



SENATE JOURNAL

STATE OF ILLINOIS

**ONE HUNDRED FIRST GENERAL
ASSEMBLY**

61ST LEGISLATIVE DAY

Perfunctory Session

MONDAY, NOVEMBER 4, 2019

1:59 O'CLOCK P.M.

NO. 61

[November 4, 2019]

SENATE
Daily Journal Index
61st Legislative Day

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The Senate met pursuant to the directive of the President.
Pursuant to Senate Rule 2-5(c)2, the Secretary of the Senate conducted the perfunctory session.
Silent prayer was observed.

MESSAGE 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

November 4, 2019

Mr. Tim Anderson
Secretary of the Senate
Room 401 State House
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 2-10, I am scheduling a Perfunctory Session to convene on November 4, 2019.

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

REPORTS RECEIVED

The Secretary placed before the Senate the following reports:

Proposed Certification of Required State Contribution to the State Universities Retirement System for State Fiscal Year 2021, submitted by the State Universities Retirement System.

Certification of Required State Contribution to State Universities Retirement System for State Fiscal Year 2021, submitted by the State Universities Retirement System.

Actuarial Valuation Report as of June 30, 2019, submitted by the State Universities Retirement System.

Certification of Projected Contribution to the Community College Health Insurance Security Fund for State Fiscal Year 2021, submitted by the State Universities Retirement System.

Anti-Predatory Lending Database Semi-Annual Summary Report November 1, 2019, submitted by the Department of Financial and Professional Regulation.

FY19 Small Business Contracts Report, submitted by the Department of Transportation.

2019 Recycling and Recycled Paper Procurement Report, submitted by the Department of Central Management Services.

Preliminary Certification of TRS FY 2021 State Funding Requirement, submitted by the Teachers' Retirement System.

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Preliminary Actuarial Valuation and Review of Pension Benefits as of June 30, 2019, submitted by the Teachers' Retirement System.

Teachers Health Insurance Security (THIS) Fund Certification for FY 2021, submitted by the Teachers' Retirement System.

Personal Information Protection Act Report, submitted by the Department of Children and Family Services.

GARS FY 21 Preliminary Certification, submitted by the General Assembly Retirement System.

JRS FY 21 Preliminary Certification, submitted by the Judges' Retirement System.

Small Business Specialist 30 ILCS 500/45-45(f) Report 2019, submitted by the Department of Transportation.

2019 Biennial Report on the Edge Tax Credit Program, submitted by the Department of Commerce and Economic Opportunity.

CPO-CDB Small Business Participation Report – FY19, pursuant to ILCS 500/45-90(f), submitted by the Capitol Development Board.

SERS Preliminary Certification FY 21, submitted by the State Employees' Retirement System.

Chief Procurement Office for Public Institutions of Higher Education Annual Reports FY2019, submitted by the Chief Procurement Office for Public Institutions of Higher Education.

The foregoing reports were ordered received and placed on file in the Secretary's Office.

MESSAGES FROM THE GOVERNOR

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

JB PRITZKER
GOVERNOR

October 31, 2019

To the Honorable
Members of the Senate
One-Hundred and First General Assembly

Mr. President:

On March 5, 2019 appointment message 101-076 nominating Michael Bigger as member of the Human Rights Commission – Special Temporary Panel 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 immediately.

Sincerely,
s/ JB Pritzker

[November 4, 2019]

Governor

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

JB PRITZKER
GOVERNOR

October 31, 2019

To the Honorable
Members of the Senate
One-Hundred and First General Assembly

Mr. President:

On March 5, 2019 appointment message 101-078 nominating Cheryl Mainor as member of the Human Rights Commission – Special Temporary Panel 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 immediately.

Sincerely,
s/JB Pritzker
Governor

PRESENTATION OF RESOLUTIONS

SENATE RESOLUTION NO. 758

Offered by Senator Manar and all Senators:
Mourns the death of Frank W. Gombos of Bunker Hill.

SENATE RESOLUTION NO. 759

Offered by Senator Bennett and all Senators:
Mourns the death of Mary Lynn Borchardt of Ludlow.

SENATE RESOLUTION NO. 760

Offered by Senator E. Jones III and all Senators:
Mourns the death of Robert Earl “Bobby” Washington.

SENATE RESOLUTION NO. 761

Offered by Senator Brady and all Senators:
Mourns the death of Eugene D. “Gene” Heller of El Paso.

SENATE RESOLUTION NO. 762

Offered by Senator Brady and all Senators:
Mourns the death of Wendell Turley of Mechanicsburg.

By direction of the Secretary, the foregoing resolutions were referred to the Resolutions Consent Calendar.

Senator Manar offered the following Senate Joint Resolution, which was referred to the Committee on Assignments:

SENATE JOINT RESOLUTION NO. 50

[November 4, 2019]

WHEREAS, World War II, the most widespread war in history, lasted from 1939 until 1945; and

WHEREAS, The United States entered the war in 1941, following an attack on Pearl Harbor by Japanese fighter planes; and

WHEREAS, Over 16 million Americans served their country and the Allied powers over the course of the war; and

WHEREAS, The generation of men and women who served our country in World War II has been called the "greatest generation" for their selfless sacrifice; and

WHEREAS, The Medal of Honor is the highest military decoration that is awarded by the United States government; and

WHEREAS, The Medal of Honor is presented by the President of the United States in the name of Congress; and

WHEREAS, The Medal of Honor is only conferred upon members of the United States Armed Forces who distinguish themselves through conspicuous gallantry and intrepidity at the risk of life above and beyond the call of duty while engaged in action against an enemy of the United States, while engaged in military operations involving conflict with an opposing foreign force, or while serving with friendly forces engaged in an armed conflict against an opposing armed force in which the United States is not a belligerent party; and

WHEREAS, More than 3,400 Medals of Honor have been awarded to our nation's bravest soldiers, sailors, airmen, marines, and coast guardsmen since the creation of the award in 1861; and

WHEREAS, The Medal of Honor was awarded to 353 Americans during World War II; and

WHEREAS, Only two of those 353 Americans are alive today; and

WHEREAS, Charles H. Coolidge of Tennessee and Hershel Woodrow Williams of West Virginia served their country with conspicuous gallantry and intrepidity at the risk of life and therefore deserve the gratitude of the American people; and

WHEREAS, The President of the United States has the sole authority to designate a state funeral; and

WHEREAS, The Congress of the United States may pass a Concurrent Resolution to allow an individual to lie in state in the rotunda of the United States Capitol; and

WHEREAS, Historically, the President of the United States has designated state funerals for former presidents, generals, and other extraordinary Americans; and

WHEREAS, Our nation is currently divided and yearns for a unifying national event; and

WHEREAS, Designating a state funeral when the last surviving World War II Medal of Honor recipient dies would be a wonderful way for the American people to unite and honor all 16 million soldiers, sailors, and airmen who served in our Armed Forces from 1941 to 1945; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that we urge the President of the United States and the Congress of the United States to take all necessary measures to ensure the last surviving Medal of Honor recipient from World War II be offered a state funeral, including, but not limited to, having the option to lie in state in the rotunda of the United States Capitol; and be it further

RESOLVED, That suitable copies of this resolution be delivered to the President of the United States, the President and the Secretary of the United States Senate, the Speaker and the Clerk of the United States

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House of Representatives, the chair of the Senate Committee on Veterans' Affairs, the chair of the House Committee on Veterans' Affairs, and the Illinois Congressional Delegation.

MESSAGES FROM THE HOUSE

A message from the House by

Mr. Hollman, Clerk:

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

SENATE BILL NO. 115

A bill for AN ACT concerning finance.

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

House Amendment No. 1 to SENATE BILL NO. 115

Passed the House, as amended, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 115

AMENDMENT NO. 1. Amend Senate Bill 115 by replacing everything after the enacting clause with the following:

"Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Section 32.5 as follows:

(210 ILCS 50/32.5)

Sec. 32.5. Freestanding Emergency Center.

(a) The Department shall issue an annual Freestanding Emergency Center (FEC) license to any facility that has received a permit from the Health Facilities and Services Review Board to establish a Freestanding Emergency Center by January 1, 2015, and:

(1) is located: (A) in a municipality with a population of 50,000 or fewer inhabitants; (B) within 50 miles of the hospital that owns or controls the FEC; and (C) within 50 miles of the Resource Hospital affiliated with the FEC as part of the EMS System;

(2) is wholly owned or controlled by an Associate or Resource Hospital, but is not a part of the hospital's physical plant;

(3) meets the standards for licensed FECs, adopted by rule of the Department, including, but not limited to:

(A) facility design, specification, operation, and maintenance standards;

(B) equipment standards; and

(C) the number and qualifications of emergency medical personnel and other staff,

which must include at least one board certified emergency physician present at the FEC 24 hours per day.

(4) limits its participation in the EMS System strictly to receiving a limited number of patients by ambulance: (A) according to the FEC's 24-hour capabilities; (B) according to protocols developed by the Resource Hospital within the FEC's designated EMS System; and (C) as pre-approved by both the EMS Medical Director and the Department;

(5) provides comprehensive emergency treatment services, as defined in the rules adopted by the Department pursuant to the Hospital Licensing Act, 24 hours per day, on an outpatient basis;

(6) provides an ambulance and maintains on site ambulance services staffed with paramedics 24 hours per day;

(7) (blank);

(8) complies with all State and federal patient rights provisions, including, but not limited to, the Emergency Medical Treatment Act and the federal Emergency Medical Treatment and Active Labor Act;

(9) maintains a communications system that is fully integrated with its Resource Hospital within the FEC's designated EMS System;

(10) reports to the Department any patient transfers from the FEC to a hospital within 48 hours of the transfer plus any other data determined to be relevant by the Department;

(11) submits to the Department, on a quarterly basis, the FEC's morbidity and mortality

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rates for patients treated at the FEC and other data determined to be relevant by the Department;

(12) does not describe itself or hold itself out to the general public as a full service hospital or hospital emergency department in its advertising or marketing activities;

(13) complies with any other rules adopted by the Department under this Act that relate to FECs;

(14) passes the Department's site inspection for compliance with the FEC requirements of this Act;

(15) submits a copy of the permit issued by the Health Facilities and Services Review Board indicating that the facility has complied with the Illinois Health Facilities Planning Act with respect to the health services to be provided at the facility;

(16) submits an application for designation as an FEC in a manner and form prescribed by the Department by rule; and

(17) pays the annual license fee as determined by the Department by rule.

(a-5) Notwithstanding any other provision of this Section, the Department may issue an annual FEC license to a facility that is located in a county that does not have a licensed general acute care hospital if the facility's application for a permit from the Illinois Health Facilities Planning Board has been deemed complete by the Department of Public Health by January 1, 2014 and if the facility complies with the requirements set forth in paragraphs (1) through (17) of subsection (a).

(a-7) Notwithstanding any other provision of this Section, the Department may issue an annual FEC license to a facility that (i) is located in a county having a population of more than 3,000,000 and (ii) was approved to discontinue operations as a hospital by the Health Facilities and Services Review Board in calendar year 2019 under Health Facilities and Services Review Board project number E-024-19, if the facility complies with the requirements set forth in paragraphs (1) through (17) of subsection (a).

(a-10) Notwithstanding any other provision of this Section, the Department may issue an annual FEC license to a facility if the facility has, by January 1, 2014, filed a letter of intent to establish an FEC and if the facility complies with the requirements set forth in paragraphs (1) through (17) of subsection (a).

(a-15) Notwithstanding any other provision of this Section, the Department shall issue an annual FEC license to a facility if the facility: (i) discontinues operation as a hospital within 180 days after December 4, 2015 (the effective date of Public Act 99-490) ~~this amendatory Act of the 99th General Assembly~~ with a Health Facilities and Services Review Board project number of E-017-15; (ii) has an application for a permit to establish an FEC from the Health Facilities and Services Review Board that is deemed complete by January 1, 2017; and (iii) complies with the requirements set forth in paragraphs (1) through (17) of subsection (a) of this Section.

