



# **SENATE JOURNAL**

**STATE OF ILLINOIS**

**ONE HUNDREDTH GENERAL ASSEMBLY**

**45TH LEGISLATIVE DAY**

**MONDAY, MAY 15, 2017**

**3:20 O'CLOCK P.M.**

**SENATE**  
**Daily Journal Index**  
**45th Legislative Day**

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The Senate met pursuant to adjournment.  
Senator James F. Clayborne, Belleville, Illinois, presiding.  
Prayer by Pastor Richard Ratts, Crossroads Church, Monticello, Illinois.  
Senator Cunningham led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Friday, May 12, 2017, be postponed, pending arrival of the printed Journal.  
The motion prevailed.

**MESSAGES FROM THE PRESIDENT**

**OFFICE OF THE SENATE PRESIDENT  
STATE OF ILLINOIS**

JOHN J. CULLERTON  
SENATE PRESIDENT

327 STATE CAPITOL  
SPRINGFIELD, IL 62706  
217-782-2728

May 12, 2017

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to the provisions of Senate Rule 2-10, I hereby extend the committee deadline to May 19, 2017, for the following House bills:

66, 123, 136, 159, 173, 222, 238, 261, 284, 291, 302, 313, 388, 394, 434, 466, 489, 496, 535, 607, 625, 649, 659, 682, 688, 690, 755, 768, 769, 812, 821, 1542, 1685, 1764, 1797, 1896, 1952, 1954, 1955, 2449, 2461, 2477, 2527, 2534, 2545, 2567, 2568, 2571, 2630, 2664, 2723, 2771, 2778, 2801, 2805, 2810, 2829, 2831, 2895, 2898, 2907, 2935, 2950, 2953, 2977, 2989, 3001, 3004, 3036, 3045, 3072, 3092, 3095, 3142, 3151, 3157, 3163, 3216, 3223, 3261, 3298, 3368, 3385, 3400, 3419, 3437, 3449, 3488, 3539, 3656, 3691, 3737, 3744, 3745, 3755, 3773, 3803, 3820, 3826, 3903, 3908, 3922, 4011

Sincerely,  
s/John J. Cullerton  
John J. Cullerton  
Senate President

cc: Senate Republican Leader Christine Radogno

**OFFICE OF THE SENATE PRESIDENT  
STATE OF ILLINOIS**

JOHN J. CULLERTON  
SENATE PRESIDENT

327 STATE CAPITOL  
SPRINGFIELD, IL 62706  
217-782-2728

May 2, 2017

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

[May 15, 2017]

Dear Mr. Secretary:

Pursuant to the provisions of Senate Rule 2-10, I hereby extend the committee deadline to May 19, 2017, for the following Senate bills:

2193

Sincerely,  
s/John J. Cullerton  
John J. Cullerton  
Senate President

cc: Senate Republican Leader Christine Radogno

**MESSAGE FROM THE GOVERNOR**

STATE OF ILLINOIS  
**OFFICE OF THE GOVERNOR**  
CAPITOL BUILDING, 207 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706

**BRUCE RAUNER**  
GOVERNOR

May 13, 2017

To the Honorable  
Members of the Senate  
One-Hundredth General Assembly

Mr. President:

On November 11, 2016 appointment message 990603 nominating Kathleen Clarke as Trustee of the Illinois Mathematics and Science Academy Board of Trustees was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

Please be advised that, the Appointment Message, for which concurrence in and confirmation of your Honorable Body was sought, is hereby withdrawn, effective at 12:00 PM on Monday, May 15, 2017.

Sincerely,  
s/Bruce Rauner  
Governor

cc: The Honorable Jesse White, Secretary of State

**LEGISLATIVE MEASURES FILED**

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

Amendment No. 1 to House Bill 3449  
Amendment No. 1 to House Bill 3691  
Amendment No. 1 to House Bill 3922

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

[May 15, 2017]

Amendment No. 3 to Senate Bill 323  
Amendment No. 1 to Senate Bill 1401  
Amendment No. 2 to Senate Bill 1577  
Amendment No. 1 to Senate Bill 1981

**PRESENTATION OF RESOLUTIONS**

**SENATE RESOLUTION NO. 507**

Offered by Senator Castro and all Senators:  
Mourns the death of Officer Stevenson “Steve” Jones of Elgin.

**SENATE RESOLUTION NO. 508**

Offered by Senator Anderson and all Senators:  
Mourns the death of Ralph L. McCoy of Moline.

**SENATE RESOLUTION NO. 509**

Offered by Senator Anderson and all Senators:  
Mourns the death of Darrell F. Smith of Erie.

**SENATE RESOLUTION NO. 510**

Offered by Senator Anderson and all Senators:  
Mourns the death of Paul L. Cook of Milan.

**SENATE RESOLUTION NO. 511**

Offered by Senator Anderson and all Senators:  
Mourns the death of Lawrence J. Coussens of Moline.

**SENATE RESOLUTION NO. 512**

Offered by Senator Anderson and all Senators:  
Mourns the death of Charles Edward Person of Colona.

**SENATE RESOLUTION NO. 513**

Offered by Senator Anderson and all Senators:  
Mourns the death of James H. “Jim” Shaw of Moline.

**SENATE RESOLUTION NO. 514**

Offered by Senator Althoff and all Senators:  
Mourns the death of Patricia Taylor Smith, formerly of McHenry.

**SENATE RESOLUTION NO. 515**

Offered by Senator Althoff and all Senators:  
Mourns the death of Robert L. “Beef” Freund of McHenry.

**SENATE RESOLUTION NO. 516**

Offered by Senator Althoff and all Senators:  
Mourns the death of Mary Frances Kuryliw of DeKalb.

**SENATE RESOLUTION NO. 517**

Offered by Senator Althoff and all Senators:  
Mourns the death of Marvin E. Lang, Jr., of Woodstock.

**SENATE RESOLUTION NO. 518**

Offered by Senator Althoff and all Senators:  
Mourns the death of Allan Frederick Etheridge of Marengo.

**SENATE RESOLUTION NO. 519**

Offered by Senator Althoff and all Senators:  
Mourns the death of Lorraine M. Freund of McHenry.

**SENATE RESOLUTION NO. 520**

Offered by Senator Althoff and all Senators:  
Mourns the death of Emile R. Gelinias of Walla Walla, Washington.

**SENATE RESOLUTION NO. 521**

Offered by Senator Althoff and all Senators:  
Mourns the death of Joseph Metzger of Johnsburg.

**SENATE RESOLUTION NO. 522**

Offered by Senator Althoff and all Senators:  
Mourns the death of Wayne A. Shotliff of Harvard.

By unanimous consent, the foregoing resolutions were referred to the Resolutions Consent Calendar.

**INTRODUCTION OF BILL**

**SENATE BILL NO. 2210.** Introduced by Senator Koehler, a bill for AN ACT concerning safety. The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

**COMMITTEE REPORT CORRECTIONS**

On May 11, 2017, the Senate Committee on Licensed Activities and Pensions omitted House Bill 313 from its report to the Senate. House Bill 313 is reported to the Senate with a recommendation of Do Pass.

The following correction was made on the report from the Senate Executive Committee, which on May 11, 2017, reported Senate Bill 2202 Do Pass and should have reported Senate Bill 2202 as having been Postponed by the Committee.

**MESSAGE FROM THE HOUSE**

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

Mr. President -- I am directed to inform the Senate that the House of Representatives has adopted the following joint resolution, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

**HOUSE JOINT RESOLUTION NO. 16**

WHEREAS, During the 99th General Assembly, House Joint Resolution 77 created the Mobile Integrated Healthcare Task Force to identify and recommend ways that the State of Illinois can incorporate changes in its health care delivery system in order to increase the collaboration and utilization of current health care workers while decreasing the associated costs; and

WHEREAS, The Mobile Integrated Healthcare Task Force was to report its findings and recommendations to the General Assembly on or before January 1, 2017; and

WHEREAS, The Mobile Integrated Healthcare Task Force needs additional time to complete its work; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that the Mobile

[May 15, 2017]

Integrated Healthcare Task Force shall report its findings and recommendations to the General Assembly as required by House Joint Resolution 77 of the 99th General Assembly on or before September 1, 2017; and be it further

RESOLVED, That with this extension the Mobile Integrated Healthcare Task Force shall continue to operate as provided under House Joint Resolution 77 of the 99th General Assembly.

Adopted by the House, March 15, 2017.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 16 was referred to the Committee on Assignments.

### APPOINTMENT MESSAGES

#### **Appointment Message No. 1000181**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Inspector General

Agency or Other Body: Department of Human Services

Start Date: May 13, 2017

End Date: January 21, 2019

Name: Michael McCotter

Residence: 7629 W. Catalpa Ave., Chicago, IL 60656

Annual Compensation: Determined by Agency

Per diem: Not Applicable

Nominee's Senator: Senator John G. Mulroe

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

#### **Appointment Message No. 1000182**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Chairman

Agency or Other Body: Illinois State Toll Highway Authority

[May 15, 2017]



Start Date: May 13, 2017

End Date: May 1, 2021

Name: Robert Schillerstrom

Residence: 1533 Meadowland Dr., Naperville, IL 60540

Annual Compensation: \$36,077

Per diem: Not Applicable

Nominee's Senator: Senator Michael Connelly

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000183**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member

Agency or Other Body: Illinois State Toll Highway Authority

Start Date: May 13, 2017

End Date: May 1, 2021

Name: James Banks

Residence: 56 E. Bellevue Pl., #2502, Chicago, IL 60611

Annual Compensation: \$31,426 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000184**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member

Agency or Other Body: Illinois State Toll Highway Authority

[May 15, 2017]

Start Date: May 13, 2017

End Date: May 1, 2021

Name: Earl Dotson

Residence: 4740 Oak Way, Roscoe, IL 61073

Annual Compensation: \$31,426 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Dave Syverson

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000185**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Employees)

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: Timothy Drea

Residence: 8028 Wilson Terrace, Springfield, IL 62712

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000186**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Public)

[May 15, 2017]

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: : John Easton

Residence: 1755 E. 55th St., Apt. 801, Chicago, IL 60615

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000187**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Employers)

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: : Robert Karr

Residence: 2 Belaire Ct., Jacksonville, IL 62650

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000188**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Employees)

[May 15, 2017]

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: : William Potts

Residence: 1120 Crestview Cir. Elgin, IL 60123

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Karen McConaughay

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000189**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Employers)

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: : David Prosnitz

Residence: 400 E. Randolph St., Apt. 2719, Chicago, IL 60601

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000190**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

[May 15, 2017]

Title of Office: Member (Employees)

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: : Rick Terven

Residence: 1111 S. MacArthur Blvd., Springfield, IL 62704

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000191**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Public)

Agency or Other Body: Employment Security Advisory Board

Start Date: May 13, 2017

End Date: January 21, 2019

Name: Sharon Thomas Parrott

Residence: 1444 S. Federal St. Unit J, Chicago, IL 60605

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Mattie Hunter

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000192**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

[May 15, 2017]

Title of Office: Trustee

Agency or Other Body: Teachers' Retirement System Board of Trustees

Start Date: May 13, 2017

End Date: July 14, 2018

Name: Matthew Hower

Residence: 936 Mallard Ct., Palatine, IL 60067

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Tom Rooney

Most Recent Holder of Office: Marcia Boone Campbell

Superseded Appointment Message: Not Applicable

Under the rules, the foregoing Appointment Messages were referred to the Committee on Executive Appointments.

#### **POSTING NOTICES WAIVED**

Senator Holmes moved to waive the six-day posting requirement on **House Bill No. 768** so that the measure may be heard in the Committee on Local Government that is scheduled to meet May 17, 2017. The motion prevailed.

Senator T. Cullerton moved to waive the six-day posting requirement on **House Bill No. 3449** so that the measure may be heard in the Committee on Judiciary that is scheduled to meet May 16, 2017. The motion prevailed.

Senator Connelly moved to waive the six-day posting requirement on **House Bill No. 3826** so that the measure may be heard in the Committee on Revenue that is scheduled to meet this afternoon. The motion prevailed.

#### **READING BILLS FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME**

On motion of Senator Cunningham, **House Bill No. 140** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Martinez, **House Bill No. 164** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator T. Cullerton, **House Bill No. 169** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Martinez, **House Bill No. 223** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Barickman, **House Bill No. 305** was taken up, read by title a second time. Floor Amendment No. 1 was held in the Committee on Assignments. There being no further amendments, the bill was ordered to a third reading.

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On motion of Senator Martinez, **House Bill No. 369** was taken up, read by title a second time. Floor Amendment No. 1 was held in the Committee on Assignments. There being no further amendments, the bill was ordered to a third reading.

On motion of Senator Link, **House Bill No. 370** was taken up, read by title a second time. Floor Amendment No. 1 was held in the Committee on Education. There being no further amendments, the bill was ordered to a third reading.

On motion of Senator Martinez, **House Bill No. 395** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connelly, **House Bill No. 418** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Stadelman, **House Bill No. 457** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Oberweis, **House Bill No. 539** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 679** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 759** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 763** having been printed, was taken up and read by title a second time.

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

**AMENDMENT NO. 1 TO HOUSE BILL 763**

AMENDMENT NO. 1. Amend House Bill 763 on page 35, immediately below line 9, by inserting the following:

"Section 10. The Alternative Health Care Delivery Act is amended by changing Section 35 as follows: (210 ILCS 3/35)

Sec. 35. Alternative health care models authorized. Notwithstanding any other law to the contrary, alternative health care models described in this Section may be established on a demonstration basis.

(1) (Blank).

(2) Alternative health care delivery model; postsurgical recovery care center. A

postsurgical recovery care center is a designated site which provides postsurgical recovery care for generally healthy patients undergoing surgical procedures that potentially require overnight nursing care, pain control, or observation that would otherwise be provided in an inpatient setting. Patients may be discharged from the postsurgical recovery care center in less than 24 hours if the attending physician or the facility's medical director believes the patient has recovered enough to be discharged. A postsurgical recovery care center is either freestanding or a defined unit of an ambulatory surgical treatment center or hospital. No facility, or portion of a facility, may participate in a demonstration program as a postsurgical recovery care center unless the facility has been licensed as an ambulatory surgical treatment center or hospital for at least 2 years before August 20, 1993 (the effective date of Public Act 88-441). The maximum length of stay for patients in a postsurgical recovery care center is not to exceed 48 hours unless the treating physician requests an extension of time from the recovery center's medical director on the basis of medical or clinical documentation that an additional care period is required for the recovery of a patient and the medical director approves the extension of time. In no case, however, shall a patient's length of stay in a postsurgical recovery care center be longer than 72 hours. If a patient requires an additional care period after the expiration of the 72-hour limit, the patient shall be transferred to an appropriate facility. Reports on variances from the 24-hour or 48-hour limit shall be sent to the Department for its evaluation. The reports shall, before submission to the

[May 15, 2017]

Department, have removed from them all patient and physician identifiers. Blood products may be administered in the postsurgical recovery care center model. In order to handle cases of complications, emergencies, or exigent circumstances, every postsurgical recovery care center as defined in this paragraph shall maintain a contractual relationship, including a transfer agreement, with a general acute care hospital. A postsurgical recovery care center shall be no larger than 20 beds. A postsurgical recovery care center shall be located within 15 minutes travel time from the general acute care hospital with which the center maintains a contractual relationship, including a transfer agreement, as required under this paragraph.

No postsurgical recovery care center shall discriminate against any patient requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients.

The Department shall adopt rules to implement the provisions of Public Act 88-441 concerning postsurgical recovery care centers within 9 months after August 20, 1993. Notwithstanding any other law to the contrary, a postsurgical recovery care center model may provide sleep laboratory or similar sleep studies in accordance with applicable State and federal laws and regulations.

(3) Alternative health care delivery model; children's community-based health care center. A children's community-based health care center model is a designated site that provides nursing care, clinical support services, and therapies for a period of one to 14 days for short-term stays and 120 days to facilitate transitions to home or other appropriate settings for medically fragile children, technology dependent children, and children with special health care needs who are deemed clinically stable by a physician and are younger than 22 years of age. This care is to be provided in a home-like environment that serves no more than 16 ~~42~~ children at a time in facilities on a grade level for Life Safety Code purposes, and no more than 12 children at a time otherwise. Children's community-based health care center services must be available through the model to all families, including those whose care is paid for through the Department of Healthcare and Family Services, the Department of Children and Family Services, the Department of Human Services, and insurance companies who cover home health care services or private duty nursing care in the home.

Each children's community-based health care center model location shall be physically separate and apart from any other facility licensed by the Department of Public Health under this or any other Act and shall provide the following services: respite care, registered nursing or licensed practical nursing care, transitional care to facilitate home placement or other appropriate settings and reunite families, medical day care, weekend camps, and diagnostic studies typically done in the home setting.

Coverage for the services provided by the Department of Healthcare and Family Services under this paragraph (3) is contingent upon federal waiver approval and is provided only to Medicaid eligible clients participating in the home and community based services waiver designated in Section 1915(c) of the Social Security Act for medically frail and technologically dependent children or children in Department of Children and Family Services foster care who receive home health benefits.

