SENATE JOURNAL

STATE OF ILLINOIS

ONE HUNDRED SECOND GENERAL ASSEMBLY

46TH LEGISLATIVE DAY

THURSDAY, MAY 20, 2021

1:09 O'CLOCK P.M.

NO. 46
[May 20, 2021]

SENATE
Daily Journal Index
46th Legislative Day

The Senate met pursuant to adjournment.
Senator David Koehler, Peoria, Illinois, presiding.
Silent prayer was observed by all members of the Senate.
Senator Bennett led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Wednesday, May 19, 2021, be postponed, pending arrival of the printed Journal.
The motion prevailed.

REPORT RECEIVED

The Secretary placed before the Senate the following report:

2022-2027 Proposed Highway Improvement Plan, submitted by the Department of Transportation.

The foregoing report was ordered received and placed on file in the Secretary's Office.

LEGISLATIVE MEASURES FILED

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

Amendment No. 1 to House Bill 3004

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

Amendment No. 1 to Senate Bill 1770

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

Amendment No. 1 to House Bill 1954
Amendment No. 1 to House Bill 2789
Amendment No. 1 to House Bill 3443

MESSAGES FROM THE PRESIDENT

OFFICE OF THE SENATE PRESIDENT
DON HARMON
STATE OF ILLINOIS

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

160 N. LASALLE ST., STE. 720
CHICAGO, ILLINOIS 60601
312-814-2075

May 20, 2021

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Scott M. Bennett to temporarily replace Senator Emil Jones, III as a member of the Senate Energy and Public Utilities Committee. This appointment will expire upon adjournment of the Senate Energy and Public Utilities Committee on May 20, 2021.

Sincerely,
s/Don Harmon
Don Harmon
Senate President

cc: Senate Republican Leader Dan McConchie

OFFICE OF THE SENATE PRESIDENT
DON HARMON
STATE OF ILLINOIS

327 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
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160 N. LASALLE ST., STE. 720
CHICAGO, ILLINOIS 60601
312-814-2075

May 20, 2021

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator John Connor o temporarily replace Senator Antonio Munoz as a member of the Senate Energy and Public Utilities Committee. This appointment will expire upon adjournment of the Senate Energy and Public Utilities Committee on May 20, 2021.

Sincerely,
s/Don Harmon
Don Harmon
Senate President

cc: Senate Republican Leader Dan McConchie

REPORTS FROM STANDING COMMITTEES

Senator Joyce, Chair of the Committee on Agriculture, to which was referred **Senate Resolution No. 168**, reported the same back with the recommendation that the resolution be adopted.

Under the rules, **Senate Resolution No. 168** was placed on the Secretary's Desk.

Senator Joyce, Chair of the Committee on Agriculture, to which was referred **House Bill No. 3650**, reported the same back with the recommendation that the bill do pass.

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

Senator Villanueva, Chair of the Committee on Human Rights, to which was referred **House Bills Numbered 625, 1838 and 3217**, reported the same back with the recommendation that the bills do pass.

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

Senator Glowiak Hilton, Chair of the Committee on Commerce, to which was referred **House Bills Numbered 572, 2435, 2985 and 3955**, reported the same back with the recommendation that the bills do pass.

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

Senator Glowiak Hilton, Chair of the Committee on Commerce, to which was referred **House Bill No. 645**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

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

Senator Bush, Chair of the Committee on Environment and Conservation, to which was referred **House Bills Numbered 2785, 3190 and 3783**, reported the same back with the recommendation that the bills do pass.

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

Senator Bush, Chair of the Committee on Environment and Conservation, to which was referred **House Bill No. 3928**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

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

Senator Hastings, Chair of the Committee on Energy and Public Utilities, to which was referred **House Bills Numbered 3113, 3116 and 3853**, reported the same back with the recommendation that the bills do pass.

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

Senator Hastings, Chair of the Committee on Energy and Public Utilities, to which was referred **House Bills Numbered 414 and 3404**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

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

Senator Hastings, Chair of the Committee on Energy and Public Utilities, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to House Bill 165

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator McClure asked and obtained unanimous consent to recess for the purpose of a Republican caucus.

At the hour of 1:14 o'clock p.m., the Chair announced that the Senate stand at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 2:22 o'clock p.m., the Senate resumed consideration of business.

Senator Koehler, presiding.

READING CONSTITUTIONAL AMENDMENTS A SECOND TIME

On motion of Senator Villivalam, **Senate Joint Resolution Constitutional Amendment No. 11** having been printed, was again taken, read in full a second time and ordered to a third reading.

MOTION

Senator Belt moved that pursuant to Senate Rule 4-1(e), Senators Ellman and Harris be allowed to remotely participate and vote in today's session.

The motion prevailed.

READING BILLS OF THE SENATE A SECOND TIME

On motion of Senator Belt, **Senate Bill No. 1770** having been printed, was taken up, read by title a second time.

Floor Amendment No. 1 was referred to the Committee on Assignments earlier today.

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

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME

On motion of Senator Feigenholtz, **House Bill No. 55** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Glowiak Hilton, **House Bill No. 212** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villa, **House Bill No. 14** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Stewart, **House Bill No. 20** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villa, **House Bill No. 68** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 68

AMENDMENT NO. 1 . Amend House Bill 68 by replacing everything after the enacting clause with the following:

"Section 5. The Hospital Report Card Act is amended by changing Section 25 as follows:

(210 ILCS 86/25)

Sec. 25. Hospital reports.

(a) Individual hospitals shall prepare a quarterly report including all of the following:

(1) Nursing hours per patient day, average daily census, and average daily hours worked for each clinical service area.

(2) Infection-related measures for the facility for the specific clinical procedures and devices determined by the Department by rule under 2 or more of the following categories:

(A) Surgical procedure outcome measures.

(B) Surgical procedure infection control process measures.

(C) Outcome or process measures related to ventilator-associated pneumonia.

(D) Central vascular catheter-related bloodstream infection rates in designated critical care units.

(3) Information required under paragraph (4) of Section 2310-312 of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois.

(4) Additional infection measures mandated by the Centers for Medicare and Medicaid Services that are reported by hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network surveillance system, or its successor, and deemed relevant to patient safety by the Department.

(5) Each instance of preterm birth and infant mortality within the reporting period, including the racial and ethnic information of the mothers of those infants.

(6) Each instance of maternal mortality within the reporting period, including the racial and ethnic information of those mothers.

(7) The number of female patients who have died within the reporting period.

(8) The number of female patients admitted to the hospital with a diagnosis of COVID-19 and at least one known underlying condition identified by the United States Centers for Disease Control and Prevention as a condition that increases the risk of mortality from COVID-19 who subsequently died at the hospital within the reporting period.

The infection-related measures developed by the Department shall be based upon measures and methods developed by the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, the Joint Commission on Accreditation of Healthcare Organizations, or the National Quality Forum. The Department may align the infection-related measures with the measures and methods developed by the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, the Joint Commission on Accreditation of Healthcare Organizations, and the National Quality Forum by adding reporting measures based on national health care strategies and measures deemed scientifically reliable and valid for public reporting. The Department shall receive approval from the State Board of Health to retire measures deemed no longer scientifically valid or valuable for informing quality improvement or infection prevention efforts. The Department shall notify the Chairs and Minority Spokespersons of the House Human Services Committee and the Senate Public Health Committee of its intent to have the State Board of Health take action to retire measures no later than 7 business days before the meeting of the State Board of Health.

The Department shall include interpretive guidelines for infection-related indicators and, when available, shall include relevant benchmark information published by national organizations.

The Department shall collect the information reported under paragraphs (5) and (6) and shall use it to illustrate the disparity of those occurrences across different racial and ethnic groups.

(b) Individual hospitals shall prepare annual reports including vacancy and turnover rates for licensed nurses per clinical service area.

(c) None of the information the Department discloses to the public may be made available in any form or fashion unless the information has been reviewed, adjusted, and validated according to the following process:

(1) The Department shall organize an advisory committee, including representatives from the Department, public and private hospitals, direct care nursing staff, physicians, academic researchers, consumers, health insurance companies, organized labor, and organizations representing hospitals and physicians. The advisory committee must be meaningfully involved in the development of all aspects of the Department's methodology for collecting, analyzing, and disclosing the information collected under this Act, including collection methods, formatting, and methods and means for release and dissemination.

(2) The entire methodology for collecting and analyzing the data shall be disclosed to all relevant organizations and to all hospitals that are the subject of any information to be made available to the public before any public disclosure of such information.

(3) Data collection and analytical methodologies shall be used that meet accepted standards of validity and reliability before any information is made available to the public.

(4) The limitations of the data sources and analytic methodologies used to develop comparative hospital information shall be clearly identified and acknowledged, including but not limited to the appropriate and inappropriate uses of the data.

(5) To the greatest extent possible, comparative hospital information initiatives shall use standard-based norms derived from widely accepted provider-developed practice guidelines.

(6) Comparative hospital information and other information that the Department has compiled regarding hospitals shall be shared with the hospitals under review prior to public dissemination of

such information and these hospitals have 30 days to make corrections and to add helpful explanatory comments about the information before the publication.

(7) Comparisons among hospitals shall adjust for patient case mix and other relevant risk factors and control for provider peer groups, when appropriate.

(8) Effective safeguards to protect against the unauthorized use or disclosure of hospital information shall be developed and implemented.

(9) Effective safeguards to protect against the dissemination of inconsistent, incomplete, invalid, inaccurate, or subjective hospital data shall be developed and implemented.

(10) The quality and accuracy of hospital information reported under this Act and its data collection, analysis, and dissemination methodologies shall be evaluated regularly.

(11) Only the most basic identifying information from mandatory reports shall be used, and information identifying a patient, employee, or licensed professional shall not be released. None of the information the Department discloses to the public under this Act may be used to establish a standard of care in a private civil action.

(d) Quarterly reports shall be submitted, in a format set forth in rules adopted by the Department, to the Department by April 30, July 31, October 31, and January 31 each year for the previous quarter. Data in quarterly reports must cover a period ending not earlier than one month prior to submission of the report. Annual reports shall be submitted by December 31 in a format set forth in rules adopted by the Department to the Department. All reports shall be made available to the public on-site and through the Department.

(e) If the hospital is a division or subsidiary of another entity that owns or operates other hospitals or related organizations, the annual public disclosure report shall be for the specific division or subsidiary and not for the other entity.

(f) The Department shall disclose information under this Section in accordance with provisions for inspection and copying of public records required by the Freedom of Information Act provided that such information satisfies the provisions of subsection (c) of this Section.

(g) Notwithstanding any other provision of law, under no circumstances shall the Department disclose information obtained from a hospital that is confidential under Part 21 of Article VIII of the Code of Civil Procedure.

(h) No hospital report or Department disclosure may contain information identifying a patient, employee, or licensed professional.

(Source: P.A. 101-446, eff. 8-23-19.)".

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

On motion of Senator Gillespie, **House Bill No. 219** was taken up, read by title a second time.

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

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

On motion of Senator Villa, **House Bill No. 232** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villa, **House Bill No. 234** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 247** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villivalam, **House Bill No. 253** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 263** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Gillespie, **House Bill No. 357** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Murphy, **House Bill No. 396** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Martwick, as chief co-sponsor pursuant to Senate Rule 5-1(b)(ii), **House Bill No. 426** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Plummer, **House Bill No. 694** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Feigenholtz, **House Bill No. 816** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 816

AMENDMENT NO. 1 . Amend House Bill 816 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 24-6 as follows:

(105 ILCS 5/24-6)

Sec. 24-6. Sick leave. The school boards of all school districts, including special charter districts, but not including school districts in municipalities of 500,000 or more, shall grant their full-time teachers, and also shall grant such of their other employees as are eligible to participate in the Illinois Municipal Retirement Fund under the "600-Hour Standard" established, or under such other eligibility participation standard as may from time to time be established, by rules and regulations now or hereafter promulgated by the Board of that Fund under Section 7-198 of the Illinois Pension Code, as now or hereafter amended, sick leave provisions not less in amount than 10 days at full pay in each school year. If any such teacher or employee does not use the full amount of annual leave thus allowed, the unused amount shall be allowed to accumulate to a minimum available leave of 180 days at full pay, including the leave of the current year. Sick leave shall be interpreted to mean personal illness, quarantine at home, or serious illness or death in the immediate family or household~~, or birth, adoption, or placement for adoption~~. The school board may require a certificate from a physician licensed in Illinois to practice medicine and surgery in all its branches, a chiropractic physician licensed under the Medical Practice Act of 1987, a licensed advanced practice registered nurse, a licensed physician assistant, or, if the treatment is by prayer or spiritual means, a spiritual adviser or practitioner of the teacher's or employee's faith as a basis for pay during leave after an absence of 3 days for personal illness or ~~30 days for birth or~~ as the school board may deem necessary in other cases. If the school board does require a certificate as a basis for pay during leave of less than 3 days for personal illness, the school board shall pay, from school funds, the expenses incurred by the teachers or other employees in obtaining the certificate. ~~For paid leave for adoption or placement for adoption, the school board may require that the teacher or other employee provide evidence that the formal adoption process is underway, and such leave is limited to 30 days unless a longer leave has been negotiated with the exclusive bargaining representative.~~

Sick leave shall also be interpreted to mean birth, adoption, placement for adoption, and the acceptance of a child in need of foster care. Teachers and other employees to which this Section applies are entitled to use up to 30 days of paid sick leave because of the birth of a child that is not dependent on the need to recover from childbirth. Paid sick leave because of the birth of a child may be used absent medical certification for up to 30 working school days, which days may be used at any time within the 12-month period following the birth of the child. The use of up to 30 working school days of paid sick leave because of the birth of a child may not be diminished as a result of any intervening period of nonworking days or school not being is session, such as for summer, winter, or spring break or holidays, that may occur during the use of the paid sick leave. For paid sick leave for adoption, placement for adoption, or the acceptance of a child in need of foster care, the school board may require that the teacher or other employee to which this Section applies provide evidence that the formal adoption process or the formal foster care process is underway, and such sick leave is limited to 30 days unless a longer leave has been negotiated with the exclusive bargaining representative. Paid sick leave for adoption, placement for adoption, or the acceptance of a child in need of foster care need not be used consecutively once the formal adoption process or the

formal foster care process is underway, and such sick leave may be used for reasons related to the formal adoption process or the formal foster care process prior to taking custody of the child or accepting the child in need of foster care, in addition to using such sick leave upon taking custody of the child or accepting the child in need of foster care.

If, by reason of any change in the boundaries of school districts, or by reason of the creation of a new school district, the employment of a teacher is transferred to a new or different board, the accumulated sick leave of such teacher is not thereby lost, but is transferred to such new or different district.

For purposes of this Section, "immediate family" shall include parents, spouse, brothers, sisters, children, grandparents, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, and legal guardians.
(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

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

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

On motion of Senator Peters, **House Bill No. 1765** was taken up, read by title a second time.

Committee Amendment No. 1 was postponed in the Committee on Criminal Law.

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

AMENDMENT NO. 2 TO HOUSE BILL 1765

AMENDMENT NO. 2 . Amend House Bill 1765 on page 2, line 2, by inserting ":" after "apply"; and

on page 2, line 6, by replacing "meeting." with the following:
"meeting; and whenever the person speaking at an open meeting of the public body is also under consideration for appointment to a government position by that public body.

(c) This Act creates no claims for damages or other relief for violations of this Act.".

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

On motion of Senator T. Cullerton, **House Bill No. 1778** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 1854** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Anderson, **House Bill No. 1927** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Anderson, **House Bill No. 1928** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 1960** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Stewart, **House Bill No. 2061** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 2413** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villa, **House Bill No. 2427** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villivalam, **House Bill No. 2432** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Pacione-Zayas, **House Bill No. 2438** was taken up, read by title a second time.

Committee Amendment No. 1 was postponed in the Committee on Education.

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

AMENDMENT NO. 2 TO HOUSE BILL 2438

AMENDMENT NO. 2 . Amend House Bill 2438 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 10-17a as follows:

(105 ILCS 5/10-17a) (from Ch. 122, par. 10-17a)

Sec. 10-17a. State, school district, and school report cards.

(1) By October 31, 2013 and October 31 of each subsequent school year, the State Board of Education, through the State Superintendent of Education, shall prepare a State report card, school district report cards, and school report cards, and shall by the most economic means provide to each school district in this State, including special charter districts and districts subject to the provisions of Article 34, the report cards for the school district and each of its schools.

(2) In addition to any information required by federal law, the State Superintendent shall determine the indicators and presentation of the school report card, which must include, at a minimum, the most current data collected and maintained by the State Board of Education related to the following:

(A) school characteristics and student demographics, including average class size, average teaching experience, student racial/ethnic breakdown, and the percentage of students classified as low-income; the percentage of students classified as English learners; the percentage of students who have individualized education plans or 504 plans that provide for special education services; the number and percentage of all students who have been assessed for placement in a gifted education or advanced academic program and, of those students: (i) the racial and ethnic breakdown, (ii) the percentage who are classified as low-income, and (iii) the number and percentage of students who received direct instruction from a teacher who holds a gifted education endorsement and, of those students, the percentage who are classified as low-income; the percentage of students scoring at the "exceeds expectations" level on the assessments required under Section 2-3.64a-5 of this Code; the percentage of students who annually transferred in or out of the school district; average daily attendance; the per-pupil operating expenditure of the school district; and the per-pupil State average operating expenditure for the district type (elementary, high school, or unit);

(B) curriculum information, including, where applicable, Advanced Placement, International Baccalaureate or equivalent courses, dual enrollment courses, foreign language classes, computer science courses, school personnel resources (including Career Technical Education teachers), before and after school programs, extracurricular activities, subjects in which elective classes are offered, health and wellness initiatives (including the average number of days of Physical Education per week per student), approved programs of study, awards received, community partnerships, and special programs such as programming for the gifted and talented, students with disabilities, and work-study students;

(C) student outcomes, including, where applicable, the percentage of students deemed proficient on assessments of State standards, the percentage of students in the eighth grade who pass Algebra, the percentage of students who participated in workplace learning experiences, the percentage of students enrolled in post-secondary institutions (including colleges, universities, community colleges, trade/vocational schools, and training programs leading to career certification within 2 semesters of high school graduation), the percentage of students graduating from high school who are college and career ready, and the percentage of graduates enrolled in community colleges, colleges, and universities who are in one or more courses that the community college, college, or university identifies as a developmental course;

(D) student progress, including, where applicable, the percentage of students in the ninth grade who have earned 5 credits or more without failing more than one core class, a measure of students

entering kindergarten ready to learn, a measure of growth, and the percentage of students who enter high school on track for college and career readiness;

(E) the school environment, including, where applicable, the percentage of students with less than 10 absences in a school year, the percentage of teachers with less than 10 absences in a school year for reasons other than professional development, leaves taken pursuant to the federal Family Medical Leave Act of 1993, long-term disability, or parental leaves, the 3-year average of the percentage of teachers returning to the school from the previous year, the number of different principals at the school in the last 6 years, the number of teachers who hold a gifted education endorsement, the process and criteria used by the district to determine whether a student is eligible for participation in a gifted education program or advanced academic program and the manner in which parents and guardians are made aware of the process and criteria, the number of teachers who are National Board Certified Teachers, disaggregated by race and ethnicity, 2 or more indicators from any school climate survey selected or approved by the State and administered pursuant to Section 2-3.153 of this Code, with the same or similar indicators included on school report cards for all surveys selected or approved by the State pursuant to Section 2-3.153 of this Code, and the combined percentage of teachers rated as proficient or excellent in their most recent evaluation;

(F) a school district's and its individual schools' balanced accountability measure, in accordance with Section 2-3.25a of this Code;

(G) the total and per pupil normal cost amount the State contributed to the Teachers' Retirement System of the State of Illinois in the prior fiscal year for the school's employees, which shall be reported to the State Board of Education by the Teachers' Retirement System of the State of Illinois;

(H) for a school district organized under Article 34 of this Code only, State contributions to the Public School Teachers' Pension and Retirement Fund of Chicago and State contributions for health care for employees of that school district;

(I) a school district's Final Percent of Adequacy, as defined in paragraph (4) of subsection (f) of Section 18-8.15 of this Code;

(J) a school district's Local Capacity Target, as defined in paragraph (2) of subsection (c) of Section 18-8.15 of this Code, displayed as a percentage amount;

(K) a school district's Real Receipts, as defined in paragraph (1) of subsection (d) of Section 18-8.15 of this Code, divided by a school district's Adequacy Target, as defined in paragraph (1) of subsection (b) of Section 18-8.15 of this Code, displayed as a percentage amount;

(L) a school district's administrative costs;

(M) whether or not the school has participated in the Illinois Youth Survey. In this paragraph (M), "Illinois Youth Survey" means a self-report survey, administered in school settings every 2 years, designed to gather information about health and social indicators, including substance abuse patterns and the attitudes of students in grades 8, 10, and 12; and

(N) whether the school offered its students career and technical education opportunities.

The school report card shall also provide information that allows for comparing the current outcome, progress, and environment data to the State average, to the school data from the past 5 years, and to the outcomes, progress, and environment of similar schools based on the type of school and enrollment of low-income students, special education students, and English learners.

As used in this subsection (2):

"Administrative costs" means costs associated with executive, administrative, or managerial functions within the school district that involve planning, organizing, managing, or directing the school district.

"Advanced academic program" means a course of study to which students are assigned based on advanced cognitive ability or advanced academic achievement compared to local age peers and in which the curriculum is substantially differentiated from the general curriculum to provide appropriate challenge and pace.

"Computer science" means the study of computers and algorithms, including their principles, their hardware and software designs, their implementation, and their impact on society. "Computer science" does not include the study of everyday uses of computers and computer applications, such as keyboarding or accessing the Internet.

"Gifted education" means educational services, including differentiated curricula and instructional methods, designed to meet the needs of gifted children as defined in Article 14A of this Code.

