCS 225/6) (from Ch. 111 1/2, par. 7026)

Sec. 6. Covered services.

(a) Covered services under the program may include, but are not necessarily limited to, the following:

(1) Laboratory services related to a recipient's pregnancy, performed or ordered by a

physician, advanced practice nurse, or physician assistant.

(2) Screening and treatment for sexually transmitted disease.

(3) Prenatal visits to a physician in the physician's office, an advanced practice nurse in the advanced practice nurse's office, a physician assistant in the physician assistant's office, or to a hospital outpatient

prenatal clinic, local health department maternity clinic, or community health center.

(4) Radiology services which are directly related to the pregnancy, are determined to

be medically necessary and are ordered by a physician, an advanced practice nurse, or a physician assistant.

(5) Pharmacy services related to the pregnancy.

(6) Other medical consultations related to the pregnancy.

(7) Physician, advanced practice nurse, physician assistant, or nurse services associated with delivery.

(8) One postnatal office visit within 60 days after delivery.

(9) Two EPSDT-equivalent screenings for the infant within 90 days after birth.

(10) Social and support services.

(11) Nutrition services.

- (12) Case management services.
- (b) The following services shall not be covered under the program:
- (1) Services determined by the Department not to be medically necessary.
 - (2) Services not directly related to the pregnancy, except for the 2 covered EPSDT-equivalent screenings.
 - (3) Hospital inpatient services.
 - (4) Anesthesiologist and radiologist services during a period of hospital inpatient care.
 - (5) Physician, advanced practice nurse, and physician assistant hospital visits.
 - (6) Services considered investigational or experimental.
- (Source: P.A. 89-187, eff. 7-19-95.)

Section 25. The AIDS Confidentiality Act is amended by changing Sections 7, 8, and 9 as follows:
(410 ILCS 305/7) (from Ch. 111 1/2, par. 7307)

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

(b) Written informed consent is not required for a health care provider or health facility to perform a test when a health care provider or employee of a health facility, or a firefighter or an EMT-A, EMT-I or EMT-P, is involved in an accidental direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician, by an advanced practice nurse as defined in item (iii) of subsection (f-5) of Section 3, or by a physician assistant as defined in item (ii) of subsection (f-5) of Section 3 in his medical judgment. Should such test prove to be positive, the patient and the health care provider, health facility employee, firefighter, EMT-A, EMT-I, or EMT-P shall be provided appropriate counseling consistent with this Act.

(c) Written informed consent is not required for a health care provider or health facility to perform a test when a law enforcement officer is involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician, by an advanced practice nurse as defined in item (iii) of subsection (f-5) of Section 3 by a physician assistant as defined in item (ii) of subsection (f-5) of Section 3 in his medical judgment. Should such test prove to be positive, the patient shall be provided appropriate counseling consistent with this Act. For purposes of this subsection (c), "law enforcement officer" means any person employed by the State, a county or a municipality as a policeman, peace officer, auxiliary policeman, correctional officer or in some like position involving the enforcement of the law and protection of the public interest at the risk of that person's life.

(Source: P.A. 86-887; 86-891; 86-1028; 87-459.)

(410 ILCS 305/8) (from Ch. 111 1/2, par. 7308)

Sec. 8. Notwithstanding the provisions of Sections 4 and 5 of this Act, written informed consent, information and counseling are not required for the performance of an HIV test: (a) for the purpose of research, if the testing is performed in such a way that the identity of the test subject is not known and may not be retrieved by the researcher, and in such a way that the test subject is not informed of the results of the testing, or (b) when in the judgment of the physician, advanced practice nurse, or physician assistant, 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, advanced practice nurse, or physician assistant for ~~medical~~ treatment.

(Source: P.A. 85-1399.)

(410 ILCS 305/9) (from Ch. 111 1/2, par. 7309)

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:

(a) The subject of the test or the subject's legally authorized representative. A physician, advanced practice nurse, or physician assistant 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, advanced practice nurse, or physician assistant 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, advanced practice nurse, or physician assistant 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, advanced practice nurse, or physician assistant 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, advanced practice nurse, or physician assistant acting in good faith under this paragraph. For the purpose of any proceedings, civil or criminal, the good faith of any physician, advanced practice nurse, or physician assistant acting under this paragraph shall be presumed.

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

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

(d) The Department, in accordance with rules for reporting and controlling the spread of disease, as otherwise provided by State law. 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 data shall be protected from disclosure in accordance with the provisions of Sections 8-2101 through 8-2105 of the Code of Civil Procedure.