(4) Alternative health care delivery model; community based residential rehabilitation center. A community-based residential rehabilitation center model is a designated site that provides rehabilitation or support, or both, for persons who have experienced severe brain injury, who are medically stable, and who no longer require acute rehabilitative care or intense medical or nursing services. The average length of stay in a community-based residential rehabilitation center shall not exceed 4 months. As an integral part of the services provided, individuals are housed in a supervised living setting while having immediate access to the community. The residential rehabilitation center authorized by the Department may have more than one residence included under the license. A residence may be no larger than 12 beds and shall be located as an integral part of the community. Day treatment or individualized outpatient services shall be provided for persons who reside in their own home. Functional outcome goals shall be established for each individual. Services shall include, but are not limited to, case management, training and assistance with activities of daily living, nursing consultation, traditional therapies (physical, occupational, speech), functional interventions in the residence and community (job placement, shopping, banking, recreation), counseling, self-management strategies, productive activities, and multiple opportunities for skill acquisition and practice throughout the day. The design of individualized program plans shall be consistent with the outcome goals that are established for each resident. The programs provided in this setting shall be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). The program shall have been accredited by CARF as a Brain Injury Community-Integrative Program for at least 3 years.

(5) Alternative health care delivery model; Alzheimer's disease management center. An Alzheimer's disease management center model is a designated site that provides a safe and secure setting for care of persons diagnosed with Alzheimer's disease. An Alzheimer's disease management center model shall be a facility separate from any other facility licensed by the Department of Public Health



under this or any other Act. An Alzheimer's disease management center shall conduct and document an assessment of each resident every 6 months. The assessment shall include an evaluation of daily functioning, cognitive status, other medical conditions, and behavioral problems. An Alzheimer's disease management center shall develop and implement an ongoing treatment plan for each resident. The treatment plan shall have defined goals. The Alzheimer's disease management center shall treat behavioral problems and mood disorders using nonpharmacologic approaches such as environmental modification, task simplification, and other appropriate activities. All staff must have necessary training to care for all stages of Alzheimer's Disease. An Alzheimer's disease management center shall provide education and support for residents and caregivers. The education and support shall include referrals to support organizations for educational materials on community resources, support groups, legal and financial issues, respite care, and future care needs and options. The education and support shall also include a discussion of the resident's need to make advance directives and to identify surrogates for medical and legal decision-making. The provisions of this paragraph establish the minimum level of services that must be provided by an Alzheimer's disease management center. An Alzheimer's disease management center model shall have no more than 100 residents. Nothing in this paragraph (5) shall be construed as prohibiting a person or facility from providing services and care to persons with Alzheimer's disease as otherwise authorized under State law.

(6) Alternative health care delivery model; birth center. A birth center shall be exclusively dedicated to serving the childbirth-related needs of women and their newborns and shall have no more than 10 beds. A birth center is a designated site that is away from the mother's usual place of residence and in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy. A birth center shall offer prenatal care and community education services and shall coordinate these services with other health care services available in the community.

(A) A birth center shall not be separately licensed if it is one of the following:

(1) A part of a hospital; or

(2) A freestanding facility that is physically distinct from a hospital

but is operated under a license issued to a hospital under the Hospital Licensing Act.

(B) A separate birth center license shall be required if the birth center is operated as:

(1) A part of the operation of a federally qualified health center as designated by the United States Department of Health and Human Services; or

(2) A facility other than one described in subparagraph (A)(1), (A)(2), or

(B)(1) of this paragraph (6) whose costs are reimbursable under Title XIX of the federal Social Security Act.

In adopting rules for birth centers, the Department shall consider: the American Association of Birth Centers' Standards for Freestanding Birth Centers; the American Academy of Pediatrics/American College of Obstetricians and Gynecologists Guidelines for Perinatal Care; and the Regionalized Perinatal Health Care Code. The Department's rules shall stipulate the eligibility criteria for birth center admission. The Department's rules shall stipulate the necessary equipment for emergency care according to the American Association of Birth Centers' standards and any additional equipment deemed necessary by the Department. The Department's rules shall provide for a time period within which each birth center not part of a hospital must become accredited by either the Commission for the Accreditation of Freestanding Birth Centers or The Joint Commission.

A birth center shall be certified to participate in the Medicare and Medicaid programs under Titles XVIII and XIX, respectively, of the federal Social Security Act. To the extent necessary, the Illinois Department of Healthcare and Family Services shall apply for a waiver from the United States Health Care Financing Administration to allow birth centers to be reimbursed under Title XIX of the federal Social Security Act.

A birth center that is not operated under a hospital license shall be located within a ground travel time distance from the general acute care hospital with which the birth center maintains a contractual relationship, including a transfer agreement, as required under this paragraph, that allows for an emergency caesarian delivery to be started within 30 minutes of the decision a caesarian delivery is necessary. A birth center operating under a hospital license shall be located within a ground travel time distance from the licensed hospital that allows for an emergency caesarian delivery to be started within 30 minutes of the decision a caesarian delivery is necessary.

The services of a medical director physician, licensed to practice medicine in all its branches, who is certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic Obstetricians and Gynecologists or has hospital

obstetrical privileges are required in birth centers. The medical director in consultation with the Director of Nursing and Midwifery Services shall coordinate the clinical staff and overall provision of patient care. The medical director or his or her physician designee shall be available on the premises or within a close proximity as defined by rule. The medical director and the Director of Nursing and Midwifery Services shall jointly develop and approve policies defining the criteria to determine which pregnancies are accepted as normal, uncomplicated, and low-risk, and the anesthesia services available at the center. No general anesthesia may be administered at the center.

If a birth center employs certified nurse midwives, a certified nurse midwife shall be the Director of Nursing and Midwifery Services who is responsible for the development of policies and procedures for services as provided by Department rules.

An obstetrician, family practitioner, or certified nurse midwife shall attend each woman in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician or certified nurse midwife. Additionally, a second staff person shall also be present at each birth who is licensed or certified in Illinois in a health-related field and under the supervision of the physician or certified nurse midwife in attendance, has specialized training in labor and delivery techniques and care of newborns, and receives planned and ongoing training as needed to perform assigned duties effectively.

The maximum length of stay in a birth center shall be consistent with existing State laws allowing a 48-hour stay or appropriate post-delivery care, if discharged earlier than 48 hours.

A birth center shall participate in the Illinois Perinatal System under the Developmental Disability Prevention Act. At a minimum, this participation shall require a birth center to establish a letter of agreement with a hospital designated under the Perinatal System. A hospital that operates or has a letter of agreement with a birth center shall include the birth center under its maternity service plan under the Hospital Licensing Act and shall include the birth center in the hospital's letter of agreement with its regional perinatal center.

A birth center may not discriminate against any patient requiring treatment because of the source of payment for services, including Medicare and Medicaid recipients.

No general anesthesia and no surgery may be performed at a birth center. The Department may by rule add birth center patient eligibility criteria or standards as it deems necessary. The Department shall by rule require each birth center to report the information which the Department shall make publicly available, which shall include, but is not limited to, the following:

- (i) Birth center ownership.
- (ii) Sources of payment for services.
- (iii) Utilization data involving patient length of stay.
- (iv) Admissions and discharges.
- (v) Complications.
- (vi) Transfers.
- (vii) Unusual incidents.
- (viii) Deaths.
- (ix) Any other publicly reported data required under the Illinois Consumer Guide.
- (x) Post-discharge patient status data where patients are followed for 14 days after discharge from the birth center to determine whether the mother or baby developed a complication or infection.

Within 9 months after the effective date of this amendatory Act of the 95th General Assembly, the Department shall adopt rules that are developed with consideration of: the American Association of Birth Centers' Standards for Freestanding Birth Centers; the American Academy of Pediatrics/American College of Obstetricians and Gynecologists Guidelines for Perinatal Care; and the Regionalized Perinatal Health Care Code.

The Department shall adopt other rules as necessary to implement the provisions of this amendatory Act of the 95th General Assembly within 9 months after the effective date of this amendatory Act of the 95th General Assembly.

(Source: P.A. 97-135, eff. 7-14-11; 97-987, eff. 1-1-13.)"

Floor Amendment No. 2 was held in the Committee on Assignments.

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

On motion of Senator McConaughay, **House Bill No. 791** having been printed, was taken up and read by title a second time.

[May 15, 2017]

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

**AMENDMENT NO. 1 TO HOUSE BILL 791**

AMENDMENT NO. 1. Amend House Bill 791 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Vehicle Code is amended by changing Section 11-208 as follows:  
(625 ILCS 5/11-208) (from Ch. 95 1/2, par. 11-208)

Sec. 11-208. Powers of local authorities.

(a) The provisions of this Code shall not be deemed to prevent local authorities with respect to streets and highways under their jurisdiction and within the reasonable exercise of the police power from:

1. Regulating the standing or parking of vehicles, except as limited by Sections 11-1306 and 11-1307 of this Act;

2. Regulating traffic by means of police officers or traffic control signals;

3. Regulating or prohibiting processions or assemblages on the highways; and certifying persons to control traffic for processions or assemblages;

4. Designating particular highways as one-way highways and requiring that all vehicles thereon be moved in one specific direction;

5. Regulating the speed of vehicles in public parks subject to the limitations set forth in Section 11-604;

6. Designating any highway as a through highway, as authorized in Section 11-302, and requiring that all vehicles stop before entering or crossing the same or designating any intersection as a stop intersection or a yield right-of-way intersection and requiring all vehicles to stop or yield the right-of-way at one or more entrances to such intersections;

7. Restricting the use of highways as authorized in Chapter 15;

8. Regulating the operation of bicycles and requiring the registration and licensing of same, including the requirement of a registration fee;

9. Regulating or prohibiting the turning of vehicles or specified types of vehicles at intersections;

10. Altering the speed limits as authorized in Section 11-604;

11. Prohibiting U-turns;

12. Prohibiting pedestrian crossings at other than designated and marked crosswalks or at intersections;

13. Prohibiting parking during snow removal operation;

14. Imposing fines in accordance with Section 11-1301.3 as penalties for use of any parking place reserved for persons with disabilities, as defined by Section 1-159.1, or veterans with disabilities by any person using a motor vehicle not bearing registration plates specified in Section 11-1301.1 or a special decal or device as defined in Section 11-1301.2 as evidence that the vehicle is operated by or for a person with disabilities or a veteran with a disability;

15. Adopting such other traffic regulations as are specifically authorized by this Code;

or

16. Enforcing the provisions of subsection (f) of Section 3-413 of this Code or a similar local ordinance.

(b) No ordinance or regulation enacted under subsections 1, 4, 5, 6, 7, 9, 10, 11 or 13 of paragraph (a) shall be effective until signs giving reasonable notice of such local traffic regulations are posted.

(c) The provisions of this Code shall not prevent any municipality having a population of 500,000 or more inhabitants from prohibiting any person from driving or operating any motor vehicle upon the roadways of such municipality with headlamps on high beam or bright.

(d) The provisions of this Code shall not be deemed to prevent local authorities within the reasonable exercise of their police power from prohibiting, on private property, the unauthorized use of parking spaces reserved for persons with disabilities.

(e) No unit of local government, including a home rule unit, may enact or enforce an ordinance that applies only to motorcycles if the principal purpose for that ordinance is to restrict the access of motorcycles to any highway or portion of a highway for which federal or State funds have been used for the planning, design, construction, or maintenance of that highway. No unit of local government, including a home rule unit, may enact an ordinance requiring motorcycle users to wear protective headgear. Nothing in this subsection (e) shall affect the authority of a unit of local government to regulate motorcycles for traffic control purposes or in accordance with Section 12-602 of this Code. No unit of local government,

including a home rule unit, may regulate motorcycles in a manner inconsistent with this Code. This subsection (e) is a limitation under subsection (i) of Section 6 of Article VII of the Illinois Constitution on the concurrent exercise by home rule units of powers and functions exercised by the State.

(e-5) A unit of local government, including a home rule unit, may not enact an ordinance prohibiting the use of Automated Driving System equipped vehicles on its roadways. Nothing in this subsection (e-5) shall affect the authority of a unit of local government to regulate Automated Driving System equipped vehicles for traffic control purposes. No unit of local government, including a home rule unit, may regulate Automated Driving System equipped vehicles in a manner inconsistent with this Code. For purposes of this subsection (e-5), "Automated Driving System equipped vehicle" means any vehicle equipped with an Automated Driving System of hardware and software that are collectively capable of performing the entire dynamic driving task on a sustained basis, regardless of whether it is limited to a specific operational domain. This subsection (e-5) is a limitation under subsection (i) of Section 6 of Article VII of the Illinois Constitution on the concurrent exercise by home rule units of powers and functions exercised by the State.

(f) A municipality or county designated in Section 11-208.6 may enact an ordinance providing for an automated traffic law enforcement system to enforce violations of this Code or a similar provision of a local ordinance and imposing liability on a registered owner or lessee of a vehicle used in such a violation.

(g) A municipality or county, as provided in Section 11-1201.1, may enact an ordinance providing for an automated traffic law enforcement system to enforce violations of Section 11-1201 of this Code or a similar provision of a local ordinance and imposing liability on a registered owner of a vehicle used in such a violation.

(h) A municipality designated in Section 11-208.8 may enact an ordinance providing for an automated speed enforcement system to enforce violations of Article VI of Chapter 11 of this Code or a similar provision of a local ordinance.

(i) A municipality or county designated in Section 11-208.9 may enact an ordinance providing for an automated traffic law enforcement system to enforce violations of Section 11-1414 of this Code or a similar provision of a local ordinance and imposing liability on a registered owner or lessee of a vehicle used in such a violation.

(Source: P.A. 98-396, eff. 1-1-14; 98-556, eff. 1-1-14; 98-756, eff. 7-16-14; 99-143, eff. 7-27-15.)"

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

On motion of Senator Harmon, **House Bill No. 1273** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Holmes, **House Bill No. 656** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **House Bill No. 2373** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Castro, **House Bill No. 2388** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 2401** was taken up, read by title a second time.

Committee Amendment No. 1 and Floor Amendment No. 2 were held in the Committee on Assignments.

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

On motion of Senator Bertino-Tarrant, **House Bill No. 2470** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Aquino, **House Bill No. 2474** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 2499** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Althoff, **House Bill No. 2506** was taken up, read by title a second time and ordered to a third reading.

[May 15, 2017]

On motion of Senator Schimpf, **House Bill No. 2516** having been printed, was taken up and read by title a second time.

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

Senator Schimpf offered the following amendment and moved its adoption:

**AMENDMENT NO. 2 TO HOUSE BILL 2516**

AMENDMENT NO. 2. Amend House Bill 2516 on page 3, lines 2 through 5, by deleting "If the surviving spouse dies before the award for support of the adult child is paid in full, the amount unpaid shall be paid to the estate of the surviving spouse.".

The motion prevailed.

And the amendment was adopted and ordered printed.

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

On motion of Senator Harmon, **House Bill No. 2540** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Martinez, **House Bill No. 2577** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 2585** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 2589** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **House Bill No. 2618** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Rezin, **House Bill No. 2626** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Syverson, **House Bill No. 2782** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **House Bill No. 2812** having been printed, was taken up and read by title a second time.

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

**AMENDMENT NO. 1 TO HOUSE BILL 2812**

AMENDMENT NO. 1. Amend House Bill 2812 on page 2, line 3, after "provider", by inserting "but does not include a pre-paid wireless carrier or provider. As used in this Section, "physical whereabouts" does not include real time or historical location tracking information".

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

On motion of Senator Tracy, **House Bill No. 2813** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Tracy, **House Bill No. 2814** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 2828** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Cunningham, **House Bill No. 2842** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 2909** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Nybo, **House Bill No. 2910** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 2957** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **House Bill No. 2963** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Martinez, **House Bill No. 2965** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Althoff, **House Bill No. 2966** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Althoff, **House Bill No. 2973** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Lightford, **House Bill No. 2976** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 2987** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator McGuire, **House Bill No. 2993** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Tracy, **House Bill No. 2995** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 3018** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 3032** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3058** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Bertino-Tarrant, **House Bill No. 3059** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3081** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connelly, **House Bill No. 3084** was taken up, read by title a second time and ordered to a third reading.

At the hour of 3:59 o'clock p.m., Senator Trotter, presiding.

On motion of Senator Clayborne, **House Bill No. 3070** was taken up, read by title a second time and ordered to a third reading.

[May 15, 2017]

**READING BILLS OF THE SENATE A SECOND TIME**

On motion of Senator Manar, **Senate Bill No. 2185** having been printed, was taken up, read by title a second time.

Committee Amendment No. 1 and Floor Amendment No. 2 were held in the Committee on Assignments.

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

On motion of Senator Harmon, **Senate Bill No. 1578** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **Senate Bill No. 1996** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **Senate Bill No. 2073** having been printed, was taken up, read by title a second time.

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

**AMENDMENT NO. 1 TO SENATE BILL 2073**

AMENDMENT NO. 1. Amend Senate Bill 2073 by replacing everything after the enacting clause with the following:

"Section 5. The Unified Code of Corrections is amended by changing Sections 3-3-1, 3-3-2, 5-4.5-20, 5-4.5-25, 5-4.5-30, and 5-8-1 by adding Sections 5-4.5-110 and 5-4.5-115 as follows:

(730 ILCS 5/3-3-1) (from Ch. 38, par. 1003-3-1)

Sec. 3-3-1. Establishment and appointment of Prisoner Review Board.