For the purposes of paragraph (A) of this subsection (2), "average daily attendance" means the average of the actual number of attendance days during the previous school year for any enrolled student who is subject to compulsory attendance by Section 26-1 of this Code at each school and charter school.

(3) At the discretion of the State Superintendent, the school district report card shall include a subset of the information identified in paragraphs (A) through (E) of subsection (2) of this Section, as well as information relating to the operating expense per pupil and other finances of the school district, and the State report card shall include a subset of the information identified in paragraphs (A) through (E) and paragraph (N) of subsection (2) of this Section. The school district report card shall include the average daily attendance, as that term is defined in subsection (2) of this Section, of students who have individualized education programs and students who have 504 plans that provide for special education services within the school district.

(4) Notwithstanding anything to the contrary in this Section, in consultation with key education stakeholders, the State Superintendent shall at any time have the discretion to amend or update any and all metrics on the school, district, or State report card.

(5) Annually, no more than 30 calendar days after receipt of the school district and school report cards from the State Superintendent of Education, each school district, including special charter districts and districts subject to the provisions of Article 34, shall present such report cards at a regular school board meeting subject to applicable notice requirements, post the report cards on the school district's Internet web site, if the district maintains an Internet web site, make the report cards available to a newspaper of general circulation serving the district, and, upon request, send the report cards home to a parent (unless the district does not maintain an Internet web site, in which case the report card shall be sent home to parents without request). If the district posts the report card on its Internet web site, the district shall send a written notice home to parents stating (i) that the report card is available on the web site, (ii) the address of the web site, (iii) that a printed copy of the report card will be sent to parents upon request, and (iv) the telephone number that parents may call to request a printed copy of the report card.

(6) Nothing contained in Public Act 98-648 repeals, supersedes, invalidates, or nullifies final decisions in lawsuits pending on July 1, 2014 (the effective date of Public Act 98-648) in Illinois courts involving the interpretation of Public Act 97-8.

(Source: P.A. 100-227, eff. 8-18-17; 100-364, eff. 1-1-18; 100-448, eff. 7-1-19; 100-465, eff. 8-31-17; 100-807, eff. 8-10-18; 100-863, eff. 8-14-18; 100-1121, eff. 1-1-19; 101-68, eff. 1-1-20; 101-81, eff. 7-12-19; 101-654, eff. 3-8-21.)

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

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

On motion of Senator Villivalam, **House Bill No. 2499** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 2499

AMENDMENT NO. 1 . Amend House Bill 2499 by replacing everything after the enacting clause with the following:

"Section 5. The Boat Registration and Safety Act is amended by changing Sections 1-2, 3-7, 3C-4, 4-1, 4-2, 5-3, and 5-13 as follows:

(625 ILCS 45/1-2) (from Ch. 95 1/2, par. 311-2)

Sec. 1-2. Definitions. As used in this Act, unless the context clearly requires a different meaning:

"Airboat" means a vessel that is typically flat-bottomed and propelled by an aircraft-type propeller powered by an engine.

"Competent" means capable of assisting a water skier in case of injury or accident.

"Dealer" means any person who engages in the business of manufacturing, selling, or dealing in, on consignment or otherwise, any number of new watercraft or 5 or more used watercraft of any make during the year, including any off-highway vehicle dealer or snowmobile dealer or a person licensed as a new or used vehicle dealer who also sells or deals in, on consignment or otherwise, any number of watercraft as defined in this Act.

"Department" means the Department of Natural Resources.

"Inland Rules" means the Inland Navigation Rules Act of 1980.

"International regulations" means the International Regulations for Preventing Collisions at Sea, 1972, including annexes currently in force for the United States.

"Leeward side" means the side of a vessel's sail that is facing away or sheltered from the wind.

"Lifeboat" means a small boat kept on board a larger boat for use in an emergency.

"Motorboat" or "power-driven vessel" means any vessel propelled by machinery.

"Nonpowered watercraft" or "human-powered watercraft" means any canoe, kayak, kiteboard, paddleboard, ribbed inflatable, or any other watercraft propelled by oars, paddles, or poles but not powered by sail, canvas, human body part, or machinery of any sort.

"Operate" means to use, navigate, employ, or otherwise be in actual physical control of a motorboat or vessel.

"Operator" means a person who operates or is in actual physical control of a watercraft.

"Owner" means a person, other than a secured party, having property rights or title to a watercraft. "Owner" includes a person entitled to the use or possession of a motorboat subject to an interest in another person, reserved or created by agreement and securing payment of performance of an obligation. "Owner" does not include a lessee under a lease not intended as security.

"Person" means any individual, firm, corporation, partnership, or association, and any agent, assignee, trustee, executor, receiver, or representative thereof.

"Personal flotation device" or "PFD" means a device that is approved by the Commandant, U.S. Coast Guard, under Part 160 of Title 46 of the Code of Federal Regulations.

"Personal watercraft" means a vessel propelled by a water jet pump or other machinery as its primary source of motive power and designed to be operated by a person sitting, standing, or kneeling on the vessel, rather than within the confines of a hull.

"Principally operated" means the vessel is or will be primarily operated within the jurisdiction of the State during a calendar year.

"Recreational boat" means any vessel manufactured or used primarily for noncommercial use, or leased, rented, or chartered to another for noncommercial use.

"Sailboat" or "sailing vessel" means any vessel under sail so long as the propelling machinery, if fitted, is not being used.

"Seaplane" means any aircraft designed to maneuver on the water.

"Specialty prop-craft" means a vessel that is similar in appearance and operation to a personal watercraft but that is powered by an outboard or propeller driven motor.

"Throwable PFD" has the meaning provided in 33 CFR 175.13.

"Underway" applies to a vessel or watercraft at all times except when it is moored at a dock or anchorage area.

"Use" applies to all vessels on the waters of this State, whether moored or underway.

"Vessel" or "watercraft" means every watercraft used or capable of being used as a means of transportation on water, except a seaplane on the water, air mattress or similar device, and boats used for concession rides in artificial bodies of water designed and used exclusively for such concessions.

"Waters of this State" means any water within the jurisdiction of this State.

"Wearable U.S. Coast Guard approved personal flotation device", "wearable U.S. Coast Guard approved PFD", and "wearable PFD" have the meaning provided for "wearable PFD" in 33 CFR 175.13.

"Windward side" means the side of a vessel's sail that has the wind blowing into the sail.

"Wing in Ground" (WIG) vessel means a multimodal vessel which, in its main operational mode, flies in close proximity to the surface utilizing surface-effect action.

~~"Vessel" or "Watercraft" means every description of watercraft used or capable of being used as a means of transportation on water, except a seaplane on the water, air mattress or similar device, and boats used for concession rides in artificial bodies of water designed and used exclusively for such concessions.~~

~~"Motorboat" means any vessel propelled by machinery, whether or not such machinery is the principal source of propulsion, but does not include a vessel which has a valid marine document issued by the Bureau of Customs of the United States Government or any Federal agency successor thereto.~~

~~"Non-powered watercraft" means any canoe, kayak, kiteboard, paddleboard, float-tube, or watercraft not propelled by sail, canvas, or machinery of any sort.~~

~~"Sailboat" means any watercraft propelled by sail or canvas, including sailboards. For the purposes of this Act, any watercraft propelled by both sail or canvas and machinery of any sort shall be deemed a motorboat when being so propelled.~~

~~"Airboat" means any boat (but not including airplanes or hydroplanes) propelled by machinery applying force against the air rather than the water as a means of propulsion.~~

~~"Dealer" means any person who engages in the business of manufacturing, selling, or dealing in, on consignment or otherwise, any number of new watercraft, or 5 or more used watercraft of any make during the year, including any off highway vehicle dealer or snowmobile dealer or a person licensed as a new or used vehicle dealer who also sells or deals in, on consignment or otherwise, any number of watercraft as defined in this Act.~~

~~"Lifeboat" means a small boat kept on board a larger boat for use in emergency.~~

~~"Owner" means a person, other than lien holder, having title to a motorboat. The term includes a person entitled to the use or possession of a motorboat subject to an interest in another person, reserved or created by agreement and securing payment of performance of an obligation, but the term excludes a lessee under a lease not intended as security.~~

~~"Waters of this State" means any water within the jurisdiction of this State.~~

~~"Person" means an individual, partnership, firm, corporation, association, or other entity.~~

~~"Operate" means to navigate or otherwise use a motorboat or vessel.~~

~~"Department" means the Department of Natural Resources.~~

~~"Competent" means capable of assisting a skier in case of injury or accident.~~

~~"Personal flotation device" or "PFD" means a device that is approved by the Commandant, U.S. Coast Guard, under Part 160 of Title 46 of the Code of Federal Regulations.~~

~~"Recreational boat" means any vessel manufactured or used primarily for noncommercial use; or leased, rented or chartered to another for noncommercial use.~~

~~"Personal watercraft" means a vessel that uses an inboard motor powering a water jet pump as its primary source of motor power and that is designed to be operated by a person sitting, standing, or kneeling on the vessel, rather than the conventional manner of sitting or standing inside the vessel, and includes vessels that are similar in appearance and operation but are powered by an outboard or propeller drive motor.~~

~~"Specialty prop craft" means a vessel that is similar in appearance and operation to a personal watercraft but that is powered by an outboard or propeller driven motor.~~

~~"Underway" applies to a vessel or watercraft at all times except when it is moored at a dock or anchorage area.~~

~~"Use" applies to all vessels on the waters of this State, whether moored or underway.~~

(Source: P.A. 97-1136, eff. 1-1-13.)

(625 ILCS 45/3-7) (from Ch. 95 1/2, par. 313-7)

Sec. 3-7. Loss of certificate; certificate correction. Should a certificate of number or registration expiration decal become lost, destroyed, or mutilated beyond legibility, or if information required by the Department to be included on the certificate has changed, the owner of the watercraft shall make application to the Department for the replacement of the certificate or decal or for a corrected certificate or decal, giving his name, address, and the number of his boat and shall at the ~~same~~ time of application pay to the Department a fee of $5.

(Source: P.A. 93-32, eff. 7-1-03.)

(625 ILCS 45/3C-4) (from Ch. 95 1/2, par. 313C-4)

Sec. 3C-4. Police tows; reports; release of watercraft; payment ~~Reports on towed watercraft~~.

(a) When a watercraft is authorized to be towed away as provided in Section 3C-2 or 3C-3, the authorization, any hold order, and any release shall be in writing, or confirmed in writing, with a copy given to the towing service.

(b) When a watercraft is authorized to be towed away as provided in Section 3C-2, the police headquarters or office of the law enforcement officer authorizing the towing shall keep and maintain a record of the watercraft towed, listing the color, manufacturer's trade name, manufacturer's series name, hull type, hull material, hull identification number, and registration number displayed on the watercraft. The record shall also include the date and hour of tow, location towed from, location towed to, and reason for towing and the name of the officer authorizing the tow.

(c) The owner, operator, or other legally entitled person shall be responsible to the towing service for the payment of applicable removal, towing, storage, and processing charges and collection costs associated

with a watercraft towed or held under order or authorization of a law enforcement agency. If a watercraft towed or held under order or authorization of a law enforcement agency is seized by the ordering or authorizing agency or any other law enforcement or governmental agency and sold, any unpaid removal, towing, storage, and processing charges and collection costs shall be paid to the towing service from the proceeds of the sale. If the applicable law provides that the proceeds are to be paid into the treasury of the appropriate civil jurisdiction, then any unpaid removal, towing, storage, and processing charges and collection costs shall be paid to the towing service from the treasury of the civil jurisdiction. Such payment shall not exceed the amount of proceeds from the sale, with the balance to be paid by the owner, operator, or other legally entitled person.

(d) Upon the delivery of a written release order to the towing service, a watercraft subject to a hold order shall be released to the owner, operator, or other legally entitled person upon proof of ownership or other entitlement and upon payment of applicable removal, towing, storage, and processing charges and collection costs.

(Source: P.A. 84-646.)

(625 ILCS 45/4-1) (from Ch. 95 1/2, par. 314-1)

Sec. 4-1. Personal flotation devices.

A. No person may operate a watercraft unless at least one wearable U.S. Coast Guard approved personal flotation device for each person ~~PFD~~ is on board, so placed as to be readily available for each person.

B. No person may operate a personal watercraft or specialty prop-craft unless each person aboard is wearing a wearable U.S. Coast Guard approved personal flotation device ~~PFD approved by the United States Coast Guard~~. No person on board a personal watercraft shall use an inflatable PFD in order to meet the PFD requirements of subsection A of this Section.

C. No person may operate a watercraft 16 feet or more in length, except a canoe or kayak, unless at least one readily accessible United States Coast Guard approved throwable PFD is on board.

D. (Blank).

E. When assisting a person on water skis, aquaplane or similar device, there must be one wearable U.S. ~~United States~~ Coast Guard approved PFD on board the watercraft for each person being assisted or towed or worn by the person being assisted or towed.

F. No person may operate a watercraft unless each device required by this Section is:

1. in serviceable condition;

2. identified by a label bearing a description and approval number demonstrating that the device has been approved by the United States Coast Guard;

3. of the appropriate size for the person for whom it is intended;

4. in the case of a wearable PFD, readily accessible aboard the watercraft;

5. in the case of a throwable PFD, immediately available for use;

6. out of its original packaging; and

7. not stowed under lock and key.

G. Approved personal flotation devices are defined as a device that is approved by the United States Coast Guard under Title 46 CFR Part 160.

H. (Blank).

H-5. An approved and appropriately sized wearable U.S. Coast Guard approved personal flotation device shall be worn by each person under the age of 13 while in tow.

I. No person may operate any ~~a~~ watercraft ~~under 26 feet in length~~ unless an approved and appropriately ~~appropriate~~ sized wearable U.S. ~~United States~~ Coast Guard approved personal flotation device is being properly worn by each person under the age of 13 on the deck of a watercraft or in an open watercraft ~~board the watercraft~~ at all times in which the watercraft is underway; however, this requirement shall not apply to persons who are enclosed in a cabin or below the top deck on a watercraft, on an anchored watercraft that is a platform for swimming or diving, or aboard a charter "passenger for hire" watercraft with a licensed captain. ~~below decks or in totally enclosed cabin spaces. The provisions of this subsection I shall not apply to a person operating a watercraft on an individual's private property.~~

J. Racing shells, rowing sculls, racing canoes, and racing kayaks are exempt from the PFD, of any type, carriage requirements under this Section provided that the racing shell, racing scull, racing canoe, or racing kayak is participating in an event sanctioned by the Department as a PFD optional event. The Department may adopt rules to implement this subsection.

(Source: P.A. 100-469, eff. 6-1-18; 100-863, eff. 8-14-18.)

(625 ILCS 45/4-2) (from Ch. 95 1/2, par. 314-2)

Sec. 4-2. Navigation lights ~~Lights~~.

A. Watercraft subject to this Section shall be divided into classes as follows: ~~It is unlawful to operate any vessel less than 39 feet in length unless the following lights are carried and displayed when underway from sunset to sunrise:~~

1. Class 1: Less than 16 feet in length. ~~A bright, white light after to show all around the horizon, visible for a distance of 2 miles. The word "visible" as used herein means visible on a dark night with clear atmosphere.~~

2. Class 2: 16 feet or over and less than 26 feet in length. ~~A combination light in the forepart of the boat lower than the white light after, showing green to starboard and red to port, so fixed as to throw a light from dead ahead to 2 points abaft the beam on their respective sides and visible for a distance of not less than 1 mile.~~

3. Class 3: 26 feet or over and less than 40 feet in length. ~~Lights under International Rules may be shown as an alternative to the above requirements.~~

4. Class 4: 40 feet or over and less than 65 feet in length.

B. Every motorboat, underway from sunset to sunrise or underway in weather causing reduced visibility, shall carry and exhibit the following United States Coast Guard approved lights when underway and, during such time, shall not use any other lights that may be mistaken for or interfere with those prescribed as follows:

1. A Class 1 or Class 2 motorboat shall carry the following lights:

(a) A bright white light aft to show all around the horizon; and

(b) A combined light in the fore part of the watercraft and lower than the white light aft, showing green to starboard and red to port, so fixed as to throw the light from right ahead to 2 points (22.5 degrees) abaft the beam on their respective sides.

2. A Class 3 or Class 4 motorboat shall carry the following lights:

(a) A bright white light in the fore part of the watercraft as near the stern as practicable, so constructed as to show the unbroken light over an arc of the horizon of 20 points (225 degrees) of the compass, so fixed as to throw the light 10 points (112.5 degrees) on each side of the watercraft, namely, from right ahead to 2 points (22.5 degrees) abaft the beam on either side;

(b) A bright white light aft, mounted higher than the white light forward, to show all around the horizon; and

(c) On the starboard side, a green light so constructed as to show an unbroken light over an arc of the horizon of 10 points (112.5 degrees) of the compass, so fixed as to throw the light from right ahead to 2 points (22.5 degrees) abaft the beam on the starboard side. On the port side, a red light so constructed as to show an unbroken light over an arc of the horizon of 10 points (112.5 degrees) of the compass, so fixed as to throw the light from right ahead to 2 points (22.5 degrees) abaft the beam on the port side. The side lights shall be fitted with inboard screens so set as to prevent these lights from being seen across the bow.

3. A Class 1 or Class 2 motorboat propelled by sail alone shall exhibit the combined light prescribed by paragraph (1) and a 12-point (135 degrees) white light aft. A Class 3 or Class 4 motorboat, when so propelled, shall exhibit the colored side lights, suitably screened as prescribed by paragraph (2) and a 12-point (135 degrees) white light aft.

4. Every white light prescribed by this Section shall be of such character as to be visible at a distance of at least 2 miles. Every colored light prescribed by this Section shall be of such character as to be visible at a distance of at least one mile. As used in this subsection "visible", when applied to lights, means visible on a dark night with clear atmosphere.

5. If propelled by sail and machinery, a motorboat shall carry the lights required by this Section for a motorboat propelled by machinery only.

6. All other watercraft over 65 feet in length and those propelled solely by wind effect on the sail shall display lights prescribed by federal regulations.

~~Watercraft propelled by muscular power when underway shall carry on board from sunset to sunrise, but not fixed to any part of the boat, a lantern or flashlight capable of showing a white light visible all around the horizon at a distance of 2 miles or more, and shall display such lantern in sufficient time to avoid collision with another watercraft.~~

C. Nonpowered watercraft shall carry, ready at hand, a lantern or flashlight showing a white light that shall be exhibited in sufficient time to avert collision. Manually propelled watercraft used on the waters of this State where power-driven vessels are prohibited are exempt from the provisions of this Section. ~~Every vessel 39 feet or more in length shall carry and display when underway such additional or alternate lights as shall be required by the U. S. Coast Guard for watercraft of equivalent length and type.~~

D. Any watercraft may carry and exhibit the lights required by the international regulations in lieu of the lights required by subsection B of this Section. ~~Sailboats equipped with motors and being propelled partly or solely by such motors shall carry and display the same lights required for motorboats of the same class. Sailboats being propelled entirely by sail between sunset and sunrise shall have lighted the combination running light, and a white light visible aft only. Sailboats 26 feet or more in length, equipped with motors but being propelled entirely by sail between sunset and sunrise, shall have lighted the colored side lights suitably screened, but not the white lights prescribed for motorboats.~~

E. All watercraft, when anchored, other than in a special anchorage area as defined in 33 CFR 109.10, shall, from sunset to sunrise, carry and display a steady white light visible all around the horizon for a distance of no less than 2 miles. ~~Dinghies, tenders and other watercraft, whose principal function is as an auxiliary to other larger watercraft, when so operating need carry only a flashlight visible to other craft in the area, anything in this section to the contrary notwithstanding.~~

F. (Blank). ~~Vessels at anchor between the hours of sunset and sunrise, except those in a "Special Anchorage Area", shall display such anchor lights as shall be required by the U. S. Coast Guard for watercraft of equivalent length and type.~~

G. (Blank). ~~Watercraft operated manually or by motor which are located on bodies of water where motors of over 7 1/2 horsepower are prohibited must be equipped during the hours between sunset and sunrise with a lantern or flashlight which is capable of showing a beam for 2 miles, anything in this Section to the contrary notwithstanding.~~

(Source: P.A. 88-524.)

(625 ILCS 45/5-3) (from Ch. 95 1/2, par. 315-3)

Sec. 5-3. Interference with navigation.

(a) No person shall operate any watercraft in a manner which unreasonably or unnecessarily interferes with other watercraft or with the free and proper navigation of the waterways of the State. ~~Anchoring under bridges or in heavily traveled channels constitutes such interference if unreasonable under the prevailing circumstances.~~

(b) A vessel engaged in fishing shall not impede the passage of any other vessel navigating within a narrow channel or canal.

(c) A vessel nearing a bend or an area of a narrow channel or canal where other vessels may be obscured by an intervening obstruction shall navigate with alertness and caution and shall sound the appropriate audible signal as required by the Inland Rules as written by the United States Coast Guard and this Act.

(d) A vessel shall avoid anchoring in a narrow channel, under bridges, or in heavily traveled channels or canals, if unreasonable under the prevailing circumstances.

(Source: P.A. 82-783.)

(625 ILCS 45/5-13) (from Ch. 95 1/2, par. 315-8)

Sec. 5-13. Traffic rules.

A. The area straight ahead of a vessel to the point that is 22.5 degrees beyond the middle of the vessel on the starboard side of the watercraft shall be designated the danger zone. An operator of a watercraft shall yield the right-of-way to any other watercraft occupying or entering into the danger zone that may result in collision. ~~Passing. When 2 boats are approaching each other "head on" or nearly so (so as to involve risk of collision), each boat must bear to the right and pass the other boat on its left side.~~

A-5. Head-on situation.

(1) If 2 power-driven vessels are meeting head-on or nearly head-on courses so as to involve risk of collision, each shall alter course to starboard so that each shall pass on the port side of the other.