(a-20) Notwithstanding any other provision of this Section, the Department shall issue an annual FEC license to a facility if:

(1) the facility is a hospital that has discontinued inpatient hospital services;

(2) the Department of Healthcare and Family Services has certified the conversion to an FEC was approved by the Hospital Transformation Review Committee as a project subject to the hospital's transformation under subsection (d-5) of Section 14-12 of the Illinois Public Aid Code;

(3) the facility complies with the requirements set forth in paragraphs (1) through (17), provided however that the FEC may be located in a municipality with a population greater than 50,000 inhabitants and shall not be subject to the requirements of the Illinois Health Facilities Planning Act that are applicable to the conversion to an FEC if the Department of Healthcare and Family ~~Services~~ Service has certified the conversion to an FEC was approved by the Hospital Transformation Review Committee as a project subject to the hospital's transformation under subsection (d-5) of Section 14-12 of the Illinois Public Aid Code; and

(4) the facility is located at the same physical location where the facility served as a hospital.

(b) The Department shall:

(1) annually inspect facilities of initial FEC applicants and licensed FECs, and issue annual licenses to or annually relicense FECs that satisfy the Department's licensure requirements as set forth in subsection (a);

(2) suspend, revoke, refuse to issue, or refuse to renew the license of any FEC, after notice and an opportunity for a hearing, when the Department finds that the FEC has failed to comply with the standards and requirements of the Act or rules adopted by the Department under the Act;

(3) issue an Emergency Suspension Order for any FEC when the Director or his or her designee has determined that the continued operation of the FEC poses an immediate and serious danger to the public health, safety, and welfare. An opportunity for a hearing shall be promptly initiated after an Emergency Suspension Order has been issued; and

(4) adopt rules as needed to implement this Section.

(Source: P.A. 99-490, eff. 12-4-15; 99-710, eff. 8-5-16; 100-581, eff. 3-12-18; revised 7-23-19.)

Section 10. The Illinois Public Aid Code is amended by changing Section 14-12 as follows:

(305 ILCS 5/14-12)

Sec. 14-12. Hospital rate reform payment system. The hospital payment system pursuant to Section 14-11 of this Article shall be as follows:

(a) Inpatient hospital services. Effective for discharges on and after July 1, 2014, reimbursement for inpatient general acute care services shall utilize the All Patient Refined Diagnosis Related Grouping (APR-DRG) software, version 30, distributed by 3M™ Health Information System.

(1) The Department shall establish Medicaid weighting factors to be used in the reimbursement system established under this subsection. Initial weighting factors shall be the weighting factors as published by 3M Health Information System, associated with Version 30.0 adjusted for the Illinois experience.

(2) The Department shall establish a statewide-standardized amount to be used in the inpatient reimbursement system. The Department shall publish these amounts on its website no later than 10 calendar days prior to their effective date.

(3) In addition to the statewide-standardized amount, the Department shall develop adjusters to adjust the rate of reimbursement for critical Medicaid providers or services for trauma, transplantation services, perinatal care, and Graduate Medical Education (GME).

(4) The Department shall develop add-on payments to account for exceptionally costly inpatient stays, consistent with Medicare outlier principles. Outlier fixed loss thresholds may be updated to control for excessive growth in outlier payments no more frequently than on an annual basis, but at least triennially. Upon updating the fixed loss thresholds, the Department shall be required to update base rates within 12 months.

(5) The Department shall define those hospitals or distinct parts of hospitals that shall be exempt from the APR-DRG reimbursement system established under this Section. The Department shall publish these hospitals' inpatient rates on its website no later than 10 calendar days prior to their effective date.

(6) Beginning July 1, 2014 and ending on June 30, 2024, in addition to the statewide-standardized amount, the Department shall develop an adjustor to adjust the rate of reimbursement for safety-net hospitals defined in Section 5-5e.1 of this Code excluding pediatric hospitals.

(7) Beginning July 1, 2014 and ending on June 30, 2020, or upon implementation of inpatient psychiatric rate increases as described in subsection (n) of Section 5A-12.6, in addition to the statewide-standardized amount, the Department shall develop an adjustor to adjust the rate of reimbursement for Illinois freestanding inpatient psychiatric hospitals that are not designated as children's hospitals by the Department but are primarily treating patients under the age of 21.

(7.5) Beginning July 1, 2020, the reimbursement for inpatient psychiatric services shall be so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (2) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 13%. Beginning July 1, 2022, the reimbursement for inpatient psychiatric services shall be so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (3) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 13%. Beginning July 1, 2024, the reimbursement for inpatient psychiatric services shall be so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (4) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 13%.

(8) Beginning July 1, 2018, in addition to the statewide-standardized amount, the Department shall adjust the rate of reimbursement for hospitals designated by the Department of Public Health as a Perinatal Level II or II+ center by applying the same adjustor that is applied to Perinatal and Obstetrical care cases for Perinatal Level III centers, as of December 31, 2017.

(9) Beginning July 1, 2018, in addition to the statewide-standardized amount, the Department shall apply the same adjustor that is applied to trauma cases as of December 31, 2017 to inpatient claims to treat patients with burns, including, but not limited to, APR-DRGs 841, 842, 843, and 844.

(10) Beginning July 1, 2018, the statewide-standardized amount for inpatient general

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acute care services shall be uniformly increased so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (1) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 40%. Beginning July 1, 2020, the statewide-standardized amount for inpatient general acute care services shall be uniformly increased so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (2) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 40%. Beginning July 1, 2022, the statewide-standardized amount for inpatient general acute care services shall be uniformly increased so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (3) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 40%. Beginning July 1, 2023 the statewide-standardized amount for inpatient general acute care services shall be uniformly increased so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (4) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 40%.

(11) Beginning July 1, 2018, the reimbursement for inpatient rehabilitation services shall be increased by the addition of a \$96 per day add-on.

Beginning July 1, 2020, the reimbursement for inpatient rehabilitation services shall be uniformly increased so that the \$96 per day add-on is increased by an amount equal to the funds allocated in paragraph (2) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 0.9%.

Beginning July 1, 2022, the reimbursement for inpatient rehabilitation services shall be uniformly increased so that the \$96 per day add-on as adjusted by the July 1, 2020 increase, is increased by an amount equal to the funds allocated in paragraph (3) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 0.9%.

Beginning July 1, 2023, the reimbursement for inpatient rehabilitation services shall be uniformly increased so that the \$96 per day add-on as adjusted by the July 1, 2022 increase, is increased by an amount equal to the funds allocated in paragraph (4) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 0.9%.

(b) Outpatient hospital services. Effective for dates of service on and after July 1, 2014, reimbursement for outpatient services shall utilize the Enhanced Ambulatory Procedure Grouping (EAPG) software, version 3.7 distributed by 3M™ Health Information System.

(1) The Department shall establish Medicaid weighting factors to be used in the reimbursement system established under this subsection. The initial weighting factors shall be the weighting factors as published by 3M Health Information System, associated with Version 3.7.

(2) The Department shall establish service specific statewide-standardized amounts to be used in the reimbursement system.

(A) The initial statewide standardized amounts, with the labor portion adjusted by the Calendar Year 2013 Medicare Outpatient Prospective Payment System wage index with reclassifications, shall be published by the Department on its website no later than 10 calendar days prior to their effective date.

(B) The Department shall establish adjustments to the statewide-standardized amounts for each Critical Access Hospital, as designated by the Department of Public Health in accordance with 42 CFR 485, Subpart F. For outpatient services provided on or before June 30, 2018, the EAPG standardized amounts are determined separately for each critical access hospital such that simulated EAPG payments using outpatient base period paid claim data plus payments under Section 5A-12.4 of this Code net of the associated tax costs are equal to the estimated costs of outpatient base period claims data with a rate year cost inflation factor applied.

(3) In addition to the statewide-standardized amounts, the Department shall develop adjusters to adjust the rate of reimbursement for critical Medicaid hospital outpatient providers or services, including outpatient high volume or safety-net hospitals. Beginning July 1, 2018, the outpatient high volume adjuster shall be increased to increase annual expenditures associated with this adjuster by \$79,200,000, based on the State Fiscal Year 2015 base year data and this adjuster shall apply to public hospitals, except for large public hospitals, as defined under 89 Ill. Adm. Code 148.25(a).

(4) Beginning July 1, 2018, in addition to the statewide standardized amounts, the

Department shall make an add-on payment for outpatient expensive devices and drugs. This add-on payment shall at least apply to claim lines that: (i) are assigned with one of the following EAPGs: 490, 1001 to 1020, and coded with one of the following revenue codes: 0274 to 0276, 0278; or (ii) are assigned with one of the following EAPGs: 430 to 441, 443, 444, 460 to 465, 495, 496, 1090. The add-on payment shall be calculated as follows: the claim line's covered charges multiplied by the hospital's total acute cost to charge ratio, less the claim line's EAPG payment plus \$1,000, multiplied by 0.8.

(5) Beginning July 1, 2018, the statewide-standardized amounts for outpatient services shall be increased by a uniform percentage so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (1) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection multiplied by 46%. Beginning July 1, 2020, the statewide-standardized amounts for outpatient services shall be increased by a uniform percentage so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (2) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection multiplied by 46%. Beginning July 1, 2022, the statewide-standardized amounts for outpatient services shall be increased by a uniform percentage so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (3) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection multiplied by 46%. Beginning July 1, 2023, the statewide-standardized amounts for outpatient services shall be increased by a uniform percentage so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (4) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection multiplied by 46%.

(6) Effective for dates of service on or after July 1, 2018, the Department shall establish adjustments to the statewide-standardized amounts for each Critical Access Hospital, as designated by the Department of Public Health in accordance with 42 CFR 485, Subpart F, such that each Critical Access Hospital's standardized amount for outpatient services shall be increased by the applicable uniform percentage determined pursuant to paragraph (5) of this subsection. It is the intent of the General Assembly that the adjustments required under this paragraph (6) by Public Act 100-1181 ~~this amendatory Act of the 100th General Assembly~~ shall be applied retroactively to claims for dates of service provided on or after July 1, 2018.

(7) Effective for dates of service on or after March 8, 2019 (the effective date of Public Act 100-1181) ~~this amendatory Act of the 100th General Assembly~~, the Department shall recalculate and implement an updated statewide-standardized amount for outpatient services provided by hospitals that are not Critical Access Hospitals to reflect the applicable uniform percentage determined pursuant to paragraph (5).

(1) Any recalculation to the statewide-standardized amounts for outpatient services provided by hospitals that are not Critical Access Hospitals shall be the amount necessary to achieve the increase in the statewide-standardized amounts for outpatient services increased by a uniform percentage, so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (1) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection, for all hospitals that are not Critical Access Hospitals, multiplied by 46%.

(2) It is the intent of the General Assembly that the recalculations required under this paragraph (7) by Public Act 100-1181 ~~this amendatory Act of the 100th General Assembly~~ shall be applied prospectively to claims for dates of service provided on or after March 8, 2019 (the effective date of Public Act 100-1181) ~~this amendatory Act of the 100th General Assembly~~ and that no recoupment or repayment by the Department or an MCO of payments attributable to recalculation under this paragraph (7), issued to the hospital for dates of service on or after July 1, 2018 and before March 8, 2019 (the effective date of Public Act 100-1181) ~~this amendatory Act of the 100th General Assembly~~, shall be permitted.

(8) The Department shall ensure that all necessary adjustments to the managed care organization capitation base rates necessitated by the adjustments under subparagraph (6) or (7) of this subsection are completed and applied retroactively in accordance with Section 5-30.8 of this Code within 90 days of March 8, 2019 (the effective date of Public Act 100-1181) ~~this amendatory Act of the 100th General Assembly~~.