(a) There shall be a Prisoner Review Board independent of the Department which shall be:

(1) the paroling authority for persons sentenced under the law in effect prior to the effective date of this amendatory Act of 1977;

(1.5) (blank);

(2) the board of review for cases involving the revocation of sentence credits or a suspension or reduction in the rate of accumulating the credit;

(3) the board of review and recommendation for the exercise of executive clemency by the Governor;

(4) the authority for establishing release dates for certain prisoners sentenced under the law in existence prior to the effective date of this amendatory Act of 1977, in accordance with Section 3-3-2.1 of this Code;

(5) the authority for setting conditions for parole and mandatory supervised release under Section 5-8-1(a) of this Code, and determining whether a violation of those conditions warrant revocation of parole or mandatory supervised release or the imposition of other sanctions; and

(6) the authority for determining whether a violation of aftercare release conditions warrant revocation of aftercare release.

(b) The Board shall consist of 15 persons appointed by the Governor by and with the advice and consent of the Senate. One member of the Board shall be designated by the Governor to be Chairman and shall serve as Chairman at the pleasure of the Governor. The members of the Board shall have had at least 5 years of actual experience in the fields of penology, corrections work, law enforcement, sociology, law, education, social work, medicine, psychology, other behavioral sciences, or a combination thereof. At least ~~2~~ 6 members so appointed must have a post-graduate degree and had at least 5 ~~3~~ years experience in the field of juvenile matters. No more than 8 Board members may be members of the same political party. No more than 3 members so qualified in the field of juvenile matters may use their experience in law enforcement, the prosecution of juveniles, corrections, or their prior experience as a member of the Board prior to the effective date of this amendatory Act of the 100th General Assembly, towards their 5 years of actual experience in the field of juvenile matters.

Each member of the Board shall serve on a full-time basis and shall not hold any other salaried public office, whether elective or appointive, nor any other office or position of profit, nor engage in any other business, employment, or vocation. The Chairman of the Board shall receive \$35,000 a year, or an amount set by the Compensation Review Board, whichever is greater, and each other member \$30,000, or an amount set by the Compensation Review Board, whichever is greater.

[May 15, 2017]

(c) Notwithstanding any other provision of this Section, the term of each member of the Board who was appointed by the Governor and is in office on June 30, 2003 shall terminate at the close of business on that date or when all of the successor members to be appointed pursuant to this amendatory Act of the 93rd General Assembly have been appointed by the Governor, whichever occurs later. As soon as possible, the Governor shall appoint persons to fill the vacancies created by this amendatory Act.

Of the initial members appointed under this amendatory Act of the 93rd General Assembly, the Governor shall appoint 5 members whose terms shall expire on the third Monday in January 2005, 5 members whose terms shall expire on the third Monday in January 2007, and 5 members whose terms shall expire on the third Monday in January 2009. Their respective successors shall be appointed for terms of 6 years from the third Monday in January of the year of appointment. Each member shall serve until his or her successor is appointed and qualified.

Any member may be removed by the Governor for incompetence, neglect of duty, malfeasance or inability to serve.

(d) The Chairman of the Board shall be its chief executive and administrative officer. The Board may have an Executive Director; if so, the Executive Director shall be appointed by the Governor with the advice and consent of the Senate. The salary and duties of the Executive Director shall be fixed by the Board.

(Source: P.A. 98-558, eff. 1-1-14; 99-628, eff. 1-1-17.)

(730 ILCS 5/3-3-2) (from Ch. 38, par. 1003-3-2)

Sec. 3-3-2. Powers and duties.

(a) The Parole and Pardon Board is abolished and the term "Parole and Pardon Board" as used in any law of Illinois, shall read "Prisoner Review Board." After the effective date of this amendatory Act of 1977, the Prisoner Review Board shall provide by rule for the orderly transition of all files, records, and documents of the Parole and Pardon Board and for such other steps as may be necessary to effect an orderly transition and shall:

(1) hear by at least one member and through a panel of at least 3 members decide, cases of prisoners who were sentenced under the law in effect prior to the effective date of this amendatory Act of 1977, and who are eligible for parole;

(2) hear by at least one member and through a panel of at least 3 members decide, the conditions of parole and the time of discharge from parole, impose sanctions for violations of parole, and revoke parole for those sentenced under the law in effect prior to this amendatory Act of 1977; provided that the decision to parole and the conditions of parole for all prisoners who were sentenced for first degree murder or who received a minimum sentence of 20 years or more under the law in effect prior to February 1, 1978 shall be determined by a majority vote of the Prisoner Review Board. One representative supporting parole and one representative opposing parole will be allowed to speak. Their comments shall be limited to making corrections and filling in omissions to the Board's presentation and discussion;

(3) hear by at least one member and through a panel of at least 3 members decide, the conditions of mandatory supervised release and the time of discharge from mandatory supervised release, impose sanctions for violations of mandatory supervised release, and revoke mandatory supervised release for those sentenced under the law in effect after the effective date of this amendatory Act of 1977;

(3.5) hear by at least one member and through a panel of at least 3 members decide, the conditions of mandatory supervised release and the time of discharge from mandatory supervised release, to impose sanctions for violations of mandatory supervised release and revoke mandatory supervised release for those serving extended supervised release terms pursuant to paragraph (4) of subsection (d) of Section 5-8-1;

(3.6) hear by at least one member and through a panel of at least 3 members decide whether to revoke aftercare release for those committed to the Department of Juvenile Justice under the Juvenile Court Act of 1987;

(4) hear by at least one member and through a panel of at least 3 members, decide cases brought by the Department of Corrections against a prisoner in the custody of the Department for alleged violation of Department rules with respect to sentence credits under Section 3-6-3 of this Code in which the Department seeks to revoke sentence credits, if the amount of time at issue exceeds 30 days or when, during any 12 month period, the cumulative amount of credit revoked exceeds 30 days except where the infraction is committed or discovered within 60 days of scheduled release. In such cases, the Department of Corrections may revoke up to 30 days of sentence credit. The Board may subsequently approve the revocation of additional sentence credit, if the Department seeks to revoke sentence credit in excess of thirty days. However, the Board shall not be empowered to review the Department's



decision with respect to the loss of 30 days of sentence credit for any prisoner or to increase any penalty beyond the length requested by the Department;

(5) hear by at least one member and through a panel of at least 3 members decide, the release dates for certain prisoners sentenced under the law in existence prior to the effective date of this amendatory Act of 1977, in accordance with Section 3-3-2.1 of this Code;

(6) hear by at least one member and through a panel of at least 3 members decide, all requests for pardon, reprieve or commutation, and make confidential recommendations to the Governor;

(6.5) hear, in accordance with Section 5-4.5-110 of this Code, parole review and make release determinations of persons under the age of 21 at the time of the commission of an offense;

(7) comply with the requirements of the Open Parole Hearings Act;

(8) hear by at least one member and, through a panel of at least 3 members, decide cases brought by the Department of Corrections against a prisoner in the custody of the Department for court dismissal of a frivolous lawsuit pursuant to Section 3-6-3(d) of this Code in which the Department seeks to revoke up to 180 days of sentence credit, and if the prisoner has not accumulated 180 days of sentence credit at the time of the dismissal, then all sentence credit accumulated by the prisoner shall be revoked;

(9) hear by at least 3 members, and, through a panel of at least 3 members, decide whether to grant certificates of relief from disabilities or certificates of good conduct as provided in Article 5.5 of Chapter V;

(10) upon a petition by a person who has been convicted of a Class 3 or Class 4 felony and who meets the requirements of this paragraph, hear by at least 3 members and, with the unanimous vote of a panel of 3 members, issue a certificate of eligibility for sealing recommending that the court order the sealing of all official records of the arresting authority, the circuit court clerk, and the Department of State Police concerning the arrest and conviction for the Class 3 or 4 felony. A person may not apply to the Board for a certificate of eligibility for sealing:

(A) until 5 years have elapsed since the expiration of his or her sentence;

(B) until 5 years have elapsed since any arrests or detentions by a law enforcement officer for an alleged violation of law, other than a petty offense, traffic offense, conservation offense, or local ordinance offense;

(C) if convicted of a violation of the Cannabis Control Act, Illinois Controlled Substances Act, the Methamphetamine Control and Community Protection Act, the Methamphetamine Precursor Control Act, or the Methamphetamine Precursor Tracking Act unless the petitioner has completed a drug abuse program for the offense on which sealing is sought and provides proof that he or she has completed the program successfully;

(D) if convicted of:

(i) a sex offense described in Article 11 or Sections 12-13, 12-14, 12-14.1, 12-15, or 12-16 of the Criminal Code of 1961 or the Criminal Code of 2012;

(ii) aggravated assault;

(iii) aggravated battery;

(iv) domestic battery;

(v) aggravated domestic battery;

(vi) violation of an order of protection;

(vii) an offense under the Criminal Code of 1961 or the Criminal Code of 2012 involving a firearm;

(viii) driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds or any combination thereof;

(ix) aggravated driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds or any combination thereof; or

(x) any crime defined as a crime of violence under Section 2 of the Crime Victims Compensation Act.

If a person has applied to the Board for a certificate of eligibility for sealing and the Board denies the certificate, the person must wait at least 4 years before filing again or filing for pardon from the Governor unless the Chairman of the Prisoner Review Board grants a waiver.

The decision to issue or refrain from issuing a certificate of eligibility for sealing shall be at the Board's sole discretion, and shall not give rise to any cause of action against either the Board or its members.

The Board may only authorize the sealing of Class 3 and 4 felony convictions of the petitioner from one information or indictment under this paragraph (10). A petitioner may only receive one certificate of eligibility for sealing under this provision for life; and

(11) upon a petition by a person who after having been convicted of a Class 3 or Class

4 felony thereafter served in the United States Armed Forces or National Guard of this or any other state and had received an honorable discharge from the United States Armed Forces or National Guard or who at the time of filing the petition is enlisted in the United States Armed Forces or National Guard of this or any other state and served one tour of duty and who meets the requirements of this paragraph, hear by at least 3 members and, with the unanimous vote of a panel of 3 members, issue a certificate of eligibility for expungement recommending that the court order the expungement of all official records of the arresting authority, the circuit court clerk, and the Department of State Police concerning the arrest and conviction for the Class 3 or 4 felony. A person may not apply to the Board for a certificate of eligibility for expungement:

(A) if convicted of:

(i) a sex offense described in Article 11 or Sections 12-13, 12-14, 12-14.1, 12-15, or 12-16 of the Criminal Code of 1961 or Criminal Code of 2012;

(ii) an offense under the Criminal Code of 1961 or Criminal Code of 2012 involving a firearm; or

(iii) a crime of violence as defined in Section 2 of the Crime Victims Compensation Act; or

(B) if the person has not served in the United States Armed Forces or National Guard of this or any other state or has not received an honorable discharge from the United States Armed Forces or National Guard of this or any other state or who at the time of the filing of the petition is serving in the United States Armed Forces or National Guard of this or any other state and has not completed one tour of duty.

If a person has applied to the Board for a certificate of eligibility for expungement and the Board denies the certificate, the person must wait at least 4 years before filing again or filing for a pardon with authorization for expungement from the Governor unless the Governor or Chairman of the Prisoner Review Board grants a waiver.

(a-5) The Prisoner Review Board, with the cooperation of and in coordination with the Department of Corrections and the Department of Central Management Services, shall implement a pilot project in 3 correctional institutions providing for the conduct of hearings under paragraphs (1) and (4) of subsection (a) of this Section through interactive video conferences. The project shall be implemented within 6 months after the effective date of this amendatory Act of 1996. Within 6 months after the implementation of the pilot project, the Prisoner Review Board, with the cooperation of and in coordination with the Department of Corrections and the Department of Central Management Services, shall report to the Governor and the General Assembly regarding the use, costs, effectiveness, and future viability of interactive video conferences for Prisoner Review Board hearings.

(b) Upon recommendation of the Department the Board may restore sentence credit previously revoked.

(c) The Board shall cooperate with the Department in promoting an effective system of parole and mandatory supervised release.

(d) The Board shall promulgate rules for the conduct of its work, and the Chairman shall file a copy of such rules and any amendments thereto with the Director and with the Secretary of State.

(e) The Board shall keep records of all of its official actions and shall make them accessible in accordance with law and the rules of the Board.

(f) The Board or one who has allegedly violated the conditions of his or her parole, aftercare release, or mandatory supervised release may require by subpoena the attendance and testimony of witnesses and the production of documentary evidence relating to any matter under investigation or hearing. The Chairman of the Board may sign subpoenas which shall be served by any agent or public official authorized by the Chairman of the Board, or by any person lawfully authorized to serve a subpoena under the laws of the State of Illinois. The attendance of witnesses, and the production of documentary evidence, may be required from any place in the State to a hearing location in the State before the Chairman of the Board or his or her designated agent or agents or any duly constituted Committee or Subcommittee of the Board. Witnesses so summoned shall be paid the same fees and mileage that are paid witnesses in the circuit courts of the State, and witnesses whose depositions are taken and the persons taking those depositions are each entitled to the same fees as are paid for like services in actions in the circuit courts of the State. Fees and mileage shall be vouchered for payment when the witness is discharged from further attendance.

In case of disobedience to a subpoena, the Board may petition any circuit court of the State for an order requiring the attendance and testimony of witnesses or the production of documentary evidence or both. A copy of such petition shall be served by personal service or by registered or certified mail upon the person who has failed to obey the subpoena, and such person shall be advised in writing that a hearing upon the petition will be requested in a court room to be designated in such notice before the judge hearing motions or extraordinary remedies at a specified time, on a specified date, not less than 10 nor more than

15 days after the deposit of the copy of the written notice and petition in the U.S. mails addressed to the person at his last known address or after the personal service of the copy of the notice and petition upon such person. The court upon the filing of such a petition, may order the person refusing to obey the subpoena to appear at an investigation or hearing, or to there produce documentary evidence, if so ordered, or to give evidence relative to the subject matter of that investigation or hearing. Any failure to obey such order of the circuit court may be punished by that court as a contempt of court.

Each member of the Board and any hearing officer designated by the Board shall have the power to administer oaths and to take the testimony of persons under oath.

(g) Except under subsection (a) of this Section, a majority of the members then appointed to the Prisoner Review Board shall constitute a quorum for the transaction of all business of the Board.

(h) The Prisoner Review Board shall annually transmit to the Director a detailed report of its work for the preceding calendar year. The annual report shall also be transmitted to the Governor for submission to the Legislature.

(Source: P.A. 98-399, eff. 8-16-13; 98-558, eff. 1-1-14; 98-756, eff. 7-16-14; 99-628, eff. 1-1-17.)

(730 ILCS 5/5-4.5-20)

Sec. 5-4.5-20. FIRST DEGREE MURDER; SENTENCE. For first degree murder:

(a) TERM. The defendant shall be sentenced to imprisonment or, if appropriate, death under Section 9-1 of the Criminal Code of 1961 or the Criminal Code of 2012 (720 ILCS 5/9-1). Imprisonment shall be for a determinate term, subject to Section 5-4.5-110 of this Code, of (1) not less than 20 years and not more than 60 years; (2) not less than 60 years and not more than 100 years when an extended term is imposed under Section 5-8-2 (730 ILCS 5/5-8-2); or (3) natural life as provided in Section 5-8-1 (730 ILCS 5/5-8-1).

(b) PERIODIC IMPRISONMENT. A term of periodic imprisonment shall not be imposed.

(c) IMPACT INCARCERATION. The impact incarceration program or the county impact incarceration program is not an authorized disposition.

(d) PROBATION; CONDITIONAL DISCHARGE. A period of probation or conditional discharge shall not be imposed.

(e) FINE. Fines may be imposed as provided in Section 5-4.5-50(b) (730 ILCS 5/5-4.5-50(b)).

(f) RESTITUTION. See Section 5-5-6 (730 ILCS 5/5-5-6) concerning restitution.

(g) CONCURRENT OR CONSECUTIVE SENTENCE. The sentence shall be concurrent or consecutive as provided in Section 5-8-4 (730 ILCS 5/5-8-4) and Section 5-4.5-50 (730 ILCS 5/5-4.5-50).

(h) DRUG COURT. Drug court is not an authorized disposition.

(i) CREDIT FOR HOME DETENTION. See Section 5-4.5-100 (730 ILCS 5/5-4.5-100) concerning no credit for time spent in home detention prior to judgment.

(j) SENTENCE CREDIT. See Section 3-6-3 (730 ILCS 5/3-6-3) for rules and regulations for sentence credit.

(k) ELECTRONIC HOME DETENTION. Electronic home detention is not an authorized disposition, except in limited circumstances as provided in Section 5-8A-3 (730 ILCS 5/5-8A-3).

(l) PAROLE; MANDATORY SUPERVISED RELEASE. Except as provided in Section 3-3-8 (730 ILCS 5/3-3-8), the parole or mandatory supervised release term shall be 3 years upon release from imprisonment.

(Source: P.A. 97-697, eff. 6-22-12; 97-1150, eff. 1-25-13.)