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

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

(g) (Blank).

(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, by an advanced practice nurse as defined in item (iii) of subsection (f-5) of Section 3, or by a physician assistant as defined in item (ii) of subsection (f-5) of Section 3 in his medical judgment.

(i) Any law enforcement officer, as defined in subsection (c) of Section 7, involved in the line of duty in a direct skin or mucous membrane contact with the blood or bodily fluids of an individual which is of a nature that may transmit HIV, as determined by a physician in his medical judgment, by an advanced practice nurse as defined in item (iii) of subsection (f-5) of Section 3, or by a physician assistant as defined in item (ii) of subsection (f-5) of Section 3.

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

(k) In the case of a minor under 18 years of age whose test result is positive and has been confirmed 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 judgement of the health care provider, notification would be in the best interest of the child and the health care provider has first sought unsuccessfully to persuade the minor to notify the parent or legal guardian or a reasonable time after the minor has agreed to notify the parent or legal guardian, the health care provider has reason to believe that the minor has not made the notification. This subsection shall not create a duty or obligation under which a health care provider must notify the minor's parent or legal guardian of the test results, nor shall a duty or obligation be implied. No civil liability or criminal sanction under this Act shall be imposed for any notification or non-notification of a minor's test result by a health care provider acting in good faith under this subsection. For the purpose of any proceeding, civil or criminal, the good faith of any health care provider acting under this subsection shall be presumed.

(Source: P.A. 93-482, eff. 8-8-03.)

Section 30. The Illinois Sexually Transmissible Disease Control Act is amended by changing Sections 4 and 5.5 as follows:

(410 ILCS 325/4) (from Ch. 111 1/2, par. 7404)

Sec. 4. Reporting required.

(a) A physician licensed under the provisions of the Medical Practice Act of 1987, an advanced practice nurse licensed under the provisions of the Nursing and Advanced Practice Nursing Act 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 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.

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

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

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

(Source: P.A. 90-14, eff. 7-1-97.)

(410 ILCS 325/5.5) (from Ch. 111 1/2, par. 7405.5)

Sec. 5.5. Risk assessment.

(a) Whenever the Department receives a report of HIV infection or AIDS pursuant to this Act and the Department determines that the subject of the report may present or may have presented a possible risk of HIV transmission, the Department shall, when medically appropriate, investigate the subject of the report and that person's contacts as defined in subsection (c), to assess the potential risks of transmission. Any investigation and action shall be conducted in a timely fashion. All contacts other than those defined in subsection (c) shall be investigated in accordance with Section 5 of this Act.

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

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

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

(d) All information and records held by the Department and local health authorities pertaining to activities conducted pursuant to this Section shall be strictly confidential and exempt from copying and inspection under the Freedom of Information Act. Such information and records shall not be released or made public by the Department or local health authorities, and shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency or person and shall be treated in the same manner as the information and those records subject to the provisions of Part 21 of the Code of Civil Procedure except under the following circumstances:

- (1) When made with the written consent of all persons to whom this information pertains;
- (2) When authorized under Section 8 to be released under court order or subpoena

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pursuant to Section 12-16.2 of the Criminal Code of 1961; or

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

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

(Source: P.A. 87-763.)

Section 35. The Consent by Minors to Medical Procedures Act is amended by changing Sections 1, 2, 3, and 5 as follows:

(410 ILCS 210/1) (from Ch. 111, par. 4501)

Sec. 1. Consent by minor. The consent to the performance of a medical or surgical procedure by a physician licensed to practice medicine and surgery, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of services for minors, or a physician assistant who has been delegated authority to provide services for minors executed by a married person who is a minor, by a parent who is a minor, by a pregnant woman who is a minor, or by any person 18 years of age or older, is not voidable because of such minority, and, for such purpose, a married person who is a minor, a parent who is a minor, a pregnant woman who is a minor, or any person 18 years of age or older, is deemed to have the same legal capacity to act and has the same powers and obligations as has a person of legal age.

(Source: P.A. 89-187, eff. 7-19-95.)

(410 ILCS 210/2) (from Ch. 111, par. 4502)

Sec. 2. Any parent, including a parent who is a minor, may consent to the performance upon his or her child of a medical or surgical procedure by a physician licensed to practice medicine and surgery, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of services for minors, or a physician assistant who has been delegated authority to provide services for minors or a dental procedure by a licensed dentist. The consent of a parent who is a minor shall not be voidable because of such minority, but, for such purpose, a parent who is a minor shall be deemed to have the same legal capacity to act and shall have the same powers and obligations as has a person of legal age.