(c) In consultation with the hospital community, the Department is authorized to replace 89 Ill. Admin. Code 152.150 as published in 38 Ill. Reg. 4980 through 4986 within 12 months of June 16, 2014 (the

effective date of Public Act 98-651). If the Department does not replace these rules within 12 months of June 16, 2014 (the effective date of Public Act 98-651), the rules in effect for 152.150 as published in 38 Ill. Reg. 4980 through 4986 shall remain in effect until modified by rule by the Department. Nothing in this subsection shall be construed to mandate that the Department file a replacement rule.

(d) Transition period. There shall be a transition period to the reimbursement systems authorized under this Section that shall begin on the effective date of these systems and continue until June 30, 2018, unless extended by rule by the Department. To help provide an orderly and predictable transition to the new reimbursement systems and to preserve and enhance access to the hospital services during this transition, the Department shall allocate a transitional hospital access pool of at least \$290,000,000 annually so that transitional hospital access payments are made to hospitals.

(1) After the transition period, the Department may begin incorporating the transitional hospital access pool into the base rate structure; however, the transitional hospital access payments in effect on June 30, 2018 shall continue to be paid, if continued under Section 5A-16.

(2) After the transition period, if the Department reduces payments from the transitional hospital access pool, it shall increase base rates, develop new adjustors, adjust current adjustors, develop new hospital access payments based on updated information, or any combination thereof by an amount equal to the decreases proposed in the transitional hospital access pool payments, ensuring that the entire transitional hospital access pool amount shall continue to be used for hospital payments.

(d-5) Hospital transformation program. The Department, in conjunction with the Hospital Transformation Review Committee created under subsection (d-5), shall develop a hospital transformation program to provide financial assistance to hospitals in transforming their services and care models to better align with the needs of the communities they serve. The payments authorized in this Section shall be subject to approval by the federal government.

(1) Phase 1. In State fiscal years 2019 through 2020, the Department shall allocate funds from the transitional access hospital pool to create a hospital transformation pool of at least \$262,906,870 annually and make hospital transformation payments to hospitals. Subject to Section 5A-16, in State fiscal years 2019 and 2020, an Illinois hospital that received either a transitional hospital access payment under subsection (d) or a supplemental payment under subsection (f) of this Section in State fiscal year 2018, shall receive a hospital transformation payment as follows:

(A) If the hospital's Rate Year 2017 Medicaid inpatient utilization rate is equal to or greater than 45%, the hospital transformation payment shall be equal to 100% of the sum of its transitional hospital access payment authorized under subsection (d) and any supplemental payment authorized under subsection (f).

(B) If the hospital's Rate Year 2017 Medicaid inpatient utilization rate is equal to or greater than 25% but less than 45%, the hospital transformation payment shall be equal to 75% of the sum of its transitional hospital access payment authorized under subsection (d) and any supplemental payment authorized under subsection (f).

(C) If the hospital's Rate Year 2017 Medicaid inpatient utilization rate is less than 25%, the hospital transformation payment shall be equal to 50% of the sum of its transitional hospital access payment authorized under subsection (d) and any supplemental payment authorized under subsection (f).

(2) Phase 2. During State fiscal years 2021 and 2022, the Department shall allocate funds from the transitional access hospital pool to create a hospital transformation pool annually and make hospital transformation payments to hospitals participating in the transformation program. Any hospital may seek transformation funding in Phase 2. Any hospital that seeks transformation funding in Phase 2 to update or repurpose the hospital's physical structure to transition to a new delivery model, must submit to the Department in writing a transformation plan, based on the Department's guidelines, that describes the desired delivery model with projections of patient volumes by service lines and projected revenues, expenses, and net income that correspond to the new delivery model. In Phase 2, subject to the approval of rules, the Department may use the hospital transformation pool to increase base rates, develop new adjustors, adjust current adjustors, or develop new access payments in order to support and incentivize hospitals to pursue such transformation. In developing such methodologies, the Department shall ensure that the entire hospital transformation pool continues to be expended to ensure access to hospital services or to support organizations that had received hospital transformation payments under this Section.

(A) Any hospital participating in the hospital transformation program shall provide

an opportunity for public input by local community groups, hospital workers, and healthcare professionals and assist in facilitating discussions about any transformations or changes to the hospital.

(B) As provided in paragraph (9) of Section 3 of the Illinois Health Facilities Planning Act, any hospital participating in the transformation program may be excluded from the requirements of the Illinois Health Facilities Planning Act for those projects related to the hospital's transformation. To be eligible, the hospital must submit to the Health Facilities and Services Review Board certification from the Department, approved by the Hospital Transformation Review Committee, that the project is a part of the hospital's transformation.

(C) As provided in subsection (a-20) of Section 32.5 of the Emergency Medical Services (EMS) Systems Act, a hospital that received hospital transformation payments under this Section may convert to a freestanding emergency center. To be eligible for such a conversion, the hospital must submit to the Department of Public Health certification from the Department, approved by the Hospital Transformation Review Committee, that the project is a part of the hospital's transformation.

(2.5) The hospital transformation payment amount allocated to a facility in State fiscal years 2019 through 2020 as provided under paragraph (1) shall not be reduced or altered during State fiscal years 2021 and 2022 if:

(i) the facility is located in a county having a population of more than 3,000,000; and

(ii) the facility was a licensed general acute care hospital that discontinued operations as a hospital on October 22, 2019 and has a Health Facilities and Services Review Board project number of E-024-19.

The hospital transformation payment amount shall instead be paid to any entity that purchases the facility for the purpose of converting the facility to a freestanding emergency center as provided in subsection (a-7) of Section 32.5 of the Emergency Medical Services (EMS) Systems Act, pending approval by the Health Facilities and Services Review Board of the permit to establish a freestanding emergency center as defined by the Health Facilities and Services Review Board.

(3) By April 1, 2019, ~~March 12, 2018 (Public Act 100-581)~~ the Department, in conjunction with the Hospital Transformation

Review Committee, shall develop and file as an administrative rule with the Secretary of State the goals, objectives, policies, standards, payment models, or criteria to be applied in Phase 2 of the program to allocate the hospital transformation funds. The goals, objectives, and policies to be considered may include, but are not limited to, achieving unmet needs of a community that a hospital serves such as behavioral health services, outpatient services, or drug rehabilitation services; attaining certain quality or patient safety benchmarks for health care services; or improving the coordination, effectiveness, and efficiency of care delivery. Notwithstanding any other provision of law, any rule adopted in accordance with this subsection (d-5) may be submitted to the Joint Committee on Administrative Rules for approval only if the rule has first been approved by 9 of the 14 members of the Hospital Transformation Review Committee.

(4) Hospital Transformation Review Committee. There is created the Hospital Transformation Review Committee. The Committee shall consist of 14 members. No later than 30 days after March 12, 2018 (the effective date of Public Act 100-581), the 4 legislative leaders shall each appoint 3 members; the Governor shall appoint the Director of Healthcare and Family Services, or his or her designee, as a member; and the Director of Healthcare and Family Services shall appoint one member. Any vacancy shall be filled by the applicable appointing authority within 15 calendar days. The members of the Committee shall select a Chair and a Vice-Chair from among its members, provided that the Chair and Vice-Chair cannot be appointed by the same appointing authority and must be from different political parties. The Chair shall have the authority to establish a meeting schedule and convene meetings of the Committee, and the Vice-Chair shall have the authority to convene meetings in the absence of the Chair. The Committee may establish its own rules with respect to meeting schedule, notice of meetings, and the disclosure of documents; however, the Committee shall not have the power to subpoena individuals or documents and any rules must be approved by 9 of the 14 members. The Committee shall perform the functions described in this Section and advise and consult with the Director in the administration of this Section. In addition to reviewing and approving the policies, procedures, and rules for the hospital transformation program, the Committee shall consider and make recommendations related to qualifying criteria and payment methodologies related to safety-net hospitals and children's hospitals. Members of the Committee appointed by the legislative leaders shall be subject to the jurisdiction of the Legislative Ethics Commission, not the Executive Ethics Commission, and all requests under the Freedom of Information Act shall be directed to the applicable

Freedom of Information officer for the General Assembly. The Department shall provide operational support to the Committee as necessary. The Committee is dissolved on April 1, 2019.

(e) Beginning 36 months after initial implementation, the Department shall update the reimbursement components in subsections (a) and (b), including standardized amounts and weighting factors, and at least triennially and no more frequently than annually thereafter. The Department shall publish these updates on its website no later than 30 calendar days prior to their effective date.

(f) Continuation of supplemental payments. Any supplemental payments authorized under Illinois Administrative Code 148 effective January 1, 2014 and that continue during the period of July 1, 2014 through December 31, 2014 shall remain in effect as long as the assessment imposed by Section 5A-2 that is in effect on December 31, 2017 remains in effect.

(g) Notwithstanding subsections (a) through (f) of this Section and notwithstanding the changes authorized under Section 5-5b.1, any updates to the system shall not result in any diminishment of the overall effective rates of reimbursement as of the implementation date of the new system (July 1, 2014). These updates shall not preclude variations in any individual component of the system or hospital rate variations. Nothing in this Section shall prohibit the Department from increasing the rates of reimbursement or developing payments to ensure access to hospital services. Nothing in this Section shall be construed to guarantee a minimum amount of spending in the aggregate or per hospital as spending may be impacted by factors, including, but not limited to, the number of individuals in the medical assistance program and the severity of illness of the individuals.

(h) The Department shall have the authority to modify by rulemaking any changes to the rates or methodologies in this Section as required by the federal government to obtain federal financial participation for expenditures made under this Section.

(i) Except for subsections (g) and (h) of this Section, the Department shall, pursuant to subsection (c) of Section 5-40 of the Illinois Administrative Procedure Act, provide for presentation at the June 2014 hearing of the Joint Committee on Administrative Rules (JCAR) additional written notice to JCAR of the following rules in order to commence the second notice period for the following rules: rules published in the Illinois Register, rule dated February 21, 2014 at 38 Ill. Reg. 4559 (Medical Payment), 4628 (Specialized Health Care Delivery Systems), 4640 (Hospital Services), 4932 (Diagnostic Related Grouping (DRG) Prospective Payment System (PPS)), and 4977 (Hospital Reimbursement Changes), and published in the Illinois Register dated March 21, 2014 at 38 Ill. Reg. 6499 (Specialized Health Care Delivery Systems) and 6505 (Hospital Services).

(j) Out-of-state hospitals. Beginning July 1, 2018, for purposes of determining for State fiscal years 2019 and 2020 the hospitals eligible for the payments authorized under subsections (a) and (b) of this Section, the Department shall include out-of-state hospitals that are designated a Level I pediatric trauma center or a Level I trauma center by the Department of Public Health as of December 1, 2017.

(k) The Department shall notify each hospital and managed care organization, in writing, of the impact of the updates under this Section at least 30 calendar days prior to their effective date.

(Source: P.A. 100-581, eff. 3-12-18; 100-1181, eff. 3-8-19; 101-0081, eff. 7-12-19; revised 7-29-19.)

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

Under the rules, the foregoing **Senate Bill No. 115**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Hollman, Clerk:

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

SENATE BILL NO. 391

A bill for AN ACT concerning children.

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

House Amendment No. 1 to SENATE BILL NO. 391

Passed the House, as amended, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 391

[November 4, 2019]

AMENDMENT NO. 1. Amend Senate Bill 391 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by changing Section 5-5.23 as follows:

(305 ILCS 5/5-5.23)

(Text of Section after amendment by P.A. 101-461)

Sec. 5-5.23. Children's mental health services.

(a) The Department of Healthcare and Family Services, by rule, shall require the screening and assessment of a child prior to any Medicaid-funded admission to an inpatient hospital for psychiatric services to be funded by Medicaid. The screening and assessment shall include a determination of the appropriateness and availability of out-patient support services for necessary treatment. The Department, by rule, shall establish methods and standards of payment for the screening, assessment, and necessary alternative support services.