(2) A vessel proceeding along the course of a narrow channel or canal shall keep as near to the outer limit of the channel or canal that lies on the starboard side as is safe and practicable.

(3) A power-driven vessel operating in narrow channels and proceeding downstream shall have the right-of-way over a vessel proceeding upstream. The vessel proceeding upstream shall yield as necessary to permit safe passing.

B. Crossing. As used in this Section, "crossing" means 2 or more watercraft traveling in directions that would have the path of travel of the watercraft intersect each other. ~~When boats approach each other obliquely or at right angles, the boat approaching on the right side has the right of way.~~

(1) If 2 power-driven vessels are crossing so as to involve the risk of collision, the vessel that has the other on the starboard side shall keep out of the way and shall avoid crossing ahead of the other vessel.

(2) A power-driven vessel crossing a river shall keep out of the way of a power-driven vessel ascending or descending the river.

(3) A vessel may not cross a narrow channel or canal if the crossing impedes the passage of a vessel that can only safely navigate within the channel or canal.

C. Overtaking. ~~One boat may overtake another on either side but must grant right of way to the overtaken boat.~~

(1) A vessel overtaking any other shall give way to the vessel being overtaken.

(2) If a vessel operator is in doubt as to whether he or she is overtaking another vessel, the operator shall assume he or she is overtaking the other vessel and shall act accordingly.

(3) Any subsequent alteration of the bearing between the 2 vessels shall not make the overtaking vessel a crossing vessel within the meaning of this Section or relieve the overtaking operator of the duty to keep clear of the overtaken vessel until finally past and clear.

(4) When overtaking in a narrow channel or canal, the operator of a power-driven vessel intending to overtake another power-driven vessel shall proceed to pass safety only after indicating his or her intention by sounding the horn as follows:

(a) one short blast from the horn signifies a request to pass on the overtaken vessel's starboard side;

(b) 2 short blasts from the horn signify a request to pass on the overtaken vessel's port side.

(5) The operator of the power-driven vessel being overtaken shall:

(a) acknowledge the request by sounding the same signal; or

(b) sound 5 short blasts from the horn to indicate danger or to warn the overtaking vessel not to pass.

No response from the overtaken vessel shall be interpreted as an indication of danger and is the same as if 5 short blasts from the horn were sounded. In the absence of an audible signal or horn, a light signal device using the appropriate number of rapid bursts of light may be used.

D. Sailing vessels.

(1) The operator of a power-driven vessel shall yield the right-of-way to any nonpowered or sailing vessel unless the nonpowered vessel is overtaking the power-driven vessel or ~~Sailboats and Rowboats. When a motorboat is approaching a boat propelled solely by sails or oars, the motorboat must yield the right of way to the sailboat or rowboat except,~~ when a large craft is navigating in a confined channel, the large craft has the right-of-way ~~right of way~~ over a boat propelled solely by oars or sails.

(2) If 2 sailing vessels are approaching one another, so as to involve risk of collision, one of them shall keep out of the way of the other as follows:

(a) If each has the wind on a different side, the vessel that has the wind on the port side shall give way to the other vessel.

(b) If both have the wind on the same side, the vessel that is to windward shall give way to the vessel that is to leeward.

(c) If a vessel with the wind on the port side sees a vessel to windward and cannot determine with certainty whether the other vessel has the wind on the port or starboard side, the vessel shall give way to the other vessel.

(Source: P.A. 82-783.)".

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

On motion of Senator Villivalam, **House Bill No. 2521** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 2521

AMENDMENT NO. 1 . Amend House Bill 2521 as follows:

on page 15, by replacing lines 10 through 19 with the following:

"(10) to promise, threaten, or take any action: (i) to permanently replace an employee who participates in a lawful strike as provided under Section 17; (ii) to discriminate against an employee who is working or has unconditionally offered to return to work for the employer because the employee supported or participated in such a lawful strike; or (iii) to lockout, suspend, or otherwise withhold employment from employees in order to influence the position of such employees or the representative of such employees in collective bargaining prior to a lawful strike."; and

by replacing line 24 on page 31 through line 7 on page 32 with the following:

"(12) Promising, threatening, or taking any action (i) to permanently replace an employee who participates in a lawful strike under Section 13 of this Act, (ii) to discriminate against an employee who is working or has unconditionally offered to return to work for the employer because the employee supported or participated in such as a lawful strike, or (iii) to lockout, suspend, or otherwise withhold from employment employees in order to influence the position of such employees or the representative of such employees in collective bargaining prior to a lawful strike."; and

on page 34, immediately below line 3, by inserting the following:

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

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

On motion of Senator T. Cullerton, **House Bill No. 2568** was taken up, read by title a second time.
Committee Amendment No. 1 was postponed in the Committee on Labor.
There being no further amendments, the bill was ordered to a third reading.

On motion of Senator Fowler, **House Bill No. 2569** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Fine, **House Bill No. 2589** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 2589

AMENDMENT NO. 1 . Amend House Bill 2589 by replacing everything after the enacting clause with the following:

"Section 5. The Substance Use Disorder Act is amended by changing Sections 5-23 and 20-10 as follows:

(20 ILCS 301/5-23)

Sec. 5-23. Drug Overdose Prevention Program.

(a) Reports.

(1) The Department may publish annually a report on drug overdose trends statewide that reviews State death rates from available data to ascertain changes in the causes or rates of fatal and nonfatal drug overdose. The report shall also provide information on interventions that would be effective in reducing the rate of fatal or nonfatal drug overdose and on the current substance use disorder treatment capacity within the State. The report shall include an analysis of drug overdose information reported to the Department of Public Health pursuant to subsection (e) of Section 3-3013 of the Counties Code, Section 6.14g of the Hospital Licensing Act, and subsection (j) of Section 22-30 of the School Code.

(2) The report may include:

(A) Trends in drug overdose death rates.

(B) Trends in emergency room utilization related to drug overdose and the cost impact of emergency room utilization.

(C) Trends in utilization of pre-hospital and emergency services and the cost impact of emergency services utilization.

(D) Suggested improvements in data collection.

(E) A description of other interventions effective in reducing the rate of fatal or nonfatal drug overdose.

(F) A description of efforts undertaken to educate the public about unused medication and about how to properly dispose of unused medication, including the number of registered collection receptacles in this State, mail-back programs, and drug take-back events.

(G) An inventory of the State's substance use disorder treatment capacity, including, but not limited to:

(i) The number and type of licensed treatment programs in each geographic area of the State.

(ii) The availability of medication-assisted treatment at each licensed program and which types of medication-assisted treatment are available.

(iii) The number of recovery homes that accept individuals using medication-assisted treatment in their recovery.

(iv) The number of medical professionals currently authorized to prescribe buprenorphine and the number of individuals who fill prescriptions for that medication at retail pharmacies as prescribed.

(v) Any partnerships between programs licensed by the Department and other providers of medication-assisted treatment.

(vi) Any challenges in providing medication-assisted treatment reported by programs licensed by the Department and any potential solutions.

(b) Programs; drug overdose prevention.

(1) The Department may establish a program to provide for the production and publication, in electronic and other formats, of drug overdose prevention, recognition, and response literature. The Department may develop and disseminate curricula for use by professionals, organizations, individuals, or committees interested in the prevention of fatal and nonfatal drug overdose, including, but not limited to, drug users, jail and prison personnel, jail and prison inmates, drug treatment professionals, emergency medical personnel, hospital staff, families and associates of drug users, peace officers, firefighters, public safety officers, needle exchange program staff, and other persons. In addition to information regarding drug overdose prevention, recognition, and response, literature produced by the Department shall stress that drug use remains illegal and highly dangerous and that complete abstinence from illegal drug use is the healthiest choice. The literature shall provide information and resources for substance use disorder treatment.

The Department may establish or authorize programs for prescribing, dispensing, or distributing opioid antagonists for the treatment of drug overdose. Such programs may include the prescribing of opioid antagonists for the treatment of drug overdose to a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist.

(2) The Department may provide advice to State and local officials on the growing drug overdose crisis, including the prevalence of drug overdose incidents, programs promoting the disposal of unused prescription drugs, trends in drug overdose incidents, and solutions to the drug overdose crisis.

(3) The Department may support drug overdose prevention, recognition, and response projects by facilitating the acquisition of opioid antagonist medication approved for opioid overdose reversal, facilitating the acquisition of opioid antagonist medication approved for opioid overdose reversal, providing trainings in overdose prevention best practices, connecting programs to medical resources, establishing a statewide standing order for the acquisition of needed medication, establishing learning collaboratives between localities and programs, and assisting programs in navigating any regulatory requirements for establishing or expanding such programs.

(4) In supporting best practices in drug overdose prevention programming, the Department may promote the following programmatic elements:

(A) Training individuals who currently use drugs in the administration of opioid antagonists approved for the reversal of an opioid overdose.

(B) Directly distributing opioid antagonists approved for the reversal of an opioid overdose rather than providing prescriptions to be filled at a pharmacy.

(C) Conducting street and community outreach to work directly with individuals who are using drugs.

(D) Employing community health workers or peer recovery specialists who are familiar with the communities served and can provide culturally competent services.

(E) Collaborating with other community-based organizations, substance use disorder treatment centers, or other health care providers engaged in treating individuals who are using drugs.

(F) Providing linkages for individuals to obtain evidence-based substance use disorder treatment.

(G) Engaging individuals exiting jails or prisons who are at a high risk of overdose.

(H) Providing education and training to community-based organizations who work directly with individuals who are using drugs and those individuals' families and communities.

(I) Providing education and training on drug overdose prevention and response to emergency personnel and law enforcement.

(J) Informing communities of the important role emergency personnel play in responding to accidental overdose.

(K) Producing and distributing targeted mass media materials on drug overdose prevention and response, the potential dangers of leaving unused prescription drugs in the home, and the proper methods for disposing of unused prescription drugs.

(c) Grants.

(1) The Department may award grants, in accordance with this subsection, to create or support local drug overdose prevention, recognition, and response projects. Local health departments, correctional institutions, hospitals, universities, community-based organizations, and faith-based organizations may apply to the Department for a grant under this subsection at the time and in the manner the Department prescribes. Eligible grant activities include, but are not limited to, purchasing and distributing opioid antagonists, hiring peer recovery specialists or other community members to conduct community outreach, and hosting public health fairs or events to distribute opioid antagonists, promote harm reduction activities, and provide linkages to community partners.

(2) In awarding grants, the Department shall consider the overall rate of opioid overdose, the rate of increase in opioid overdose, and racial disparities in opioid overdose experienced by the communities to be served by grantees. The Department ~~necessity for overdose prevention projects in various settings and~~ shall encourage all grant applicants to develop interventions that will be effective and viable in their local areas.

(3) (Blank).

(3.5) Any hospital licensed under the Hospital Licensing Act or organized under the University of Illinois Hospital Act shall be deemed to have met the standards and requirements set forth in this Section to enroll in the drug overdose prevention program upon completion of the enrollment process except that proof of a standing order and attestation of programmatic requirements shall be waived for enrollment purposes. Reporting mandated by enrollment shall be necessary to carry out or attain eligibility for associated resources under this Section for drug overdose prevention projects operated on the licensed premises of the hospital and operated by the hospital or its designated agent. The Department shall streamline hospital enrollment for drug overdose prevention programs by accepting such deemed status under this Section in order to reduce barriers to hospital participation in drug overdose prevention, recognition, or response projects.

(4) In addition to moneys appropriated by the General Assembly, the Department may seek grants from private foundations, the federal government, and other sources to fund the grants under this Section and to fund an evaluation of the programs supported by the grants.

(d) Health care professional prescription of opioid antagonists.

(1) A health care professional who, acting in good faith, directly or by standing order, prescribes or dispenses an opioid antagonist to: (a) a patient who, in the judgment of the health care

professional, is capable of administering the drug in an emergency, or (b) a person who is not at risk of opioid overdose but who, in the judgment of the health care professional, may be in a position to assist another individual during an opioid-related drug overdose and who has received basic instruction on how to administer an opioid antagonist shall not, as a result of his or her acts or omissions, be subject to: (i) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute or (ii) any criminal liability, except for willful and wanton misconduct.

(1.5) Notwithstanding any provision of or requirement otherwise imposed by the Pharmacy Practice Act, the Medical Practice Act of 1987, or any other law or rule, including, but not limited to, any requirement related to labeling, storage, or recordkeeping, a health care professional or other person acting under the direction of a health care professional may, directly or by standing order, obtain, store, and dispense an opioid antagonist to a patient in a facility that includes, but is not limited to, a hospital, a hospital affiliate, or a federally qualified health center if the patient information specified in paragraph (4) of this subsection is provided to the patient. A person acting in accordance with this paragraph shall not, as a result of his or her acts or omissions, be subject to: (i) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (ii) any criminal liability, except for willful and wanton misconduct.

(2) A person who is not otherwise licensed to administer an opioid antagonist may in an emergency administer without fee an opioid antagonist if the person has received the patient information specified in paragraph (4) of this subsection and believes in good faith that another person is experiencing a drug overdose. The person shall not, as a result of his or her acts or omissions, be (i) liable for any violation of the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute, or (ii) subject to any criminal prosecution or civil liability, except for willful and wanton misconduct.

(3) A health care professional prescribing an opioid antagonist to a patient shall ensure that the patient receives the patient information specified in paragraph (4) of this subsection. Patient information may be provided by the health care professional or a community-based organization, substance use disorder program, or other organization with which the health care professional establishes a written agreement that includes a description of how the organization will provide patient information, how employees or volunteers providing information will be trained, and standards for documenting the provision of patient information to patients. Provision of patient information shall be documented in the patient's medical record or through similar means as determined by agreement between the health care professional and the organization. The Department, in consultation with statewide organizations representing physicians, pharmacists, advanced practice registered nurses, physician assistants, substance use disorder programs, and other interested groups, shall develop and disseminate to health care professionals, community-based organizations, substance use disorder programs, and other organizations training materials in video, electronic, or other formats to facilitate the provision of such patient information.

(4) For the purposes of this subsection:

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

"Health care professional" means a physician licensed to practice medicine in all its branches, a licensed physician assistant with prescriptive authority, a licensed advanced practice registered nurse with prescriptive authority, an advanced practice registered nurse or physician assistant who practices in a hospital, hospital affiliate, or ambulatory surgical treatment center and possesses appropriate clinical privileges in accordance with the Nurse Practice Act, or a pharmacist licensed to practice pharmacy under the Pharmacy Practice Act.

"Patient" includes a person who is not at risk of opioid overdose but who, in the judgment of the physician, advanced practice registered nurse, or physician assistant, may be in a position to assist another individual during an overdose and who has received patient information as required in paragraph (2) of this subsection on the indications for and administration of an opioid antagonist.

"Patient information" includes information provided to the patient on drug overdose prevention and recognition; how to perform rescue breathing and resuscitation; opioid antagonist dosage and

administration; the importance of calling 911; care for the overdose victim after administration of the overdose antagonist; and other issues as necessary.

(e) Drug overdose response policy.

(1) Every State and local government agency that employs a law enforcement officer or fireman as those terms are defined in the Line of Duty Compensation Act must possess opioid antagonists and must establish a policy to control the acquisition, storage, transportation, and administration of such opioid antagonists and to provide training in the administration of opioid antagonists. A State or local government agency that employs a fireman as defined in the Line of Duty Compensation Act but does not respond to emergency medical calls or provide medical services shall be exempt from this subsection.

(2) Every publicly or privately owned ambulance, special emergency medical services vehicle, non-transport vehicle, or ambulance assist vehicle, as described in the Emergency Medical Services (EMS) Systems Act, that responds to requests for emergency services or transports patients between hospitals in emergency situations must possess opioid antagonists.

(3) Entities that are required under paragraphs (1) and (2) to possess opioid antagonists may also apply to the Department for a grant to fund the acquisition of opioid antagonists and training programs on the administration of opioid antagonists.

(Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-759, eff. 1-1-19; 101-356, eff. 8-9-19.)

(20 ILCS 301/20-10)

Sec. 20-10. Screening, Brief Intervention, and Referral to Treatment. As used in this Section, "SBIRT" means a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons who are at risk of developing substance use disorders or have substance use disorders including, but not limited to, an addiction to alcohol, opioids, tobacco, or cannabis. SBIRT services include all of the following:

(1) Screening to quickly assess the severity of substance use and to identify the appropriate level of treatment.

(2) Brief intervention focused on increasing insight and awareness regarding substance use and motivation toward behavioral change.

(3) Referral to treatment provided to those identified as needing more extensive treatment with access to specialty care.

SBIRT services may include, but are not limited to, the following settings and programs: primary care centers, hospital emergency rooms, hospital in-patient units, trauma centers, community behavioral health programs, and other community settings that provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

~~(a) As used in this Section, "SBIRT" means the identification of individuals, within primary care settings, who need substance use disorder treatment. Primary care providers will screen and, based on the results of the screen, deliver a brief intervention or make referral to a licensed treatment provider as appropriate. SBIRT is not a licensed category of service.~~

~~(b) The Department may develop policy or best practice guidelines for identification of at-risk individuals through SBIRT and contract or billing requirements for SBIRT.~~

(Source: P.A. 100-759, eff. 1-1-19.)

Section 10. The Illinois Public Aid Code is amended by changing Section 5-5 and by adding Section 5-41 as follows:

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

Sec. 5-5. Medical services. The Illinois Department, by rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient hospital services; (2) outpatient hospital services; (3) other laboratory and X-ray services; (4) skilled nursing home services; (5) physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial care furnished by licensed practitioners; (7) home health care services; (8) private duty nursing service; (9) clinic services; (10) dental services, including prevention and treatment of periodontal disease and dental caries disease for pregnant women, provided by an individual licensed to practice dentistry or dental surgery; for purposes of this item (10), "dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his or her profession; (11) physical therapy and related services;

(12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select; (13) other diagnostic, screening, preventive, and rehabilitative services, including to ensure that the individual's need for intervention or treatment of mental disorders or substance use disorders or co-occurring mental health and substance use disorders is determined using a uniform screening, assessment, and evaluation process inclusive of criteria, for children and adults; for purposes of this item (13), a uniform screening, assessment, and evaluation process refers to a process that includes an appropriate evaluation and, as warranted, a referral; "uniform" does not mean the use of a singular instrument, tool, or process that all must utilize; (14) transportation and such other expenses as may be necessary; (15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, including examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

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

Notwithstanding any other provision of this Code, reproductive health care that is otherwise legal in Illinois shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article.

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

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

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

(1) dental services provided by or under the supervision of a dentist; and

(2) eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select.

On and after July 1, 2018, the Department of Healthcare and Family Services shall provide dental services to any adult who is otherwise eligible for assistance under the medical assistance program. As used in this paragraph, "dental services" means diagnostic, preventative, restorative, or corrective procedures, including procedures and services for the prevention and treatment of periodontal disease and dental caries disease, provided by an individual who is licensed to practice dentistry or dental surgery or who is under the supervision of a dentist in the practice of his or her profession.

On and after July 1, 2018, targeted dental services, as set forth in Exhibit D of the Consent Decree entered by the United States District Court for the Northern District of Illinois, Eastern Division, in the matter of Memisovski v. Maram, Case No. 92 C 1982, that are provided to adults under the medical assistance program shall be established at no less than the rates set forth in the "New Rate" column in Exhibit D of the Consent Decree for targeted dental services that are provided to persons under the age of 18 under the medical assistance program.

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

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

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

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

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

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

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

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

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

(F) A diagnostic mammogram when medically necessary, as determined by a physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.

The Department shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided under this paragraph; except that this sentence does not apply to coverage of diagnostic mammograms to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code (26 U.S.C. 223).

All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool.

For purposes of this Section:

"Diagnostic mammogram" means a mammogram obtained using diagnostic mammography.

"Diagnostic mammography" means a method of screening that is designed to evaluate an abnormality in a breast, including an abnormality seen or suspected on a screening mammogram or a subjective or objective abnormality otherwise detected in the breast.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography and includes breast tomosynthesis.

"Breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.

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

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

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

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

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

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

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

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

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

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

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

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

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

The Illinois Department, in cooperation with the Departments of Human Services (as successor to the Department of Alcoholism and Substance Abuse) and Public Health, through a public awareness campaign,

may provide information concerning treatment for alcoholism and drug abuse and addiction, prenatal health care, and other pertinent programs directed at reducing the number of drug-affected infants born to recipients of medical assistance.

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

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

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

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

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

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

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

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

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

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

The Illinois Department shall require health care providers to maintain records that document the medical care and services provided to recipients of Medical Assistance under this Article. Such records must be retained for a period of not less than 6 years from the date of service or as provided by applicable State law, whichever period is longer, except that if an audit is initiated within the required retention period then the records must be retained until the audit is completed and every exception is resolved. The Illinois Department shall require health care providers to make available, when authorized by the patient, in writing, the medical records in a timely fashion to other health care providers who are treating or serving persons eligible for Medical Assistance under this Article. All dispensers of medical services shall be required to maintain and retain business and professional records sufficient to fully and accurately document the nature, scope, details and receipt of the health care provided to persons eligible for medical assistance under this Code, in accordance with regulations promulgated by the Illinois Department. The rules and regulations shall require that proof of the receipt of prescription drugs, dentures, prosthetic devices and eyeglasses by eligible persons under this Section accompany each claim for reimbursement submitted by the dispenser of such medical services. No such claims for reimbursement shall be approved for payment by the Illinois Department without such proof of receipt, unless the Illinois Department shall have put into effect and shall be operating a system of post-payment audit and review which shall, on a sampling basis, be deemed

adequate by the Illinois Department to assure that such drugs, dentures, prosthetic devices and eyeglasses for which payment is being made are actually being received by eligible recipients. Within 90 days after September 16, 1984 (the effective date of Public Act 83-1439), the Illinois Department shall establish a current list of acquisition costs for all prosthetic devices and any other items recognized as medical equipment and supplies reimbursable under this Article and shall update such list on a quarterly basis, except that the acquisition costs of all prescription drugs shall be updated no less frequently than every 30 days as required by Section 5-5.12.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In the case of long term care facilities, within 45 calendar days of receipt by the facility of required prescreening information, new admissions with associated admission documents shall be submitted through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System or shall be submitted directly to the Department of Human Services using required admission forms. Effective September 1, 2014, admission documents, including all prescreening information, must be submitted through MEDI or REV. Confirmation numbers assigned to an accepted transaction shall be retained by a facility to verify timely submittal. Once an admission transaction has been completed, all resubmitted claims following prior rejection are subject to receipt no later than 180 days after the admission transaction has been completed.