(Source: P.A. 77-1661.)

(410 ILCS 210/3) (from Ch. 111, par. 4503)

Sec. 3. (a) Where a hospital, ~~or a physician,~~ licensed to practice medicine or surgery, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes provision of services for minors, or a physician assistant who has been delegated authority to provide services for minors renders emergency treatment or first aid or a licensed dentist renders emergency dental treatment to a minor, consent of the minor's parent or legal guardian need not be obtained if, in the sole opinion of the physician, advanced practice nurse, physician assistant, dentist, or hospital, the obtaining of consent is not reasonably feasible under the circumstances without adversely affecting the condition of such minor's health.

(b) Where a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, as provided in Sections 12-13 through 12-16 of the Criminal Code of 1961, as now or hereafter amended, the consent of the minor's parent or legal guardian need not be obtained to authorize a hospital, physician, advanced practice nurse, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor had reached his or her age of majority. Such consent shall not be voidable, nor subject to later disaffirmance, because of minority.

(Source: P.A. 89-428, eff. 12-13-95; 89-462, eff. 5-29-96.)

(410 ILCS 210/5) (from Ch. 111, par. 4505)

Sec. 5. Counseling; informing parent or guardian. Any physician, advanced practice nurse, or physician assistant, who provides diagnosis or treatment or any licensed clinical psychologist or professionally trained social worker with a master's degree or any qualified person employed (i) by an organization licensed or funded by the Department of Human Services, (ii) by units of local government, or (iii) by agencies or organizations operating drug abuse programs funded or licensed by the Federal Government or the State of Illinois or any qualified person employed by or associated with any public or private alcoholism or drug abuse program licensed by the State of Illinois who provides counseling to a minor patient who has come into contact with any sexually transmitted disease referred to in Section 4 of

this Act may, but shall not be obligated to, inform the parent, parents, or guardian of the minor as to the treatment given or needed. Any person described in this Section who provides counseling to a minor who abuses drugs or alcohol or has a family member who abuses drugs or alcohol shall not inform the parent, parents, guardian, or other responsible adult of the minor's condition or treatment without the minor's consent unless that action is, in the person's judgment, necessary to protect the safety of the minor, a family member, or another individual.

Any such person shall, upon the minor's consent, make reasonable efforts to involve the family of the minor in his or her treatment, if the person furnishing the treatment believes that the involvement of the family will not be detrimental to the progress and care of the minor. Reasonable effort shall be extended to assist the minor in accepting the involvement of his or her family in the care and treatment being given.

(Source: P.A. 89-187, eff. 7-19-95; 89-507, eff. 7-1-97.)

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

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Roskam, **Senate Bill No. 2448** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Jacobs, **Senate Bill No. 2525** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Silverstein, **Senate Bill No. 2620** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Insurance & Pensions, adopted and ordered printed:

AMENDMENT NO. 1

AMENDMENT NO. 1. Amend Senate Bill 2620 on page 2, line 19, after the word "coverage" by inserting the word "solely".

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Munoz, **Senate Bill No. 2701** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Maloney, **Senate Bill No. 2768** having been printed, was taken up, read by title a second time.

Committee Amendment No. 1 was held in the Committee on Rules.

The following amendment was offered in the Committee on Health & Human Services, adopted and ordered printed:

AMENDMENT NO. 2

AMENDMENT NO. 2. Amend Senate Bill 2768 by replacing everything after the enacting clause with the following:

"Section 5. The Assisted Living and Shared Housing Act is amended by changing Section 76 as follows:

(210 ILCS 9/76)

Sec. 76. Vaccinations. ~~Pneumonia shots~~.

(a) Before a prospective resident's admission to an assisted living establishment or a shared housing establishment that does not provide medication administration as an optional service, the establishment shall advise the prospective resident to consult a physician to determine whether the prospective resident should obtain a vaccination against pneumococcal pneumonia or influenza, or both.

(b) An assisted living establishment or shared housing establishment that provides medication administration as an optional service shall annually administer a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of

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vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 or over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. In the event that the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention determines that dates of administration other than those stated in this Section are optimal to protect the health of residents, the Department is authorized to adopt rules to require vaccinations at those times rather than the times stated in this Section. An establishment shall document in the resident's medical record that an annual vaccination against influenza was administered, refused, or medically contraindicated.