(b) The Department of Healthcare and Family Services, to the extent allowable under federal law, shall secure federal financial participation for Individual Care Grant expenditures made by the Department of Healthcare and Family Services for the Medicaid optional service authorized under Section 1905(h) of the federal Social Security Act, pursuant to the provisions of Section 7.1 of the Mental Health and Developmental Disabilities Administrative Act. The Department of Healthcare and Family Services may exercise the authority under this Section as is necessary to administer Individual Care Grants as authorized under Section 7.1 of the Mental Health and Developmental Disabilities Administrative Act.

(c) The Department of Healthcare and Family Services shall work collaboratively with the Department of Children and Family Services and the Division of Mental Health of the Department of Human Services to implement subsections (a) and (b).

(d) 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.

(e) All rights, powers, duties, and responsibilities currently exercised by the Department of Human Services related to the Individual Care Grant program are transferred to the Department of Healthcare and Family Services with the transfer and transition of the Individual Care Grant program to the Department of Healthcare and Family Services to be completed and implemented within 6 months after the effective date of this amendatory Act of the 99th General Assembly. For the purposes of the Successor Agency Act, the Department of Healthcare and Family Services is declared to be the successor agency of the Department of Human Services, but only with respect to the functions of the Department of Human Services that are transferred to the Department of Healthcare and Family Services under this amendatory Act of the 99th General Assembly.

(1) Each act done by the Department of Healthcare and Family Services in exercise of the transferred powers, duties, rights, and responsibilities shall have the same legal effect as if done by the Department of Human Services or its offices.

(2) Any rules of the Department of Human Services that relate to the functions and programs transferred by this amendatory Act of the 99th General Assembly that are in full force on the effective date of this amendatory Act of the 99th General Assembly shall become the rules of the Department of Healthcare and Family Services. All rules transferred under this amendatory Act of the 99th General Assembly are hereby amended such that the term "Department" shall be defined as the Department of Healthcare and Family Services and all references to the "Secretary" shall be changed to the "Director of Healthcare and Family Services or his or her designee". As soon as practicable hereafter, the Department of Healthcare and Family Services shall revise and clarify the rules to reflect the transfer of rights, powers, duties, and responsibilities affected by this amendatory Act of the 99th General Assembly, using the procedures for recodification of rules available under the Illinois Administrative Procedure Act, except that existing title, part, and section numbering for the affected rules may be retained. The Department of Healthcare and Family Services, consistent with its authority to do so as granted by this amendatory Act of the 99th General Assembly, shall propose and adopt any other rules under the Illinois Administrative Procedure Act as necessary to administer the Individual Care Grant program. These rules may include, but are not limited to, the application process and eligibility requirements for recipients.

(3) All unexpended appropriations and balances and other funds available for use in connection with any functions of the Individual Care Grant program shall be transferred for the use of the Department of Healthcare and Family Services to operate the Individual Care Grant program. Unexpended balances shall be expended only for the purpose for which the appropriation was originally

made. The Department of Healthcare and Family Services shall exercise all rights, powers, duties, and responsibilities for operation of the Individual Care Grant program.

(4) Existing personnel and positions of the Department of Human Services pertaining to the administration of the Individual Care Grant program shall be transferred to the Department of Healthcare and Family Services with the transfer and transition of the Individual Care Grant program to the Department of Healthcare and Family Services. The status and rights of Department of Human Services employees engaged in the performance of the functions of the Individual Care Grant program shall not be affected by this amendatory Act of the 99th General Assembly. The rights of the employees, the State of Illinois, and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement, or annuity plan shall not be affected by this amendatory Act of the 99th General Assembly. All transferred employees who are members of collective bargaining units shall retain their seniority, continuous service, salary, and accrued benefits.

(5) All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the powers, duties, rights, and responsibilities related to the functions of the Individual Care Grant program, including, but not limited to, material in electronic or magnetic format and necessary computer hardware and software, shall be delivered to the Department of Healthcare and Family Services; provided, however, that the delivery of this information shall not violate any applicable confidentiality constraints.

(6) Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon the Department of Human Services in connection with any of the functions transferred by this amendatory Act of the 99th General Assembly, the same shall be made, given, furnished, or served in the same manner to or upon the Department of Healthcare and Family Services.

(7) This amendatory Act of the 99th General Assembly shall not affect any act done, ratified, or canceled or any right occurring or established or any action or proceeding had or commenced in an administrative, civil, or criminal cause regarding the Department of Human Services before the effective date of this amendatory Act of the 99th General Assembly; and those actions or proceedings may be defended, prosecuted, and continued by the Department of Human Services.

(f) (Blank).

(g) Family Support Program. The Department of Healthcare and Family Services shall restructure the Family Support Program, formerly known as the Individual Care Grant program, to enable early treatment of youth, emerging adults, and transition-age adults with a serious mental illness or serious emotional disturbance.

(1) As used in this subsection and in subsections (h) through (s):

(A) "Youth" means a person under the age of 18.

(B) "Emerging adult" means a person who is 18 through 20 years of age.

(C) "Transition-age adult" means a person who is 21 through 25 years of age.

(2) The Department shall amend 89 Ill. Adm. Code 139 in accordance with this Section and consistent with the timelines outlined in this Section.

(3) Implementation of any amended requirements shall be completed within 8 months of the adoption of any amendment to 89 Ill. Adm. Code 139 that is consistent with the provisions of this Section.

(4) To align the Family Support Program with the Medicaid system of care, the services available to a youth, emerging adult, or transition-age adult through the Family Support Program shall include all Medicaid community-based mental health treatment services and all Family Support Program services included under 89 Ill. Adm. Code 139. No person receiving services through the Family Support Program or the Specialized Family Support Program shall become a Medicaid enrollee unless Medicaid eligibility criteria are met and the person is enrolled in Medicaid. No part of this Section creates an entitlement to services through the Family Support Program, the Specialized Family Support Program, or the Medicaid program.

(5) The Family Support Program shall align with the following system of care principles:

(A) Treatment and support services shall be based on the results of an integrated behavioral health assessment and treatment plan using an instrument approved by the Department of Healthcare and Family Services.

(B) Strong interagency collaboration between all State agencies the parent or legal guardian is involved with for services, including the Department of Healthcare and Family Services, the Department of Human Services, the Department of Children and Family Services, the Department of Juvenile Justice, and the Illinois State Board of Education.

(C) Individualized, strengths-based practices and trauma-informed treatment

approaches.

(D) For a youth, full participation of the parent or legal guardian at all levels of treatment through a process that is family-centered and youth-focused. The process shall include consideration of the services and supports the parent, legal guardian, or caregiver requires for family stabilization, and shall connect such person or persons to services based on available insurance coverage.

(h) Eligibility for the Family Support Program. Eligibility criteria established under 89 III. Adm. Code 139 for the Family Support Program shall include the following:

(1) Individuals applying to the program must be under the age of 26.

(2) Requirements for parental or legal guardian involvement are applicable to youth and to emerging adults or transition-age adults who have a guardian appointed under Article XIa of the Probate Act.

(3) Youth, emerging adults, and transition-age adults are eligible for services under the Family Support Program upon their third inpatient admission to a hospital or similar treatment facility for the primary purpose of psychiatric treatment within the most recent 12 months and are hospitalized for the purpose of psychiatric treatment.

(4) School participation for emerging adults applying for services under the Family Support Program may be waived by request of the individual at the sole discretion of the Department of Healthcare and Family Services.

(5) School participation is not applicable to transition-age adults.

(i) Notification of Family Support Program and Specialized Family Support Program services.

(1) Within 12 months after the effective date of this amendatory Act of the 101st General Assembly, the Department of Healthcare and Family Services, with meaningful stakeholder input through a working group of psychiatric hospitals, Family Support Program providers, family support organizations, the Community and Residential Services Authority, a statewide association representing a majority of hospitals, a statewide association representing physicians, and foster care alumni advocates, shall establish a clear process by which a youth's or emerging adult's parents, guardian, or caregiver, or the emerging adult or transition-age adult, is identified, notified, and educated about the Family Support Program and the Specialized Family Support Program upon a first psychiatric inpatient hospital admission, and any following psychiatric inpatient admissions. Notification and education may take place through a Family Support Program coordinator, a mobile crisis response provider, a Comprehensive Community Based Youth Services provider, the Community and Residential Services Authority, or any other designated provider or coordinator identified by the Department of Healthcare and Family Services. In developing this process, the Department of Healthcare and Family Services and the working group shall take into account the unique needs of emerging adults and transition-age adults without parental involvement who are eligible for services under the Family Support Program. The Department of Healthcare and Family Services and the working group shall ensure the appropriate provider or coordinator is required to assist individuals and their parents, guardians, or caregivers, as applicable, in the completion of the application or referral process for the Family Support Program or the Specialized Family Support Program.

(2) Upon a youth's, emerging adult's or transition-age adult's second psychiatric inpatient hospital admission, prior to hospital discharge, the hospital must, if it is aware of the patient's prior psychiatric inpatient hospital admission, ensure that the youth's parents, guardian, or caregiver, or the emerging adult or transition-age adult, has ~~have~~ been notified of the Family Support Program and the Specialized Family Support Program prior to hospital discharge.

(3) Psychiatric lockout as last resort.

(A) Prior to referring any youth to the Department of Children and Family Services for the filing of a petition in accordance with subparagraph (c) of paragraph (1) of Section 2-4 of the Juvenile Court Act of 1987 alleging that the youth is dependent because the youth was left in a psychiatric hospital beyond medical necessity, the hospital shall attempt to contact ~~educate~~ the youth and the youth's parents, guardian, or caregiver about the Family Support Program and the Specialized Family Support Program and shall assist with connections to the designated Family Support Program coordinator in the service area by providing educational materials developed by the Department of Healthcare and Family Services. Once this process has begun, any such youth shall be considered a youth for whom an application for the Family Support Program is pending with the Department of Healthcare and Family Services or an active application for the Family Support Program was being reviewed by the Department for the purposes of subsection (a) of Section 2-4b ~~subparagraph (b) of paragraph (1) of Section 2-4 of the Juvenile Court Act of 1987~~, or for the purposes of subsection (a) of Section 5-711 of the Juvenile Court Act of 1987.

(B) No state agency or hospital shall coach a parent or guardian of a youth in a psychiatric hospital inpatient unit to lock out or otherwise relinquish custody of a youth to the Department of Children and Family Services for the sole purpose of obtaining necessary mental health treatment for the youth. In the absence of abuse or neglect, a psychiatric lockout or custody relinquishment to the Department of Children and Family Services shall only be considered as the option of last resort. Nothing in this Section shall prohibit discussion of medical treatment options or a referral to legal counsel.

(4) Development of new Family Support Program services.

(A) Development of specialized therapeutic residential treatment for youth and emerging adults with high-acuity mental health conditions. Through a working group led by the Department of Healthcare and Family Services that includes the Department of Children and Family Services and residential treatment providers for youth and emerging adults, the Department of Healthcare and Family Services, within 12 months after the effective date of this amendatory Act of the 101st General Assembly, shall develop a plan for the development of specialized therapeutic residential treatment beds similar to a qualified residential treatment program, as defined in the federal Family First Prevention Services Act, for youth in the Family Support Program with high-acuity mental health needs. The Department of Healthcare and Family Services and the Department of Children and Family Services shall work together to maximize federal funding through Medicaid and Title IV-E of the Social Security Act in the development and implementation of this plan.

(B) Using the Department of Children and Family Services' beyond medical necessity data over the last 5 years and any other relevant, available data, the Department of Healthcare and Family Services shall assess the estimated number of these specialized high-acuity residential treatment beds that are needed in each region of the State based on the number of youth remaining in psychiatric hospitals beyond medical necessity and the number of youth placed out-of-state who need this level of care. The Department of Healthcare and Family Services shall report the results of this assessment to the General Assembly by no later than December 31, 2020.