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

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

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

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

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

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

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

In order to promote environmental responsibility, meet the needs of recipients and enrollees, and achieve significant cost savings, the Department, or a managed care organization under contract with the Department, may provide recipients or managed care enrollees who have a prescription or Certificate of Medical Necessity access to refurbished durable medical equipment under this Section (excluding prosthetic and orthotic devices as defined in the Orthotics, Prosthetics, and Pedorthics Practice Act and complex rehabilitation technology products and associated services) through the State's assistive technology program's reutilization program, using staff with the Assistive Technology Professional (ATP) Certification if the refurbished durable medical equipment: (i) is available; (ii) is less expensive, including shipping costs, than new durable medical equipment of the same type; (iii) is able to withstand at least 3 years of use; (iv) is cleaned, disinfected, sterilized, and safe in accordance with federal Food and Drug Administration regulations and guidance governing the reprocessing of medical devices in health care settings; and (v) equally meets the needs of the recipient or enrollee. The reutilization program shall confirm that the recipient or enrollee is not already in receipt of same or similar equipment from another service provider, and that the refurbished durable medical equipment equally meets the needs of the recipient or enrollee. Nothing in this paragraph shall be construed to limit recipient or enrollee choice to obtain new durable medical equipment or place any additional prior authorization conditions on enrollees of managed care organizations.

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

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

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

(a) actual statistics and trends in utilization of medical services by public aid recipients;

(b) actual statistics and trends in the provision of the various medical services by medical vendors;

(c) current rate structures and proposed changes in those rate structures for the various medical vendors; and

(d) efforts at utilization review and control by the Illinois Department.

The period covered by each report shall be the 3 years ending on the June 30 prior to the report. The report shall include suggested legislation for consideration by the General Assembly. The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report as required by Section 3.1 of the General Assembly Organization Act, and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

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

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

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

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

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

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

A federally qualified health center, as defined in Section 1905(l)(2)(B) of the federal Social Security Act, shall be reimbursed by the Department in accordance with the federally qualified health center's encounter rate for services provided to medical assistance recipients that are performed by a dental hygienist, as defined under the Illinois Dental Practice Act, working under the general supervision of a dentist and employed by a federally qualified health center.

(Source: P.A. 100-201, eff. 8-18-17; 100-395, eff. 1-1-18; 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; 100-587, eff. 6-4-18; 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-974, eff. 8-19-18; 100-1009, eff. 1-1-19; 100-1018, eff. 1-1-19; 100-1148, eff. 12-10-18; 101-209, eff. 8-5-19; 101-580, eff. 1-1-20; revised 9-18-19.)

(305 ILCS 5/5-41 new)

Sec. 5-41. Screening, Brief Intervention, and Referral to Treatment.

As used in this Section, "SBIRT" means a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons who are at risk of developing substance use

disorders or have substance use disorders including, but not limited to, an addiction to alcohol, opioids, tobacco, or cannabis. SBIRT services include all of the following:

(1) Screening to quickly assess the severity of substance use and to identify the appropriate level of treatment.

(2) Brief intervention focused on increasing insight and awareness regarding substance use and motivation toward behavioral change.

(3) Referral to treatment provided to those identified as needing more extensive treatment with access to specialty care.

SBIRT services may include, but are not limited to, the following settings and programs: primary care centers, hospital emergency rooms, hospital in-patient units, trauma centers, community behavioral health programs, and other community settings that provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

The Department of Healthcare and Family Services shall develop and seek federal approval of a SBIRT benefit for which qualified providers shall be reimbursed under the medical assistance program.

In conjunction with the Department of Human Services' Division of Substance Use Prevention and Recovery, the Department of Healthcare and Family Services may develop a methodology and reimbursement rate for SBIRT services provided by qualified providers in approved settings.

For opioid specific SBIRT services provided in a hospital emergency department, the Department of Healthcare and Family Services shall develop a bundled reimbursement methodology and rate for a package of opioid treatment services, which include initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services when necessary. This package of opioid related services shall be billed on a separate claim and shall be reimbursed outside of the Enhanced Ambulatory Patient Grouping system.".

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

On motion of Senator Fine, **House Bill No. 2595** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 2595

AMENDMENT NO. 1 . Amend House Bill 2595 by replacing everything after the enacting clause with the following:

"Section 1. This Act may be referred to as the Generally Accepted Standards of Behavioral Health Care Act of 2021.

Section 2. The General Assembly finds and declares the following:

(a) The State of Illinois and the entire country faces a mental health and addiction crisis.

(1) One in 5 adults experience a mental health disorder, and data from 2017 shows that one in 12 had a substance use disorder. The COVID-19 pandemic has exacerbated the nation's mental health and addiction crisis. According the U.S. Center for Disease Control and Prevention, since the start of the COVID-19 pandemic, Americans have experienced higher rates of depression, anxiety, and trauma, and rates of substance use and suicidal ideation have increased.

(2) Nationally, the suicide rate has increased 35% in the past 20 years. According to the Illinois Department of Public Health, more than 1,000 Illinoisans die by suicide every year, including 1,439 deaths in 2019, and it is the third leading cause of death among young adults aged 15 to 34.

(3) Between 2013 and 2019, Illinois saw a 1,861% increase in synthetic opioid overdose deaths and a 68% increase in heroin overdose deaths. In 2019 alone, there were 2.3 and 2 times as many opioid deaths as homicides and car crash deaths, respectively.

(4) Communities of color are disproportionately impacted by lack of access to and inequities in mental health and substance use disorder care.

(A) According to the Substance Abuse and Mental Health Services Administration, two-thirds of Black and Hispanic Americans with a mental illness and nearly 90% with a substance use disorder do not receive medically necessary treatment.

(B) Data from the U.S. Census Bureau demonstrates that Black Americans saw the highest increases in rates of anxiety and depression in 2020.

(C) Data from the Illinois Department of Public Health reveals that Black Illinoisans are hospitalized for opioid overdoses at a rate 6 times higher than white Illinoisans.

(D) In the first half of 2020, the number of suicides among Black Chicagoans had increased 106% from the previous year. Nationally, from 2001 to 2017, suicide rates doubled among Black girls aged 13 to 19 and increased 60% for Black boys of the same age.

(E) According to the Substance Abuse and Mental Health Services Administration, between 2008 and 2018 there were significant increases in serious mental illness and suicide ideation in Hispanics aged 18 to 25 and there remains a large gap in treatment need among Hispanics.

(5) According to the U.S. Center for Disease Control and Prevention, children with adverse childhood experiences are more likely to experience negative outcomes like post-traumatic stress disorder, increased anxiety and depression, suicide, and substance use. A 2020 report from Mental Health America shows that 62.1% of Illinois youth with severe depression do not receive any mental health treatment. Survey results found that 80% of college students report that COVID-19 has negatively impacted their mental health.

(6) In rural communities, between 2001 and 2015, the suicide rate increased by 27%, and between 1999 and 2015 the overdose rate increased 325%.

(7) According to the U.S. Department of Veterans Affairs, 154 veterans died by suicide in 2018, which accounts for more than 10% of all suicide deaths reported by the Illinois Department of Public Health in the same year, despite only accounting for approximately 5.7% of the State's total population. Nationally, between 2008 and 2017, more than 6,000 veterans died by suicide each year.

(8) According to the National Alliance on Mental Illness, 2,000,000 people with mental illness are incarcerated every year, where they do not receive the treatment they need.

(b) A recent landmark federal court ruling offers a concrete demonstration of how the mental health and addiction crisis described in subsection (a) is worsened through the denial of medically necessary mental health and substance use disorder treatment.

(1) In March 2019, the United States District Court of the Northern District of California ruled in Wit v. United Behavioral Health, 2019 WL 1033730 (Wit; N.D.CA Mar. 5, 2019), that United Behavioral Health created flawed level of care placement criteria that were inconsistent with generally accepted standards of mental health and substance use disorder care in order to "mitigate" the requirements of the federal Mental Health Parity and Addiction Equity Act of 2008.

(2) As described by the federal court in Wit, the 8 generally accepted standards of mental health and substance use disorder care require all of the following:

(A) Effective treatment of underlying conditions, rather than mere amelioration of current symptoms, such as suicidality or psychosis.

(B) Treatment of co-occurring behavioral health disorders or medical conditions in a coordinated manner.

(C) Treatment at the least intensive and restrictive level of care that is safe and effective and meets the needs of the patient's condition; a lower level or less intensive care is appropriate only if it is safe and just as effective as treatment at a higher level or service intensity.

(D) Erring on the side of caution, by placing patients in higher levels of care when there is ambiguity as to the appropriate level of care, or when the recommended level of care is not available.

(E) Treatment to maintain functioning or prevent deterioration.

(F) Treatment of mental health and substance use disorders for an appropriate duration based on individual patient needs rather than on specific time limits.

(G) Accounting for the unique needs of children and adolescents when making level of care decisions.

(H) Applying multidimensional assessments of patient needs when making determinations regarding the appropriate level of care.

(3) The court in Wit found that all parties' expert witnesses regarded the American Society of Addiction Medicine (ASAM) criteria for substance use disorders and Level of Care Utilization System (LOCUS), Child and Adolescent Level of Care Utilization System (CALOCUS), Child and Adolescent Service Intensity Instrument (CASII), and Early Childhood Service Intensity Instrument

(ECSII) criteria for mental health disorders as prime examples of level of care criteria that are fully consistent with generally accepted standards of mental health and substance use care.

(4) In particular, the coverage of intermediate levels of care, such as residential treatment, which are essential components of the level of care continuum called for by nonprofit, and clinical specialty associations such as the American Society of Addiction Medicine, are often denied through overly restrictive medical necessity determinations.

(5) On November 3, 2020, the court issued a remedies order requiring United Behavioral Health to reprocess 67,000 mental health and substance use disorder claims and mandating that, for the next decade, United Behavioral Health must use the relevant nonprofit clinical society guidelines for its medical necessity determinations.

(6) The court's findings also demonstrated how United Behavioral Health was in violation of Section 370c of the Illinois Insurance Code for its failure to use the American Society of Addiction Medicine Criteria for substance use disorders. The results of market conduct examinations released by the Illinois Department of Insurance on July 15, 2020 confirmed these findings citing United Healthcare and CIGNA for their failure to use the American Society of Addiction Medicine Criteria when making medical necessity determinations for substance use disorders as required by Illinois law.

(c) Insurers should not be permitted to deny medically necessary mental health and substance use disorder care through the use of utilization review practices and criteria that are inconsistent with generally accepted standards of mental health and substance use disorder care.

(1) Illinois parity law (Sections 370c and 370c.1 of the Illinois Insurance Code) requires that health plans treat illnesses of the brain, such as addiction and depression, the same way they treat illness of other parts of the body, such as cancer and diabetes. The Illinois General Assembly significantly strengthened Illinois' parity law, which incorporates provisions of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, in both 2015 and 2018.

(2) While the federal Patient Protection and Affordable Care Act includes mental health and addiction coverage as one of the 10 essential health benefits, it does not contain a definition for medical necessity, and despite the Patient Protection and Affordable Care Act, needed mental health and addiction coverage can be denied through overly restrictive medical necessity determinations.

(3) Despite the strong actions taken by the Illinois General Assembly, the court in Wit v. United Behavioral Health demonstrated how insurers can mitigate compliance with parity laws due by denying medically necessary mental health and treatment by using flawed medical necessity criteria.

(4) When medically necessary mental health and substance use disorder care is denied, the manifestations of the mental health and addiction crisis described in subsection (a) are severely exacerbated. Individuals with mental health and substance use disorders often have their conditions worsen, sometimes ending up in the criminal justice system or on the streets, resulting in increased emergency hospitalizations, harm to individuals and communities, and higher costs to taxpayers.

(5) In order to realize the promise of mental health and addiction parity and remove barriers to mental health and substance use disorder care for all Illinoisans, insurers must be required to cover medically necessary mental health and substance use disorder care and follow generally accepted standards of mental health and substance use disorder care.

Section 5. The Illinois Insurance Code is amended by changing Sections 370c and 370c.1 as follows:

(215 ILCS 5/370c) (from Ch. 73, par. 982c)

Sec. 370c. Mental and emotional disorders.

(a)(1) On and after the effective date of this amendatory Act of the 102nd General Assembly ~~January 1, 2019 (the effective date of this amendatory Act of the 101st General Assembly Public Act 100-1024)~~, every insurer that amends, delivers, issues, or renews group accident and health policies providing coverage for hospital or medical treatment or services for illness on an expense-incurred basis shall provide coverage for the medically necessary treatment of ~~reasonable and necessary treatment and services for~~ mental, emotional, nervous, or substance use disorders or conditions consistent with the parity requirements of Section 370c.1 of this Code.

(2) Each insured that is covered for mental, emotional, nervous, or substance use disorders or conditions shall be free to select the physician licensed to practice medicine in all its branches, licensed clinical psychologist, licensed clinical social worker, licensed clinical professional counselor, licensed marriage and family therapist, licensed speech-language pathologist, or other licensed or certified

professional at a program licensed pursuant to the Substance Use Disorder Act of his or her choice to treat such disorders, and the insurer shall pay the covered charges of such physician licensed to practice medicine in all its branches, licensed clinical psychologist, licensed clinical social worker, licensed clinical professional counselor, licensed marriage and family therapist, licensed speech-language pathologist, or other licensed or certified professional at a program licensed pursuant to the Substance Use Disorder Act up to the limits of coverage, provided (i) the disorder or condition treated is covered by the policy, and (ii) the physician, licensed psychologist, licensed clinical social worker, licensed clinical professional counselor, licensed marriage and family therapist, licensed speech-language pathologist, or other licensed or certified professional at a program licensed pursuant to the Substance Use Disorder Act is authorized to provide said services under the statutes of this State and in accordance with accepted principles of his or her profession.

(3) Insofar as this Section applies solely to licensed clinical social workers, licensed clinical professional counselors, licensed marriage and family therapists, licensed speech-language pathologists, and other licensed or certified professionals at programs licensed pursuant to the Substance Use Disorder Act, those persons who may provide services to individuals shall do so after the licensed clinical social worker, licensed clinical professional counselor, licensed marriage and family therapist, licensed speech-language pathologist, or other licensed or certified professional at a program licensed pursuant to the Substance Use Disorder Act has informed the patient of the desirability of the patient conferring with the patient's primary care physician.

(4) "Mental, emotional, nervous, or substance use disorder or condition" means a condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the current edition of the World Health Organization's International Classification of Disease or that is listed in the most recent version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. "Mental, emotional, nervous, or substance use disorder or condition" includes any mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression.

(5) Medically necessary treatment and medical necessity determinations shall be interpreted and made in a manner that is consistent with and pursuant to subsections (h) through (t).

(b)(1) (Blank).

(2) (Blank).

(2.5) (Blank).

(3) Unless otherwise prohibited by federal law and consistent with the parity requirements of Section 370c.1 of this Code, the reimbursing insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance, a qualified health plan offered through the health insurance marketplace, or a provider of treatment of mental, emotional, nervous, or substance use disorders or conditions shall furnish medical records or other necessary data that substantiate that initial or continued treatment is at all times medically necessary. An insurer shall provide a mechanism for the timely review by a provider holding the same license and practicing in the same specialty as the patient's provider, who is unaffiliated with the insurer, jointly selected by the patient (or the patient's next of kin or legal representative if the patient is unable to act for himself or herself), the patient's provider, and the insurer in the event of a dispute between the insurer and patient's provider regarding the medical necessity of a treatment proposed by a patient's provider. If the reviewing provider determines the treatment to be medically necessary, the insurer shall provide reimbursement for the treatment. Future contractual or employment actions by the insurer regarding the patient's provider may not be based on the provider's participation in this procedure. Nothing prevents the insured from agreeing in writing to continue treatment at his or her expense. When making a determination of the medical necessity for a treatment modality for mental, emotional, nervous, or substance use disorders or conditions, an insurer must make the determination in a manner that is consistent with the manner used to make that determination with respect to other diseases or illnesses covered under the policy, including an appeals process. Medical necessity determinations for substance use disorders shall be made in accordance with appropriate patient placement criteria established by the American Society of Addiction Medicine. No additional criteria may be used to make medical necessity determinations for substance use disorders.

(4) A group health benefit plan amended, delivered, issued, or renewed on or after January 1, 2019 (the effective date of Public Act 100-1024) or an individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace amended, delivered, issued, or renewed on or after January 1, 2019 (the effective date of Public Act 100-1024):

(A) shall provide coverage based upon medical necessity for the treatment of a mental, emotional, nervous, or substance use disorder or condition consistent with the parity requirements of Section 370c.1 of this Code; provided, however, that in each calendar year coverage shall not be less than the following:

(i) 45 days of inpatient treatment; and

(ii) beginning on June 26, 2006 (the effective date of Public Act 94-921), 60 visits for outpatient treatment including group and individual outpatient treatment; and

(iii) for plans or policies delivered, issued for delivery, renewed, or modified after January 1, 2007 (the effective date of Public Act 94-906), 20 additional outpatient visits for speech therapy for treatment of pervasive developmental disorders that will be in addition to speech therapy provided pursuant to item (ii) of this subparagraph (A); and

(B) may not include a lifetime limit on the number of days of inpatient treatment or the number of outpatient visits covered under the plan.

(C) (Blank).

(5) An issuer of a group health benefit plan or an individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace may not count toward the number of outpatient visits required to be covered under this Section an outpatient visit for the purpose of medication management and shall cover the outpatient visits under the same terms and conditions as it covers outpatient visits for the treatment of physical illness.

(5.5) An individual or group health benefit plan amended, delivered, issued, or renewed on or after September 9, 2015 (the effective date of Public Act 99-480) shall offer coverage for medically necessary acute treatment services and medically necessary clinical stabilization services. The treating provider shall base all treatment recommendations and the health benefit plan shall base all medical necessity determinations for substance use disorders in accordance with the most current edition of the Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine. The treating provider shall base all treatment recommendations and the health benefit plan shall base all medical necessity determinations for medication-assisted treatment in accordance with the most current Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine.

As used in this subsection:

"Acute treatment services" means 24-hour medically supervised addiction treatment that provides evaluation and withdrawal management and may include biopsychosocial assessment, individual and group counseling, psychoeducational groups, and discharge planning.

"Clinical stabilization services" means 24-hour treatment, usually following acute treatment services for substance abuse, which may include intensive education and counseling regarding the nature of addiction and its consequences, relapse prevention, outreach to families and significant others, and aftercare planning for individuals beginning to engage in recovery from addiction.

(6) An issuer of a group health benefit plan may provide or offer coverage required under this Section through a managed care plan.

(6.5) An individual or group health benefit plan amended, delivered, issued, or renewed on or after January 1, 2019 (the effective date of Public Act 100-1024):

(A) shall not impose prior authorization requirements, other than those established under the Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine, on a prescription medication approved by the United States Food and Drug Administration that is prescribed or administered for the treatment of substance use disorders;

(B) shall not impose any step therapy requirements, other than those established under the Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions established by the American Society of Addiction Medicine, before authorizing coverage for a prescription medication approved by the United States Food and Drug Administration that is prescribed or administered for the treatment of substance use disorders;

(C) shall place all prescription medications approved by the United States Food and Drug Administration prescribed or administered for the treatment of substance use disorders on, for brand medications, the lowest tier of the drug formulary developed and maintained by the individual or group health benefit plan that covers brand medications and, for generic medications, the lowest tier

of the drug formulary developed and maintained by the individual or group health benefit plan that covers generic medications; and

(D) shall not exclude coverage for a prescription medication approved by the United States Food and Drug Administration for the treatment of substance use disorders and any associated counseling or wraparound services on the grounds that such medications and services were court ordered.

(7) (Blank).

(8) (Blank).

(9) With respect to all mental, emotional, nervous, or substance use disorders or conditions, coverage for inpatient treatment shall include coverage for treatment in a residential treatment center certified or licensed by the Department of Public Health or the Department of Human Services.

(c) This Section shall not be interpreted to require coverage for speech therapy or other habilitative services for those individuals covered under Section 356z.15 of this Code.

(d) With respect to a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace, the Department and, with respect to medical assistance, the Department of Healthcare and Family Services shall each enforce the requirements of this Section and Sections 356z.23 and 370c.1 of this Code, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), and any amendments to, and federal guidance or regulations issued under, those Acts, including, but not limited to, final regulations issued under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and final regulations applying the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 to Medicaid managed care organizations, the Children's Health Insurance Program, and alternative benefit plans. Specifically, the Department and the Department of Healthcare and Family Services shall take action:

(1) proactively ensuring compliance by individual and group policies, including by requiring that insurers submit comparative analyses, as set forth in paragraph (6) of subsection (k) of Section 370c.1, demonstrating how they design and apply nonquantitative treatment limitations, both as written and in operation, for mental, emotional, nervous, or substance use disorder or condition benefits as compared to how they design and apply nonquantitative treatment limitations, as written and in operation, for medical and surgical benefits;

(2) evaluating all consumer or provider complaints regarding mental, emotional, nervous, or substance use disorder or condition coverage for possible parity violations;

(3) performing parity compliance market conduct examinations or, in the case of the Department of Healthcare and Family Services, parity compliance audits of individual and group plans and policies, including, but not limited to, reviews of:

(A) nonquantitative treatment limitations, including, but not limited to, prior authorization requirements, concurrent review, retrospective review, step therapy, network admission standards, reimbursement rates, and geographic restrictions;

(B) denials of authorization, payment, and coverage; and

(C) other specific criteria as may be determined by the Department.