(730 ILCS 5/5-4.5-25)

Sec. 5-4.5-25. CLASS X FELONIES; SENTENCE. For a Class X felony:

(a) TERM. The sentence of imprisonment shall be a determinate sentence, subject to Section 5-4.5-110 of this Code, of not less than 6 years and not more than 30 years. The sentence of imprisonment for an extended term Class X felony, as provided in Section 5-8-2 (730 ILCS 5/5-8-2), subject to Section 5-4.5-110 of this Code, shall be not less than 30 years and not more than 60 years.

(b) PERIODIC IMPRISONMENT. A term of periodic imprisonment shall not be imposed.

(c) IMPACT INCARCERATION. The impact incarceration program or the county impact incarceration program is not an authorized disposition.

(d) PROBATION; CONDITIONAL DISCHARGE. A period of probation or conditional discharge shall not be imposed.

(e) FINE. Fines may be imposed as provided in Section 5-4.5-50(b) (730 ILCS 5/5-4.5-50(b)).

(f) RESTITUTION. See Section 5-5-6 (730 ILCS 5/5-5-6) concerning restitution.

(g) CONCURRENT OR CONSECUTIVE SENTENCE. The sentence shall be concurrent or consecutive as provided in Section 5-8-4 (730 ILCS 5/5-8-4) and Section 5-4.5-50 (730 ILCS 5/5-4.5-50).

(h) DRUG COURT. See Section 20 of the Drug Court Treatment Act (730 ILCS 166/20) concerning eligibility for a drug court program.

(i) CREDIT FOR HOME DETENTION. See Section 5-4.5-100 (730 ILCS 5/5-4.5-100) concerning no credit for time spent in home detention prior to judgment.

(j) SENTENCE CREDIT. See Section 3-6-3 (730 ILCS 5/3-6-3) for rules and regulations for sentence credit.

(k) ELECTRONIC HOME DETENTION. See Section 5-8A-3 (730 ILCS 5/5-8A-3) concerning eligibility for electronic home detention.

(l) PAROLE; MANDATORY SUPERVISED RELEASE. Except as provided in Section 3-3-8 or 5-8-1 (730 ILCS 5/3-3-8 or 5/5-8-1), the parole or mandatory supervised release term shall be 3 years upon release from imprisonment.

(Source: P.A. 97-697, eff. 6-22-12.)

(730 ILCS 5/5-4.5-30)

Sec. 5-4.5-30. CLASS 1 FELONIES; SENTENCE. For a Class 1 felony:

(a) TERM. The sentence of imprisonment, other than for second degree murder, shall be a determinate sentence of not less than 4 years and not more than 15 years, subject to Section 5-4.5-110 of this Code. The sentence of imprisonment for second degree murder shall be a determinate sentence of not less than 4 years and not more than 20 years, subject to Section 5-4.5-110 of this Code. The sentence of imprisonment for an extended term Class 1 felony, as provided in Section 5-8-2 (730 ILCS 5/5-8-2), subject to Section 5-4.5-110 of this Code, shall be a term not less than 15 years and not more than 30 years.

(b) PERIODIC IMPRISONMENT. A sentence of periodic imprisonment shall be for a definite term of from 3 to 4 years, except as otherwise provided in Section 5-5-3 or 5-7-1 (730 ILCS 5/5-5-3 or 5/5-7-1).

(c) IMPACT INCARCERATION. See Sections 5-8-1.1 and 5-8-1.2 (730 ILCS 5/5-8-1.1 and 5/5-8-1.2) concerning eligibility for the impact incarceration program or the county impact incarceration program.

(d) PROBATION; CONDITIONAL DISCHARGE. Except as provided in Section 5-5-3 or 5-6-2 (730 ILCS 5/5-5-3 or 5/5-6-2), the period of probation or conditional discharge shall not exceed 4 years. The court shall specify the conditions of probation or conditional discharge as set forth in Section 5-6-3 (730 ILCS 5/5-6-3). In no case shall an offender be eligible for a disposition of probation or conditional discharge for a Class 1 felony committed while he or she was serving a term of probation or conditional discharge for a felony.

(e) FINE. Fines may be imposed as provided in Section 5-4.5-50(b) (730 ILCS 5/5-4.5-50(b)).

(f) RESTITUTION. See Section 5-5-6 (730 ILCS 5/5-5-6) concerning restitution.

(g) CONCURRENT OR CONSECUTIVE SENTENCE. The sentence shall be concurrent or consecutive as provided in Section 5-8-4 (730 ILCS 5/5-8-4) and Section 5-4.5-50 (730 ILCS 5/5-4.5-50).

(h) DRUG COURT. See Section 20 of the Drug Court Treatment Act (730 ILCS 166/20) concerning eligibility for a drug court program.

(i) CREDIT FOR HOME DETENTION. See Section 5-4.5-100 (730 ILCS 5/5-4.5-100) concerning credit for time spent in home detention prior to judgment.

(j) SENTENCE CREDIT. See Section 3-6-3 of this Code (730 ILCS 5/3-6-3) or the County Jail Good Behavior Allowance Act (730 ILCS 130/) for rules and regulations for sentence credit.

(k) ELECTRONIC HOME DETENTION. See Section 5-8A-3 (730 ILCS 5/5-8A-3) concerning eligibility for electronic home detention.

(l) PAROLE; MANDATORY SUPERVISED RELEASE. Except as provided in Section 3-3-8 or 5-8-1 (730 ILCS 5/3-3-8 or 5/5-8-1), the parole or mandatory supervised release term shall be 2 years upon release from imprisonment.

(Source: P.A. 97-697, eff. 6-22-12.)

(730 ILCS 5/5-4.5-110 new)

Sec. 5-4.5-110. Parole review of persons under the age of 21 at the time of the commission of an offense.

(a) A person under 21 years of age at the time of the commission of an offense or offenses, other than first degree murder, and who is not serving a sentence for first degree murder, shall be eligible for parole review by the Prisoner Review Board after serving 10 years or more of his or her sentence. A person under 21 years of age at the time of the commission of first degree murder shall be eligible for parole review by the Prisoner Review Board after serving 20 years or more of his or her sentence.

(b) Three years prior to becoming eligible for parole review, the eligible person may file his or her petition for parole review with the Prisoner Review Board. The petition shall include a copy of the order of commitment and sentence to the Department of Corrections for the offense or offenses for which review is sought. Within 30 days of receipt of this petition, the Prisoner Review Board shall determine whether the petition is appropriately filed, and if so, shall set a date for parole review three years from receipt of the petition and notify the Department of Corrections within 3 business days. If the Prisoner Review Board determines that the petition is not appropriately filed, it shall notify the petitioner in writing, including a

basis for its determination, and such determination is considered final and eligible for review under subsection (o) of this Section.

(c) Within 6 months of the Prisoner Review Board's determination that the petition was appropriately filed, the Prisoner Review Board and a representative from the Department of Corrections shall meet with the eligible person and provide the inmate information about the parole hearing process, legal factors relevant to his or her suitability or unsuitability for parole, and personalized recommendations for the inmate regarding his or her work assignments, rehabilitative programs, and institutional behavior. Following this meeting, the eligible person has 7 calendar days to file a written request to the representative from the Department of Corrections and the Prisoner Review Board who met with the eligible person of any additional programs and services which the eligible person believes should be made available to prepare the eligible person for return to the community. Within 30 days following the meeting, the Board shall issue its recommendations to the inmate in writing regarding the available programs and services within the Department of Corrections in which the eligible person should participate in order to prepare for his or her return to the community.

(d) One year prior to the person being eligible for parole, counsel shall be appointed from the county in which he or she was originally sentenced. If appointed counsel has a good faith belief that the person is not indigent, counsel may file a motion before the Prisoner Review Board seeking withdrawal. If withdrawal is granted, the person retains the right to counsel in future proceedings under this Section.

(e) Nine months prior to the hearing, the Prisoner Review Board shall provide the eligible person, and his or her counsel, any written documents or materials it will be considering in making its decision. The Prisoner Review Board shall have an ongoing duty to provide the eligible person, and his or her counsel, with any further documents or materials that comes into its possession prior to the hearing.

(f) Nine months before the hearing, the Prisoner Review Board shall provide notification to the victim or family of the victim, of the scheduled hearing date. The Prisoner Review Board also shall advise the victim or family of the victim of the offense, of their rights under Section 8.1 of Article I of the Illinois Constitution and the laws of this State. The Prisoner Review Board shall afford the victim or families of victims of the crime, or both, for which the petitioner was originally sentenced an opportunity to provide a victim impact statement at the parole hearing. The Prisoner Review Board shall permit those statements and may consider the live testimony of a victim or a victim representative at its discretion.

(g) The eligible person has a right to be physically present at the Prisoner Review Board hearing. Any form of electronic or video transmission may not constitute physical presence. At the hearing, the eligible person shall have the right to make a statement on his or her own behalf. The eligible person shall have his or her constitutional right to remain silent.

(h) The eligible person and his or her counsel have a right to present written documents and oral testimony at the Prisoner Review Board hearing. If a psychological evaluation is submitted for the Prisoner Review Board's consideration, it shall be prepared by a person who has expertise in adolescent brain development and behavior, and shall take into consideration the diminished culpability of youthful offenders, the hallmark features of youth, and any subsequent growth and increased maturity of the person. The eligible person and his or her counsel shall also have the right to cross-examine any witnesses appearing in opposition to the eligible person's release.

(i) The Prisoner Review Board hearing shall be conducted by the members of the Prisoner Review Board qualified in the field of juvenile matters.

(j) Only upon motion for good cause shown of the eligible person, or his or her attorney, shall the date for the Prisoner Review Board hearing, as set by subsection (b) of this Section, be changed. All hearings shall be open to the public, and shall be transcribed as provided for under the Court Reporters Act and the Court Reporter Transcript Act.

(k) It is presumed that the eligible person shall be released on parole after the Prisoner Review Board hearing is conducted unless a majority of those present find by clear and convincing evidence that continued incarceration is required to protect the public from significant danger of harm posed by the eligible person. In making the determination of whether the presumption is overcome, the members of the panel must consider the diminished culpability of youthful offenders, the hallmark features of youth, and any subsequent growth and maturity of the youthful offender during incarceration.

(l) Unless denied parole under subsection (k) of this Section, the eligible person shall be released on parole which shall operate to discharge the remaining term of years or natural life sentence imposed upon him or her, notwithstanding any required mandatory supervised release period the eligible person is required to serve.

(m) If the Prisoner Review Board denies parole after conducting the hearing under subsection (k) of this Section, it shall issue a written decision denying the parole and provide that decision to the eligible person and his or her counsel within 7 calendar days. This decision constitutes a final determination.

(n) An appeal may be taken to determine whether the Prisoner Review Board abused its discretion denying parole under subsection (m) of this Section.

Proceedings on the appeal shall be governed by Illinois Supreme Court Rule 335 and Section 3-113 of the Code of Civil Procedure. If the eligible person is indigent, the State Appellate Defender shall represent the indigent person on appeal. If appointed counsel has a good faith belief that the person is not indigent, counsel can file a motion in the appellate court seeking withdrawal. If withdrawal is granted, the person retains the right to counsel in future proceedings under this Section.

(o) A person denied parole under subsection (m) of this Section shall be eligible for a second parole review by the Prisoner Review Board 5 years after the written decision under subsection (m) of this Section. The procedures for a second parole review shall be governed by subsections (b) through (n) of this Section.

(p) A person denied parole under subsection (o) of this Section shall be eligible for a third and final parole review by the Prisoner Review Board 5 years after the written decision under subsection (o) of this Section. The procedures for the third and final parole review shall be governed by subsections (b) through (n) of this Section.

(q) Except for those individuals sentenced prior to February 1, 1978, and who are eligible for parole release by the Prisoner Review Board at the time of the effective date of this amendatory Act of the 100th General Assembly, this Section shall operate retroactively to a person incarcerated for an offense or offenses committed before the effective date of this amendatory Act of the 100th General Assembly when he or she was under the age of 21 at the time of the commission of the offense or offenses.

(r) Notwithstanding anything else to the contrary in this Section, nothing in this Section shall be construed to delay parole or mandatory supervised release consideration for petitioners who, prior to the effective date of this amendatory Act of the 100th General Assembly, are or will be eligible for release earlier than this Section provides. Nothing in this Section shall be construed as a limit, substitution, or bar on a person's right to sentencing relief including any relief provided under Section 5-4.5-115 of this Act, or any other manner of relief, obtained by order of a court in proceedings other than as provided in this Section.

(730 ILCS 5/5-4.5-115 new)

Sec. 5-4.5-115. Procedure for resentencing of persons who received or are serving a sentence of natural life for an offense committed prior to the age of 18.

(a) If at the time of the effective date of this amendatory Act of the 100th General Assembly an individual is serving a sentence of natural life, or was previously serving a sentence of natural life that was vacated after January 1, 2012, for an offense that occurred when he or she was under the age of 18, he or she may seek resentencing under this Section, provided the individual has not already been resentenced after January 1, 2012.

(b) At the resentencing hearing, the court shall:

(1) consider in mitigation the factors listed in paragraphs (1) through (9) of subsection (a) of Section 5-4.5-105 of this Code;

(2) consider the evidence, if any, received at the trial;

(3) consider any presentence reports;

(4) consider the financial impact of incarceration based on the financial impact statement filed with the clerk of the court by the Department of Corrections;

(5) consider any additional evidence and information offered by the parties in aggravation and mitigation, including, but not limited to, scientific evidence of recidivism;

(6) consider the individual's overall record of behavior while incarcerated, including disciplinary history, and participation in educational, vocational, and life skills programs, including, but not limited to, restorative justice programs, and extent of cooperation with staff;

(7) consider the individual's acceptance of responsibility for the crime or expressions of remorse, or both; however, nothing in this paragraph (7) shall be construed against a petitioner who avers a good faith claim of innocence;

(8) hear arguments as to sentencing alternatives;

(9) afford the individual the opportunity to make a statement in his or her own behalf; and

(10) afford the victim or families of victims of the crime, or both, for which the individual was originally sentenced an opportunity to provide a victim impact statement to the court. The court shall permit those statements and may consider the live testimony of a victim or a victim representative at its discretion.

(c) Nothing in this Section shall be construed to prevent or limit a person's constitutional or statutory claims, which have been brought or may be brought, before any court in this State.

(730 ILCS 5/5-8-1) (from Ch. 38, par. 1005-8-1)

Sec. 5-8-1. Natural life imprisonment; enhancements for use of a firearm; mandatory supervised release terms.

(a) Except as otherwise provided in the statute defining the offense or in Article 4.5 of Chapter V, a sentence of imprisonment for a felony shall be a determinate sentence set by the court under this Section, subject to Section 5-4.5-110 of this Code, according to the following limitations:

(1) for first degree murder,

(a) (blank),

(b) if a trier of fact finds beyond a reasonable doubt that the murder was accompanied by exceptionally brutal or heinous behavior indicative of wanton cruelty or, except as set forth in subsection (a)(1)(c) of this Section, that any of the aggravating factors listed in subsection (b) or (b-5) of Section 9-1 of the Criminal Code of 1961 or the Criminal Code of 2012 are present, the court may sentence the defendant, subject to Section 5-4.5-105, to a term of natural life imprisonment, or

(c) the court shall sentence the defendant to a term of natural life imprisonment if the defendant, at the time of the commission of the murder, had attained the age of 18, and

(i) has previously been convicted of first degree murder under any state or federal law, or

(ii) is found guilty of murdering more than one victim, or

(iii) is found guilty of murdering a peace officer, fireman, or emergency management worker when the peace officer, fireman, or emergency management worker was killed in the course of performing his official duties, or to prevent the peace officer or fireman from performing his official duties, or in retaliation for the peace officer, fireman, or emergency management worker from performing his official duties, and the defendant knew or should have known that the murdered individual was a peace officer, fireman, or emergency management worker, or

(iv) is found guilty of murdering an employee of an institution or facility of the Department of Corrections, or any similar local correctional agency, when the employee was killed in the course of performing his official duties, or to prevent the employee from performing his official duties, or in retaliation for the employee performing his official duties, or

(v) is found guilty of murdering an emergency medical technician - ambulance, emergency medical technician - intermediate, emergency medical technician - paramedic, ambulance driver or other medical assistance or first aid person while employed by a municipality or other governmental unit when the person was killed in the course of performing official duties or to prevent the person from performing official duties or in retaliation for performing official duties and the defendant knew or should have known that the murdered individual was an emergency medical technician - ambulance, emergency medical technician - intermediate, emergency medical technician - paramedic, ambulance driver, or other medical assistant or first aid personnel, or

(vi) (blank), or

(vii) is found guilty of first degree murder and the murder was committed by reason of any person's activity as a community policing volunteer or to prevent any person from engaging in activity as a community policing volunteer. For the purpose of this Section, "community policing volunteer" has the meaning ascribed to it in Section 2-3.5 of the Criminal Code of 2012.

For purposes of clause (v), "emergency medical technician - ambulance", "emergency medical technician - intermediate", "emergency medical technician - paramedic", have the meanings ascribed to them in the Emergency Medical Services (EMS) Systems Act.