(C) Development of an age-appropriate therapeutic residential treatment model for emerging adults and transition-age adults. Within 30 months after the effective date of this amendatory Act of the 101st General Assembly, the Department of Healthcare and Family Services, in partnership with the Department of Human Services' Division of Mental Health and with significant and meaningful stakeholder input through a working group of providers and other stakeholders, shall develop a supportive housing model for emerging adults and transition-age adults receiving services through the Family Support Program who need residential treatment and support to enable recovery. Such a model shall be age-appropriate and shall allow the residential component of the model to be in a community-based setting combined with intensive community-based mental health services.

(j) Workgroup to develop a plan for improving access to substance use treatment. The Department of Healthcare and Family Services and the Department of Human Services' Division of Substance Use Prevention and Recovery shall co-lead a working group that includes Family Support Program providers, family support organizations, and other stakeholders over a 12-month period beginning in the first quarter of calendar year 2020 to develop a plan for increasing access to substance use treatment services for youth, emerging adults, and transition-age adults who are eligible for Family Support Program services.

(k) Appropriation. Implementation of this Section shall be limited by the State's annual appropriation to the Family Support Program. Spending within the Family Support Program appropriation shall be further limited for the new Family Support Program services to be developed accordingly:

(1) Targeted use of specialized therapeutic residential treatment for youth and emerging adults with high-acuity mental health conditions through appropriation limitation. No more than 12% of all annual Family Support Program funds shall be spent on this level of care in any given state fiscal year.

(2) Targeted use of residential treatment model established for emerging adults and transition-age adults through appropriation limitation. No more than one-quarter of all annual Family Support Program funds shall be spent on this level of care in any given state fiscal year.

(l) Exhausting third party insurance coverage first.

(A) A parent, legal guardian, emerging adult, or transition-age adult with private insurance coverage shall work with the Department of Healthcare and Family Services, or its designee, to identify insurance coverage for any and all benefits covered by their plan. If insurance cost-sharing by any method for treatment is cost-prohibitive for the parent, legal guardian, emerging adult, or transition-age adult, Family Support Program funds may be applied as a payer of last resort toward insurance cost-sharing for purposes of using private insurance coverage to the fullest extent for the

recommended treatment. If the Department, or its agent, has a concern relating to the parent's, legal guardian's, emerging adult's, or transition-age adult's insurer's compliance with Illinois or federal insurance requirements relating to the coverage of mental health or substance use disorders, it shall refer all relevant information to the applicable regulatory authority.

(B) The Department of Healthcare and Family Services shall use Medicaid funds first for an individual who has Medicaid coverage if the treatment or service recommended using an integrated behavioral health assessment and treatment plan (using the instrument approved by the Department of Healthcare and Family Services) is covered by Medicaid.

(C) If private or public insurance coverage does not cover the needed treatment or service, Family Support Program funds shall be used to cover the services offered through the Family Support Program.

(m) Service authorization. A youth, emerging adult, or transition-age adult enrolled in the Family Support Program or the Specialized Family Support Program shall be eligible to receive a mental health treatment service covered by the applicable program if the medical necessity criteria established by the Department of Healthcare and Family Services are met.

(n) Streamlined application. The Department of Healthcare and Family Services shall revise the Family Support Program applications and the application process to reflect the changes made to this Section by this amendatory Act of the 101st General Assembly within 8 months after the adoption of any amendments to 89 Ill. Adm. Code 139.

(o) Study of reimbursement policies during planned and unplanned absences of youth and emerging adults in Family Support Program residential treatment settings. The Department of Healthcare and Family Services shall undertake a study of those standards of the Department of Children and Family Services and other states for reimbursement of residential treatment during planned and unplanned absences to determine if reimbursing residential providers for such unplanned absences positively impacts the availability of residential treatment for youth and emerging adults. The Department of Healthcare and Family Services shall begin the study on July 1, 2019 and shall report its findings and the results of the study to the General Assembly, along with any recommendations for or against adopting a similar policy, by December 31, 2020.

(p) Public awareness and educational campaign for all relevant providers. The Department of Healthcare and Family Services shall engage in a public awareness campaign to educate hospitals with psychiatric units, crisis response providers such as Screening, Assessment and Support Services providers and Comprehensive Community Based Youth Services agencies, schools, and other community institutions and providers across Illinois on the changes made by this amendatory Act of the 101st General Assembly to the Family Support Program. The Department of Healthcare and Family Services shall produce written materials geared for the appropriate target audience, develop webinars, and conduct outreach visits over a 12-month period beginning after implementation of the changes made to this Section by this amendatory Act of the 101st General Assembly.

(q) Maximizing federal matching funds for the Family Support Program and the Specialized Family Support Program. The Department of Healthcare and Family Services, as the sole Medicaid State agency, shall seek approval from the federal Centers for Medicare and Medicaid Services within 12 months after the effective date of this amendatory Act of the 101st General Assembly to draw additional federal Medicaid matching funds for individuals served under the Family Support Program or the Specialized Family Support Program who are not covered by the Department's medical assistance programs. The Department of Children and Family Services, as the State agency responsible for administering federal funds pursuant to Title IV-E of the Social Security Act, shall submit a State Plan to the federal government within 12 months after the effective date of this amendatory Act of the 101st General Assembly to maximize the use of federal Title IV-E prevention funds through the federal Family First Prevention Services Act, to provide mental health and substance use disorder treatment services and supports, including, but not limited to, the provision of short-term crisis and transition beds post-hospitalization for youth who are at imminent risk of entering Illinois' youth welfare system solely due to the inability to access mental health or substance use treatment services.

(r) Outcomes and data reported annually to the General Assembly. Beginning in 2021, the Department of Healthcare and Family Services shall submit an annual report to the General Assembly that includes the following information with respect to the time period covered by the report:

(1) The number and ages of youth, emerging adults, and transition-age adults who requested services under the Family Support Program and the Specialized Family Support Program and the services received.

(2) The number and ages of youth, emerging adults, and transition-age adults who

requested services under the Specialized Family Support Program who were eligible for services based on the number of hospitalizations.

(3) The number and ages of youth, emerging adults, and transition-age adults who applied for Family Support Program or Specialized Family Support Program services but did not receive any services.

(s) Rulemaking authority. Unless a timeline is otherwise specified in a subsection, if amendments to 89 Ill. Adm. Code 139 are needed for implementation of this Section, such amendments shall be filed by the Department of Healthcare and Family Services within one year after the effective date of this amendatory Act of the 101st General Assembly.

(Source: P.A. 101-461, eff. 1-1-20.)

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

Under the rules, the foregoing **Senate Bill No. 391**, with House Amendment No. 1, was referred to the Secretary's Desk.

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

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

SENATE BILL NO. 1042

A bill for AN ACT concerning revenue.

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

House Amendment No. 1 to SENATE BILL NO. 1042

Passed the House, as amended, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 1042

AMENDMENT NO. 1. Amend Senate Bill 1042 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Municipal Code is amended by changing Section 11-74.4-3.5 as follows:
(65 ILCS 5/11-74.4-3.5)

Sec. 11-74.4-3.5. Completion dates for redevelopment projects.

(a) Unless otherwise stated in this Section, the estimated dates of completion of the redevelopment project and retirement of obligations issued to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may not be later than December 31 of the year in which the payment to the municipal treasurer, as provided in subsection (b) of Section 11-74.4-8 of this Act, is to be made with respect to ad valorem taxes levied in the 23rd calendar year after the year in which the ordinance approving the redevelopment project area was adopted if the ordinance was adopted on or after January 15, 1981.

(a-5) If the redevelopment project area is located within a transit facility improvement area established pursuant to Section 11-74.4-3, the estimated dates of completion of the redevelopment project and retirement of obligations issued to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may not be later than December 31 of the year in which the payment to the municipal treasurer, as provided in subsection (b) of Section 11-74.4-8 of this Act, is to be made with respect to ad valorem taxes levied in the 35th calendar year after the year in which the ordinance approving the redevelopment project area was adopted.

(a-7) A municipality may adopt tax increment financing for a redevelopment project area located in a transit facility improvement area that also includes real property located within an existing redevelopment project area established prior to August 12, 2016 (the effective date of Public Act 99-792). In such case: (i) the provisions of this Division shall apply with respect to the previously established redevelopment project area until the municipality adopts, as required in accordance with applicable provisions of this Division, an ordinance dissolving the special tax allocation fund for such redevelopment project area and terminating the designation of such redevelopment project area as a redevelopment project area; and (ii) after the effective date of the ordinance described in (i), the provisions of this Division shall apply with respect to the subsequently established redevelopment project area located in a transit facility improvement area.

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(b) The estimated dates of completion of the redevelopment project and retirement of obligations issued to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may not be later than December 31 of the year in which the payment to the municipal treasurer as provided in subsection (b) of Section 11-74.4-8 of this Act is to be made with respect to ad valorem taxes levied in the 32nd calendar year after the year in which the ordinance approving the redevelopment project area was adopted if the ordinance was adopted on September 9, 1999 by the Village of Downs.

The estimated dates of completion of the redevelopment project and retirement of obligations issued to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may not be later than December 31 of the year in which the payment to the municipal treasurer as provided in subsection (b) of Section 11-74.4-8 of this Act is to be made with respect to ad valorem taxes levied in the 33rd calendar year after the year in which the ordinance approving the redevelopment project area was adopted if the ordinance was adopted on May 20, 1985 by the Village of Wheeling.

The estimated dates of completion of the redevelopment project and retirement of obligations issued to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may not be later than December 31 of the year in which the payment to the municipal treasurer as provided in subsection (b) of Section 11-74.4-8 of this Act is to be made with respect to ad valorem taxes levied in the 28th calendar year after the year in which the ordinance approving the redevelopment project area was adopted if the ordinance was adopted on October 12, 1989 by the City of Lawrenceville.

(c) The estimated dates of completion of the redevelopment project and retirement of obligations issued to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may not be later than December 31 of the year in which the payment to the municipal treasurer as provided in subsection (b) of Section 11-74.4-8 of this Act is to be made with respect to ad valorem taxes levied in the 35th calendar year after the year in which the ordinance approving the redevelopment project area was adopted:

- (1) If the ordinance was adopted before January 15, 1981.
- (2) If the ordinance was adopted in December 1983, April 1984, July 1985, or December 1989.
- (3) If the ordinance was adopted in December 1987 and the redevelopment project is located within one mile of Midway Airport.
- (4) If the ordinance was adopted before January 1, 1987 by a municipality in Mason County.
- (5) If the municipality is subject to the Local Government Financial Planning and Supervision Act or the Financially Distressed City Law.
- (6) If the ordinance was adopted in December 1984 by the Village of Rosemont.
- (7) If the ordinance was adopted on December 31, 1986 by a municipality located in Clinton County for which at least \$250,000 of tax increment bonds were authorized on June 17, 1997, or if the ordinance was adopted on December 31, 1986 by a municipality with a population in 1990 of less than 3,600 that is located in a county with a population in 1990 of less than 34,000 and for which at least \$250,000 of tax increment bonds were authorized on June 17, 1997.
- (8) If the ordinance was adopted on October 5, 1982 by the City of Kankakee, or if the ordinance was adopted on December 29, 1986 by East St. Louis.
- (9) If the ordinance was adopted on November 12, 1991 by the Village of Sauget.
- (10) If the ordinance was adopted on February 11, 1985 by the City of Rock Island.
- (11) If the ordinance was adopted before December 18, 1986 by the City of Moline.
- (12) If the ordinance was adopted in September 1988 by Sauk Village.
- (13) If the ordinance was adopted in October 1993 by Sauk Village.
- (14) If the ordinance was adopted on December 29, 1986 by the City of Galva.
- (15) If the ordinance was adopted in March 1991 by the City of Centerville.
- (16) If the ordinance was adopted on January 23, 1991 by the City of East St. Louis.
- (17) If the ordinance was adopted on December 22, 1986 by the City of Aledo.
- (18) If the ordinance was adopted on February 5, 1990 by the City of Clinton.
- (19) If the ordinance was adopted on September 6, 1994 by the City of Freeport.
- (20) If the ordinance was adopted on December 22, 1986 by the City of Tuscola.
- (21) If the ordinance was adopted on December 23, 1986 by the City of Sparta.
- (22) If the ordinance was adopted on December 23, 1986 by the City of Beardstown.
- (23) If the ordinance was adopted on April 27, 1981, October 21, 1985, or December 30, 1986 by the City of Belleville.
- (24) If the ordinance was adopted on December 29, 1986 by the City of Collinsville.
- (25) If the ordinance was adopted on September 14, 1994 by the City of Alton.