The findings and the conclusions of the parity compliance market conduct examinations and audits shall be made public.

The Director may adopt rules to effectuate any provisions of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 that relate to the business of insurance.

(e) Availability of plan information.

(1) The criteria for medical necessity determinations made under a group health plan, an individual policy of accident and health insurance, or a qualified health plan offered through the health insurance marketplace with respect to mental health or substance use disorder benefits (or health insurance coverage offered in connection with the plan with respect to such benefits) must be made available by the plan administrator (or the health insurance issuer offering such coverage) to any current or potential participant, beneficiary, or contracting provider upon request.

(2) The reason for any denial under a group health benefit plan, an individual policy of accident and health insurance, or a qualified health plan offered through the health insurance marketplace (or health insurance coverage offered in connection with such plan or policy) of reimbursement or payment for services with respect to mental, emotional, nervous, or substance use disorders or conditions benefits in the case of any participant or beneficiary must be made available within a reasonable time and in a reasonable manner and in readily understandable language by the plan

administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary upon request.

(f) As used in this Section, "group policy of accident and health insurance" and "group health benefit plan" includes (1) State-regulated employer-sponsored group health insurance plans written in Illinois or which purport to provide coverage for a resident of this State; and (2) State employee health plans.

(g) (1) As used in this subsection:

"Benefits", with respect to insurers, means the benefits provided for treatment services for inpatient and outpatient treatment of substance use disorders or conditions at American Society of Addiction Medicine levels of treatment 2.1 (Intensive Outpatient), 2.5 (Partial Hospitalization), 3.1 (Clinically Managed Low-Intensity Residential), 3.3 (Clinically Managed Population-Specific High-Intensity Residential), 3.5 (Clinically Managed High-Intensity Residential), and 3.7 (Medically Monitored Intensive Inpatient) and OMT (Opioid Maintenance Therapy) services.

"Benefits", with respect to managed care organizations, means the benefits provided for treatment services for inpatient and outpatient treatment of substance use disorders or conditions at American Society of Addiction Medicine levels of treatment 2.1 (Intensive Outpatient), 2.5 (Partial Hospitalization), 3.5 (Clinically Managed High-Intensity Residential), and 3.7 (Medically Monitored Intensive Inpatient) and OMT (Opioid Maintenance Therapy) services.

"Substance use disorder treatment provider or facility" means a licensed physician, licensed psychologist, licensed psychiatrist, licensed advanced practice registered nurse, or licensed, certified, or otherwise State-approved facility or provider of substance use disorder treatment.

(2) A group health insurance policy, an individual health benefit plan, or qualified health plan that is offered through the health insurance marketplace, small employer group health plan, and large employer group health plan that is amended, delivered, issued, executed, or renewed in this State, or approved for issuance or renewal in this State, on or after January 1, 2019 (the effective date of Public Act 100-1023) shall comply with the requirements of this Section and Section 370c.1. The services for the treatment and the ongoing assessment of the patient's progress in treatment shall follow the requirements of 77 Ill. Adm. Code 2060.

(3) Prior authorization shall not be utilized for the benefits under this subsection. The substance use disorder treatment provider or facility shall notify the insurer of the initiation of treatment. For an insurer that is not a managed care organization, the substance use disorder treatment provider or facility notification shall occur for the initiation of treatment of the covered person within 2 business days. For managed care organizations, the substance use disorder treatment provider or facility notification shall occur in accordance with the protocol set forth in the provider agreement for initiation of treatment within 24 hours. If the managed care organization is not capable of accepting the notification in accordance with the contractual protocol during the 24-hour period following admission, the substance use disorder treatment provider or facility shall have one additional business day to provide the notification to the appropriate managed care organization. Treatment plans shall be developed in accordance with the requirements and timeframes established in 77 Ill. Adm. Code 2060. If the substance use disorder treatment provider or facility fails to notify the insurer of the initiation of treatment in accordance with these provisions, the insurer may follow its normal prior authorization processes.

(4) For an insurer that is not a managed care organization, if an insurer determines that benefits are no longer medically necessary, the insurer shall notify the covered person, the covered person's authorized representative, if any, and the covered person's health care provider in writing of the covered person's right to request an external review pursuant to the Health Carrier External Review Act. The notification shall occur within 24 hours following the adverse determination.

Pursuant to the requirements of the Health Carrier External Review Act, the covered person or the covered person's authorized representative may request an expedited external review. An expedited external review may not occur if the substance use disorder treatment provider or facility determines that continued treatment is no longer medically necessary. Under this subsection, a request for expedited external review must be initiated within 24 hours following the adverse determination notification by the insurer. Failure to request an expedited external review within 24 hours shall preclude a covered person or a covered person's authorized representative from requesting an expedited external review.

If an expedited external review request meets the criteria of the Health Carrier External Review Act, an independent review organization shall make a final determination of medical necessity within 72 hours. If an independent review organization upholds an adverse determination, an insurer shall remain responsible to provide coverage of benefits through the day following the determination of the independent review

organization. A decision to reverse an adverse determination shall comply with the Health Carrier External Review Act.

(5) The substance use disorder treatment provider or facility shall provide the insurer with 7 business days' advance notice of the planned discharge of the patient from the substance use disorder treatment provider or facility and notice on the day that the patient is discharged from the substance use disorder treatment provider or facility.

(6) The benefits required by this subsection shall be provided to all covered persons with a diagnosis of substance use disorder or conditions. The presence of additional related or unrelated diagnoses shall not be a basis to reduce or deny the benefits required by this subsection.

(7) Nothing in this subsection shall be construed to require an insurer to provide coverage for any of the benefits in this subsection.

(h) As used in this Section:

"Generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care" means standards of care and clinical practice that are generally recognized by health care providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, social work, addiction medicine and counseling, and behavioral health treatment. Valid, evidence-based sources reflecting generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care include peer-reviewed scientific studies and medical literature, recommendations of nonprofit health care provider professional associations and specialty societies, including, but not limited to, patient placement criteria and clinical practice guidelines, recommendations of federal government agencies, and drug labeling approved by the United States Food and Drug Administration.

"Medically necessary treatment of mental, emotional, nervous, or substance use disorders or conditions" means a service or product addressing the specific needs of that patient, for the purpose of screening, preventing, diagnosing, managing, or treating an illness, injury, or condition or its symptoms and comorbidities, including minimizing the progression of an illness, injury, or condition or its symptoms and comorbidities in a manner that is all of the following:

(1) in accordance with the generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care;

(2) clinically appropriate in terms of type, frequency, extent, site, and duration; and

(3) not primarily for the economic benefit of the insurer, purchaser, or for the convenience of the patient, treating physician, or other health care provider.

"Utilization review" means either of the following:

(1) prospectively, retrospectively, or concurrently reviewing and approving, modifying, delaying, or denying, based in whole or in part on medical necessity, requests by health care providers, insureds, or their authorized representatives for coverage of health care services before, retrospectively, or concurrently with the provision of health care services to insureds.

(2) evaluating the medical necessity, appropriateness, level of care, service intensity, efficacy, or efficiency of health care services, benefits, procedures, or settings, under any circumstances, to determine whether a health care service or benefit subject to a medical necessity coverage requirement in an insurance policy is covered as medically necessary for an insured.

"Utilization review criteria" means patient placement criteria or any criteria, standards, protocols, or guidelines used by an insurer to conduct utilization review.

(i)(1) Every insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace in this State and Medicaid managed care organizations providing coverage for hospital or medical treatment on or after January 1, 2023 shall, pursuant to subsections (h) through (s), provide coverage for medically necessary treatment of mental, emotional, nervous, or substance use disorders or conditions.

(2) An insurer shall not set a specific limit on the duration of benefits or coverage of medically necessary treatment of mental, emotional, nervous, or substance use disorders or conditions or limit coverage only to alleviation of the insured's current symptoms.

(3) All medical necessity determinations made by the insurer concerning service intensity, level of care placement, continued stay, and transfer or discharge of insureds diagnosed with mental, emotional, nervous, or substance use disorders or conditions shall be conducted in accordance with the requirements of subsections (k) through (u).

(4) An insurer that authorizes a specific type of treatment by a provider pursuant to this Section shall not rescind or modify the authorization after that provider renders the health care service in good faith and

pursuant to this authorization for any reason, including, but not limited to, the insurer's subsequent cancellation or modification of the insured's or policyholder's contract, or the insured's or policyholder's eligibility. Nothing in this Section shall require the insurer to cover a treatment when the authorization was granted based on a material misrepresentation by the insured, the policyholder, or the provider. Nothing in this Section shall require Medicaid managed care organizations to pay for services if the individual was not eligible for Medicaid at the time the service was rendered. Nothing in this Section shall require an insurer to pay for services if the individual was not the insurer's enrollee at the time services were rendered. As used in this paragraph, "material" means a fact or situation that is not merely technical in nature and results in or could result in a substantial change in the situation.

(j) An insurer shall not limit benefits or coverage for medically necessary services on the basis that those services should be or could be covered by a public entitlement program, including, but not limited to, special education or an individualized education program, Medicaid, Medicare, Supplemental Security Income, or Social Security Disability Insurance, and shall not include or enforce a contract term that excludes otherwise covered benefits on the basis that those services should be or could be covered by a public entitlement program. Nothing in this subsection shall be construed to require an insurer to cover benefits that have been authorized and provided for a covered person by a public entitlement program. Medicaid managed care organizations are not subject to this subsection.

(k) An insurer shall base any medical necessity determination or the utilization review criteria that the insurer, and any entity acting on the insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental, emotional, nervous, or substance use disorders or conditions on current generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care. All denials and appeals shall be reviewed by a professional with experience or expertise comparable to the provider requesting the authorization.

(l) For medical necessity determinations relating to level of care placement, continued stay, and transfer or discharge of insureds diagnosed with mental, emotional, and nervous disorders or conditions, an insurer shall apply the patient placement criteria set forth in the most recent version of the treatment criteria developed by an unaffiliated nonprofit professional association for the relevant clinical specialty or, for Medicaid managed care organizations, patient placement criteria determined by the Department of Healthcare and Family Services that are consistent with generally accepted standards of mental, emotional, nervous or substance use disorder or condition care. Pursuant to subsection (b), in conducting utilization review of all covered services and benefits for the diagnosis, prevention, and treatment of substance use disorders an insurer shall use the most recent edition of the patient placement criteria established by the American Society of Addiction Medicine.

(m) For medical necessity determinations relating to level of care placement, continued stay, and transfer or discharge that are within the scope of the sources specified in subsection (l), an insurer shall not apply different, additional, conflicting, or more restrictive utilization review criteria than the criteria set forth in those sources. For all level of care placement decisions, the insurer shall authorize placement at the level of care consistent with the assessment of the insured using the relevant patient placement criteria as specified in subsection (l). If that level of placement is not available, the insurer shall authorize the next higher level of care. In the event of disagreement, the insurer shall provide full detail of its assessment using the relevant criteria as specified in subsection (l) to the provider of the service and the patient.

Nothing in this subsection or subsection (l) prohibits an insurer from applying utilization review criteria that were developed in accordance with subsection (k) to health care services and benefits for mental, emotional, and nervous disorders or conditions that are not related to medical necessity determinations for level of care placement, continued stay, and transfer or discharge. If an insurer purchases or licenses utilization review criteria pursuant to this subsection, the insurer shall verify and document before use that the criteria were developed in accordance with subsection (k).

(n) In conducting utilization review that is outside the scope of the criteria as specified in subsection (l) or relates to the advancements in technology or in the types or levels of care that are not addressed in the most recent versions of the sources specified in subsection (l), an insurer shall conduct utilization review in accordance with subsection (k).

(o) This Section does not in any way limit the rights of a patient under the Medical Patient Rights Act.

(p) This Section does not in any way limit early and periodic screening, diagnostic, and treatment benefits as defined under 42 U.S.C. 1396d(r).

(q) To ensure the proper use of the criteria described in subsection (l), every insurer shall do all of the following:

(1) Educate the insurer's staff, including any third parties contracted with the insurer to review claims, conduct utilization reviews, or make medical necessity determinations about the utilization review criteria.

(2) Make the educational program available to other stakeholders, including the insurer's participating or contracted providers and potential participants, beneficiaries, or covered lives. The education program must be provided at least once a year, in-person or digitally, or recordings of the education program must be made available to the aforementioned stakeholders.

(3) Provide, at no cost, the utilization review criteria and any training material or resources to providers and insured patients upon request. For utilization review criteria not concerning level of care placement, continued stay, and transfer or discharge used by the insurer pursuant to subsection (m), the insurer may place the criteria on a secure, password-protected website so long as the access requirements of the website do not unreasonably restrict access to insureds or their providers. No restrictions shall be placed upon the insured's or treating provider's access right to utilization review criteria obtained under this paragraph at any point in time, including before an initial request for authorization.

(4) Track, identify, and analyze how the utilization review criteria are used to certify care, deny care, and support the appeals process.

(5) Conduct interrater reliability testing to ensure consistency in utilization review decision making that covers how medical necessity decisions are made; this assessment shall cover all aspects of utilization review as defined in subsection (h).

(6) Run interrater reliability reports about how the clinical guidelines are used in conjunction with the utilization review process and parity compliance activities.

(7) Achieve interrater reliability pass rates of at least 90% and, if this threshold is not met, immediately provide for the remediation of poor interrater reliability and interrater reliability testing for all new staff before they can conduct utilization review without supervision.

(8) Maintain documentation of interrater reliability testing and the remediation actions taken for those with pass rates lower than 90% and submit to the Department of Insurance or, in the case of Medicaid managed care organizations, the Department of Healthcare and Family Services the testing results and a summary of remedial actions as part of parity compliance reporting set forth in subsection (k) of Section 370c.1.

(r) This Section applies to all health care services and benefits for the diagnosis, prevention, and treatment of mental, emotional, nervous, or substance use disorders or conditions covered by an insurance policy, including prescription drugs.

(s) This Section applies to an insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace in this State providing coverage for hospital or medical treatment and conducts utilization review as defined in this Section, including Medicaid managed care organizations, and any entity or contracting provider that performs utilization review or utilization management functions on an insurer's behalf.

(t) If the Director determines that an insurer has violated this Section, the Director may, after appropriate notice and opportunity for hearing, by order, assess a civil penalty between $1,000 and $5,000 for each violation. Moneys collected from penalties shall be deposited into the Parity Advancement Fund established in subsection (i) of Section 370c.1.

(u) An insurer shall not adopt, impose, or enforce terms in its policies or provider agreements, in writing or in operation, that undermine, alter, or conflict with the requirements of this Section.

(v) The provisions of this Section are severable. If any provision of this Section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

(Source: P.A. 100-305, eff. 8-24-17; 100-1023, eff. 1-1-19; 100-1024, eff. 1-1-19; 101-81, eff. 7-12-19; 101-386, eff. 8-16-19; revised 9-20-19.)

(215 ILCS 5/370c.1)

Sec. 370c.1. Mental, emotional, nervous, or substance use disorder or condition parity.

(a) On and after the effective date of this amendatory Act of the 99th General Assembly, every insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the Health Insurance Marketplace in this State providing coverage for

hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions shall ensure that:

(1) the financial requirements applicable to such mental, emotional, nervous, or substance use disorder or condition benefits are no more restrictive than the predominant financial requirements applied to substantially all hospital and medical benefits covered by the policy and that there are no separate cost-sharing requirements that are applicable only with respect to mental, emotional, nervous, or substance use disorder or condition benefits; and

(2) the treatment limitations applicable to such mental, emotional, nervous, or substance use disorder or condition benefits are no more restrictive than the predominant treatment limitations applied to substantially all hospital and medical benefits covered by the policy and that there are no separate treatment limitations that are applicable only with respect to mental, emotional, nervous, or substance use disorder or condition benefits.

(b) The following provisions shall apply concerning aggregate lifetime limits:

(1) In the case of a group or individual policy of accident and health insurance or a qualified health plan offered through the Health Insurance Marketplace amended, delivered, issued, or renewed in this State on or after the effective date of this amendatory Act of the 99th General Assembly that provides coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions the following provisions shall apply:

(A) if the policy does not include an aggregate lifetime limit on substantially all hospital and medical benefits, then the policy may not impose any aggregate lifetime limit on mental, emotional, nervous, or substance use disorder or condition benefits; or

(B) if the policy includes an aggregate lifetime limit on substantially all hospital and medical benefits (in this subsection referred to as the "applicable lifetime limit"), then the policy shall either:

(i) apply the applicable lifetime limit both to the hospital and medical benefits to which it otherwise would apply and to mental, emotional, nervous, or substance use disorder or condition benefits and not distinguish in the application of the limit between the hospital and medical benefits and mental, emotional, nervous, or substance use disorder or condition benefits; or

(ii) not include any aggregate lifetime limit on mental, emotional, nervous, or substance use disorder or condition benefits that is less than the applicable lifetime limit.

(2) In the case of a policy that is not described in paragraph (1) of subsection (b) of this Section and that includes no or different aggregate lifetime limits on different categories of hospital and medical benefits, the Director shall establish rules under which subparagraph (B) of paragraph (1) of subsection (b) of this Section is applied to such policy with respect to mental, emotional, nervous, or substance use disorder or condition benefits by substituting for the applicable lifetime limit an average aggregate lifetime limit that is computed taking into account the weighted average of the aggregate lifetime limits applicable to such categories.

(c) The following provisions shall apply concerning annual limits:

(1) In the case of a group or individual policy of accident and health insurance or a qualified health plan offered through the Health Insurance Marketplace amended, delivered, issued, or renewed in this State on or after the effective date of this amendatory Act of the 99th General Assembly that provides coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions the following provisions shall apply:

(A) if the policy does not include an annual limit on substantially all hospital and medical benefits, then the policy may not impose any annual limits on mental, emotional, nervous, or substance use disorder or condition benefits; or

(B) if the policy includes an annual limit on substantially all hospital and medical benefits (in this subsection referred to as the "applicable annual limit"), then the policy shall either:

(i) apply the applicable annual limit both to the hospital and medical benefits to which it otherwise would apply and to mental, emotional, nervous, or substance use disorder or condition benefits and not distinguish in the application of the limit between the hospital and medical benefits and mental, emotional, nervous, or substance use disorder or condition benefits; or

(ii) not include any annual limit on mental, emotional, nervous, or substance use disorder or condition benefits that is less than the applicable annual limit.

(2) In the case of a policy that is not described in paragraph (1) of subsection (c) of this Section and that includes no or different annual limits on different categories of hospital and medical benefits, the Director shall establish rules under which subparagraph (B) of paragraph (1) of subsection (c) of this Section is applied to such policy with respect to mental, emotional, nervous, or substance use disorder or condition benefits by substituting for the applicable annual limit an average annual limit that is computed taking into account the weighted average of the annual limits applicable to such categories.

(d) With respect to mental, emotional, nervous, or substance use disorders or conditions, an insurer shall use policies and procedures for the election and placement of mental, emotional, nervous, or substance use disorder or condition treatment drugs on their formulary that are no less favorable to the insured as those policies and procedures the insurer uses for the selection and placement of drugs for medical or surgical conditions and shall follow the expedited coverage determination requirements for substance abuse treatment drugs set forth in Section 45.2 of the Managed Care Reform and Patient Rights Act.

(e) This Section shall be interpreted in a manner consistent with all applicable federal parity regulations including, but not limited to, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, final regulations issued under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and final regulations applying the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 to Medicaid managed care organizations, the Children's Health Insurance Program, and alternative benefit plans.

(f) The provisions of subsections (b) and (c) of this Section shall not be interpreted to allow the use of lifetime or annual limits otherwise prohibited by State or federal law.

(g) As used in this Section:

"Financial requirement" includes deductibles, copayments, coinsurance, and out-of-pocket maximums, but does not include an aggregate lifetime limit or an annual limit subject to subsections (b) and (c).

"Mental, emotional, nervous, or substance use disorder or condition" means a condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the current edition of the International Classification of Disease or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

"Treatment limitation" includes limits on benefits based on the frequency of treatment, number of visits, days of coverage, days in a waiting period, or other similar limits on the scope or duration of treatment. "Treatment limitation" includes both quantitative treatment limitations, which are expressed numerically (such as 50 outpatient visits per year), and nonquantitative treatment limitations, which otherwise limit the scope or duration of treatment. A permanent exclusion of all benefits for a particular condition or disorder shall not be considered a treatment limitation. "Nonquantitative treatment" means those limitations as described under federal regulations (26 CFR 54.9812-1). "Nonquantitative treatment limitations" include, but are not limited to, those limitations described under federal regulations 26 CFR 54.9812-1, 29 CFR 2590.712, and 45 CFR 146.136.

(h) The Department of Insurance shall implement the following education initiatives:

(1) By January 1, 2016, the Department shall develop a plan for a Consumer Education Campaign on parity. The Consumer Education Campaign shall focus its efforts throughout the State and include trainings in the northern, southern, and central regions of the State, as defined by the Department, as well as each of the 5 managed care regions of the State as identified by the Department of Healthcare and Family Services. Under this Consumer Education Campaign, the Department shall: (1) by January 1, 2017, provide at least one live training in each region on parity for consumers and providers and one webinar training to be posted on the Department website and (2) establish a consumer hotline to assist consumers in navigating the parity process by March 1, 2017. By January 1, 2018 the Department shall issue a report to the General Assembly on the success of the Consumer Education Campaign, which shall indicate whether additional training is necessary or would be recommended.