(d) (i) if the person committed the offense while armed with a firearm, 15 years shall be added to the term of imprisonment imposed by the court;

(ii) if, during the commission of the offense, the person personally discharged a firearm, 20 years shall be added to the term of imprisonment imposed by the court;

(iii) if, during the commission of the offense, the person personally discharged a firearm that proximately caused great bodily harm, permanent disability, permanent disfigurement, or death to another person, 25 years or up to a term of natural life shall be added to the term of imprisonment imposed by the court.

(2) (blank);

(2.5) for a person who has attained the age of 18 years at the time of the commission of the offense and who is convicted under the circumstances described in subdivision (b)(1)(B) of Section 11-1.20 or paragraph (3) of subsection (b) of Section 12-13, subdivision (d)(2) of Section 11-1.30 or

paragraph (2) of subsection (d) of Section 12-14, subdivision (b)(1.2) of Section 11-1.40 or paragraph (1.2) of subsection (b) of Section 12-14.1, subdivision (b)(2) of Section 11-1.40 or paragraph (2) of subsection (b) of Section 12-14.1 of the Criminal Code of 1961 or the Criminal Code of 2012, the sentence shall be a term of natural life imprisonment.

(b) (Blank).

(c) (Blank).

(d) Subject to earlier termination under Section 3-3-8, the parole or mandatory supervised release term shall be written as part of the sentencing order and shall be as follows:

(1) for first degree murder or a Class X felony except for the offenses of predatory criminal sexual assault of a child, aggravated criminal sexual assault, and criminal sexual assault if committed on or after the effective date of this amendatory Act of the 94th General Assembly and except for the offense of aggravated child pornography under Section 11-20.1B, 11-20.3, or 11-20.1 with sentencing under subsection (c-5) of Section 11-20.1 of the Criminal Code of 1961 or the Criminal Code of 2012, if committed on or after January 1, 2009, 3 years;

(2) for a Class 1 felony or a Class 2 felony except for the offense of criminal sexual assault if committed on or after the effective date of this amendatory Act of the 94th General Assembly and except for the offenses of manufacture and dissemination of child pornography under clauses (a)(1) and (a)(2) of Section 11-20.1 of the Criminal Code of 1961 or the Criminal Code of 2012, if committed on or after January 1, 2009, 2 years;

(3) for a Class 3 felony or a Class 4 felony, 1 year;

(4) for defendants who commit the offense of predatory criminal sexual assault of a child, aggravated criminal sexual assault, or criminal sexual assault, on or after the effective date of this amendatory Act of the 94th General Assembly, or who commit the offense of aggravated child pornography under Section 11-20.1B, 11-20.3, or 11-20.1 with sentencing under subsection (c-5) of Section 11-20.1 of the Criminal Code of 1961 or the Criminal Code of 2012, manufacture of child pornography, or dissemination of child pornography after January 1, 2009, the term of mandatory supervised release shall range from a minimum of 3 years to a maximum of the natural life of the defendant;

(5) if the victim is under 18 years of age, for a second or subsequent offense of aggravated criminal sexual abuse or felony criminal sexual abuse, 4 years, at least the first 2 years of which the defendant shall serve in an electronic home detention program under Article 8A of Chapter V of this Code;

(6) for a felony domestic battery, aggravated domestic battery, stalking, aggravated stalking, and a felony violation of an order of protection, 4 years.

(e) (Blank).

(f) (Blank).

(Source: P.A. 99-69, eff. 1-1-16; 99-875, eff. 1-1-17.)

Section 10. The Code of Civil Procedure is amended by changing Section 3-104 as follows:  
(735 ILCS 5/3-104) (from Ch. 110, par. 3-104)

Sec. 3-104. Jurisdiction and venue. Jurisdiction to review final administrative decisions is vested in the Circuit Courts, except as to a final order of the Illinois Educational Labor Relations Board in which case jurisdiction to review a final order is vested in the Appellate Court of a judicial district in which the Board maintains an office. Jurisdiction to review a final determination by the Prisoner Review Board under Section 5-4.5-110 of the Unified Code of Corrections is vested in the Appellate Court of the judicial district which encompasses the county in which the appellant was originally sentenced. If the venue of the action to review a final administrative decision is expressly prescribed in the particular statute under authority of which the decision was made, such venue shall control, but if the venue is not so prescribed, an action to review a final administrative decision may be commenced in the Circuit Court of any county in which (1) any part of the hearing or proceeding culminating in the decision of the administrative agency was held, or (2) any part of the subject matter involved is situated, or (3) any part of the transaction which gave rise to the proceedings before the agency occurred. The court first acquiring jurisdiction of any action to review a final administrative decision shall have and retain jurisdiction of the action until final disposition of the action.

(Source: P.A. 88-1)."

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

[May 15, 2017]



On motion of Senator Aquino, **Senate Bill No. 622** having been printed, was taken up, read by title a second time.

The following amendments were offered in the Special Committee on Oversight of Medicaid Managed Care, adopted and ordered printed:

**AMENDMENT NO. 1 TO SENATE BILL 622**

AMENDMENT NO. 1. Amend Senate Bill 622 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by changing Section 5-5 as follows:

(305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

Sec. 5-5. Medical services. The Illinois Department, by rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient hospital services; (2) outpatient hospital services; (3) other laboratory and X-ray services; (4) skilled nursing home services; (5) physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial care furnished by licensed practitioners; (7) home health care services; (8) private duty nursing service; (9) clinic services; (10) dental services, including prevention and treatment of periodontal disease and dental caries disease for pregnant women, provided by an individual licensed to practice dentistry or dental surgery; for purposes of this item (10), "dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his or her profession; (11) physical therapy and related services; (12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select; (13) other diagnostic, screening, preventive, and rehabilitative services, including to ensure that the individual's need for intervention or treatment of mental disorders or substance use disorders or co-occurring mental health and substance use disorders is determined using a uniform screening, assessment, and evaluation process inclusive of criteria, for children and adults; for purposes of this item (13), a uniform screening, assessment, and evaluation process refers to a process that includes an appropriate evaluation and, as warranted, a referral; "uniform" does not mean the use of a singular instrument, tool, or process that all must utilize; (14) transportation and such other expenses as may be necessary; (15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, including examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State, but not including abortions, or induced miscarriages or premature births, unless, in the opinion of a physician, such procedures are necessary for the preservation of the life of the woman seeking such treatment, or except an induced premature birth intended to produce a live viable child and such procedure is necessary for the health of the mother or her unborn child. The Illinois Department, by rule, shall prohibit any physician from providing medical assistance to anyone eligible therefor under this Code where such physician has been found guilty of performing an abortion procedure in a wilful and wanton manner upon a woman who was not pregnant at the time such abortion procedure was performed. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

Notwithstanding any other provision of this Section, a comprehensive tobacco use cessation program that includes purchasing prescription drugs or prescription medical devices approved by the Food and Drug Administration shall be covered under the medical assistance program under this Article for persons who are otherwise eligible for assistance under this Article.

Notwithstanding any other provision of this Code, the Illinois Department may not require, as a condition of payment for any laboratory test authorized under this Article, that a physician's handwritten signature appear on the laboratory test order form. The Illinois Department may, however, impose other appropriate requirements regarding laboratory test order documentation.

Upon receipt of federal approval of an amendment to the Illinois Title XIX State Plan for this purpose, the Department shall authorize the Chicago Public Schools (CPS) to procure a vendor or vendors to manufacture eyeglasses for individuals enrolled in a school within the CPS system. CPS shall ensure that its vendor or vendors are enrolled as providers in the medical assistance program and in any capitated Medicaid managed care entity (MCE) serving individuals enrolled in a school within the CPS system. Under any contract procured under this provision, the vendor or vendors must serve only individuals

enrolled in a school within the CPS system. Claims for services provided by CPS's vendor or vendors to recipients of benefits in the medical assistance program under this Code, the Children's Health Insurance Program, or the Covering ALL KIDS Health Insurance Program shall be submitted to the Department or the MCE in which the individual is enrolled for payment and shall be reimbursed at the Department's or the MCE's established rates or rate methodologies for eyeglasses.

On and after July 1, 2012, the Department of Healthcare and Family Services may provide the following services to persons eligible for assistance under this Article who are participating in education, training or employment programs operated by the Department of Human Services as successor to the Department of Public Aid:

- (1) dental services provided by or under the supervision of a dentist; and
- (2) eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select.

On or after July 1, 2017, the Department of Healthcare and Family Services shall provide dental services to any person who is otherwise eligible for assistance under this Article and who is:

- (1) a resident of a long term care facility;
- (2) an adult diagnosed with a developmental disability or an acquired disability that is permanent and irreversible and that occurred prior to age 21; or
- (3) a veteran who has served in a branch of the United States military for greater than 180 days after initial training and has not been dishonorably discharged from service and his or her dependents.

As used in this paragraph, "dental services" means diagnostic, preventative, or corrective procedures, including procedures and services for the prevention and treatment of periodontal disease and dental caries disease, provided by an individual who is licensed to practice dentistry or dental surgery or who is under the supervision of a dentist in the practice of his or her profession.

Notwithstanding any other provision of this Code and subject to federal approval, the Department may adopt rules to allow a dentist who is volunteering his or her service at no cost to render dental services through an enrolled not-for-profit health clinic without the dentist personally enrolling as a participating provider in the medical assistance program. A not-for-profit health clinic shall include a public health clinic or Federally Qualified Health Center or other enrolled provider, as determined by the Department, through which dental services covered under this Section are performed. The Department shall establish a process for payment of claims for reimbursement for covered dental services rendered under this provision.

The Illinois Department, by rule, may distinguish and classify the medical services to be provided only in accordance with the classes of persons designated in Section 5-2.

The Department of Healthcare and Family Services must provide coverage and reimbursement for amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic disorders and (ii) short bowel syndrome when the prescribing physician has issued a written order stating that the amino acid-based elemental formula is medically necessary.

The Illinois Department shall authorize the provision of, and shall authorize payment for, screening by low-dose mammography for the presence of occult breast cancer for women 35 years of age or older who are eligible for medical assistance under this Article, as follows:

- (A) A baseline mammogram for women 35 to 39 years of age.
- (B) An annual mammogram for women 40 years of age or older.
- (C) A mammogram at the age and intervals considered medically necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors.
- (D) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue, when medically necessary as determined by a physician licensed to practice medicine in all of its branches.
- (E) A screening MRI when medically necessary, as determined by a physician licensed to practice medicine in all of its branches.

All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool. For purposes of this Section, "low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography and includes breast tomosynthesis. As used in this Section, the term "breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. If, at any time, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register or

publishes a comment in the Federal Register or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Public Law 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of any coverage for breast tomosynthesis outlined in this paragraph, then the requirement that an insurer cover breast tomosynthesis is inoperative other than any such coverage authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of coverage for breast tomosynthesis set forth in this paragraph.

On and after January 1, 2016, the Department shall ensure that all networks of care for adult clients of the Department include access to at least one breast imaging Center of Imaging Excellence as certified by the American College of Radiology.

On and after January 1, 2012, providers participating in a quality improvement program approved by the Department shall be reimbursed for screening and diagnostic mammography at the same rate as the Medicare program's rates, including the increased reimbursement for digital mammography.

The Department shall convene an expert panel including representatives of hospitals, free-standing mammography facilities, and doctors, including radiologists, to establish quality standards for mammography.

On and after January 1, 2017, providers participating in a breast cancer treatment quality improvement program approved by the Department shall be reimbursed for breast cancer treatment at a rate that is no lower than 95% of the Medicare program's rates for the data elements included in the breast cancer treatment quality program.

The Department shall convene an expert panel, including representatives of hospitals, free standing breast cancer treatment centers, breast cancer quality organizations, and doctors, including breast surgeons, reconstructive breast surgeons, oncologists, and primary care providers to establish quality standards for breast cancer treatment.

Subject to federal approval, the Department shall establish a rate methodology for mammography at federally qualified health centers and other encounter-rate clinics. These clinics or centers may also collaborate with other hospital-based mammography facilities. By January 1, 2016, the Department shall report to the General Assembly on the status of the provision set forth in this paragraph.

The Department shall establish a methodology to remind women who are age-appropriate for screening mammography, but who have not received a mammogram within the previous 18 months, of the importance and benefit of screening mammography. The Department shall work with experts in breast cancer outreach and patient navigation to optimize these reminders and shall establish a methodology for evaluating their effectiveness and modifying the methodology based on the evaluation.

The Department shall establish a performance goal for primary care providers with respect to their female patients over age 40 receiving an annual mammogram. This performance goal shall be used to provide additional reimbursement in the form of a quality performance bonus to primary care providers who meet that goal.

The Department shall devise a means of case-managing or patient navigation for beneficiaries diagnosed with breast cancer. This program shall initially operate as a pilot program in areas of the State with the highest incidence of mortality related to breast cancer. At least one pilot program site shall be in the metropolitan Chicago area and at least one site shall be outside the metropolitan Chicago area. On or after July 1, 2016, the pilot program shall be expanded to include one site in western Illinois, one site in southern Illinois, one site in central Illinois, and 4 sites within metropolitan Chicago. An evaluation of the pilot program shall be carried out measuring health outcomes and cost of care for those served by the pilot program compared to similarly situated patients who are not served by the pilot program.

The Department shall require all networks of care to develop a means either internally or by contract with experts in navigation and community outreach to navigate cancer patients to comprehensive care in a timely fashion. The Department shall require all networks of care to include access for patients diagnosed with cancer to at least one academic commission on cancer-accredited cancer program as an in-network covered benefit.

Any medical or health care provider shall immediately recommend, to any pregnant woman who is being provided prenatal services and is suspected of drug abuse or is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act, referral to a local substance abuse treatment provider licensed by the Department of Human Services or to a licensed hospital which provides substance abuse treatment services. The Department of Healthcare and Family Services shall assure coverage for the cost of treatment of the drug abuse or addiction for pregnant recipients in accordance with the Illinois Medicaid Program in conjunction with the Department of Human Services.

All medical providers providing medical assistance to pregnant women under this Code shall receive information from the Department on the availability of services under the Drug Free Families with a Future

or any comparable program providing case management services for addicted women, including information on appropriate referrals for other social services that may be needed by addicted women in addition to treatment for addiction.

The Illinois Department, in cooperation with the Departments of Human Services (as successor to the Department of Alcoholism and Substance Abuse) and Public Health, through a public awareness campaign, may provide information concerning treatment for alcoholism and drug abuse and addiction, prenatal health care, and other pertinent programs directed at reducing the number of drug-affected infants born to recipients of medical assistance.

Neither the Department of Healthcare and Family Services nor the Department of Human Services shall sanction the recipient solely on the basis of her substance abuse.

The Illinois Department shall establish such regulations governing the dispensing of health services under this Article as it shall deem appropriate. The Department should seek the advice of formal professional advisory committees appointed by the Director of the Illinois Department for the purpose of providing regular advice on policy and administrative matters, information dissemination and educational activities for medical and health care providers, and consistency in procedures to the Illinois Department.

The Illinois Department may develop and contract with Partnerships of medical providers to arrange medical services for persons eligible under Section 5-2 of this Code. Implementation of this Section may be by demonstration projects in certain geographic areas. The Partnership shall be represented by a sponsor organization. The Department, by rule, shall develop qualifications for sponsors of Partnerships. Nothing in this Section shall be construed to require that the sponsor organization be a medical organization.

The sponsor must negotiate formal written contracts with medical providers for physician services, inpatient and outpatient hospital care, home health services, treatment for alcoholism and substance abuse, and other services determined necessary by the Illinois Department by rule for delivery by Partnerships. Physician services must include prenatal and obstetrical care. The Illinois Department shall reimburse medical services delivered by Partnership providers to clients in target areas according to provisions of this Article and the Illinois Health Finance Reform Act, except that:

(1) Physicians participating in a Partnership and providing certain services, which shall be determined by the Illinois Department, to persons in areas covered by the Partnership may receive an additional surcharge for such services.

(2) The Department may elect to consider and negotiate financial incentives to encourage the development of Partnerships and the efficient delivery of medical care.

(3) Persons receiving medical services through Partnerships may receive medical and case management services above the level usually offered through the medical assistance program.

Medical providers shall be required to meet certain qualifications to participate in Partnerships to ensure the delivery of high quality medical services. These qualifications shall be determined by rule of the Illinois Department and may be higher than qualifications for participation in the medical assistance program. Partnership sponsors may prescribe reasonable additional qualifications for participation by medical providers, only with the prior written approval of the Illinois Department.

Nothing in this Section shall limit the free choice of practitioners, hospitals, and other providers of medical services by clients. In order to ensure patient freedom of choice, the Illinois Department shall immediately promulgate all rules and take all other necessary actions so that provided services may be accessed from therapeutically certified optometrists to the full extent of the Illinois Optometric Practice Act of 1987 without discriminating between service providers.

The Department shall apply for a waiver from the United States Health Care Financing Administration to allow for the implementation of Partnerships under this Section.