- (26) If the ordinance was adopted on November 11, 1996 by the City of Lexington.
- (27) If the ordinance was adopted on November 5, 1984 by the City of LeRoy.
- (28) If the ordinance was adopted on April 3, 1991 or June 3, 1992 by the City of Markham.
- (29) If the ordinance was adopted on November 11, 1986 by the City of Pekin.
- (30) If the ordinance was adopted on December 15, 1981 by the City of Champaign.
- (31) If the ordinance was adopted on December 15, 1986 by the City of Urbana.
- (32) If the ordinance was adopted on December 15, 1986 by the Village of Heyworth.
- (33) If the ordinance was adopted on February 24, 1992 by the Village of Heyworth.
- (34) If the ordinance was adopted on March 16, 1995 by the Village of Heyworth.
- (35) If the ordinance was adopted on December 23, 1986 by the Town of Cicero.
- (36) If the ordinance was adopted on December 30, 1986 by the City of Effingham.
- (37) If the ordinance was adopted on May 9, 1991 by the Village of Tilton.
- (38) If the ordinance was adopted on October 20, 1986 by the City of Elmhurst.
- (39) If the ordinance was adopted on January 19, 1988 by the City of Waukegan.
- (40) If the ordinance was adopted on September 21, 1998 by the City of Waukegan.
- (41) If the ordinance was adopted on December 31, 1986 by the City of Sullivan.
- (42) If the ordinance was adopted on December 23, 1991 by the City of Sullivan.
- (43) If the ordinance was adopted on December 31, 1986 by the City of Oglesby.
- (44) If the ordinance was adopted on July 28, 1987 by the City of Marion.
- (45) If the ordinance was adopted on April 23, 1990 by the City of Marion.
- (46) If the ordinance was adopted on August 20, 1985 by the Village of Mount Prospect.
- (47) If the ordinance was adopted on February 2, 1998 by the Village of Woodhull.
- (48) If the ordinance was adopted on April 20, 1993 by the Village of Princeville.
- (49) If the ordinance was adopted on July 1, 1986 by the City of Granite City.
- (50) If the ordinance was adopted on February 2, 1989 by the Village of Lombard.
- (51) If the ordinance was adopted on December 29, 1986 by the Village of Gardner.
- (52) If the ordinance was adopted on July 14, 1999 by the Village of Paw Paw.
- (53) If the ordinance was adopted on November 17, 1986 by the Village of Franklin Park.
- (54) If the ordinance was adopted on November 20, 1989 by the Village of South Holland.
- (55) If the ordinance was adopted on July 14, 1992 by the Village of Riverdale.
- (56) If the ordinance was adopted on December 29, 1986 by the City of Galesburg.
- (57) If the ordinance was adopted on April 1, 1985 by the City of Galesburg.
- (58) If the ordinance was adopted on May 21, 1990 by the City of West Chicago.
- (59) If the ordinance was adopted on December 16, 1986 by the City of Oak Forest.
- (60) If the ordinance was adopted in 1999 by the City of Villa Grove.
- (61) If the ordinance was adopted on January 13, 1987 by the Village of Mt. Zion.
- (62) If the ordinance was adopted on December 30, 1986 by the Village of Manteno.
- (63) If the ordinance was adopted on April 3, 1989 by the City of Chicago Heights.
- (64) If the ordinance was adopted on January 6, 1999 by the Village of Rosemont.
- (65) If the ordinance was adopted on December 19, 2000 by the Village of Stone Park.
- (66) If the ordinance was adopted on December 22, 1986 by the City of DeKalb.
- (67) If the ordinance was adopted on December 2, 1986 by the City of Aurora.
- (68) If the ordinance was adopted on December 31, 1986 by the Village of Milan.
- (69) If the ordinance was adopted on September 8, 1994 by the City of West Frankfort.
- (70) If the ordinance was adopted on December 23, 1986 by the Village of Libertyville.
- (71) If the ordinance was adopted on December 22, 1986 by the Village of Hoffman Estates.
- (72) If the ordinance was adopted on September 17, 1986 by the Village of Sherman.
- (73) If the ordinance was adopted on December 16, 1986 by the City of Macomb.
- (74) If the ordinance was adopted on June 11, 2002 by the City of East Peoria to create the West Washington Street TIF.
- (75) If the ordinance was adopted on June 11, 2002 by the City of East Peoria to create the Camp Street TIF.
- (76) If the ordinance was adopted on August 7, 2000 by the City of Des Plaines.
- (77) If the ordinance was adopted on December 22, 1986 by the City of Washington to create the Washington Square TIF #2.
- (78) If the ordinance was adopted on December 29, 1986 by the City of Morris.
- (79) If the ordinance was adopted on July 6, 1998 by the Village of Steeleville.

(80) If the ordinance was adopted on December 29, 1986 by the City of Pontiac to create TIF I (the Main St TIF).

(81) If the ordinance was adopted on December 29, 1986 by the City of Pontiac to create TIF II (the Interstate TIF).

(82) If the ordinance was adopted on November 6, 2002 by the City of Chicago to create the Madden/Wells TIF District.

(83) If the ordinance was adopted on November 4, 1998 by the City of Chicago to create the Roosevelt/Racine TIF District.

(84) If the ordinance was adopted on June 10, 1998 by the City of Chicago to create the Stony Island Commercial/Burnside Industrial Corridors TIF District.

(85) If the ordinance was adopted on November 29, 1989 by the City of Chicago to create the Englewood Mall TIF District.

(86) If the ordinance was adopted on December 27, 1986 by the City of Mendota.

(87) If the ordinance was adopted on December 31, 1986 by the Village of Cahokia.

(88) If the ordinance was adopted on September 20, 1999 by the City of Belleville.

(89) If the ordinance was adopted on December 30, 1986 by the Village of Bellevue to create the Bellevue TIF District 1.

(90) If the ordinance was adopted on December 13, 1993 by the Village of Crete.

(91) If the ordinance was adopted on February 12, 2001 by the Village of Crete.

(92) If the ordinance was adopted on April 23, 2001 by the Village of Crete.

(93) If the ordinance was adopted on December 16, 1986 by the City of Champaign.

(94) If the ordinance was adopted on December 20, 1986 by the City of Charleston.

(95) If the ordinance was adopted on June 6, 1989 by the Village of Romeoville.

(96) If the ordinance was adopted on October 14, 1993 and amended on August 2, 2010 by the City of Venice.

(97) If the ordinance was adopted on June 1, 1994 by the City of Markham.

(98) If the ordinance was adopted on May 19, 1998 by the Village of Bensenville.

(99) If the ordinance was adopted on November 12, 1987 by the City of Dixon.

(100) If the ordinance was adopted on December 20, 1988 by the Village of Lansing.

(101) If the ordinance was adopted on October 27, 1998 by the City of Moline.

(102) If the ordinance was adopted on May 21, 1991 by the Village of Glenwood.

(103) If the ordinance was adopted on January 28, 1992 by the City of East Peoria.

(104) If the ordinance was adopted on December 14, 1998 by the City of Carlyle.

(105) If the ordinance was adopted on May 17, 2000, as subsequently amended, by the City of Chicago to create the Midwest Redevelopment TIF District.

(106) If the ordinance was adopted on September 13, 1989 by the City of Chicago to create the Michigan/Cermak Area TIF District.

(107) If the ordinance was adopted on March 30, 1992 by the Village of Ohio.

(108) If the ordinance was adopted on July 6, 1998 by the Village of Orangeville.

(109) If the ordinance was adopted on December 16, 1997 by the Village of Germantown.

(110) If the ordinance was adopted on April 28, 2003 by Gibson City.

(111) If the ordinance was adopted on December 18, 1990 by the Village of Washington Park, but only after the Village of Washington Park becomes compliant with the reporting requirements under subsection (d) of Section 11-74.4-5, and after the State Comptroller's certification of such compliance.

(112) If the ordinance was adopted on February 28, 2000 by the City of Harvey.

(113) If the ordinance was adopted on January 11, 1991 by the City of Chicago to create the Read/Dunning TIF District.

(114) If the ordinance was adopted on July 24, 1991 by the City of Chicago to create the Sanitary and Ship Canal TIF District.

(115) If the ordinance was adopted on December 4, 2007 by the City of Naperville.

(116) If the ordinance was adopted on July 1, 2002 by the Village of Arlington Heights.

(117) If the ordinance was adopted on February 11, 1991 by the Village of Machesney Park.

(118) If the ordinance was adopted on December 29, 1993 by the City of Ottawa.

(119) If the ordinance was adopted on June 4, 1991 by the Village of Lansing.

(120) If the ordinance was adopted on February 10, 2004 by the Village of Fox Lake.

(121) If the ordinance was adopted on December 22, 1992 by the City of Fairfield.

(122) If the ordinance was adopted on February 10, 1992 by the City of Mt. Sterling.

- (123) If the ordinance was adopted on March 15, 2004 by the City of Batavia.
- (124) If the ordinance was adopted on March 18, 2002 by the Village of Lake Zurich.
- (125) If the ordinance was adopted on September 23, 1997 by the City of Granite City.
- (126) If the ordinance was adopted on May 8, 2013 by the Village of Rosemont to create the Higgins Road/River Road TIF District No. 6.
- (127) If the ordinance was adopted on November 22, 1993 by the City of Arcola.
- (128) If the ordinance was adopted on September 7, 2004 by the City of Arcola.
- (129) If the ordinance was adopted on November 29, 1999 by the City of Paris.
- (130) If the ordinance was adopted on September 20, 1994 by the City of Ottawa to create the U.S. Route 6 East Ottawa TIF.
- (131) If the ordinance was adopted on May 2, 2002 by the Village of Crestwood.
- (132) If the ordinance was adopted on October 27, 1992 by the City of Blue Island.
- (133) If the ordinance was adopted on December 23, 1993 by the City of Lacon.
- (134) If the ordinance was adopted on May 4, 1998 by the Village of Bradford.
- (135) If the ordinance was adopted on June 11, 2002 by the City of Oak Forest.
- (136) If the ordinance was adopted on November 16, 1992 by the City of Pinckneyville.
- (137) If the ordinance was adopted on March 1, 2001 by the Village of South Jacksonville.
- (138) If the ordinance was adopted on February 26, 1992 by the City of Chicago to create the Stockyards Southeast Quadrant TIF District.
- (139) If the ordinance was adopted on January 25, 1993 by the City of LaSalle.
- (140) If the ordinance was adopted on December 23, 1997 by the Village of Dieterich.
- (141) If the ordinance was adopted on February 10, 2016 by the Village of Rosemont to create the Balmoral/Pearl TIF No. 8 Tax Increment Financing Redevelopment Project Area.
- (142) If the ordinance was adopted on June 11, 2002 by the City of Oak Forest.
- (143) If the ordinance was adopted on January 31, 1995 by the Village of Milledgeville.
- (144) If the ordinance was adopted on February 5, 1996 by the Village of Pearl City.
- (145) If the ordinance was adopted on December 21, 1994 by the City of Calumet City.
- (146) If the ordinance was adopted on May 5, 2003 by the Town of Normal.
- (147) If the ordinance was adopted on June 2, 1998 by the City of Litchfield.
- (148) If the ordinance was adopted on October 23, 1995 by the City of Marion.
- (149) If the ordinance was adopted on May 24, 2001 by the Village of Hanover Park.
- (150) If the ordinance was adopted on May 30, 1995 by the Village of Dalzell.
- (151) If the ordinance was adopted on April 15, 1997 by the City of Edwardsville.
- (152) If the ordinance was adopted on September 5, 1995 by the City of Granite City.
- (153) If the ordinance was adopted on June 21, 1999 by the Village of Table Grove.
- (154) If the ordinance was adopted on February 23, 1995 by the City of Springfield.
- (155) If the ordinance was adopted on August 11, 1999 by the City of Monmouth.
- (156) If the ordinance was adopted on December 26, 1995 by the Village of Posen.
- (157) If the ordinance was adopted on July 1, 1995 by the Village of Caseyville.
- (158) If the ordinance was adopted on January 30, 1996 by the City of Madison.
- (159) If the ordinance was adopted on February 2, 1996 by the Village of Hartford.
- (160) If the ordinance was adopted on July 2, 1996 by the Village of Manlius.
- (161) If the ordinance was adopted on March 21, 2000 by the City of Hoopeston.
- (162) If the ordinance was adopted on March 22, 2005 by the City of Hoopeston.
- (163) If the ordinance was adopted on July 10, 1996 by the City of Chicago to create the Goose Island TIF District.
- (164) If the ordinance was adopted on December 11, 1996 by the City of Chicago to create the Bryn Mawr/Broadway TIF District.
- (165) If the ordinance was adopted on December 31, 1995 by the City of Chicago to create the 95th/Western TIF District.
- (166) If the ordinance was adopted on October 7, 1998 by the City of Chicago to create the 71st and Stony Island TIF District.
- (167) If the ordinance was adopted on April 19, 1995 by the Village of North Utica.
- (168) If the ordinance was adopted on April 22, 1996 by the City of LaSalle.
- (169) If the ordinance was adopted on June 9, 2008 by the City of Country Club Hills.
- (170) If the ordinance was adopted on July 3, 1996 by the Village of Phoenix.
- (171) If the ordinance was adopted on May 19, 1997 by the Village of Swansea.
- (172) If the ordinance was adopted on August 13, 2001 by the Village of Saunemin.