(2) The Department, in coordination with the Department of Human Services and the Department of Healthcare and Family Services, shall convene a working group of health care insurance carriers, mental health advocacy groups, substance abuse patient advocacy groups, and mental health physician groups for the purpose of discussing issues related to the treatment and coverage of mental, emotional, nervous, or substance use disorders or conditions and compliance with

parity obligations under State and federal law. Compliance shall be measured, tracked, and shared during the meetings of the working group. The working group shall meet once before January 1, 2016 and shall meet semiannually thereafter. The Department shall issue an annual report to the General Assembly that includes a list of the health care insurance carriers, mental health advocacy groups, substance abuse patient advocacy groups, and mental health physician groups that participated in the working group meetings, details on the issues and topics covered, and any legislative recommendations developed by the working group.

(3) Not later than January ~~August~~ 1 of each year, the Department, in conjunction with the Department of Healthcare and Family Services, shall issue a joint report to the General Assembly and provide an educational presentation to the General Assembly. The report and presentation shall:

(A) Cover the methodology the Departments use to check for compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), and any federal regulations or guidance relating to the compliance and oversight of the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 and 42 U.S.C. 18031(j).

(B) Cover the methodology the Departments use to check for compliance with this Section and Sections 356z.23 and 370c of this Code.

(C) Identify market conduct examinations or, in the case of the Department of Healthcare and Family Services, audits conducted or completed during the preceding 12-month period regarding compliance with parity in mental, emotional, nervous, and substance use disorder or condition benefits under State and federal laws and summarize the results of such market conduct examinations and audits. This shall include:

(i) the number of market conduct examinations and audits initiated and completed;

(ii) the benefit classifications examined by each market conduct examination and audit;

(iii) the subject matter of each market conduct examination and audit, including quantitative and nonquantitative treatment limitations; and

(iv) a summary of the basis for the final decision rendered in each market conduct examination and audit.

Individually identifiable information shall be excluded from the reports consistent with federal privacy protections.

(D) Detail any educational or corrective actions the Departments have taken to ensure compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, 42 U.S.C. 18031(j), this Section, and Sections 356z.23 and 370c of this Code.

(E) The report must be written in non-technical, readily understandable language and shall be made available to the public by, among such other means as the Departments find appropriate, posting the report on the Departments' websites.

(i) The Parity Advancement Fund is created as a special fund in the State treasury. Moneys from fines and penalties collected from insurers for violations of this Section shall be deposited into the Fund. Moneys deposited into the Fund for appropriation by the General Assembly to the Department shall be used for the purpose of providing financial support of the Consumer Education Campaign, parity compliance advocacy, and other initiatives that support parity implementation and enforcement on behalf of consumers.

(j) The Department of Insurance and the Department of Healthcare and Family Services shall convene and provide technical support to a workgroup of 11 members that shall be comprised of 3 mental health parity experts recommended by an organization advocating on behalf of mental health parity appointed by the President of the Senate; 3 behavioral health providers recommended by an organization that represents behavioral health providers appointed by the Speaker of the House of Representatives; 2 representing Medicaid managed care organizations recommended by an organization that represents Medicaid managed care plans appointed by the Minority Leader of the House of Representatives; 2 representing commercial insurers recommended by an organization that represents insurers appointed by the Minority Leader of the Senate; and a representative of an organization that represents Medicaid managed care plans appointed by the Governor.

The workgroup shall provide recommendations to the General Assembly on health plan data reporting requirements that separately break out data on mental, emotional, nervous, or substance use disorder or condition benefits and data on other medical benefits, including physical health and related health services

no later than December 31, 2019. The recommendations to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct. This workgroup shall take into account federal requirements and recommendations on mental health parity reporting for the Medicaid program. This workgroup shall also develop the format and provide any needed definitions for reporting requirements in subsection (k). The research and evaluation of the working group shall include, but not be limited to:

(1) claims denials due to benefit limits, if applicable;

(2) administrative denials for no prior authorization;

(3) denials due to not meeting medical necessity;

(4) denials that went to external review and whether they were upheld or overturned for medical necessity;

(5) out-of-network claims;

(6) emergency care claims;

(7) network directory providers in the outpatient benefits classification who filed no claims in the last 6 months, if applicable;

(8) the impact of existing and pertinent limitations and restrictions related to approved services, licensed providers, reimbursement levels, and reimbursement methodologies within the Division of Mental Health, the Division of Substance Use Prevention and Recovery programs, the Department of Healthcare and Family Services, and, to the extent possible, federal regulations and law; and

(9) when reporting and publishing should begin.

Representatives from the Department of Healthcare and Family Services, representatives from the Division of Mental Health, and representatives from the Division of Substance Use Prevention and Recovery shall provide technical advice to the workgroup.

(k) An insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace in this State providing coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions shall submit an annual report, the format and definitions for which will be developed by the workgroup in subsection (j), to the Department, or, with respect to medical assistance, the Department of Healthcare and Family Services starting on or before July 1, 2020 that contains the following information separately for inpatient in-network benefits, inpatient out-of-network benefits, outpatient in-network benefits, outpatient out-of-network benefits, emergency care benefits, and prescription drug benefits in the case of accident and health insurance or qualified health plans, or inpatient, outpatient, emergency care, and prescription drug benefits in the case of medical assistance:

(1) A summary of the plan's pharmacy management processes for mental, emotional, nervous, or substance use disorder or condition benefits compared to those for other medical benefits.

(2) A summary of the internal processes of review for experimental benefits and unproven technology for mental, emotional, nervous, or substance use disorder or condition benefits and those for other medical benefits.

(3) A summary of how the plan's policies and procedures for utilization management for mental, emotional, nervous, or substance use disorder or condition benefits compare to those for other medical benefits.

(4) A description of the process used to develop or select the medical necessity criteria for mental, emotional, nervous, or substance use disorder or condition benefits and the process used to develop or select the medical necessity criteria for medical and surgical benefits.

(5) Identification of all nonquantitative treatment limitations that are applied to both mental, emotional, nervous, or substance use disorder or condition benefits and medical and surgical benefits within each classification of benefits.

(6) The results of an analysis that demonstrates that for the medical necessity criteria described in subparagraph (A) and for each nonquantitative treatment limitation identified in subparagraph (B), as written and in operation, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each nonquantitative treatment limitation to mental, emotional, nervous, or substance use disorder or condition benefits within each classification of benefits are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the medical necessity criteria and each nonquantitative treatment limitation to medical and surgical benefits within the corresponding classification of benefits; at a minimum, the results of the analysis shall:

(A) identify the factors used to determine that a nonquantitative treatment limitation applies to a benefit, including factors that were considered but rejected;

(B) identify and define the specific evidentiary standards used to define the factors and any other evidence relied upon in designing each nonquantitative treatment limitation;

(C) provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to design each nonquantitative treatment limitation, as written, for mental, emotional, nervous, or substance use disorder or condition benefits are comparable to, and are applied no more stringently than, the processes and strategies used to design each nonquantitative treatment limitation, as written, for medical and surgical benefits;

(D) provide the comparative analyses, including the results of the analyses, performed to determine that the processes and strategies used to apply each nonquantitative treatment limitation, in operation, for mental, emotional, nervous, or substance use disorder or condition benefits are comparable to, and applied no more stringently than, the processes or strategies used to apply each nonquantitative treatment limitation, in operation, for medical and surgical benefits; and

(E) disclose the specific findings and conclusions reached by the insurer that the results of the analyses described in subparagraphs (C) and (D) indicate that the insurer is in compliance with this Section and the Mental Health Parity and Addiction Equity Act of 2008 and its implementing regulations, which includes 42 CFR Parts 438, 440, and 457 and 45 CFR 146.136 and any other related federal regulations found in the Code of Federal Regulations.

(7) Any other information necessary to clarify data provided in accordance with this Section requested by the Director, including information that may be proprietary or have commercial value, under the requirements of Section 30 of the Viatical Settlements Act of 2009.

(l) An insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace in this State providing coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions on or after the effective date of this amendatory Act of the 100th General Assembly shall, in advance of the plan year, make available to the Department or, with respect to medical assistance, the Department of Healthcare and Family Services and to all plan participants and beneficiaries the information required in subparagraphs (C) through (E) of paragraph (6) of subsection (k). For plan participants and medical assistance beneficiaries, the information required in subparagraphs (C) through (E) of paragraph (6) of subsection (k) shall be made available on a publicly-available website whose web address is prominently displayed in plan and managed care organization informational and marketing materials.

(m) In conjunction with its compliance examination program conducted in accordance with the Illinois State Auditing Act, the Auditor General shall undertake a review of compliance by the Department and the Department of Healthcare and Family Services with Section 370c and this Section. Any findings resulting from the review conducted under this Section shall be included in the applicable State agency's compliance examination report. Each compliance examination report shall be issued in accordance with Section 3-14 of the Illinois State Auditing Act. A copy of each report shall also be delivered to the head of the applicable State agency and posted on the Auditor General's website.

(Source: P.A. 99-480, eff. 9-9-15; 100-1024, eff. 1-1-19.)

Section 10. The Health Carrier External Review Act is amended by changing Sections 35 and 40 as follows:

(215 ILCS 180/35)

Sec. 35. Standard external review.

(a) Within 4 months after the date of receipt of a notice of an adverse determination or final adverse determination, a covered person or the covered person's authorized representative may file a request for an external review with the Director. Within one business day after the date of receipt of a request for external review, the Director shall send a copy of the request to the health carrier.

(b) Within 5 business days following the date of receipt of the external review request, the health carrier shall complete a preliminary review of the request to determine whether:

(1) the individual is or was a covered person in the health benefit plan at the time the health care service was requested or at the time the health care service was provided;

(2) the health care service that is the subject of the adverse determination or the final adverse determination is a covered service under the covered person's health benefit plan, but the health carrier has determined that the health care service is not covered;

(3) the covered person has exhausted the health carrier's internal appeal process unless the covered person is not required to exhaust the health carrier's internal appeal process pursuant to this Act;

(4) (blank); and

(5) the covered person has provided all the information and forms required to process an external review, as specified in this Act.

(c) Within one business day after completion of the preliminary review, the health carrier shall notify the Director and covered person and, if applicable, the covered person's authorized representative in writing whether the request is complete and eligible for external review. If the request:

(1) is not complete, the health carrier shall inform the Director and covered person and, if applicable, the covered person's authorized representative in writing and include in the notice what information or materials are required by this Act to make the request complete; or

(2) is not eligible for external review, the health carrier shall inform the Director and covered person and, if applicable, the covered person's authorized representative in writing and include in the notice the reasons for its ineligibility.

The Department may specify the form for the health carrier's notice of initial determination under this subsection (c) and any supporting information to be included in the notice.

The notice of initial determination of ineligibility shall include a statement informing the covered person and, if applicable, the covered person's authorized representative that a health carrier's initial determination that the external review request is ineligible for review may be appealed to the Director by filing a complaint with the Director.

Notwithstanding a health carrier's initial determination that the request is ineligible for external review, the Director may determine that a request is eligible for external review and require that it be referred for external review. In making such determination, the Director's decision shall be in accordance with the terms of the covered person's health benefit plan, unless such terms are inconsistent with applicable law, and shall be subject to all applicable provisions of this Act.

(d) Whenever the Director receives notice that a request is eligible for external review following the preliminary review conducted pursuant to this Section, within one business day after the date of receipt of the notice, the Director shall:

(1) assign an independent review organization from the list of approved independent review organizations compiled and maintained by the Director pursuant to this Act and notify the health carrier of the name of the assigned independent review organization; and

(2) notify in writing the covered person and, if applicable, the covered person's authorized representative of the request's eligibility and acceptance for external review and the name of the independent review organization.

The Director shall include in the notice provided to the covered person and, if applicable, the covered person's authorized representative a statement that the covered person or the covered person's authorized representative may, within 5 business days following the date of receipt of the notice provided pursuant to item (2) of this subsection (d), submit in writing to the assigned independent review organization additional information that the independent review organization shall consider when conducting the external review. The independent review organization is not required to, but may, accept and consider additional information submitted after 5 business days.

(e) The assignment by the Director of an approved independent review organization to conduct an external review in accordance with this Section shall be done on a random basis among those independent review organizations approved by the Director pursuant to this Act.

(f) Within 5 business days after the date of receipt of the notice provided pursuant to item (1) of subsection (d) of this Section, the health carrier or its designee utilization review organization shall provide to the assigned independent review organization the documents and any information considered in making the adverse determination or final adverse determination; in such cases, the following provisions shall apply:

(1) Except as provided in item (2) of this subsection (f), failure by the health carrier or its utilization review organization to provide the documents and information within the specified time frame shall not delay the conduct of the external review.

(2) If the health carrier or its utilization review organization fails to provide the documents and information within the specified time frame, the assigned independent review organization may terminate the external review and make a decision to reverse the adverse determination or final adverse determination.

(3) Within one business day after making the decision to terminate the external review and make a decision to reverse the adverse determination or final adverse determination under item (2) of this subsection (f), the independent review organization shall notify the Director, the health carrier, the covered person and, if applicable, the covered person's authorized representative, of its decision to reverse the adverse determination.

(g) Upon receipt of the information from the health carrier or its utilization review organization, the assigned independent review organization shall review all of the information and documents and any other information submitted in writing to the independent review organization by the covered person and the covered person's authorized representative.

(h) Upon receipt of any information submitted by the covered person or the covered person's authorized representative, the independent review organization shall forward the information to the health carrier within 1 business day.

(1) Upon receipt of the information, if any, the health carrier may reconsider its adverse determination or final adverse determination that is the subject of the external review.

(2) Reconsideration by the health carrier of its adverse determination or final adverse determination shall not delay or terminate the external review.

(3) The external review may only be terminated if the health carrier decides, upon completion of its reconsideration, to reverse its adverse determination or final adverse determination and provide coverage or payment for the health care service that is the subject of the adverse determination or final adverse determination. In such cases, the following provisions shall apply:

(A) Within one business day after making the decision to reverse its adverse determination or final adverse determination, the health carrier shall notify the Director, the covered person and, if applicable, the covered person's authorized representative, and the assigned independent review organization in writing of its decision.

(B) Upon notice from the health carrier that the health carrier has made a decision to reverse its adverse determination or final adverse determination, the assigned independent review organization shall terminate the external review.

(i) In addition to the documents and information provided by the health carrier or its utilization review organization and the covered person and the covered person's authorized representative, if any, the independent review organization, to the extent the information or documents are available and the independent review organization considers them appropriate, shall consider the following in reaching a decision:

(1) the covered person's pertinent medical records;

(2) the covered person's health care provider's recommendation;

(3) consulting reports from appropriate health care providers and other documents submitted by the health carrier or its designee utilization review organization, the covered person, the covered person's authorized representative, or the covered person's treating provider;

(4) the terms of coverage under the covered person's health benefit plan with the health carrier to ensure that the independent review organization's decision is not contrary to the terms of coverage under the covered person's health benefit plan with the health carrier, unless the terms are inconsistent with applicable law;

(5) the most appropriate practice guidelines, which shall include applicable evidence-based standards and may include any other practice guidelines developed by the federal government, national or professional medical societies, boards, and associations;

(6) any applicable clinical review criteria developed and used by the health carrier or its designee utilization review organization;

(7) the opinion of the independent review organization's clinical reviewer or reviewers after considering items (1) through (6) of this subsection (i) to the extent the information or documents are available and the clinical reviewer or reviewers considers the information or documents appropriate;

(8) (blank); and

(9) in the case of medically necessary determinations for substance use disorders, the patient placement criteria established by the American Society of Addiction Medicine.

(i-5) For an adverse determination or final adverse determination involving mental, emotional, nervous, or substance use disorders or conditions, the independent review organization shall:

(1) consider the documents and information as set forth in subsection (i), except that all practice guidelines and clinical review criteria must be consistent with the requirements set forth in Section 370c of the Illinois Insurance Code; and

(2) make its decision, pursuant to subsection (j), whether to uphold or reverse the adverse determination or final adverse determination based on whether the service constitutes medically necessary treatment of a mental, emotional, nervous, or substance use disorders or condition as defined in Section 370c of the Illinois Insurance Code.

(j) Within 5 days after the date of receipt of all necessary information, but in no event more than 45 days after the date of receipt of the request for an external review, the assigned independent review organization shall provide written notice of its decision to uphold or reverse the adverse determination or the final adverse determination to the Director, the health carrier, the covered person, and, if applicable, the covered person's authorized representative. In reaching a decision, the assigned independent review organization is not bound by any claim determinations reached prior to the submission of information to the independent review organization. In such cases, the following provisions shall apply:

(1) The independent review organization shall include in the notice:

(A) a general description of the reason for the request for external review;

(B) the date the independent review organization received the assignment from the Director to conduct the external review;

(C) the time period during which the external review was conducted;

(D) references to the evidence or documentation, including the evidence-based standards, considered in reaching its decision;

(E) the date of its decision;

(F) the principal reason or reasons for its decision, including what applicable, if any, evidence-based standards that were a basis for its decision; and

(G) the rationale for its decision.

(2) (Blank).

(3) (Blank).

(4) Upon receipt of a notice of a decision reversing the adverse determination or final adverse determination, the health carrier immediately shall approve the coverage that was the subject of the adverse determination or final adverse determination.

(Source: P.A. 99-480, eff. 9-9-15.)

(215 ILCS 180/40)

Sec. 40. Expedited external review.

(a) A covered person or a covered person's authorized representative may file a request for an expedited external review with the Director either orally or in writing:

(1) immediately after the date of receipt of a notice prior to a final adverse determination as provided by subsection (b) of Section 20 of this Act;

(2) immediately after the date of receipt of a notice upon final adverse determination as provided by subsection (c) of Section 20 of this Act; or

(3) if a health carrier fails to provide a decision on request for an expedited internal appeal within 48 hours as provided by item (2) of Section 30 of this Act.

(b) Upon receipt of a request for an expedited external review, the Director shall immediately send a copy of the request to the health carrier. Immediately upon receipt of the request for an expedited external review, the health carrier shall determine whether the request meets the reviewability requirements set forth in subsection (b) of Section 35. In such cases, the following provisions shall apply:

(1) The health carrier shall immediately notify the Director, the covered person, and, if applicable, the covered person's authorized representative of its eligibility determination.

(2) The notice of initial determination shall include a statement informing the covered person and, if applicable, the covered person's authorized representative that a health carrier's initial determination that an external review request is ineligible for review may be appealed to the Director.

(3) The Director may determine that a request is eligible for expedited external review notwithstanding a health carrier's initial determination that the request is ineligible and require that it be referred for external review.

(4) In making a determination under item (3) of this subsection (b), the Director's decision shall be made in accordance with the terms of the covered person's health benefit plan, unless such terms are inconsistent with applicable law, and shall be subject to all applicable provisions of this Act.

(5) The Director may specify the form for the health carrier's notice of initial determination under this subsection (b) and any supporting information to be included in the notice.

(c) Upon receipt of the notice that the request meets the reviewability requirements, the Director shall immediately assign an independent review organization from the list of approved independent review organizations compiled and maintained by the Director to conduct the expedited review. In such cases, the following provisions shall apply:

(1) The assignment of an approved independent review organization to conduct an external review in accordance with this Section shall be made from those approved independent review organizations qualified to conduct external review as required by Sections 50 and 55 of this Act.

(2) The Director shall immediately notify the health carrier of the name of the assigned independent review organization. Immediately upon receipt from the Director of the name of the independent review organization assigned to conduct the external review, but in no case more than 24 hours after receiving such notice, the health carrier or its designee utilization review organization shall provide or transmit all necessary documents and information considered in making the adverse determination or final adverse determination to the assigned independent review organization electronically or by telephone or facsimile or any other available expeditious method.

(3) If the health carrier or its utilization review organization fails to provide the documents and information within the specified timeframe, the assigned independent review organization may terminate the external review and make a decision to reverse the adverse determination or final adverse determination.

(4) Within one business day after making the decision to terminate the external review and make a decision to reverse the adverse determination or final adverse determination under item (3) of this subsection (c), the independent review organization shall notify the Director, the health carrier, the covered person, and, if applicable, the covered person's authorized representative of its decision to reverse the adverse determination or final adverse determination.

(d) In addition to the documents and information provided by the health carrier or its utilization review organization and any documents and information provided by the covered person and the covered person's authorized representative, the independent review organization, to the extent the information or documents are available and the independent review organization considers them appropriate, shall consider information as required by subsection (i) of Section 35 of this Act in reaching a decision.

(d-5) For expedited external reviews involving mental, emotional, nervous, or substance use disorders or conditions, the independent review organization shall consider documents and information and shall make a decision to uphold or reverse the adverse determination or final adverse determination pursuant to subsection (i-5) of Section 35.

(e) As expeditiously as the covered person's medical condition or circumstances requires, but in no event more than 72 hours after the date of receipt of the request for an expedited external review, the assigned independent review organization shall:

(1) make a decision to uphold or reverse the final adverse determination; and

(2) notify the Director, the health carrier, the covered person, the covered person's health care provider, and, if applicable, the covered person's authorized representative, of the decision.

(f) In reaching a decision, the assigned independent review organization is not bound by any decisions or conclusions reached during the health carrier's utilization review process or the health carrier's internal appeal process.

(g) Upon receipt of notice of a decision reversing the adverse determination or final adverse determination, the health carrier shall immediately approve the coverage that was the subject of the adverse determination or final adverse determination.

(h) If the notice provided pursuant to subsection (e) of this Section was not in writing, then within 48 hours after the date of providing that notice, the assigned independent review organization shall provide written confirmation of the decision to the Director, the health carrier, the covered person, and, if applicable, the covered person's authorized representative including the information set forth in subsection (j) of Section 35 of this Act as applicable.

(i) An expedited external review may not be provided for retrospective adverse or final adverse determinations.

(j) The assignment by the Director of an approved independent review organization to conduct an external review in accordance with this Section shall be done on a random basis among those independent review organizations approved by the Director pursuant to this Act.
(Source: P.A. 96-857, eff. 7-1-10; 97-333, eff. 8-12-11; 97-574, eff. 8-26-11.)

Section 99. Effective date. This Act takes effect January 1, 2022, except that this Section and the changes to Section 370c.1 of the Illinois Insurance Code take effect upon becoming law.".