An assisted living establishment or shared housing establishment that provides medication administration as an optional service shall administer or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the establishment, unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. An establishment shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated.

(Source: P.A. 92-562, eff. 6-24-02.)

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

Committee Amendment No. 3 was held in the Committee on Health and Human Services.

The Committee on Health & Human Services offered the following amendment:

AMENDMENT NO. 4

AMENDMENT NO. 4. Amend Senate Bill 2768, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 2, on page 2, line 15, by replacing "medical record" with "medication record".

There being no further amendments, the foregoing Amendments Numbered 2 and 4 were ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Demuzio, **Senate Bill No. 2732** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Education, adopted and ordered printed:

AMENDMENT NO. 1

AMENDMENT NO. 1. Amend Senate Bill 2732 on page 2, line 30, by deleting "in".

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Shadid, **Senate Bill No. 2894** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Garrett, **Senate Bill No. 2900** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **Senate Bill No. 2940** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Garrett, **Senate Bill No. 3013** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Jacobs, **Senate Bill No. 3065** having been printed, was taken up, read by title a second time.

Committee Amendment No. 1 was held in the Committee on Rules.

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There being no further amendments the bill was ordered to a third reading.

On motion of Senator Watson, **Senate Bill No. 3091** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator del Valle, **Senate Bill No. 3107** having been printed, was taken up, read by title a second time and ordered to a third reading.

REPORT FROM STANDING COMMITTEE

Senator Hendon, Co-Chairperson of the Committee on Executive Appointments, moved that the Senate resolve itself into Executive Session to consider the report of that Committee relative to the Governor's appointments.

The motion prevailed.

EXECUTIVE SESSION

Senators Hendon and Geo-Karis, Co-Chairpersons of the Committee on Executive Appointments, to which was referred the Governor's Message to the Senate of October 23, 2003, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

TOLL HIGHWAY AUTHORITY, ILLINOIS STATE

To be a Director of the Illinois State Toll Highway Authority for a term commencing July 28, 2003 and ending May 1, 2007:

Ronald E. Materick of Oak Brook
Salaried

Senator Hendon moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

Yeas 56; Nays None.

The following voted in the affirmative:

Althoff	Haine	Munoz	Soden
Bomke	Halvorson	Obama	Sullivan, D.
Brady	Harmon	Peterson	Sullivan, J.
Burzynski	Hendon	Petka	Syverson
Clayborne	Hunter	Radogno	Trotter
Collins	Jacobs	Rauschenberger	Viverito
Cronin	Jones, J.	Righter	Walsh
Crotty	Jones, W.	Risinger	Watson
Cullerton	Laufen	Roskam	Welch
del Valle	Lightford	Rutherford	Winkel
DeLeo	Link	Sandoval	Mr. President
Demuzio	Luechtefeld	Schoenberg	
Dillard	Maloney	Shadid	
Garrett	Martinez	Sieben	
Geo-Karis	Meeks	Silverstein	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senators Hendon and Geo-Karis, Co-Chairpersons of the Committee on Executive Appointments, to which was referred the Governor's Message to the Senate of January 15, 2004, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

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COMMERCE COMMISSION, ILLINOIS

To be member and Chair of the Illinois Commerce Commission for a term commencing January 20, 2004 and ending January 9, 2009:

Edward C. Hurley of Chicago
Salaried

Senator Hendon moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

Yeas 57; Nays None.

The following voted in the affirmative:

Althoff	Haine	Munoz	Silverstein
Bomke	Halvorson	Obama	Soden
Brady	Harmon	Peterson	Sullivan, D.
Burzynski	Hendon	Petka	Sullivan, J.
Clayborne	Hunter	Radogno	Syverson
Collins	Jacobs	Rauschenberger	Trotter
Crotty	Jones, J.	Righter	Viverito
Cullerton	Jones, W.	Risinger	Walsh
del Valle	Lauzen	Ronen	Watson
DeLeo	Lightford	Roskam	Welch
Demuzio	Link	Rutherford	Winkel
Dillard	Luechtefeld	Sandoval	Mr. President
Forby	Maloney	Schoenberg	
Garrett	Martinez	Shadid	
Geo-Karis	Meeks	Sieben	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senators Hendon and Geo-Karis, Co-Chairpersons of the Committee on Executive Appointments, to which was referred the Governor's Message to the Senate of January 15, 2003, reported the same back with the recommendation that the Senate advise and consent to the following appointments:

HEART OF ILLINOIS REGIONAL PORT DISTRICT AUTHORITY

To be a member of the Heart of Illinois Regional Port District Authority for a term commencing December 2, 2003 and ending June 1, 2009:

Earl S. Moldovan of East Peoria
Non-Salaried

To be a member of the Heart of Illinois Regional Port District Authority for a term commencing December 2, 2003 and ending June 1, 2009:

Danny J. Silverthorn of Peoria
Non-Salaried

Senator Hendon moved that the Senate advise and consent to the foregoing appointments. And on that motion, a call of the roll was had resulting as follows:

Yeas 57; Nays None.