(173) If the ordinance was adopted on January 10, 2005 by the Village of Romeoville.

(174) If the ordinance was adopted on January 28, 1997 by the City of Berwyn for the South Berwyn Corridor Tax Increment Financing District.

(175) If the ordinance was adopted on January 28, 1997 by the City of Berwyn for the Roosevelt Road Tax Increment Financing District.

(176) If the ordinance was adopted on May 3, 2001 by the Village of Hanover Park for the Village Center Tax Increment Financing Redevelopment Project Area (TIF # 3).

(177) If the ordinance was adopted on January 1, 1996 by the City of Savanna.

(d) For redevelopment project areas for which bonds were issued before July 29, 1991, or for which contracts were entered into before June 1, 1988, in connection with a redevelopment project in the area within the State Sales Tax Boundary, the estimated dates of completion of the redevelopment project and retirement of obligations to finance redevelopment project costs (including refunding bonds under Section 11-74.4-7) may be extended by municipal ordinance to December 31, 2013. The termination procedures of subsection (b) of Section 11-74.4-8 are not required for these redevelopment project areas in 2009 but are required in 2013. The extension allowed by Public Act 87-1272 shall not apply to real property tax increment allocation financing under Section 11-74.4-8.

(e) Those dates, for purposes of real property tax increment allocation financing pursuant to Section 11-74.4-8 only, shall be not more than 35 years for redevelopment project areas that were adopted on or after December 16, 1986 and for which at least \$8 million worth of municipal bonds were authorized on or after December 19, 1989 but before January 1, 1990; provided that the municipality elects to extend the life of the redevelopment project area to 35 years by the adoption of an ordinance after at least 14 but not more than 30 days' written notice to the taxing bodies, that would otherwise constitute the joint review board for the redevelopment project area, before the adoption of the ordinance.

(f) Those dates, for purposes of real property tax increment allocation financing pursuant to Section 11-74.4-8 only, shall be not more than 35 years for redevelopment project areas that were established on or after December 1, 1981 but before January 1, 1982 and for which at least \$1,500,000 worth of tax increment revenue bonds were authorized on or after September 30, 1990 but before July 1, 1991; provided that the municipality elects to extend the life of the redevelopment project area to 35 years by the adoption of an ordinance after at least 14 but not more than 30 days' written notice to the taxing bodies, that would otherwise constitute the joint review board for the redevelopment project area, before the adoption of the ordinance.

(f-5) Those dates, for purposes of real property tax increment allocation financing pursuant to Section 11-74.4-8 only, shall be not more than 47 years for redevelopment project areas that were established on December 29, 1981 by the City of Springfield; provided that (i) the City of Springfield adopts an ordinance extending the life of the redevelopment project area to 47 years and (ii) the City of Springfield provides notice to the taxing bodies that would otherwise constitute the joint review board for the redevelopment project area not more than 30 and not less than 14 days prior to the adoption of that ordinance.

(g) In consolidating the material relating to completion dates from Sections 11-74.4-3 and 11-74.4-7 into this Section, it is not the intent of the General Assembly to make any substantive change in the law, except for the extension of the completion dates for the City of Aurora, the Village of Milan, the City of West Frankfort, the Village of Libertyville, and the Village of Hoffman Estates set forth under items (67), (68), (69), (70), and (71) of subsection (c) of this Section.

(Source: P.A. 100-201, eff. 8-18-17; 100-214, eff. 8-18-17; 100-249, eff. 8-22-17; 100-510, eff. 9-15-17; 100-591, eff. 6-21-18; 100-609, eff. 7-17-18; 100-836, eff. 8-13-18; 100-853, eff. 8-14-18; 100-859, eff. 8-14-18; 100-863, eff. 8-14-18; 100-873, eff. 8-14-18; 100-899, eff. 8-17-18; 100-928, eff. 8-17-18; 100-967, eff. 8-19-18; 100-1031, eff. 8-22-18; 100-1032, eff. 8-22-18; 100-1164, eff. 12-27-18; 101-274, eff. 8-9-19.)

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

Under the rules, the foregoing **Senate Bill No. 1042**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Hollman, Clerk:

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

SENATE BILL NO. 1200

A bill for AN ACT concerning State government.

[November 4, 2019]

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

House Amendment No. 1 to SENATE BILL NO. 1200
Passed the House, as amended, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 1200

AMENDMENT NO. 1. Amend Senate Bill 1200 by replacing everything after the enacting clause with the following:

"Section 5. The Rare Disease Commission Act is amended by changing Sections 15 and 90 as follows:
(410 ILCS 445/15)

(Section scheduled to be repealed on January 1, 2020)

Sec. 15. Study; recommendations. The Commission shall make recommendations to the General Assembly, in the form of an annual report through 2023 ~~2020~~, regarding:

(1) the use of prescription drugs and innovative therapies for children and adults with rare diseases, and specific subpopulations of children or adults with rare diseases, as appropriate, together with recommendations on the ways in which this information should be used in specific State programs that (A) provide assistance or health care coverage to individuals with rare diseases or broader populations that include individuals with rare diseases, or (B) have responsibilities associated with promoting the quality of care for individuals with rare diseases or broader populations that include individuals with rare diseases;

(2) legislation that could improve the care and treatment of adults or children with rare diseases;

(3) in coordination with the Genetic and Metabolic Diseases Advisory Committee, the screening of newborn children for the presence of genetic disorders; and

(4) any other issues the Commission considers appropriate.

The Commission shall submit its annual report to the General Assembly no later than December 31 of each year.

(Source: P.A. 99-773, eff. 1-1-17.)

(410 ILCS 445/90)

(Section scheduled to be repealed on January 1, 2020)

Sec. 90. Repeal. This Act is repealed on January 1, 2023 ~~2020~~.

(Source: P.A. 99-773, eff. 1-1-17.)

Section 10. The Lyme Disease Prevention and Protection Act is amended by changing Section 15 as follows:

(410 ILCS 450/15)

Sec. 15. Lyme Disease Task Force; duties; members.

(a) The Department shall establish the Lyme Disease Task Force to advise the Department on disease prevention and surveillance and provider and public education relating to the disease.

(b) The Task Force shall consist of the Director of Public Health or a designee, who shall serve as chairman, and the following members ~~appointed by the Director of Public Health~~:

(1) one representative from the Department of Financial and Professional Regulation, appointed by the Director of Public Health;

(2) 3 physicians licensed to practice medicine in all its branches who are members of a statewide organization representing physicians, one of whom represents a medical school faculty and one of whom has the experience of treating Lyme disease, appointed by the Director of Public Health;

(3) one advanced practice registered nurse selected from the recommendations of professional nursing associations, appointed by the Director of Public Health;

(4) one local public health administrator, appointed by the Director of Public Health;

(5) one veterinarian, appointed by the Director of Public Health;

(6) 4 members of the public interested in Lyme disease, appointed by the Director of Public Health;

(7) 2 members appointed by the Speaker of the House of Representatives;

(8) 2 members appointed by the Minority Leader of the House of Representatives;

(9) 2 members appointed by the President of the Senate; and

(10) 2 members appointed by the Minority Leader of the Senate.

[November 4, 2019]

(c) The terms of the members of the Task Force shall be 3 years. Members may continue to serve after the expiration of a term until a new member is appointed. Each member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term. The council shall meet as frequently as the chairman deems necessary, but not less than 2 times each year. Members shall receive no compensation for their services.

(d) The Lyme Disease Task Force has the following duties and responsibilities:

(1) monitoring the implementation of this Act and providing feedback and input for necessary additions or modifications;

(2) reviewing relevant literature and guidelines that define accurate diagnosis of Lyme disease with the purpose of creating cohesive and consistent guidelines for the determination of Lyme diagnosis across all counties in Illinois and with the intent of providing accurate and relevant numbers to the Centers for Disease Control and Prevention;

(3) providing recommendations on professional continuing educational materials and opportunities that specifically focus on Lyme disease prevention, protection, and treatment; and

(4) assisting the Department in establishing policies, procedures, techniques, and criteria for the collection, maintenance, exchange, and sharing of medical information on Lyme disease, and identifying persons or entities with Lyme disease expertise to collaborate with Department in Lyme disease diagnosis, prevention, and treatment.

(Source: P.A. 100-1137, eff. 1-1-19.)

Section 15. The Illinois Vehicle Code is amended by changing Section 11-907.1 as follows:

(625 ILCS 5/11-907.1)

(This Section may contain text from a Public Act with a delayed effective date)

(Section scheduled to be repealed on January 1, 2021)

Sec. 11-907.1. Move Over Task Force.

(a) The Move Over Task Force is created to study the issue of violations of Sections 11-907, 11-907.5, and 11-908 with particular attention to the causes of violations and ways to protect law enforcement and emergency responders.

(b) The membership of the Task Force shall consist of the following members:

(1) the Director of State Police or his or her designee, who shall serve as chair;

(2) the Governor or his or her designee;

(3) the Secretary of State or his or her designee;

(4) the Secretary of Transportation or his or her designee;

(5) the Director of the Illinois Toll Highway Authority or his or her designee;

(6) the President of the Illinois State's Attorneys Association or his or her designee;

(7) the President of the Illinois Association of Chiefs of Police or his or her

designee;

(8) the President of the Illinois Sheriffs' Association or his or her designee;

(9) the President of the Illinois Fraternal Order of Police or his or her designee;

(10) the President of the Associated Fire Fighters of Illinois or his or her designee;

(11) one member appointed by the Speaker of the House of Representatives;

(12) one member appointed by the Minority Leader of the House of Representatives;

(13) one member appointed by the President of the Senate;

(14) one member appointed by the Minority Leader of the Senate; and

(15) the following persons appointed by the Governor:

(A) 2 representatives of different statewide trucking associations;

(B) one representative of a Chicago area motor club;

(C) one representative of a Chicago area transit safety alliance;

(D) one representative of a statewide press association;

(E) one representative of a statewide broadcast association;

(F) one representative of a statewide towing organization;

(G) the chief of police of a municipality with a population under 25,000;

(H) one representative of a statewide organization representing chiefs of police; and

(I) one representative of the solid waste management industry; and

(J) one representative from a bona fide labor organization representing certified road flaggers and other road construction workers.