The Illinois Department shall require health care providers to maintain records that document the medical care and services provided to recipients of Medical Assistance under this Article. Such records must be retained for a period of not less than 6 years from the date of service or as provided by applicable State law, whichever period is longer, except that if an audit is initiated within the required retention period then the records must be retained until the audit is completed and every exception is resolved. The Illinois Department shall require health care providers to make available, when authorized by the patient, in writing, the medical records in a timely fashion to other health care providers who are treating or serving persons eligible for Medical Assistance under this Article. All dispensers of medical services shall be required to maintain and retain business and professional records sufficient to fully and accurately document the nature, scope, details and receipt of the health care provided to persons eligible for medical assistance under this Code, in accordance with regulations promulgated by the Illinois Department. The rules and regulations shall require that proof of the receipt of prescription drugs, dentures, prosthetic devices and eyeglasses by eligible persons under this Section accompany each claim for reimbursement submitted by the dispenser of such medical services. No such claims for reimbursement shall be approved

for payment by the Illinois Department without such proof of receipt, unless the Illinois Department shall have put into effect and shall be operating a system of post-payment audit and review which shall, on a sampling basis, be deemed adequate by the Illinois Department to assure that such drugs, dentures, prosthetic devices and eyeglasses for which payment is being made are actually being received by eligible recipients. Within 90 days after September 16, 1984 (the effective date of Public Act 83-1439), the Illinois Department shall establish a current list of acquisition costs for all prosthetic devices and any other items recognized as medical equipment and supplies reimbursable under this Article and shall update such list on a quarterly basis, except that the acquisition costs of all prescription drugs shall be updated no less frequently than every 30 days as required by Section 5-5.12.

The rules and regulations of the Illinois Department shall require that a written statement including the required opinion of a physician shall accompany any claim for reimbursement for abortions, or induced miscarriages or premature births. This statement shall indicate what procedures were used in providing such medical services.

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after July 22, 2013 (the effective date of Public Act 98-104), establish procedures to permit skilled care facilities licensed under the Nursing Home Care Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall, by July 1, 2016, test the viability of the new system and implement any necessary operational or structural changes to its information technology platforms in order to allow for the direct acceptance and payment of nursing home claims.

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after August 15, 2014 (the effective date of Public Act 98-963), establish procedures to permit ID/DD facilities licensed under the ID/DD Community Care Act and MC/DD facilities licensed under the MC/DD Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall have an additional 365 days to test the viability of the new system and to ensure that any necessary operational or structural changes to its information technology platforms are implemented.

The Illinois Department shall require all dispensers of medical services, other than an individual practitioner or group of practitioners, desiring to participate in the Medical Assistance program established under this Article to disclose all financial, beneficial, ownership, equity, surety or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions or other legal entities providing any form of health care services in this State under this Article.

The Illinois Department may require that all dispensers of medical services desiring to participate in the medical assistance program established under this Article disclose, under such terms and conditions as the Illinois Department may by rule establish, all inquiries from clients and attorneys regarding medical bills paid by the Illinois Department, which inquiries could indicate potential existence of claims or liens for the Illinois Department.

Enrollment of a vendor shall be subject to a provisional period and shall be conditional for one year. During the period of conditional enrollment, the Department may terminate the vendor's eligibility to participate in, or may disenroll the vendor from, the medical assistance program without cause. Unless otherwise specified, such termination of eligibility or disenrollment is not subject to the Department's hearing process. However, a disenrolled vendor may reapply without penalty.

The Department has the discretion to limit the conditional enrollment period for vendors based upon category of risk of the vendor.

Prior to enrollment and during the conditional enrollment period in the medical assistance program, all vendors shall be subject to enhanced oversight, screening, and review based on the risk of fraud, waste, and abuse that is posed by the category of risk of the vendor. The Illinois Department shall establish the procedures for oversight, screening, and review, which may include, but need not be limited to: criminal and financial background checks; fingerprinting; license, certification, and authorization verifications; unscheduled or unannounced site visits; database checks; prepayment audit reviews; audits; payment caps; payment suspensions; and other screening as required by federal or State law.

The Department shall define or specify the following: (i) by provider notice, the "category of risk of the vendor" for each type of vendor, which shall take into account the level of screening applicable to a particular category of vendor under federal law and regulations; (ii) by rule or provider notice, the maximum length of the conditional enrollment period for each category of risk of the vendor; and (iii) by rule, the hearing rights, if any, afforded to a vendor in each category of risk of the vendor that is terminated or disenrolled during the conditional enrollment period.

To be eligible for payment consideration, a vendor's payment claim or bill, either as an initial claim or as a resubmitted claim following prior rejection, must be received by the Illinois Department, or its fiscal intermediary, no later than 180 days after the latest date on the claim on which medical goods or services were provided, with the following exceptions:

(1) In the case of a provider whose enrollment is in process by the Illinois Department, the 180-day period shall not begin until the date on the written notice from the Illinois Department that the provider enrollment is complete.

(2) In the case of errors attributable to the Illinois Department or any of its claims processing intermediaries which result in an inability to receive, process, or adjudicate a claim, the 180-day period shall not begin until the provider has been notified of the error.

(3) In the case of a provider for whom the Illinois Department initiates the monthly billing process.

(4) In the case of a provider operated by a unit of local government with a population exceeding 3,000,000 when local government funds finance federal participation for claims payments.

For claims for services rendered during a period for which a recipient received retroactive eligibility, claims must be filed within 180 days after the Department determines the applicant is eligible. For claims for which the Illinois Department is not the primary payer, claims must be submitted to the Illinois Department within 180 days after the final adjudication by the primary payer.

In the case of long term care facilities, within 5 days of receipt by the facility of required prescreening information, data for new admissions shall be entered into the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System or successor system, and within 15 days of receipt by the facility of required prescreening information, admission documents shall be submitted through MEDI or REV or shall be submitted directly to the Department of Human Services using required admission forms. Effective September 1, 2014, admission documents, including all prescreening information, must be submitted through MEDI or REV. Confirmation numbers assigned to an accepted transaction shall be retained by a facility to verify timely submittal. Once an admission transaction has been completed, all resubmitted claims following prior rejection are subject to receipt no later than 180 days after the admission transaction has been completed.

Claims that are not submitted and received in compliance with the foregoing requirements shall not be eligible for payment under the medical assistance program, and the State shall have no liability for payment of those claims.

To the extent consistent with applicable information and privacy, security, and disclosure laws, State and federal agencies and departments shall provide the Illinois Department access to confidential and other information and data necessary to perform eligibility and payment verifications and other Illinois Department functions. This includes, but is not limited to: information pertaining to licensure; certification; earnings; immigration status; citizenship; wage reporting; unearned and earned income; pension income; employment; supplemental security income; social security numbers; National Provider Identifier (NPI) numbers; the National Practitioner Data Bank (NPDB); program and agency exclusions; taxpayer identification numbers; tax delinquency; corporate information; and death records.

The Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, under which such agencies and departments shall share data necessary for medical assistance program integrity functions and oversight. The Illinois Department shall develop, in cooperation with other State departments and agencies, and in compliance with applicable federal laws and regulations, appropriate and effective methods to share such data. At a minimum, and to the extent necessary to provide data sharing, the Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, including but not limited to: the Secretary of State; the Department of Revenue; the Department of Public Health; the Department of Human Services; and the Department of Financial and Professional Regulation.

Beginning in fiscal year 2013, the Illinois Department shall set forth a request for information to identify the benefits of a pre-payment, post-adjudication, and post-edit claims system with the goals of streamlining claims processing and provider reimbursement, reducing the number of pending or rejected claims, and helping to ensure a more transparent adjudication process through the utilization of: (i) provider data verification and provider screening technology; and (ii) clinical code editing; and (iii) pre-pay, pre- or post-adjudicated predictive modeling with an integrated case management system with link analysis. Such a request for information shall not be considered as a request for proposal or as an obligation on the part of the Illinois Department to take any action or acquire any products or services.

The Illinois Department shall establish policies, procedures, standards and criteria by rule for the acquisition, repair and replacement of orthotic and prosthetic devices and durable medical equipment. Such rules shall provide, but not be limited to, the following services: (1) immediate repair or replacement of such devices by recipients; and (2) rental, lease, purchase or lease-purchase of durable medical equipment in a cost-effective manner, taking into consideration the recipient's medical prognosis, the extent of the recipient's needs, and the requirements and costs for maintaining such equipment. Subject to

prior approval, such rules shall enable a recipient to temporarily acquire and use alternative or substitute devices or equipment pending repairs or replacements of any device or equipment previously authorized for such recipient by the Department. Notwithstanding any provision of Section 5-5f to the contrary, the Department may, by rule, exempt certain replacement wheelchair parts from prior approval and, for wheelchairs, wheelchair parts, wheelchair accessories, and related seating and positioning items, determine the wholesale price by methods other than actual acquisition costs.

The Department shall require, by rule, all providers of durable medical equipment to be accredited by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services and recognized by the Department in order to bill the Department for providing durable medical equipment to recipients. No later than 15 months after the effective date of the rule adopted pursuant to this paragraph, all providers must meet the accreditation requirement.

The Department shall execute, relative to the nursing home prescreening project, written inter-agency agreements with the Department of Human Services and the Department on Aging, to effect the following: (i) intake procedures and common eligibility criteria for those persons who are receiving non-institutional services; and (ii) the establishment and development of non-institutional services in areas of the State where they are not currently available or are undeveloped; and (iii) notwithstanding any other provision of law, subject to federal approval, on and after July 1, 2012, an increase in the determination of need (DON) scores from 29 to 37 for applicants for institutional and home and community-based long term care; if and only if federal approval is not granted, the Department may, in conjunction with other affected agencies, implement utilization controls or changes in benefit packages to effectuate a similar savings amount for this population; and (iv) no later than July 1, 2013, minimum level of care eligibility criteria for institutional and home and community-based long term care; and (v) no later than October 1, 2013, establish procedures to permit long term care providers access to eligibility scores for individuals with an admission date who are seeking or receiving services from the long term care provider. In order to select the minimum level of care eligibility criteria, the Governor shall establish a workgroup that includes affected agency representatives and stakeholders representing the institutional and home and community-based long term care interests. This Section shall not restrict the Department from implementing lower level of care eligibility criteria for community-based services in circumstances where federal approval has been granted.

The Illinois Department shall develop and operate, in cooperation with other State Departments and agencies and in compliance with applicable federal laws and regulations, appropriate and effective systems of health care evaluation and programs for monitoring of utilization of health care services and facilities, as it affects persons eligible for medical assistance under this Code.

The Illinois Department shall report annually to the General Assembly, no later than the second Friday in April of 1979 and each year thereafter, in regard to:

- (a) actual statistics and trends in utilization of medical services by public aid recipients;
- (b) actual statistics and trends in the provision of the various medical services by medical vendors;
- (c) current rate structures and proposed changes in those rate structures for the various medical vendors; and
- (d) efforts at utilization review and control by the Illinois Department.

The period covered by each report shall be the 3 years ending on the June 30 prior to the report. The report shall include suggested legislation for consideration by the General Assembly. The filing of one copy of the report with the Speaker, one copy with the Minority Leader and one copy with the Clerk of the House of Representatives, one copy with the President, one copy with the Minority Leader and one copy with the Secretary of the Senate, one copy with the Legislative Research Unit, and such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act shall be deemed sufficient to comply with this Section.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e.

Because kidney transplantation can be an appropriate, cost effective alternative to renal dialysis when medically necessary and notwithstanding the provisions of Section 1-11 of this Code, beginning October

1, 2014, the Department shall cover kidney transplantation for noncitizens with end-stage renal disease who are not eligible for comprehensive medical benefits, who meet the residency requirements of Section 5-3 of this Code, and who would otherwise meet the financial requirements of the appropriate class of eligible persons under Section 5-2 of this Code. To qualify for coverage of kidney transplantation, such person must be receiving emergency renal dialysis services covered by the Department. Providers under this Section shall be prior approved and certified by the Department to perform kidney transplantation and the services under this Section shall be limited to services associated with kidney transplantation.

Notwithstanding any other provision of this Code to the contrary, on or after July 1, 2015, all FDA approved forms of medication assisted treatment prescribed for the treatment of alcohol dependence or treatment of opioid dependence shall be covered under both fee for service and managed care medical assistance programs for persons who are otherwise eligible for medical assistance under this Article and shall not be subject to any (1) utilization control, other than those established under the American Society of Addiction Medicine patient placement criteria, (2) prior authorization mandate, or (3) lifetime restriction limit mandate.

On or after July 1, 2015, opioid antagonists prescribed for the treatment of an opioid overdose, including the medication product, administration devices, and any pharmacy fees related to the dispensing and administration of the opioid antagonist, shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article. As used in this Section, "opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

Upon federal approval, the Department shall provide coverage and reimbursement for all drugs that are approved for marketing by the federal Food and Drug Administration and that are recommended by the federal Public Health Service or the United States Centers for Disease Control and Prevention for pre-exposure prophylaxis and related pre-exposure prophylaxis services, including, but not limited to, HIV and sexually transmitted infection screening, treatment for sexually transmitted infections, medical monitoring, assorted labs, and counseling to reduce the likelihood of HIV infection among individuals who are not infected with HIV but who are at high risk of HIV infection.

(Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756, eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15; 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section 20 of P.A. 99-588 for the effective date of P.A. 99-407); 99-433, eff. 8-21-15; 99-480, eff. 9-9-15; 99-588, eff. 7-20-16; 99-642, eff. 7-28-16; 99-772, eff. 1-1-17; 99-895, eff. 1-1-17; revised 9-20-16.)

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

#### **AMENDMENT NO. 2 TO SENATE BILL 622**

AMENDMENT NO. 2. Amend Senate Bill 622 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by changing Section 5-5 as follows:

(305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

Sec. 5-5. Medical services. The Illinois Department, by rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient hospital services; (2) outpatient hospital services; (3) other laboratory and X-ray services; (4) skilled nursing home services; (5) physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial care furnished by licensed practitioners; (7) home health care services; (8) private duty nursing service; (9) clinic services; (10) dental services, including prevention and treatment of periodontal disease and dental caries disease for pregnant women, provided by an individual licensed to practice dentistry or dental surgery; for purposes of this item (10), "dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his or her profession; (11) physical therapy and related services; (12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select; (13) other diagnostic, screening, preventive, and rehabilitative services, including to ensure that the individual's need for intervention or treatment of mental disorders or substance use disorders or co-occurring mental health and substance use disorders is determined using a uniform screening, assessment, and evaluation process inclusive of criteria, for children and adults; for purposes of this item (13), a uniform screening,

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assessment, and evaluation process refers to a process that includes an appropriate evaluation and, as warranted, a referral; "uniform" does not mean the use of a singular instrument, tool, or process that all must utilize; (14) transportation and such other expenses as may be necessary; (15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, including examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State, but not including abortions, or induced miscarriages or premature births, unless, in the opinion of a physician, such procedures are necessary for the preservation of the life of the woman seeking such treatment, or except an induced premature birth intended to produce a live viable child and such procedure is necessary for the health of the mother or her unborn child. The Illinois Department, by rule, shall prohibit any physician from providing medical assistance to anyone eligible therefor under this Code where such physician has been found guilty of performing an abortion procedure in a wilful and wanton manner upon a woman who was not pregnant at the time such abortion procedure was performed. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

Notwithstanding any other provision of this Section, a comprehensive tobacco use cessation program that includes purchasing prescription drugs or prescription medical devices approved by the Food and Drug Administration shall be covered under the medical assistance program under this Article for persons who are otherwise eligible for assistance under this Article.

Notwithstanding any other provision of this Code, the Illinois Department may not require, as a condition of payment for any laboratory test authorized under this Article, that a physician's handwritten signature appear on the laboratory test order form. The Illinois Department may, however, impose other appropriate requirements regarding laboratory test order documentation.

Upon receipt of federal approval of an amendment to the Illinois Title XIX State Plan for this purpose, the Department shall authorize the Chicago Public Schools (CPS) to procure a vendor or vendors to manufacture eyeglasses for individuals enrolled in a school within the CPS system. CPS shall ensure that its vendor or vendors are enrolled as providers in the medical assistance program and in any capitated Medicaid managed care entity (MCE) serving individuals enrolled in a school within the CPS system. Under any contract procured under this provision, the vendor or vendors must serve only individuals enrolled in a school within the CPS system. Claims for services provided by CPS's vendor or vendors to recipients of benefits in the medical assistance program under this Code, the Children's Health Insurance Program, or the Covering ALL KIDS Health Insurance Program shall be submitted to the Department or the MCE in which the individual is enrolled for payment and shall be reimbursed at the Department's or the MCE's established rates or rate methodologies for eyeglasses.

On and after July 1, 2012, the Department of Healthcare and Family Services may provide the following services to persons eligible for assistance under this Article who are participating in education, training or employment programs operated by the Department of Human Services as successor to the Department of Public Aid:

- (1) dental services provided by or under the supervision of a dentist; and
- (2) eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select.

On and after July 1, 2017, the Department of Healthcare and Family Services shall provide dental services to any adult who is otherwise eligible for assistance under the medical assistance program. As used in this paragraph, "dental services" means diagnostic, preventative, restorative, or corrective procedures, including procedures and services for the prevention and treatment of periodontal disease and dental caries disease, provided by an individual who is licensed to practice dentistry or dental surgery or who is under the supervision of a dentist in the practice of his or her profession.