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

On motion of Senator McConchie, **House Bill No. 3359** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator McConchie, **House Bill No. 3678** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Fine, **House Bill No. 2616** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Peters, **House Bill No. 2784** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 2784

AMENDMENT NO. 1 . Amend House Bill 2784 by replacing everything after the enacting clause with the following:

"Section 1. Short title.
(a) This Act may be cited as the Community Emergency Services and Support Act.
(b) This Act may be referred to as the Stephon Edward Watts Act.

Section 5. Findings. The General Assembly recognizes that the Illinois Department of Human Services Division of Mental Health is preparing to provide mobile mental and behavioral health services to all Illinoisans as part of the federally mandated adoption of the 9-8-8 phone number. The General Assembly also recognizes that many cities and some states have successfully established mobile emergency mental and behavioral health services as part of their emergency response system to support people who need such support and do not present a threat of physical violence to the responders. In light of that experience, the General Assembly finds that in order to promote and protect the health, safety, and welfare of the public, it is necessary and in the public interest to provide emergency response, with or without medical transportation, to individuals requiring mental health or behavioral health services in a manner that is substantially equivalent to the response already provided to individuals who require emergency physical health care.

This Act applies to every unit of local government that provides or coordinates ambulance or similar emergency medical response or transportation services for individuals with emergency medical needs. A home rule unit may not respond to or provide services for a mental or behavioral health emergency, or create a transportation plan or other regulation, relating to the provision of mental or behavioral health services in a manner inconsistent with this Act. This Act is a limitation under subsection (i) of Section 6 of Article VII of the Illinois Constitution on the concurrent exercise by home rule units of powers and functions exercised by the State.

Section 10. Definitions. As used in this Act:

"Division of Mental Health" means the Division of Mental Health of the Department of Human Services.

"Emergency" means an emergent circumstance caused by a health condition, regardless of whether it is perceived as physical, mental, or behavioral in nature, for which an individual may require prompt care, support, or assessment at the individual's location.

"Mental or behavioral health" means any health condition involving changes in thinking, emotion, or behavior, and that the medical community treats as distinct from physical health care.

"Physical health" means a health condition that the medical community treats as distinct from mental or behavioral health care.

"PSAP" means a Public Safety Answering Point tele-communicator.

"Community services" and "community-based mental or behavioral health services" may include both public and private settings.

"Treatment relationship" means an active association with a mental or behavioral care provider able to respond in an appropriate amount of time to requests for care.

"Responder" is any person engaging with a member of the public to provide the mobile mental and behavioral service established in conjunction with the Division of Mental Health establishing the 9-8-8 emergency number. A responder is not an EMS Paramedic or EMT as defined in the Emergency Medical Services (EMS) Systems Act unless that responding agency has agreed to provide a specialized response in accordance with the Division of Mental Health's services offered through its 9-8-8 number and has met all the requirements to offer that service through that system.

Section 15. Coordination with Division of Mental Health. Each 9-1-1 call center and provider of emergency services dispatched through a 9-1-1 system must coordinate with the mobile mental and behavioral health services established by the Division of Mental Health so that the following State goals and State prohibitions are met whenever a person interacts with one of these entities for the purpose seeking emergency mental and behavioral health care or when one of these entities recognizes the appropriateness of providing mobile mental or behavioral health care to an individual with whom they have engaged. The Division of Mental Health is also directed to provide guidance regarding whether and how these entities should coordinate with mobile mental and behavioral health services when responding to individuals who appear to be in a mental or behavioral health emergency while engaged in conduct alleged to constitute a non-violent misdemeanor.

Section 20. State goals.

(a) 9-1-1 PSAPs, emergency services dispatched through 9-1-1 PSAPs, and the mobile mental and behavioral health service established by the Division of Mental Health must coordinate their services so that the State goals listed in this Section are achieved. Appropriate mobile response service for mental and behavioral health emergencies shall be available regardless of whether the initial contact was with 9-8-8, 9-1-1 or directly with an emergency service dispatched through 9-1-1. Appropriate mobile response services must:

(1) ensure that individuals experiencing mental or behavioral health crises are diverted from hospitalization or incarceration whenever possible, and are instead linked with available appropriate community services;

(2) include the option of on-site care if that type of care is appropriate and does not override the care decisions of the individual receiving care. Providing care in the community, through methods like mobile crisis units, is encouraged. If effective care is provided on site, and if it is consistent with the care decisions of the individual receiving the care, further transportation to other medical providers is not required by this Act;

(3) recommend appropriate referrals for available community services if the individual receiving on-site care is not already in a treatment relationship with a service provider or is unsatisfied with their current service providers. The referrals shall take into consideration waiting lists and copayments, which may present barriers to access;

(4) subject to the care decisions of the individual receiving care, provide transportation for any individual experiencing a mental or behavioral health emergency. Transportation shall be to the most integrated and least restrictive setting appropriate in the community, such as to the individual's home or chosen location, community crisis respite centers, clinic settings, behavioral health centers, or the offices of particular medical care providers with existing treatment relationships to the individual seeking care;

(5) provide guidance for prioritizing calls for assistance and maximum response time in relation to the type of emergency reported;

(6) from the time of first notification, provide the response within response time appropriate to the care requirements of the individual with an emergency.

(b) Responders must have adequate training to address the needs of individuals experiencing a mental or behavioral health emergency. Adequate training at least includes:

(1) training in de-escalation techniques;

(2) knowledge of local community services and supports; and

(3) training in respectful interaction with people experiencing mental or behavioral health crises, including the concepts of stigma and respectful language.

(c) The Division of Mental Health, in consultation with the Regional Advisory Committees created in Section 40, shall determine the appropriate credentials for the mental health providers responding to calls, including to what extent the responders must have certain credentials and licensing, and to what extent the responders can be peer support professionals.

(d) Training shall be provided by individuals with lived experience to the extent available.

(e) Responders must have guidelines to follow when considering whether to refer an individual to more restrictive forms of care, like emergency room or hospital settings.

(f) Responders providing these services must do so consistently with best practices, which include respecting the care choices of the individuals receiving assistance. Regional best practices may be broken down into sub-regions, as appropriate to reflect local resources and conditions. With the agreement of the impacted EMS Regions, providers of emergency response to physical emergencies may participate in another EMS Region for mental and behavioral response, if that participation shall provide a better service to individuals experiencing a mental or behavioral health emergency.

(g) The Division of Mental Health shall select and publicly identify a system that allows individuals who voluntarily chose to do so to provide confidential advanced care directions to individuals providing services under this Act. No system for providing advanced care direction may be implemented unless the Division of Mental Health approves it as confidential, available to individuals at all economic levels, and non-stigmatizing. The Division of Mental Health may defer this requirement for providing a system for advanced care direction if it determines that no existing systems can currently meet these requirements.

(h) The personnel staffing 9-1-1, 3-1-1, or other emergency response intake systems must be provided with adequate training to assess whether dispatching emergency mental health responders under this Act is appropriate.

(i) The Division of Mental Health shall establish a protocol for responders, law enforcement, and fire and ambulance services to request assistance from each other, and train these groups on the protocol.

(j) The Division of Mental Health shall provide for law enforcement to request responder assistance whenever law enforcement engages an individual appropriate for services under this Act. If law enforcement would typically request EMS assistance when it encounters an individual with a physical health emergency, law enforcement shall similarly dispatch mental or behavioral health personnel or medical transportation when it encounters an individual in a mental or behavioral health emergency.

Section 25. State prohibitions.

(a) 9-1-1 PSAPs, emergency services dispatched through 9-1-1 PSAPs, and the mobile mental and behavioral health service established by the Division of Mental Health must coordinate their services so that, based on the information provided to them, the following State prohibitions are avoided:

(1) In any area where responders are available for dispatch, law enforcement shall not be dispatched to respond to an individual requiring mental or behavioral health care unless that individual is (i) involved in a suspected violation of the criminal laws of this State, or (ii) presents a threat of physical injury to self or others. Responders are not considered available for dispatch under this Section if 9-8-8 reports that it cannot dispatch appropriate service within the maximum response times established by each Regional Advisory Committee under Section 45.

(2) Standing on its own or in combination with each other, the fact that an individual is experiencing a mental or behavioral health emergency, or has a mental health, behavioral health, or other diagnosis, is not sufficient to justify an assessment that the individual is a threat of physical injury to self or others, or requires a law enforcement response to a request for emergency response or medical transportation.

(3) If, based on its assessment of the threat to public safety, law enforcement would not accompany medical transportation responding to a physical health emergency, unless requested by responders, law enforcement may not accompany emergency response or medical transportation personnel responding to a mental or behavioral health emergency that presents an equivalent level of threat to self or public safety.

(4) Without regard to an assessment of threat to self or threat to public safety, law enforcement may station personnel so that they can rapidly respond to requests for assistance from responders if law enforcement does not interfere with the provision of emergency response or transportation services. To the extent practical, not interfering with services includes remaining sufficiently distant from or out of sight of the individual receiving care so that law enforcement presence is unlikely to escalate the emergency.

(b) In order to maintain the appropriate care relationship, responders shall not in any way assist in the involuntary commitment of an individual beyond (i) reporting to their dispatching entity or to law enforcement that they believe the situation requires assistance the responders are not permitted to provide under this Section; (ii) providing witness statements; and (iii) fulfilling reporting requirements the responders may have under their professional ethical obligations or laws of this state. This prohibition shall not interfere with any responder's ability to provide physical or mental health care.

(c) Use of law enforcement for transportation. In any area where responders are available for dispatch, unless requested by responders, law enforcement shall not be used to provide transportation to access mental or behavioral health care, or travel between mental or behavioral health care providers, except where no alternative is available.

(d) Reduction of educational institution obligations: The services coordinated under this Act may not be used to replace any service an educational institution is required to provide to a student. It shall not substitute for appropriate special education and related services that schools are required to provide by any law.

Section 30. Non-violent misdemeanors. The Division of Mental Health's Guidance for 9-1-1 PSAPs and emergency services dispatched through 9-1-1 PSAPs for coordinating the response to individuals who appear to be in a mental or behavioral health emergency while engaging in conduct alleged to constitute a non-violent misdemeanor shall promote the following:

(a) Prioritization of Health Care. To the greatest extent practicable, community-based mental or behavioral health services should be provided before addressing law enforcement objectives.

(b) Diversion from Further Criminal Justice Involvement. To the greatest extent practicable, individuals should be referred to health care services with the potential to reduce the likelihood of further law enforcement engagement.

Section 35. Statewide Advisory Committee.

(a) The Division of Mental Health shall establish a Statewide Advisory Committee to review and make recommendations for aspects of coordinating 9-1-1 and the 9-8-8 mobile mental health response system most appropriately addressed on a State level.

(b) Issues to be addressed by the Statewide Advisory Committee include, but are not limited to, addressing changes necessary in 9-1-1 call taking protocols and scripts used in 9-1-1 PSAPs where those protocols and scripts are based on or otherwise dependent on national providers for their operation.

(c) The Statewide Advisory Committee shall recommend a system for gathering data related to the coordination of the 9-1-1 and 9-8-8 systems for purposes of allowing the parties to make ongoing improvements in that system. As practical, the system shall attempt to determine issues including, but not limited to:

(1) the volume of calls coordinated between 9-1-1 and 9-8-8;

(2) the volume of referrals from other first responders to 9-8-8;

(3) the volume and type of calls deemed appropriate for referral to 9-8-8 but could not be served by 9-8-8 because of capacity restrictions or other reasons;

(4) the appropriate information to improve coordination between 9-1-1 and 9-8-8; and

(5) the appropriate information to improve the 9-8-8 system, if the information is most appropriately gathered at the 9-1-1 PSAPs.

(d) The Statewide Advisory Committee shall consist of:

(1) the Statewide 9-1-1 Administrator, ex officio;

(2) one representative designated by the Illinois Chapter of National Emergency Number Association (NENA);

(3) one representative designated by the Illinois Chapter of Association of Public Safety Communications Officials (APCO);

(4) one representative of the Division of Mental Health;

(5) one representative of the Illinois Department of Public Health;

(6) one representative of a statewide organization of EMS responders;

(7) one representative of a statewide organization of fire chiefs;

(8) two representatives of statewide organizations of law enforcement;

(9) two representatives of mental health, behavioral health, or substance abuse providers; and

(10) four representatives of advocacy organizations either led by or consisting primarily of individuals with intellectual or developmental disabilities, individuals with behavioral disabilities, or individuals with lived experience.

The members of the Statewide Advisory Committee, other than the Statewide 9-1-1 Administrator, shall be appointed by the Secretary of Human Services.

Section 40. Regional Advisory Committees.

(a) The Division of Mental Health shall establish Regional Advisory Committees in each EMS Region to advise on regional issues related to emergency response systems for mental and behavioral health. The Secretary of Human Services shall appoint the members of the Regional Advisory Committees. Each Regional Advisory Committee shall consist of:

(1) representatives of the 9-1-1 PSAPs in the region;

(2) representatives of the EMS Medical Directors Committee, as constituted under the Emergency Medical Services (EMS) Systems Act, or other similar committee serving the medical needs of the jurisdiction;

(3) representatives of law enforcement officials with jurisdiction in the Emergency Medical Services (EMS) Regions;

(4) representatives of both the EMS providers and the unions representing EMS or emergency mental and behavioral health responders, or both; and

(5) advocates from the mental health, behavioral health, intellectual disability, and developmental disability communities.

(b) The majority of advocates on the Emergency Response Equity Committee must either be individuals with a lived experience of a condition commonly regarded as a mental health or behavioral health disability, developmental disability, or intellectual disability, or be from organizations primarily composed of such individuals. The members of the Committee shall also reflect the racial demographics of the jurisdiction served. Subject to the oversight of the Department of Human Services Division of Mental Health, the EMS Medical Directors Committee is responsible for convening the meetings of the committee. Impacted units of local government may also have representatives on the committee subject to approval by the Division of Mental Health, if this participation is structured in such a way that it does not give undue weight to any of the groups represented.

Section 45. Regional Advisory Committee responsibilities. Each Regional Advisory Committee is responsible for designing the local protocol to allow its region's 9-1-1 call center and emergency responders to coordinate their activities with 9-8-8 as required by this Act and monitoring current operation to advise on ongoing adjustments to the local protocol. Included in this responsibility, each Regional Advisory Committee must:

(1) negotiate the appropriate amendment of each 9-1-1 PSAP emergency dispatch protocols, in consultation with each 9-1-1 PSAP in the EMS Region and consistent with national certification requirements;

(2) set maximum response times for 9-8-8 to provide service when an in-person response is required, based on type of mental or behavioral health emergency, which, if exceeded, constitute grounds for sending other emergency responders through the 9-1-1 system;

(3) report, geographically by police district if practical, the data collected through the direction provided by the Statewide Advisory Committee in aggregated, non-individualized monthly reports. These reports shall be available to the Regional Advisory Committee members, the Department of

Human Service Division of Mental Health, the Administrator of the 9-1-1 Authority, and to the public upon request; and

(4) convene, after the initial regional policies are established, at least every 2 years to consider amendment of the regional policies, if any, and also convene whenever a member of the Committee requests that the Committee consider an amendment.

Section 50. Immunity. The exemptions from civil liability in Section 15.1 of the Emergency Telephone Systems Act apply to any act or omission in the development, design, installation, operation, maintenance, performance, or provision of service directed by this Act.

Section 55. Scope. This Act applies to persons of all ages, both children and adults. This Act does not limit an individual's right to control his or her own medical care. No provision of this Act shall be interpreted in such a way as to limit an individual's right to choose his or her preferred course of care or to reject care. No provision of this Act shall be interpreted to promote or provide justification for the use of restraints when providing mental or behavioral health care.

Section 60. PSAP and emergency service dispatched through a 9-1-1 PSAP; coordination of activities with mobile and behavioral health services. Each 9-1-1 PSAP and emergency service dispatched through a 9-1-1 PSAP must begin coordinating its activities with the mobile mental and behavioral health services established by the Division of Mental Health once all 3 of the following conditions are met, but not later than January 1, 2023:

(1) the Statewide Committee has negotiated useful protocol and 9-1-1 operator script adjustments with the contracted services providing these tools to 9-1-1 PSAPs operating in Illinois;

(2) the appropriate Regional Advisory Committee has completed design of the specific 9-1-1 PSAP's process for coordinating activities with the mobile mental and behavioral health service; and

(3) the mobile mental and behavioral health service is available in their jurisdiction.".

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

On motion of Senator Glowiak Hilton, **House Bill No. 2806** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 2806

AMENDMENT NO. 1. Amend House Bill 2806 on page 1, line 12, after the period, by inserting ""Member" does not include an individual who is appointed to fill a vacancy on an elected board of a unit of local government.".

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

On motion of Senator Anderson, **House Bill No. 2860** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Holmes, **House Bill No. 3027** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 3097** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Joyce, **House Bill No. 3174** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3174

AMENDMENT NO. 1 . Amend House Bill 3174 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Enterprise Zone Act is amended by changing Section 5.5 as follows:

(20 ILCS 655/5.5) (from Ch. 67 1/2, par. 609.1)

Sec. 5.5. High Impact Business.

(a) In order to respond to unique opportunities to assist in the encouragement, development, growth, and expansion of the private sector through large scale investment and development projects, the Department is authorized to receive and approve applications for the designation of "High Impact Businesses" in Illinois subject to the following conditions:

(1) such applications may be submitted at any time during the year;

(2) such business is not located, at the time of designation, in an enterprise zone designated pursuant to this Act;

(3) the business intends to do one or more of the following:

(A) the business intends to make a minimum investment of $12,000,000 which will be placed in service in qualified property and intends to create 500 full-time equivalent jobs at a designated location in Illinois or intends to make a minimum investment of $30,000,000 which will be placed in service in qualified property and intends to retain 1,500 full-time retained jobs at a designated location in Illinois. The business must certify in writing that the investments would not be placed in service in qualified property and the job creation or job retention would not occur without the tax credits and exemptions set forth in subsection (b) of this Section. The terms "placed in service" and "qualified property" have the same meanings as described in subsection (h) of Section 201 of the Illinois Income Tax Act; or

(B) the business intends to establish a new electric generating facility at a designated location in Illinois. "New electric generating facility", for purposes of this Section, means a newly-constructed electric generation plant or a newly-constructed generation capacity expansion at an existing electric generation plant, including the transmission lines and associated equipment that transfers electricity from points of supply to points of delivery, and for which such new foundation construction commenced not sooner than July 1, 2001. Such facility shall be designed to provide baseload electric generation and shall operate on a continuous basis throughout the year; and (i) shall have an aggregate rated generating capacity of at least 1,000 megawatts for all new units at one site if it uses natural gas as its primary fuel and foundation construction of the facility is commenced on or before December 31, 2004, or shall have an aggregate rated generating capacity of at least 400 megawatts for all new units at one site if it uses coal or gases derived from coal as its primary fuel and shall support the creation of at least 150 new Illinois coal mining jobs, or (ii) shall be funded through a federal Department of Energy grant before December 31, 2010 and shall support the creation of Illinois coal-mining jobs, or (iii) shall use coal gasification or integrated gasification-combined cycle units that generate electricity or chemicals, or both, and shall support the creation of Illinois coal-mining jobs. The business must certify in writing that the investments necessary to establish a new electric generating facility would not be placed in service and the job creation in the case of a coal-fueled plant would not occur without the tax credits and exemptions set forth in subsection (b-5) of this Section. The term "placed in service" has the same meaning as described in subsection (h) of Section 201 of the Illinois Income Tax Act; or

(B-5) the business intends to establish a new gasification facility at a designated location in Illinois. As used in this Section, "new gasification facility" means a newly constructed coal gasification facility that generates chemical feedstocks or transportation fuels derived from coal (which may include, but are not limited to, methane, methanol, and nitrogen fertilizer), that supports the creation or retention of Illinois coal-mining jobs, and that qualifies for financial assistance from the Department before December 31, 2010. A new gasification facility does not include a pilot project located within Jefferson County or within a county adjacent to Jefferson County for synthetic natural gas from coal; or

(C) the business intends to establish production operations at a new coal mine, re-establish production operations at a closed coal mine, or expand production at an existing coal mine at a designated location in Illinois not sooner than July 1, 2001; provided that the

production operations result in the creation of 150 new Illinois coal mining jobs as described in subdivision (a)(3)(B) of this Section, and further provided that the coal extracted from such mine is utilized as the predominant source for a new electric generating facility. The business must certify in writing that the investments necessary to establish a new, expanded, or reopened coal mine would not be placed in service and the job creation would not occur without the tax credits and exemptions set forth in subsection (b-5) of this Section. The term "placed in service" has the same meaning as described in subsection (h) of Section 201 of the Illinois Income Tax Act; or

(D) the business intends to construct new transmission facilities or upgrade existing transmission facilities at designated locations in Illinois, for which construction commenced not sooner than July 1, 2001. For the purposes of this Section, "transmission facilities" means transmission lines with a voltage rating of 115 kilovolts or above, including associated equipment, that transfer electricity from points of supply to points of delivery and that transmit a majority of the electricity generated by a new electric generating facility designated as a High Impact Business in accordance with this Section. The business must certify in writing that the investments necessary to construct new transmission facilities or upgrade existing transmission facilities would not be placed in service without the tax credits and exemptions set forth in subsection (b-5) of this Section. The term "placed in service" has the same meaning as described in subsection (h) of Section 201 of the Illinois Income Tax Act; or

(E) the business intends to establish a new wind power facility at a designated location in Illinois. For purposes of this Section, "new wind power facility" means a newly constructed electric generation facility, ~~or~~ a newly constructed expansion of an existing electric generation facility, or the replacement of an existing electric generation facility, including the demolition and removal of an electric generation facility irrespective of whether it will be replaced, placed in service or replaced on or after July 1, 2009, that generates electricity using wind energy devices, and such facility shall be deemed to include any permanent structures associated with the electric generation facility and all associated transmission lines, substations, and other equipment related to the generation of electricity from wind energy devices. For purposes of this Section, "wind energy device" means any device, with a nameplate capacity of at least 0.5 megawatts, that is used in the process of converting kinetic energy from the wind to generate electricity; or

(F) the business commits to (i) make a minimum investment of $500,000,000, which will be placed in service in a qualified property, (ii) create 125 full-time equivalent jobs at a designated location in Illinois, (iii) establish a fertilizer plant at a designated location in Illinois that complies with the set-back standards as described in Table 1: Initial Isolation and Protective Action Distances in the 2012 Emergency Response Guidebook published by the United States Department of Transportation, (iv) pay a prevailing wage for employees at that location who are engaged in construction activities, and (v) secure an appropriate level of general liability insurance to protect against catastrophic failure of the fertilizer plant or any of its constituent systems; in addition, the business must agree to enter into a construction project labor agreement including provisions establishing wages, benefits, and other compensation for employees performing work under the project labor agreement at that location; for the purposes of this Section, "fertilizer plant" means a newly constructed or upgraded plant utilizing gas used in the production of anhydrous ammonia and downstream nitrogen fertilizer products for resale; for the purposes of this Section, "prevailing wage" means the hourly cash wages plus fringe benefits for training and apprenticeship programs approved by the U.S. Department of Labor, Bureau of Apprenticeship and Training, health and welfare, insurance, vacations and pensions paid generally, in the locality in which the work is being performed, to employees engaged in work of a similar character on public works; this paragraph (F) applies only to businesses that submit an application to the Department within 60 days after July 25, 2013 (the effective date of Public Act 98-109) ~~this amendatory Act of the 98th General Assembly~~; and

(4) no later than 90 days after an application is submitted, the Department shall notify the applicant of the Department's determination of the qualification of the proposed High Impact Business under this Section.