(c) The members of the Task Force shall serve without compensation.

(d) The Task Force shall meet no fewer than 3 times and shall present its report and recommendations, including legislative recommendations, if any, on how to better enforce Scott's Law and prevent fatalities on Illinois roadways to the General Assembly no later than January 1, ~~2021~~ 2020.

(e) The Department of State Police shall provide administrative support to the Task Force as needed.

(f) This Section is repealed on January 1, ~~2022~~ 2021.

(Source: P.A. 101-174, eff. 1-1-20.)

Section 20. The Code of Criminal Procedure of 1963 is amended by changing Sections 106F-15 and 106F-20, and by adding Section 106F-25 as follows:

(725 ILCS 5/106F-15)

(Section scheduled to be repealed on January 1, 2020)

Sec. 106F-15. Task Force; membership.

(a) Policies and procedures of the Task Force on Children of Incarcerated Parents shall incorporate the emotional, mental, and physical well-being of the children, as well as the safety of officers, other staff, and any other relevant parties. A policy or procedure adhering to the guiding principles of Section 106F-10 shall not supersede a decision by a court having jurisdiction over the best interest of the child. The Task Force shall consist of the following members, appointed by the Lieutenant Governor unless otherwise indicated:

(1) 2 members from an organization that advocates for adolescents, youth, or incarcerated parents;

(2) 1 member who is an academic or researcher that has studied issues related to the impact of incarceration on youth;

(3) 2 members who are adult children who have experienced parental incarceration;

(4) 2 members who are formerly incarcerated parents;

(5) one member from an organization that facilitates visitation between incarcerated parents and children;

(6) the Secretary of Human Services, or his or her designee;

(7) the Director of Children and Family Services, or his or her designee;

(8) the Cook County Public Guardian, or his or her designee;

(9) the Director of Juvenile Justice, or his or her designee;

(10) the Director of Corrections, or his or her designee;

(11) the President of the Illinois Sheriffs Association, or his or her designee;

(12) the Cook County Sheriff, or his or her designee;

(13) the Director of State Police, or his or her designee;

(14) the Chief of the Chicago Police Department, or his or her designee;

(15) the Director of the Illinois Law Enforcement Training Standards Board, or his or her designee;

(16) the Attorney General, or his or her designee;

(17) one member who represents the court system;

(18) one Representative, appointed by the Speaker of the House of Representatives;

(19) one Representative, appointed by the Minority Leader of the House of Representatives;

(20) one Senator, appointed by the President of the Senate;

(21) one Senator, appointed by the Minority Leader of the Senate;

(22) one member, appointed by the Governor's Office who represents an organization with expertise in gender responsive practices and assessing the impact of incarceration on women, who are disproportionately custodial parents of young children.

(b) The Office of the Lieutenant Governor shall provide administrative and technical support to the Task Force and shall be responsible for administering its operations, appointing a chairperson, and ensuring that the requirements of the Task Force are met. The Task Force shall have all appointments made within 30 days of the effective date of this amendatory Act of the 101st General Assembly.

(c) The members of the Task Force shall serve without compensation.

(d) ~~(Blank). This Section is repealed on January 1, 2020.~~

(Source: P.A. 101-480, eff. 8-23-19.)

(725 ILCS 5/106F-20)

(Section scheduled to be repealed on January 1, 2020)

Sec. 106F-20. Task Force; meetings; duties.

(a) The Task Force on Children of Incarcerated Parents shall meet at least 4 times beginning within 30 days after the effective date of this amendatory Act of the 101st General Assembly. The first meeting shall be held no later than August 1, 2019.

(b) The Task Force shall review available research, best practices, and effective interventions to formulate recommendations.

(c) The Task Force shall produce a report detailing the Task Force's findings and recommendations and needed resources. The Task Force shall submit a report of its findings and recommendations to the General Assembly and the Governor by March 1, 2020 ~~December 31, 2019~~.

(d) ~~(Blank). This Section is repealed on January 1, 2020.~~
(Source: P.A. 101-480, eff. 8-23-19.)

(725 ILCS 5/106F-25 new)

Sec. 106F-25. Repeal. This Article is repealed on July 1, 2020.

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

Under the rules, the foregoing **Senate Bill No. 1200**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Hollman, Clerk:

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

SENATE BILL NO. 1797

A bill for AN ACT concerning children.

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

House Amendment No. 2 to SENATE BILL NO. 1797

Passed the House, as amended, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 2 TO SENATE BILL 1797

AMENDMENT NO. 2. Amend Senate Bill 1797 by replacing everything after the enacting clause with the following:

"Section 5. "An Act concerning courts", Public Act 101-121, approved July 23, 2019, is amended by adding Section 99 as follows:

(P.A. 101-121, Sec. 99 new)

Sec. 99. Effective date. This Act takes effect upon becoming law.

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

Under the rules, the foregoing **Senate Bill No. 1797**, with House Amendment No. 2, was referred to the Secretary's Desk.

A message from the House by

Mr. Hollman, Clerk:

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

SENATE BILL NO. 1909

A bill for AN ACT concerning health.

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

House Amendment No. 1 to SENATE BILL NO. 1909

Passed the House, as amended, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 1 TO SENATE BILL 1909

[November 4, 2019]

AMENDMENT NO. 1. Amend Senate Bill 1909 by replacing everything after the enacting clause with the following:

"Section 5. The Alzheimer's Disease Research Act is amended by changing Sections 3 and 3.2 as follows:

(410 ILCS 410/3) (from Ch. 111 1/2, par. 6903)

(Text of Section before amendment by P.A. 101-588)

Sec. 3. (a) There is created the Alzheimer's Disease Research Fund, a special fund in the State Treasury.

(b) The Department of Public Health shall deposit any donations received for the grant program created pursuant to this Act in the Alzheimer's Disease Research Fund.

(c) The General Assembly may appropriate monies in the Alzheimer's Disease Research Fund to the Department of Public Health for the purpose of awarding grants pursuant to this Act.
(Source: P.A. 84-1265.)

(Text of Section after amendment by P.A. 101-588)

Sec. 3. Alzheimer's Disease Research, Care, and Support Fund.

(a) There is created the Alzheimer's Disease Research, Care, and Support Fund, a special fund in the State Treasury.

(b) The Department of Public Health shall deposit any donations received for the grant program created pursuant to this Act in the Alzheimer's Disease Research, Care, and Support Fund.

(c) The General Assembly may appropriate moneys in the Alzheimer's Disease Research, Care, and Support Fund to the Department of Public Health for the purpose of complying with the requirements under Section 3.2 4 of this Act.

(Source: P.A. 101-588, eff. 1-1-20.)

(410 ILCS 410/3.2)

(This Section may contain text from a Public Act with a delayed effective date)

Sec. 3.2. Use of moneys in the Fund. Moneys in the Alzheimer's Disease Research, Care, and Support Fund shall be used by the Department of Public Health to cover costs associated with this Act, including, but not limited to, the following:

(1) salary and benefits for the full-time position of Dementia Coordinator within the Department; ~~and~~

(2) other expenses contingent with the responsibilities of the Dementia Coordinator, including, but not limited to, travel and professional development opportunities; -

(3) if funding is available after supporting activities under paragraphs (1) and (2), executing appropriate modules of the Behavioral Risk Factor Surveillance System and otherwise administering relevant data collection; and

(4) if funding is available after supporting activities under paragraphs (1), (2), and (3), implementing recommendations outlined in the Alzheimer's Disease State Plan.

(Source: P.A. 101-588, eff. 1-1-20.)

Section 95. No acceleration or delay. Where this Act makes changes in a statute that is represented in this Act by text that is not yet or no longer in effect (for example, a Section represented by multiple versions), the use of that text does not accelerate or delay the taking effect of (i) the changes made by this Act or (ii) provisions derived from any other Public Act.

Section 99. Effective date. This Act takes effect January 1, 2020."

Under the rules, the foregoing **Senate Bill No. 1909**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Hollman, Clerk:

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

HOUSE BILL 188

A bill for AN ACT concerning transportation.

Which amendment is as follows:

Senate Amendment No. 1 to HOUSE BILL NO. 188

Concurred in by the House, October 30, 2019.

[November 4, 2019]

JOHN W. HOLLMAN, Clerk of the House

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

HOUSE BILL NO. 3888

A bill for AN ACT concerning safety.
Passed the House, October 30, 2019.

JOHN W. HOLLMAN, Clerk of the House

The foregoing **House Bill No. 3888** was taken up, ordered printed and placed on first reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A FIRST TIME

House Bill No. 3888, sponsored by Senator Curran, was taken up, read by title a first time and referred to the Committee on Assignments.

APPOINTMENT MESSAGES

Appointment Message No. 1010391

To the Honorable Members of the Senate, One Hundred First General Assembly:

I, JB Pritzker, 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: Arbitrator

Agency or Other Body: Workers' Compensation Commission

Start Date: August 30, 2019

End Date: July 1, 2022

Name: Frank Soto

Residence: 218 E. Pine Ave., Bensenville, IL 60106

Annual Compensation: \$118,716 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Don Harmon

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: AM 1010321

Appointment Message No. 1010392

To the Honorable Members of the Senate, One Hundred First General Assembly:

[November 4, 2019]

I, JB Pritzker, 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 (Employee)

Agency or Other Body: Employment Security Advisory Board

Start Date: November 1, 2019

End Date: January 18, 2021

Name: Timothy Drea

Residence: 8028 Wilson Ter., Springfield, IL 62712

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Steve McClure

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Appointment Message No. 1010393

To the Honorable Members of the Senate, One Hundred First General Assembly:

I, JB Pritzker, 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 (Employee)

Agency or Other Body: Employment Security Advisory Board

Start Date: November 1, 2019

End Date: January 18, 2021

Name: John Gedney

Residence: 1028 5th Ave., Belvidere, IL 61008

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Dave Syverson

Most Recent Holder of Office: Anthony Garcia

Superseded Appointment Message: Not Applicable

Appointment Message No. 1010394

To the Honorable Members of the Senate, One Hundred First General Assembly:

[November 4, 2019]

I, JB Pritzker, 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 (Employee)

Agency or Other Body: Employment Security Advisory Board

Start Date: November 1, 2019

End Date: January 18, 2021

Name: Joanna Webb-Gauvin

Residence: 1509 S. Park Ave., Springfield, IL 62704

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Steve McClure

Most Recent Holder of Office: William Potts Jr.

Superseded Appointment Message: Not Applicable

Appointment Message No. 1010395

To the Honorable Members of the Senate, One Hundred First General Assembly:

I, JB Pritzker, 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 (Employer)

Agency or Other Body: Workers' Compensation Medical Fee Advisory Board

Start Date: November 1, 2019

End Date: December 4, 2021

Name: Helena Lefkow

Residence: 4034 N. Ridgeway Ave., Chicago, IL 60618

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Iris Y. Martinez

Most Recent Holder of Office: Jeffrey White

Superseded Appointment Message: Not Applicable

Under the rules, the foregoing Appointment Message was referred to the Committee on Executive Appointments.

[November 4, 2019]

At the hour of 2:03 o'clock p.m., pursuant to **House Joint Resolution No. 89**, the Chair announced that the Senate stands adjourned until Tuesday, November 12, 2019, at 12:00 o'clock noon, or until the call of the President.