On and after July 1, 2017, targeted dental services, as set forth in Exhibit D of the Consent Decree entered by the United States District Court for the Northern District of Illinois, Eastern Division, in the matter of Memisovski v. Maram, Case No. 92 C 1982, that are provided to adults under the medical assistance program shall be reimbursed at the rates set forth in the "New Rate" column in Exhibit D of the Consent Decree for targeted dental services that are provided to persons under the age of 18 under the medical assistance program.

Notwithstanding any other provision of this Code and subject to federal approval, the Department may adopt rules to allow a dentist who is volunteering his or her service at no cost to render dental services through an enrolled not-for-profit health clinic without the dentist personally enrolling as a participating provider in the medical assistance program. A not-for-profit health clinic shall include a public health

clinic or Federally Qualified Health Center or other enrolled provider, as determined by the Department, through which dental services covered under this Section are performed. The Department shall establish a process for payment of claims for reimbursement for covered dental services rendered under this provision.

The Illinois Department, by rule, may distinguish and classify the medical services to be provided only in accordance with the classes of persons designated in Section 5-2.

The Department of Healthcare and Family Services must provide coverage and reimbursement for amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic disorders and (ii) short bowel syndrome when the prescribing physician has issued a written order stating that the amino acid-based elemental formula is medically necessary.

The Illinois Department shall authorize the provision of, and shall authorize payment for, screening by low-dose mammography for the presence of occult breast cancer for women 35 years of age or older who are eligible for medical assistance under this Article, as follows:

(A) A baseline mammogram for women 35 to 39 years of age.

(B) An annual mammogram for women 40 years of age or older.

(C) A mammogram at the age and intervals considered medically necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors.

(D) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue, when medically necessary as determined by a physician licensed to practice medicine in all of its branches.

(E) A screening MRI when medically necessary, as determined by a physician licensed to practice medicine in all of its branches.

All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool. For purposes of this Section, "low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography and includes breast tomosynthesis. As used in this Section, the term "breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. If, at any time, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register or publishes a comment in the Federal Register or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Public Law 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of any coverage for breast tomosynthesis outlined in this paragraph, then the requirement that an insurer cover breast tomosynthesis is inoperative other than any such coverage authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of coverage for breast tomosynthesis set forth in this paragraph.

On and after January 1, 2016, the Department shall ensure that all networks of care for adult clients of the Department include access to at least one breast imaging Center of Imaging Excellence as certified by the American College of Radiology.

On and after January 1, 2012, providers participating in a quality improvement program approved by the Department shall be reimbursed for screening and diagnostic mammography at the same rate as the Medicare program's rates, including the increased reimbursement for digital mammography.

The Department shall convene an expert panel including representatives of hospitals, free-standing mammography facilities, and doctors, including radiologists, to establish quality standards for mammography.

On and after January 1, 2017, providers participating in a breast cancer treatment quality improvement program approved by the Department shall be reimbursed for breast cancer treatment at a rate that is no lower than 95% of the Medicare program's rates for the data elements included in the breast cancer treatment quality program.

The Department shall convene an expert panel, including representatives of hospitals, free standing breast cancer treatment centers, breast cancer quality organizations, and doctors, including breast surgeons, reconstructive breast surgeons, oncologists, and primary care providers to establish quality standards for breast cancer treatment.

Subject to federal approval, the Department shall establish a rate methodology for mammography at federally qualified health centers and other encounter-rate clinics. These clinics or centers may also

collaborate with other hospital-based mammography facilities. By January 1, 2016, the Department shall report to the General Assembly on the status of the provision set forth in this paragraph.

The Department shall establish a methodology to remind women who are age-appropriate for screening mammography, but who have not received a mammogram within the previous 18 months, of the importance and benefit of screening mammography. The Department shall work with experts in breast cancer outreach and patient navigation to optimize these reminders and shall establish a methodology for evaluating their effectiveness and modifying the methodology based on the evaluation.

The Department shall establish a performance goal for primary care providers with respect to their female patients over age 40 receiving an annual mammogram. This performance goal shall be used to provide additional reimbursement in the form of a quality performance bonus to primary care providers who meet that goal.

The Department shall devise a means of case-managing or patient navigation for beneficiaries diagnosed with breast cancer. This program shall initially operate as a pilot program in areas of the State with the highest incidence of mortality related to breast cancer. At least one pilot program site shall be in the metropolitan Chicago area and at least one site shall be outside the metropolitan Chicago area. On or after July 1, 2016, the pilot program shall be expanded to include one site in western Illinois, one site in southern Illinois, one site in central Illinois, and 4 sites within metropolitan Chicago. An evaluation of the pilot program shall be carried out measuring health outcomes and cost of care for those served by the pilot program compared to similarly situated patients who are not served by the pilot program.

The Department shall require all networks of care to develop a means either internally or by contract with experts in navigation and community outreach to navigate cancer patients to comprehensive care in a timely fashion. The Department shall require all networks of care to include access for patients diagnosed with cancer to at least one academic commission on cancer-accredited cancer program as an in-network covered benefit.

Any medical or health care provider shall immediately recommend, to any pregnant woman who is being provided prenatal services and is suspected of drug abuse or is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act, referral to a local substance abuse treatment provider licensed by the Department of Human Services or to a licensed hospital which provides substance abuse treatment services. The Department of Healthcare and Family Services shall assure coverage for the cost of treatment of the drug abuse or addiction for pregnant recipients in accordance with the Illinois Medicaid Program in conjunction with the Department of Human Services.

All medical providers providing medical assistance to pregnant women under this Code shall receive information from the Department on the availability of services under the Drug Free Families with a Future or any comparable program providing case management services for addicted women, including information on appropriate referrals for other social services that may be needed by addicted women in addition to treatment for addiction.

The Illinois Department, in cooperation with the Departments of Human Services (as successor to the Department of Alcoholism and Substance Abuse) and Public Health, through a public awareness campaign, may provide information concerning treatment for alcoholism and drug abuse and addiction, prenatal health care, and other pertinent programs directed at reducing the number of drug-affected infants born to recipients of medical assistance.

Neither the Department of Healthcare and Family Services nor the Department of Human Services shall sanction the recipient solely on the basis of her substance abuse.

The Illinois Department shall establish such regulations governing the dispensing of health services under this Article as it shall deem appropriate. The Department should seek the advice of formal professional advisory committees appointed by the Director of the Illinois Department for the purpose of providing regular advice on policy and administrative matters, information dissemination and educational activities for medical and health care providers, and consistency in procedures to the Illinois Department.

The Illinois Department may develop and contract with Partnerships of medical providers to arrange medical services for persons eligible under Section 5-2 of this Code. Implementation of this Section may be by demonstration projects in certain geographic areas. The Partnership shall be represented by a sponsor organization. The Department, by rule, shall develop qualifications for sponsors of Partnerships. Nothing in this Section shall be construed to require that the sponsor organization be a medical organization.

The sponsor must negotiate formal written contracts with medical providers for physician services, inpatient and outpatient hospital care, home health services, treatment for alcoholism and substance abuse, and other services determined necessary by the Illinois Department by rule for delivery by Partnerships. Physician services must include prenatal and obstetrical care. The Illinois Department shall reimburse medical services delivered by Partnership providers to clients in target areas according to provisions of this Article and the Illinois Health Finance Reform Act, except that:

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(1) Physicians participating in a Partnership and providing certain services, which shall be determined by the Illinois Department, to persons in areas covered by the Partnership may receive an additional surcharge for such services.

(2) The Department may elect to consider and negotiate financial incentives to encourage the development of Partnerships and the efficient delivery of medical care.

(3) Persons receiving medical services through Partnerships may receive medical and case management services above the level usually offered through the medical assistance program.

Medical providers shall be required to meet certain qualifications to participate in Partnerships to ensure the delivery of high quality medical services. These qualifications shall be determined by rule of the Illinois Department and may be higher than qualifications for participation in the medical assistance program. Partnership sponsors may prescribe reasonable additional qualifications for participation by medical providers, only with the prior written approval of the Illinois Department.

Nothing in this Section shall limit the free choice of practitioners, hospitals, and other providers of medical services by clients. In order to ensure patient freedom of choice, the Illinois Department shall immediately promulgate all rules and take all other necessary actions so that provided services may be accessed from therapeutically certified optometrists to the full extent of the Illinois Optometric Practice Act of 1987 without discriminating between service providers.

The Department shall apply for a waiver from the United States Health Care Financing Administration to allow for the implementation of Partnerships under this Section.

The Illinois Department shall require health care providers to maintain records that document the medical care and services provided to recipients of Medical Assistance under this Article. Such records must be retained for a period of not less than 6 years from the date of service or as provided by applicable State law, whichever period is longer, except that if an audit is initiated within the required retention period then the records must be retained until the audit is completed and every exception is resolved. The Illinois Department shall require health care providers to make available, when authorized by the patient, in writing, the medical records in a timely fashion to other health care providers who are treating or serving persons eligible for Medical Assistance under this Article. All dispensers of medical services shall be required to maintain and retain business and professional records sufficient to fully and accurately document the nature, scope, details and receipt of the health care provided to persons eligible for medical assistance under this Code, in accordance with regulations promulgated by the Illinois Department. The rules and regulations shall require that proof of the receipt of prescription drugs, dentures, prosthetic devices and eyeglasses by eligible persons under this Section accompany each claim for reimbursement submitted by the dispenser of such medical services. No such claims for reimbursement shall be approved for payment by the Illinois Department without such proof of receipt, unless the Illinois Department shall have put into effect and shall be operating a system of post-payment audit and review which shall, on a sampling basis, be deemed adequate by the Illinois Department to assure that such drugs, dentures, prosthetic devices and eyeglasses for which payment is being made are actually being received by eligible recipients. Within 90 days after September 16, 1984 (the effective date of Public Act 83-1439), the Illinois Department shall establish a current list of acquisition costs for all prosthetic devices and any other items recognized as medical equipment and supplies reimbursable under this Article and shall update such list on a quarterly basis, except that the acquisition costs of all prescription drugs shall be updated no less frequently than every 30 days as required by Section 5-5.12.

The rules and regulations of the Illinois Department shall require that a written statement including the required opinion of a physician shall accompany any claim for reimbursement for abortions, or induced miscarriages or premature births. This statement shall indicate what procedures were used in providing such medical services.

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after July 22, 2013 (the effective date of Public Act 98-104), establish procedures to permit skilled care facilities licensed under the Nursing Home Care Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall, by July 1, 2016, test the viability of the new system and implement any necessary operational or structural changes to its information technology platforms in order to allow for the direct acceptance and payment of nursing home claims.

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after August 15, 2014 (the effective date of Public Act 98-963), establish procedures to permit ID/DD facilities licensed under the ID/DD Community Care Act and MC/DD facilities licensed under the MC/DD Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall have an additional 365 days to test the viability of the new system and to ensure that any necessary operational or structural changes to its information technology platforms are implemented.

The Illinois Department shall require all dispensers of medical services, other than an individual practitioner or group of practitioners, desiring to participate in the Medical Assistance program established under this Article to disclose all financial, beneficial, ownership, equity, surety or other interests in any and all firms, corporations, partnerships, associations, business enterprises, joint ventures, agencies, institutions or other legal entities providing any form of health care services in this State under this Article.

The Illinois Department may require that all dispensers of medical services desiring to participate in the medical assistance program established under this Article disclose, under such terms and conditions as the Illinois Department may by rule establish, all inquiries from clients and attorneys regarding medical bills paid by the Illinois Department, which inquiries could indicate potential existence of claims or liens for the Illinois Department.

Enrollment of a vendor shall be subject to a provisional period and shall be conditional for one year. During the period of conditional enrollment, the Department may terminate the vendor's eligibility to participate in, or may disenroll the vendor from, the medical assistance program without cause. Unless otherwise specified, such termination of eligibility or disenrollment is not subject to the Department's hearing process. However, a disenrolled vendor may reapply without penalty.

The Department has the discretion to limit the conditional enrollment period for vendors based upon category of risk of the vendor.

Prior to enrollment and during the conditional enrollment period in the medical assistance program, all vendors shall be subject to enhanced oversight, screening, and review based on the risk of fraud, waste, and abuse that is posed by the category of risk of the vendor. The Illinois Department shall establish the procedures for oversight, screening, and review, which may include, but need not be limited to: criminal and financial background checks; fingerprinting; license, certification, and authorization verifications; unscheduled or unannounced site visits; database checks; prepayment audit reviews; audits; payment caps; payment suspensions; and other screening as required by federal or State law.

The Department shall define or specify the following: (i) by provider notice, the "category of risk of the vendor" for each type of vendor, which shall take into account the level of screening applicable to a particular category of vendor under federal law and regulations; (ii) by rule or provider notice, the maximum length of the conditional enrollment period for each category of risk of the vendor; and (iii) by rule, the hearing rights, if any, afforded to a vendor in each category of risk of the vendor that is terminated or disenrolled during the conditional enrollment period.

To be eligible for payment consideration, a vendor's payment claim or bill, either as an initial claim or as a resubmitted claim following prior rejection, must be received by the Illinois Department, or its fiscal intermediary, no later than 180 days after the latest date on the claim on which medical goods or services were provided, with the following exceptions:

- (1) In the case of a provider whose enrollment is in process by the Illinois Department, the 180-day period shall not begin until the date on the written notice from the Illinois Department that the provider enrollment is complete.
- (2) In the case of errors attributable to the Illinois Department or any of its claims processing intermediaries which result in an inability to receive, process, or adjudicate a claim, the 180-day period shall not begin until the provider has been notified of the error.
- (3) In the case of a provider for whom the Illinois Department initiates the monthly billing process.
- (4) In the case of a provider operated by a unit of local government with a population exceeding 3,000,000 when local government funds finance federal participation for claims payments.

For claims for services rendered during a period for which a recipient received retroactive eligibility, claims must be filed within 180 days after the Department determines the applicant is eligible. For claims for which the Illinois Department is not the primary payer, claims must be submitted to the Illinois Department within 180 days after the final adjudication by the primary payer.

In the case of long term care facilities, within 5 days of receipt by the facility of required prescreening information, data for new admissions shall be entered into the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System or successor system, and within 15 days of receipt by the facility of required prescreening information, admission documents shall be submitted through MEDI or REV or shall be submitted directly to the Department of Human Services using required admission forms. Effective September 1, 2014, admission documents, including all prescreening information, must be submitted through MEDI or REV. Confirmation numbers assigned to an accepted transaction shall be retained by a facility to verify timely submittal. Once an admission transaction has been completed, all resubmitted claims following prior rejection are subject to receipt no later than 180 days after the admission transaction has been completed.

Claims that are not submitted and received in compliance with the foregoing requirements shall not be eligible for payment under the medical assistance program, and the State shall have no liability for payment of those claims.

To the extent consistent with applicable information and privacy, security, and disclosure laws, State and federal agencies and departments shall provide the Illinois Department access to confidential and other information and data necessary to perform eligibility and payment verifications and other Illinois Department functions. This includes, but is not limited to: information pertaining to licensure; certification; earnings; immigration status; citizenship; wage reporting; unearned and earned income; pension income; employment; supplemental security income; social security numbers; National Provider Identifier (NPI) numbers; the National Practitioner Data Bank (NPDB); program and agency exclusions; taxpayer identification numbers; tax delinquency; corporate information; and death records.

The Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, under which such agencies and departments shall share data necessary for medical assistance program integrity functions and oversight. The Illinois Department shall develop, in cooperation with other State departments and agencies, and in compliance with applicable federal laws and regulations, appropriate and effective methods to share such data. At a minimum, and to the extent necessary to provide data sharing, the Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, including but not limited to: the Secretary of State; the Department of Revenue; the Department of Public Health; the Department of Human Services; and the Department of Financial and Professional Regulation.

Beginning in fiscal year 2013, the Illinois Department shall set forth a request for information to identify the benefits of a pre-payment, post-adjudication, and post-edit claims system with the goals of streamlining claims processing and provider reimbursement, reducing the number of pending or rejected claims, and helping to ensure a more transparent adjudication process through the utilization of: (i) provider data verification and provider screening technology; and (ii) clinical code editing; and (iii) pre-pay, pre- or post-adjudicated predictive modeling with an integrated case management system with link analysis. Such a request for information shall not be considered as a request for proposal or as an obligation on the part of the Illinois Department to take any action or acquire any products or services.

The Illinois Department shall establish policies, procedures, standards and criteria by rule for the acquisition, repair and replacement of orthotic and prosthetic devices and durable medical equipment. Such rules shall provide, but not be limited to, the following services: (1) immediate repair or replacement of such devices by recipients; and (2) rental, lease, purchase or lease-purchase of durable medical equipment in a cost-effective manner, taking into consideration the recipient's medical prognosis, the extent of the recipient's needs, and the requirements and costs for maintaining such equipment. Subject to prior approval, such rules shall enable a recipient to temporarily acquire and use alternative or substitute devices or equipment pending repairs or replacements of any device or equipment previously authorized for such recipient by the Department. Notwithstanding any provision of Section 5-5f to the contrary, the Department may, by rule, exempt certain replacement wheelchair parts from prior approval and, for wheelchairs, wheelchair parts, wheelchair accessories, and related seating and positioning items, determine the wholesale price by methods other than actual acquisition costs.