The following voted in the affirmative:

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Althoff	Geo-Karis	Munoz	Silverstein
Bomke	Haine	Obama	Soden
Brady	Halvorson	Peterson	Sullivan, D.
Burzynski	Harmon	Petka	Sullivan, J.
Clayborne	Hendon	Radogno	Syverson
Collins	Hunter	Rauschenberger	Trotter
Cronin	Jacobs	Righter	Viverito
Crotty	Jones, W.	Risinger	Walsh
Cullerton	Laufen	Ronen	Watson
del Valle	Lightford	Roskam	Welch
DeLeo	Link	Rutherford	Winkel
Demuzio	Luechtefeld	Sandoval	Mr. President
Dillard	Maloney	Schoenberg	
Forby	Martinez	Shadid	
Garrett	Meeks	Sieben	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointments.

Senators Hendon and Geo-Karis, Co-Chairpersons of the Committee on Executive Appointments, to which was referred the Governor's Message to the Senate of February 6, 2004, reported the same back with the recommendation that the Senate advise and consent to the following appointments:

HEART OF ILLINOIS REGIONAL PORT DISTRICT BOARD

To be member of the Heart of Illinois Regional Port district Board for a term commencing January 21, 2004 and ending June 01, 2009:

Allen E. Covington of Peoria
Non-Salaried

SOUTHERN ILLINOIS UNIVERSITY, BOARD OF TRUSTEES

To be a member of Southern Illinois University Board of Trustees for a term commencing January 23, 2004 and ending January 17, 2005:

Glenn Poshard of Murphysboro
Non-Salaried

Senator Hendon moved that the Senate advise and consent to the foregoing appointments.
And on that motion, a call of the roll was had resulting as follows:

Yeas 56; Nays None.

The following voted in the affirmative:

Althoff	Geo-Karis	Munoz	Soden
Bomke	Haine	Obama	Sullivan, D.
Brady	Halvorson	Peterson	Sullivan, J.
Burzynski	Harmon	Petka	Syverson
Clayborne	Hendon	Radogno	Trotter
Collins	Hunter	Rauschenberger	Viverito
Cronin	Jacobs	Righter	Walsh
Crotty	Jones, J.	Risinger	Watson
Cullerton	Jones, W.	Roskam	Welch
del Valle	Laufen	Rutherford	Winkel
DeLeo	Lightford	Sandoval	Mr. President
Demuzio	Luechtefeld	Schoenberg	

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Dillard	Maloney	Shadid
Forby	Martinez	Sieben
Garrett	Meeks	Silverstein

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointments.

Senators Hendon and Geo-Karis, Co-Chairpersons of the Committee on Executive Appointments, to which was referred the Governor's Message to the Senate of February 10, 2004, reported the same back with the recommendation that the Senate advise and consent to the following appointments:

SOUTHERN ILLINOIS UNIVERSITY BOARD OF TRUSTEES

To be a member of the Southern Illinois University Board of Trustees for a term commencing February 9, 2004 and ending January 19, 2009:

Marilyn D. Jackson of Crete
Non-Salaried

To be a member of the Southern Illinois University Board of Trustees for a term commencing February 9, 2004 and ending January 15, 2007:

John Simmons of Alton
Non-Salaried

To be a member of the Southern Illinois University Board of Trustees for a term commencing February 9, 2004 and ending January 19, 2009:

Roger Tedrick of Mt. Vernon
Non-Salaried

Senator Hendon moved that the Senate advise and consent to the foregoing appointments. And on that motion, a call of the roll was had resulting as follows:

Yeas 58; Nays None.

The following voted in the affirmative:

Althoff	Geo-Karis	Meeks	Sieben
Bomke	Haine	Munoz	Silverstein
Brady	Halvorson	Obama	Soden
Burzynski	Harmon	Peterson	Sullivan, D.
Clayborne	Hendon	Petka	Sullivan, J.
Collins	Hunter	Radogno	Syverson
Cronin	Jacobs	Rauschenberger	Trotter
Crotty	Jones, J.	Righter	Viverito
Cullerton	Jones, W.	Risinger	Walsh
del Valle	Lauzen	Ronen	Watson
DeLeo	Lightford	Roskam	Welch
Demuzio	Link	Rutherford	Winkel
Dillard	Luechtefeld	Sandoval	Mr. President
Forby	Maloney	Schoenberg	
Garrett	Martinez	Shadid	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointments.

On motion of Senator Hendon, the Executive Session arose and the Senate resumed consideration of business.

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Senator Halvorson, presiding.

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A FIRST TIME

House Bill No. 3865, sponsored by Senator Clayborne was taken up, read by title a first time and referred to the Committee on Rules.

House Bill No. 4194, sponsored by Senator Schoenberg was taken up, read by title a first time and referred to the Committee on Rules.

House Bill No. 4831, sponsored by Senator Martinez was taken up, read by title a first time and referred to the Committee on Rules.

Senator Halvorson moved the adoption of the foregoing resolutions. The motion prevailed.
And the resolutions were adopted.

RESOLUTIONS CONSENT CALENDAR

SENATE RESOLUTION 434

Offered by Senator Soden and all Senators:
Mourns the death of Genevieve E. "Genny" Bennett of Montgomery.

SENATE RESOLUTION 435

Offered by Senator Hunter and all Senators:
Mourns the death of Dorothy Ree Hunter of Chicago.

SENATE RESOLUTION 436

Offered by Senator Link and all Senators:
Mourns the death of Harriet Faye Harding of Highwood.

Senator Halvorson moved the adoption of the foregoing resolutions.
The motion prevailed.
And the resolutions were adopted.

PRESENTATION OF RESOLUTION

Senator Demuzio offered the following Senate Joint Resolution and, having asked and obtained unanimous consent to suspend the rules for its immediate consideration, moved its adoption:

SENATE JOINT RESOLUTION NO. 63

RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that when the two Houses adjourn on Thursday, February 26, 2004, they stand adjourned until Tuesday, March 02, 2004 at 12:00 o'clock noon.

The Motion prevailed.
And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof, and ask their concurrence therein.

At the hour of 10:55 o'clock a.m., the Chair announced that the Senate stand at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 2:05 o'clock p.m., the Senate resumed consideration of business.
Senator Demuzio, presiding.

[February 26, 2004]

MESSAGE FROM THE PRESIDENT

OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS

EMIL JONE, JR.
Senate President

327 State Capitol
Springfield, Illinois 62706

February 26, 2004

The Honorable Linda Hawker
Secretary of the Senate
Room 403, State Capitol
Springfield, IL 62706

Dear Madam Secretary:

Pursuant to Rule 2-5, the Senate will convene in a special order of business for a Committee of the Whole. The Committee of the Whole will be held on Wednesday, March 3, 2004 at 10:00 a.m. for subject matter only with regard to the Governor's Education Plan contained in Senate Bill 3000.

Very truly yours,
Emil Jones, Jr.
President

cc: Senate Minority Leader Frank Watson
House Speaker Michael J. Madigan
House Minority Leader Tom Cross
All Senators
Joseph B. Handley, Deputy Chief of Staff
for Legislative Affairs to Governor Blagojevich

REPORT FROM STANDING COMMITTEE

Senators Cullerton and Dillard, Co-Chairpersons of the Committee on Judiciary, to which was referred **Senate Bills numbered 2090, 2163, 2201, 2287, 2354, 2414, 2451, 2471, 2495, 2496, 2499, 2502, 2510, 2536, 2546, 2559, 2572, 2630, 2653, 2664, 2690, 2757, 2799, 2878, 2907, 2921, 2982, 3004, 3007, 3014 and 3130**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senators Cullerton and Dillard, Co-Chairpersons of the Committee on Judiciary, to which was referred **Senate Bills numbered 2188, 2278, 2456, 2607, 2654, 2777, 2778, 2784, 2785, 2786, 2791, 2800, 2806, 2895, 2902, 2946, 3041, 3042, 3043 and 3140**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

At the hour of 2:08 o'clock p.m., pursuant to **Senate Joint Resolution No. 63**, the Chair announced the Senate stand adjourned until Tuesday, March 2, 2004, at 12:00 o'clock noon.

[February 26, 2004]