The Department shall require, by rule, all providers of durable medical equipment to be accredited by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services and recognized by the Department in order to bill the Department for providing durable medical equipment to recipients. No later than 15 months after the effective date of the rule adopted pursuant to this paragraph, all providers must meet the accreditation requirement.

The Department shall execute, relative to the nursing home prescreening project, written inter-agency agreements with the Department of Human Services and the Department on Aging, to effect the following: (i) intake procedures and common eligibility criteria for those persons who are receiving non-institutional services; and (ii) the establishment and development of non-institutional services in areas of the State where they are not currently available or are undeveloped; and (iii) notwithstanding any other provision of law, subject to federal approval, on and after July 1, 2012, an increase in the determination of need (DON) scores from 29 to 37 for applicants for institutional and home and community-based long term care; if and only if federal approval is not granted, the Department may, in conjunction with other affected agencies, implement utilization controls or changes in benefit packages to effectuate a similar savings amount for this population; and (iv) no later than July 1, 2013, minimum level of care eligibility criteria for institutional and home and community-based long term care; and (v) no later than October 1, 2013, establish procedures to permit long term care providers access to eligibility scores for individuals with an admission date who are seeking or receiving services from the long term care provider. In order to select

the minimum level of care eligibility criteria, the Governor shall establish a workgroup that includes affected agency representatives and stakeholders representing the institutional and home and community-based long term care interests. This Section shall not restrict the Department from implementing lower level of care eligibility criteria for community-based services in circumstances where federal approval has been granted.

The Illinois Department shall develop and operate, in cooperation with other State Departments and agencies and in compliance with applicable federal laws and regulations, appropriate and effective systems of health care evaluation and programs for monitoring of utilization of health care services and facilities, as it affects persons eligible for medical assistance under this Code.

The Illinois Department shall report annually to the General Assembly, no later than the second Friday in April of 1979 and each year thereafter, in regard to:

- (a) actual statistics and trends in utilization of medical services by public aid recipients;
- (b) actual statistics and trends in the provision of the various medical services by medical vendors;
- (c) current rate structures and proposed changes in those rate structures for the various medical vendors; and
- (d) efforts at utilization review and control by the Illinois Department.

The period covered by each report shall be the 3 years ending on the June 30 prior to the report. The report shall include suggested legislation for consideration by the General Assembly. The filing of one copy of the report with the Speaker, one copy with the Minority Leader and one copy with the Clerk of the House of Representatives, one copy with the President, one copy with the Minority Leader and one copy with the Secretary of the Senate, one copy with the Legislative Research Unit, and such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act shall be deemed sufficient to comply with this Section.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e.

Because kidney transplantation can be an appropriate, cost effective alternative to renal dialysis when medically necessary and notwithstanding the provisions of Section 1-11 of this Code, beginning October 1, 2014, the Department shall cover kidney transplantation for noncitizens with end-stage renal disease who are not eligible for comprehensive medical benefits, who meet the residency requirements of Section 5-3 of this Code, and who would otherwise meet the financial requirements of the appropriate class of eligible persons under Section 5-2 of this Code. To qualify for coverage of kidney transplantation, such person must be receiving emergency renal dialysis services covered by the Department. Providers under this Section shall be prior approved and certified by the Department to perform kidney transplantation and the services under this Section shall be limited to services associated with kidney transplantation.

Notwithstanding any other provision of this Code to the contrary, on or after July 1, 2015, all FDA approved forms of medication assisted treatment prescribed for the treatment of alcohol dependence or treatment of opioid dependence shall be covered under both fee for service and managed care medical assistance programs for persons who are otherwise eligible for medical assistance under this Article and shall not be subject to any (1) utilization control, other than those established under the American Society of Addiction Medicine patient placement criteria, (2) prior authorization mandate, or (3) lifetime restriction limit mandate.

On or after July 1, 2015, opioid antagonists prescribed for the treatment of an opioid overdose, including the medication product, administration devices, and any pharmacy fees related to the dispensing and administration of the opioid antagonist, shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article. As used in this Section, "opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

Upon federal approval, the Department shall provide coverage and reimbursement for all drugs that are approved for marketing by the federal Food and Drug Administration and that are recommended by the federal Public Health Service or the United States Centers for Disease Control and Prevention for pre-

exposure prophylaxis and related pre-exposure prophylaxis services, including, but not limited to, HIV and sexually transmitted infection screening, treatment for sexually transmitted infections, medical monitoring, assorted labs, and counseling to reduce the likelihood of HIV infection among individuals who are not infected with HIV but who are at high risk of HIV infection.

(Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756, eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15; 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section 20 of P.A. 99-588 for the effective date of P.A. 99-407); 99-433, eff. 8-21-15; 99-480, eff. 9-9-15; 99-588, eff. 7-20-16; 99-642, eff. 7-28-16; 99-772, eff. 1-1-17; 99-895, eff. 1-1-17; revised 9-20-16.)

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

Floor Amendment No. 3 was postponed in the Special Committee on Oversight of Medicaid Managed Care.

There being no further amendments, the foregoing Amendments Numbered 1 and 2 were ordered engrossed, and the bill, as amended, was ordered to a third reading.

### **READING BILL FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME**

On motion of Senator Hunter, **House Bill No. 3164** was taken up, read by title a second time and ordered to a third reading.

### **READING BILLS FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME**

On motion of Senator Barickman, **House Bill No. 1772** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cullerton, T.	McCann	Righter
Anderson	Cunningham	McCarter	Rooney
Aquino	Fowler	McConchie	Sandoval
Barickman	Harmon	McConnaughay	Schimpf
Bennett	Harris	McGuire	Stadelman
Bertino-Tarrant	Hastings	Morrison	Steans
Biss	Holmes	Mulroe	Syverson
Bivins	Hunter	Muñoz	Tracy
Brady	Hutchinson	Murphy	Trotter
Bush	Jones, E.	Nybo	Van Pelt
Castro	Lightford	Oberweis	Weaver
Clayborne	Link	Radogno	Mr. President
Collins	Manar	Raoul	
Connelly	Martinez	Rezin	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Morrison, **House Bill No. 1791** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

[May 15, 2017]



And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 53; NAYS None.

The following voted in the affirmative:

Anderson	Cunningham	McCarter	Rooney
Aquino	Fowler	McConchie	Sandoval
Barickman	Harmon	McConnaughay	Schimpf
Bennett	Harris	McGuire	Stadelman
Bertino-Tarrant	Hastings	Morrison	Steans
Biss	Holmes	Mulroe	Syverson
Bivins	Hunter	Muñoz	Tracy
Brady	Hutchinson	Murphy	Trotter
Bush	Jones, E.	Nybo	Van Pelt
Castro	Lightford	Oberweis	Weaver
Clayborne	Link	Radogno	Mr. President
Collins	Manar	Raoul	
Connelly	Martinez	Rezin	
Cullerton, T.	McCann	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Althoff, **House Bill No. 1800** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 53; NAYS None.

The following voted in the affirmative:

Althoff	Cullerton, T.	McCann	Righter
Anderson	Cunningham	McCarter	Rooney
Aquino	Fowler	McConchie	Sandoval
Barickman	Harmon	McConnaughay	Schimpf
Bennett	Harris	McGuire	Stadelman
Bertino-Tarrant	Hastings	Morrison	Steans
Biss	Holmes	Mulroe	Syverson
Bivins	Hunter	Muñoz	Tracy
Brady	Hutchinson	Murphy	Trotter
Bush	Jones, E.	Nybo	Van Pelt
Castro	Lightford	Oberweis	Mr. President
Clayborne	Link	Radogno	
Collins	Manar	Raoul	
Connelly	Martinez	Rezin	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Hunter, **House Bill No. 1805** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 53; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	McCarter	Rooney
Anderson	Fowler	McConchie	Rose
Aquino	Harmon	McConnaughay	Sandoval
Barickman	Harris	McGuire	Schimpf
Bennett	Hastings	Morrison	Stadelman
Bertino-Tarrant	Holmes	Mulroe	Steans
Biss	Hunter	Muñoz	Syverson
Brady	Hutchinson	Murphy	Tracy
Bush	Jones, E.	Nybo	Trotter
Castro	Lightford	Oberweis	Van Pelt
Clayborne	Link	Radogno	Mr. President
Collins	Manar	Raoul	
Connelly	Martinez	Rezin	
Cullerton, T.	McCann	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).  
Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator T. Cullerton, **House Bill No. 1808** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 55; NAYS None.

The following voted in the affirmative:

Althoff	Cullerton, T.	McCann	Righter
Anderson	Cunningham	McCarter	Rooney
Aquino	Fowler	McConchie	Rose
Barickman	Harmon	McConnaughay	Sandoval
Bennett	Harris	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Stadelman
Biss	Holmes	Mulroe	Steans
Bivins	Hunter	Muñoz	Syverson
Brady	Hutchinson	Murphy	Tracy
Bush	Jones, E.	Nybo	Trotter
Castro	Lightford	Oberweis	Van Pelt
Clayborne	Link	Radogno	Weaver
Collins	Manar	Raoul	Mr. President
Connelly	Martinez	Rezin	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).  
Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Barickman, **House Bill No. 1809** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

[May 15, 2017]

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 55; NAYS None.

The following voted in the affirmative:

Althoff	Cullerton, T.	McCann	Righter
Anderson	Cunningham	McCarter	Rooney
Aquino	Fowler	McConchie	Rose
Barickman	Harmon	McConnaughay	Sandoval
Bennett	Harris	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Stadelman
Biss	Holmes	Mulroe	Steans
Bivins	Hunter	Muñoz	Syverson
Brady	Hutchinson	Murphy	Tracy
Bush	Jones, E.	Nybo	Trotter
Castro	Lightford	Oberweis	Van Pelt
Clayborne	Link	Radogno	Weaver
Collins	Manar	Raoul	Mr. President
Connelly	Martinez	Rezin	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Morrison, **House Bill No. 1813** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 53; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	McConchie	Rose
Anderson	Fowler	McConnaughay	Sandoval
Aquino	Harmon	McGuire	Schimpf
Barickman	Harris	Morrison	Stadelman
Bennett	Hastings	Mulroe	Steans
Bertino-Tarrant	Holmes	Muñoz	Syverson
Biss	Hunter	Murphy	Tracy
Brady	Hutchinson	Nybo	Trotter
Bush	Jones, E.	Oberweis	Van Pelt
Castro	Lightford	Radogno	Weaver
Clayborne	Link	Raoul	Mr. President
Collins	Manar	Rezin	
Connelly	Martinez	Righter	
Cullerton, T.	McCann	Rooney	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Muñoz, **House Bill No. 1849** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cullerton, T.	McCann	Rooney
Anderson	Cunningham	McCarter	Rose
Aquino	Fowler	McConchie	Sandoval
Barickman	Harmon	McConnaughay	Schimpf
Bennett	Harris	McGuire	Stadelman
Bertino-Tarrant	Hastings	Mulroe	Steans
Biss	Holmes	Muñoz	Syverson
Bivins	Hunter	Murphy	Tracy
Brady	Hutchinson	Nybo	Trotter
Bush	Jones, E.	Oberweis	Van Pelt
Castro	Lightford	Radogno	Weaver
Clayborne	Link	Raoul	Mr. President
Collins	Manar	Rezin	
Connelly	Martinez	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Hunter, **House Bill No. 2371** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	McCarter	Rooney
Anderson	Fowler	McConchie	Rose
Aquino	Harmon	McConnaughay	Sandoval
Barickman	Harris	McGuire	Schimpf
Bennett	Hastings	Morrison	Stadelman
Bertino-Tarrant	Holmes	Mulroe	Steans
Biss	Hunter	Muñoz	Syverson
Bivins	Hutchinson	Murphy	Tracy
Brady	Jones, E.	Nybo	Trotter
Bush	Lightford	Oberweis	Van Pelt
Castro	Link	Radogno	Weaver
Clayborne	Manar	Raoul	Mr. President
Collins	Martinez	Rezin	
Connelly	McCann	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

#### LEGISLATIVE MEASURES FILED

[May 15, 2017]

The following Floor amendment to the House Bill listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to House Bill 3741

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

Amendment No. 1 to Senate Bill 20  
 Amendment No. 2 to Senate Bill 569  
 Amendment No. 4 to Senate Bill 888  
 Amendment No. 1 to Senate Bill 1018  
 Amendment No. 2 to Senate Bill 1073  
 Amendment No. 3 to Senate Bill 1607  
 Amendment No. 2 to Senate Bill 2185

At the hour of 4:20 o'clock p.m., the Chair announced that the Senate stand at ease.

#### AT EASE

At the hour of 4:33 o'clock p.m., the Senate resumed consideration of business.  
 Senator Trotter, presiding.

#### REPORTS FROM COMMITTEE ON ASSIGNMENTS

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 15, 2017 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Agriculture: **Floor Amendment No. 3 to Senate Bill 312; Floor Amendment No. 1 to House Bill 3033; HOUSE BILL 2028.**

Commerce and Economic Development: **Floor Amendment No. 1 to Senate Bill 1981.**

Criminal Law: **HOUSE BILL 3817.**

Education: **HOUSE BILLS 243, 3369, 3371 and 3907.**

Environment and Conservation: **Committee Amendment No. 1 to House Bill 3922.**

Executive: **HOUSE BILL 512.**

Financial Institutions: **Floor Amendment No. 2 to House Bill 3791.**

Government Reform: **HOUSE BILL 2439.**

Higher Education: **Floor Amendment No. 4 to Senate Bill 888; Floor Amendment No. 1 to Senate Bill 1401; Committee Amendment No. 1 to House Bill 3691.**

Human Services: **Floor Amendment No. 2 to Senate Bill 1577.**

Judiciary: **Floor Amendment No. 1 to Senate Bill 556; Floor Amendment No. 2 to Senate Bill 951; Floor Amendment No. 1 to Senate Bill 1103; Floor Amendment No. 2 to House Bill 2401; Committee Amendment No. 1 to House Bill 2810.**

Licensed Activities and Pensions: **Floor Amendment No. 3 to Senate Bill 323; Floor Amendment No. 1 to Senate Bill 326.**

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Local Government: **Floor Amendment No. 1 to House Bill 305; Floor Amendment No. 1 to House Bill 771; Floor Amendment No. 4 to Senate Bill 1337.**

Public Health: **Floor Amendment No. 1 to House Bill 369; Floor Amendment No. 2 to House Bill 763; Floor Amendment No. 1 to House Bill 3060; HOUSE BILL 2762.**

Revenue: **HOUSE BILL 1910.**

State Government: **Floor Amendment No. 3 to Senate Bill 1606; HOUSE BILLS 479 and 1853.**

Transportation: **Floor Amendment No. 2 to Senate Bill 510; Floor Amendment No. 1 to House Bill 799; Floor Amendment No. 1 to House Bill 2363.**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 15, 2017 meeting, reported the following Legislative Measure has been assigned to the indicated Standing Committee of the Senate:

Transportation: **House Joint Resolution No. 40.**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 15, 2017 meeting, reported that Appointment Messages numbered **990491, 990492, 990499** and **990500** be referred from the Committee on Executive Appointments to the Committee on Assignments.

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 15, 2017 meeting, reported that the following Legislative Measure has been approved for consideration:

**Floor Amendment No. 4 to Senate Bill 1415**

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

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 15, 2017 meeting, to which was referred **House Bills numbered 2404 and 3785**, reported the same back with the recommendation that the bills be placed on the order of second reading without recommendation to committee.

Pursuant to Senate Rule 3-8 (b-1), the following amendments will remain in the Committee on Assignments: **Floor Amendment No. 1 to Senate Bill 1451, Floor Amendment No. 2 to Senate Bill 1451, Floor Amendment No. 3 to Senate Bill 1871, Floor Amendment No. 3 to Senate Bill 1894, Floor Amendment No. 2 to Senate Bill 2031, Floor Amendment No. 1 to Senate Bill 2072, Committee Amendment No. 1 to House Bill 3449.**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 15, 2017 meeting, to which was referred **Appointment Messages Numbered 990491, 990492, 990499** and **990500**, reported that the Committee recommends that the messages be approved for consideration.

Under the rules, the foregoing appointment messages are eligible for consideration by the Senate.

#### **READING BILL FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME**

On motion of Senator Link, **House Bill No. 3519** was taken up, read by title a second time and ordered to a third reading.

[May 15, 2017]

**MESSAGE FROM THE HOUSE**

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 52

A bill for AN ACT concerning transportation.

SENATE BILL NO. 1238

A bill for AN ACT concerning criminal law.

SENATE BILL NO. 1297

A bill for AN ACT concerning regulation.

SENATE BILL NO. 1342

A bill for AN ACT concerning wildlife.

SENATE BILL NO. 1343

A bill for AN ACT concerning criminal law.

SENATE BILL NO. 1372

A bill for AN ACT concerning safety.

Passed the House, May 15, 2017.

TIMOTHY D. MAPES, Clerk of the House

At the hour of 4:37 o'clock p.m., the Chair announced the Senate stand adjourned until Tuesday, May 16, 2017, at 12:00 o'clock noon.

[May 15, 2017]