(b) Businesses designated as High Impact Businesses pursuant to subdivision (a)(3)(A) of this Section shall qualify for the credits and exemptions described in the following Acts: Section 9-222 and Section

9-222.1A of the Public Utilities Act, subsection (h) of Section 201 of the Illinois Income Tax Act, and Section 1d of the Retailers' Occupation Tax Act; provided that these credits and exemptions described in these Acts shall not be authorized until the minimum investments set forth in subdivision (a)(3)(A) of this Section have been placed in service in qualified properties and, in the case of the exemptions described in the Public Utilities Act and Section 1d of the Retailers' Occupation Tax Act, the minimum full-time equivalent jobs or full-time retained jobs set forth in subdivision (a)(3)(A) of this Section have been created or retained. Businesses designated as High Impact Businesses under this Section shall also qualify for the exemption described in Section 5l of the Retailers' Occupation Tax Act. The credit provided in subsection (h) of Section 201 of the Illinois Income Tax Act shall be applicable to investments in qualified property as set forth in subdivision (a)(3)(A) of this Section.

(b-5) Businesses designated as High Impact Businesses pursuant to subdivisions (a)(3)(B), (a)(3)(B-5), (a)(3)(C), and (a)(3)(D) of this Section shall qualify for the credits and exemptions described in the following Acts: Section 51 of the Retailers' Occupation Tax Act, Section 9-222 and Section 9-222.1A of the Public Utilities Act, and subsection (h) of Section 201 of the Illinois Income Tax Act; however, the credits and exemptions authorized under Section 9-222 and Section 9-222.1A of the Public Utilities Act, and subsection (h) of Section 201 of the Illinois Income Tax Act shall not be authorized until the new electric generating facility, the new gasification facility, the new transmission facility, or the new, expanded, or reopened coal mine is operational, except that a new electric generating facility whose primary fuel source is natural gas is eligible only for the exemption under Section 5l of the Retailers' Occupation Tax Act.

(b-6) Businesses designated as High Impact Businesses pursuant to subdivision (a)(3)(E) of this Section shall qualify for the exemptions described in Section 5l of the Retailers' Occupation Tax Act; any business so designated as a High Impact Business being, for purposes of this Section, a "Wind Energy Business".

(b-7) Beginning on January 1, 2021, businesses designated as High Impact Businesses by the Department shall qualify for the High Impact Business construction jobs credit under subsection (h-5) of Section 201 of the Illinois Income Tax Act if the business meets the criteria set forth in subsection (i) of this Section. The total aggregate amount of credits awarded under the Blue Collar Jobs Act (Article 20 of Public Act 101-9 ~~this amendatory Act of the 101st General Assembly~~) shall not exceed $20,000,000 in any State fiscal year.

(c) High Impact Businesses located in federally designated foreign trade zones or sub-zones are also eligible for additional credits, exemptions and deductions as described in the following Acts: Section 9-221 and Section 9-222.1 of the Public Utilities Act; and subsection (g) of Section 201, and Section 203 of the Illinois Income Tax Act.

(d) Except for businesses contemplated under subdivision (a)(3)(E) of this Section, existing Illinois businesses which apply for designation as a High Impact Business must provide the Department with the prospective plan for which 1,500 full-time retained jobs would be eliminated in the event that the business is not designated.

(e) Except for new wind power facilities contemplated under subdivision (a)(3)(E) of this Section, new proposed facilities which apply for designation as High Impact Business must provide the Department with proof of alternative non-Illinois sites which would receive the proposed investment and job creation in the event that the business is not designated as a High Impact Business.

(f) Except for businesses contemplated under subdivision (a)(3)(E) of this Section, in the event that a business is designated a High Impact Business and it is later determined after reasonable notice and an opportunity for a hearing as provided under the Illinois Administrative Procedure Act, that the business would have placed in service in qualified property the investments and created or retained the requisite number of jobs without the benefits of the High Impact Business designation, the Department shall be required to immediately revoke the designation and notify the Director of the Department of Revenue who shall begin proceedings to recover all wrongfully exempted State taxes with interest. The business shall also be ineligible for all State funded Department programs for a period of 10 years.

(g) The Department shall revoke a High Impact Business designation if the participating business fails to comply with the terms and conditions of the designation. ~~However, the penalties for new wind power facilities or Wind Energy Businesses for failure to comply with any of the terms or conditions of the Illinois Prevailing Wage Act shall be only those penalties identified in the Illinois Prevailing Wage Act, and the Department shall not revoke a High Impact Business designation as a result of the failure to comply with any of the terms or conditions of the Illinois Prevailing Wage Act in relation to a new wind power facility or a Wind Energy Business.~~

(h) Prior to designating a business, the Department shall provide the members of the General Assembly and Commission on Government Forecasting and Accountability with a report setting forth the terms and conditions of the designation and guarantees that have been received by the Department in relation to the proposed business being designated.

(i) High Impact Business construction jobs credit. Beginning on January 1, 2021, a High Impact Business may receive a tax credit against the tax imposed under subsections (a) and (b) of Section 201 of the Illinois Income Tax Act in an amount equal to 50% of the amount of the incremental income tax attributable to High Impact Business construction jobs credit employees employed in the course of completing a High Impact Business construction jobs project. However, the High Impact Business construction jobs credit may equal 75% of the amount of the incremental income tax attributable to High Impact Business construction jobs credit employees if the High Impact Business construction jobs credit project is located in an underserved area.

The Department shall certify to the Department of Revenue: (1) the identity of taxpayers that are eligible for the High Impact Business construction jobs credit; and (2) the amount of High Impact Business construction jobs credits that are claimed pursuant to subsection (h-5) of Section 201 of the Illinois Income Tax Act in each taxable year. Any business entity that receives a High Impact Business construction jobs credit shall maintain a certified payroll pursuant to subsection (j) of this Section.

As used in this subsection (i):

"High Impact Business construction jobs credit" means an amount equal to 50% (or 75% if the High Impact Business construction project is located in an underserved area) of the incremental income tax attributable to High Impact Business construction job employees. The total aggregate amount of credits awarded under the Blue Collar Jobs Act (Article 20 of Public Act 101-9 ~~this amendatory Act of the 101st General Assembly~~) shall not exceed $20,000,000 in any State fiscal year

"High Impact Business construction job employee" means a laborer or worker who is employed by an Illinois contractor or subcontractor in the actual construction work on the site of a High Impact Business construction job project.

"High Impact Business construction jobs project" means building a structure or building or making improvements of any kind to real property, undertaken and commissioned by a business that was designated as a High Impact Business by the Department. The term "High Impact Business construction jobs project" does not include the routine operation, routine repair, or routine maintenance of existing structures, buildings, or real property.

"Incremental income tax" means the total amount withheld during the taxable year from the compensation of High Impact Business construction job employees.

"Underserved area" means a geographic area that meets one or more of the following conditions:

(1) the area has a poverty rate of at least 20% according to the latest federal decennial census;

(2) 75% or more of the children in the area participate in the federal free lunch program according to reported statistics from the State Board of Education;

(3) at least 20% of the households in the area receive assistance under the Supplemental Nutrition Assistance Program (SNAP); or

(4) the area has an average unemployment rate, as determined by the Illinois Department of Employment Security, that is more than 120% of the national unemployment average, as determined by the U.S. Department of Labor, for a period of at least 2 consecutive calendar years preceding the date of the application.

(j) Each contractor and subcontractor who is engaged in and executing a High Impact Business Construction jobs project, as defined under subsection (i) of this Section, for a business that is entitled to a credit pursuant to subsection (i) of this Section shall:

(1) make and keep, for a period of 5 years from the date of the last payment made on or after June 5, 2019 (the effective date of Public Act 101-9) ~~this amendatory Act of the 101st General Assembly~~ on a contract or subcontract for a High Impact Business Construction Jobs Project, records for all laborers and other workers employed by the contractor or subcontractor on the project; the records shall include:

(A) the worker's name;

(B) the worker's address;

(C) the worker's telephone number, if available;

(D) the worker's social security number;

(E) the worker's classification or classifications;

(F) the worker's gross and net wages paid in each pay period;

(G) the worker's number of hours worked each day;

(H) the worker's starting and ending times of work each day;

(I) the worker's hourly wage rate; and

(J) the worker's hourly overtime wage rate;

(2) no later than the 15th day of each calendar month, provide a certified payroll for the immediately preceding month to the taxpayer in charge of the High Impact Business construction jobs project; within 5 business days after receiving the certified payroll, the taxpayer shall file the certified payroll with the Department of Labor and the Department of Commerce and Economic Opportunity; a certified payroll must be filed for only those calendar months during which construction on a High Impact Business construction jobs project has occurred; the certified payroll shall consist of a complete copy of the records identified in paragraph (1) of this subsection (j), but may exclude the starting and ending times of work each day; the certified payroll shall be accompanied by a statement signed by the contractor or subcontractor or an officer, employee, or agent of the contractor or subcontractor which avers that:

(A) he or she has examined the certified payroll records required to be submitted by the Act and such records are true and accurate; and

(B) the contractor or subcontractor is aware that filing a certified payroll that he or she knows to be false is a Class A misdemeanor.

A general contractor is not prohibited from relying on a certified payroll of a lower-tier subcontractor, provided the general contractor does not knowingly rely upon a subcontractor's false certification.

Any contractor or subcontractor subject to this subsection, and any officer, employee, or agent of such contractor or subcontractor whose duty as an officer, employee, or agent it is to file a certified payroll under this subsection, who willfully fails to file such a certified payroll on or before the date such certified payroll is required by this paragraph to be filed and any person who willfully files a false certified payroll that is false as to any material fact is in violation of this Act and guilty of a Class A misdemeanor.

The taxpayer in charge of the project shall keep the records submitted in accordance with this subsection on or after June 5, 2019 (the effective date of Public Act 101-9) ~~this amendatory Act of the 101st General Assembly~~ for a period of 5 years from the date of the last payment for work on a contract or subcontract for the High Impact Business construction jobs project.

The records submitted in accordance with this subsection shall be considered public records, except an employee's address, telephone number, and social security number, and made available in accordance with the Freedom of Information Act. The Department of Labor shall accept any reasonable submissions by the contractor that meet the requirements of this subsection (j) and shall share the information with the Department in order to comply with the awarding of a High Impact Business construction jobs credit. A contractor, subcontractor, or public body may retain records required under this Section in paper or electronic format.

(k) Upon 7 business days' notice, each contractor and subcontractor shall make available for inspection and copying at a location within this State during reasonable hours, the records identified in this subsection (j) to the taxpayer in charge of the High Impact Business construction jobs project, its officers and agents, the Director of the Department of Labor and his or her deputies and agents, and to federal, State, or local law enforcement agencies and prosecutors.

(Source: P.A. 101-9, eff. 6-5-19; revised 7-12-19.)

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

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

On motion of Senator Glowiak Hilton, **House Bill No. 3202** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Peters, **House Bill No. 3235** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 3255** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3267** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 3272** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Belt, **House Bill No. 3277** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3277

AMENDMENT NO. 1 . Amend House Bill 3277 on page 3, line 14, by replacing "court related documents" with "court documents that relate to the minor child"; and

on page 3, line 26, by replacing "case" with "case with regard to the minor child".

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

On motion of Senator Villanueva, **House Bill No. 3281** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 3289** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Plummer, **House Bill No. 3355** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3355

AMENDMENT NO. 1 . Amend House Bill 3355, on page 1, by replacing line 4 through line 5 with the following:

"Section 5. The Illinois Controlled Substances Act is amended by changing Section 313 and by adding Section 315.6 as follows:"; and

on page 1, immediately below line 5, by inserting the following:

"(720 ILCS 570/313) (from Ch. 56 1/2, par. 1313)

Sec. 313. (a) Controlled substances which are lawfully administered in hospitals or institutions licensed under the Hospital Licensing Act shall be exempt from the requirements of Sections 312, 315.6, and 316, except that the prescription for the controlled substance shall be in writing on the patient's record, signed by the prescriber, and dated, and shall state the name and quantity of controlled substances ordered and the quantity actually administered. The records of such prescriptions shall be maintained for two years and shall be available for inspection by officers and employees of the Illinois State Police and the Department of Financial and Professional Regulation.

The exemption under this subsection (a) does not apply to a prescription (including an outpatient prescription from an emergency department or outpatient clinic) for more than a 72-hour supply of a discharge medication to be consumed outside of the hospital or institution.

(b) Controlled substances that can lawfully be administered or dispensed directly to a patient in a long-term care facility licensed by the Department of Public Health as a skilled nursing facility, intermediate care facility, or long-term care facility for residents under 22 years of age, are exempt from the requirements of Section 312 except that a prescription for a Schedule II controlled substance must be either a prescription

signed by the prescriber or a prescription transmitted by the prescriber or prescriber's agent to the dispensing pharmacy by facsimile. The facsimile serves as the original prescription and must be maintained for 2 years from the date of issue in the same manner as a written prescription signed by the prescriber.

(c) A prescription that is generated for a Schedule II controlled substance to be compounded for direct administration to a patient in a private residence, long-term care facility, or hospice program may be transmitted by facsimile by the prescriber or the prescriber's agent to the pharmacy providing the home infusion services. The facsimile serves as the original prescription for purposes of this paragraph (c) and it shall be maintained in the same manner as the original prescription.

(c-1) A prescription generated for a Schedule II controlled substance for a patient residing in a hospice certified by Medicare under Title XVIII of the Social Security Act or licensed by the State may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile or electronically as provided in Section 311.5. The practitioner or practitioner's agent must note on the prescription that the patient is a hospice patient. The facsimile or electronic record serves as the original prescription for purposes of this paragraph (c-1) and it shall be maintained in the same manner as the original prescription.

(d) Controlled substances which are lawfully administered and/or dispensed in drug abuse treatment programs licensed by the Department shall be exempt from the requirements of Sections 312 and 316, except that the prescription for such controlled substances shall be issued and authenticated on official prescription logs prepared and maintained in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws. The Department-licensed drug treatment program shall report applicable prescriptions via electronic record keeping software approved by the Department. This software must be compatible with the specifications of the Department. Drug abuse treatment programs shall report to the Department methadone prescriptions or medications dispensed through the use of Department-approved File Transfer Protocols (FTPs). Methadone prescription records must be maintained in accordance with the applicable requirements as set forth by the Department in accordance with 77 Ill. Adm. Code 2060: Alcoholism and Substance Abuse Treatment and Intervention Licenses, and in compliance with other applicable State and federal laws.

(e) Nothing in this Act shall be construed to limit the authority of a hospital pursuant to Section 65-45 of the Nurse Practice Act to grant hospital clinical privileges to an individual advanced practice registered nurse to select, order or administer medications, including controlled substances to provide services within a hospital. Nothing in this Act shall be construed to limit the authority of an ambulatory surgical treatment center pursuant to Section 65-45 of the Nurse Practice Act to grant ambulatory surgical treatment center clinical privileges to an individual advanced practice registered nurse to select, order or administer medications, including controlled substances to provide services within an ambulatory surgical treatment center.

(Source: P.A. 100-513, eff. 1-1-18.)".

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

On motion of Senator Johnson, **House Bill No. 3372** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villa, **House Bill No. 3438** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Curran, **House Bill No. 3461** was taken up, read by title a second time.

Committee Amendment No. 1 was postponed in the Committee on Education.

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

On motion of Senator Curran, **House Bill No. 3462** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3463** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Holmes, **House Bill No. 3474** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Crowe, **House Bill No. 3484** was taken up, read by title a second time.
Committee Amendment No. 1 was held in the Committee on Assignments.
There being no further amendments, the bill was ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 3485** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Johnson, **House Bill No. 3504** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 3513** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 3575** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Murphy, **House Bill No. 3577** having been printed, was taken up and read by title a second time.
The following amendment was offered in the Committee on Judiciary, adopted and ordered printed:

AMENDMENT NO. 1 TO HOUSE BILL 3577

AMENDMENT NO. 1 . Amend House Bill 3577 on page 1, by replacing lines 5 and 6 with the following:
"is amended by changing Sections 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60, 65, and 70 and adding Sections 12, 16, 21, 22, 36, 37, 51, 52, 61, 62, and 63 as follows:

(805 ILCS 317/5)
Sec. 5. Findings. The General Assembly finds and declares all of the following:

(1) the cooperative form of doing business provides an efficient and effective method for persons to transact business, offer, and obtain goods and services, and it is in the best interests of the people of the State of Illinois to promote, foster, and encourage the utilization of cooperatives in appropriate instances;

(2) the Co-operative Act and Agricultural Co-Operative Act have provided for the promotion, fostering, and encouragement of consumer and producer cooperatives; have made distribution of agricultural products between producer and consumer more efficient; have stabilized the marketing of agricultural products; and have provided for the organization and incorporation of cooperative corporations, all as contemplated at the time of the original adoption;

(3) it is in the best interests of the people of the State of Illinois to preserve the provisions of the Co-operative Act as it has been in force and interpreted in the State and to continue the provisions thereof ~~for agriculture~~, but also to expand the provisions of Illinois cooperative law to provide greater direction and flexibility in its provisions and to enable all types of industries and enterprises to avail themselves of the benefits of the worker cooperative form of doing business in accordance with the provisions of this Act;

(4) a worker cooperative has the purpose of creating and maintaining sustainable jobs and generating wealth in order to improve the quality of life and economic security of its worker-members, dignify human work, allow workers' democratic self-management, and promote community and local development in this State;

(5) the purpose of this Act is to create a new business entity better suited for worker cooperatives and multi-stakeholder cooperatives, and to create more visibility and financing options for cooperatives. This Act is intended to provide a definition of worker cooperative for purposes of this Act, and not for purposes of other laws.

(Source: P.A. 101-292, eff. 1-1-20.)

(805 ILCS 317/10)

Sec. 10. Definitions. In this Act:

"Candidate" means a worker who is being considered for membership in a worker cooperative, as defined in the cooperative association's articles or cooperative agreement ~~bylaws~~.

"Collective worker cooperative" means a limited worker cooperative association that only has one class of members consisting of worker-members who manage all of the affairs of the limited cooperative association. If an association's articles of organization or cooperative agreement provides that it is a collective worker cooperative, then all of the members shall be deemed managers.

~~"Community investor" means a person who is not a member and who holds a share or other proprietary interest in a limited cooperative association.~~

"Distribution" means a transfer of money or other property from a limited worker cooperative association to a member because of the member's financial rights or to a transferee of a member's financial rights.

"Investor member" means a person who holds a financial interest in a limited worker cooperative association. An investor member is either not required or not permitted by the articles or cooperative agreement to conduct patronage with the association in the member's capacity as an investor member in order to receive or retain the member's interest.

"Limited worker cooperative association" or "association" means an association organized under this Act.

"Member" means any person who, pursuant to a specific provision of a limited worker cooperative association's articles or cooperative agreement ~~bylaws~~, has the right to vote for the election of a manager ~~director~~ or managing member ~~directors~~, or possesses any proprietary interests in the limited worker cooperative association.

~~"Multi-stakeholder cooperative" means a cooperative organized under this Act that has different classes of members whose rights and proprietary interests shall be determined by the articles or bylaws. At least 51% of the members shall be worker-members or candidates. A multi-stakeholder cooperative is a worker cooperative for purposes of this Act.~~

"Patron member" means a member of a limited worker cooperative association that is required or permitted by the association's articles or cooperative agreement to conduct patronage with an association in the member's capacity as a patron member.

"Patronage" means business transactions between a limited worker cooperative association and a person that entitles the person to receive financial rights based on the value or quantity of business done between the association and the person. The patronage of worker-members may be measured by work performed, including, but not limited to, wages earned, number of hours worked, number of jobs created, or some combination of these measures.

"Worker cooperative" means a limited worker cooperative association formed under this Act where all patron members of an association ~~that includes a class of worker-members who~~ are natural persons whose patronage consists of labor contributed to or other work performed for the limited worker cooperative association. ~~Election to be organized as a worker cooperative does not create a presumption that workers are employees of the corporation for any purposes. A worker cooperative formed under this Act may include additional classes of members whose rights and proprietary interests shall be determined by the articles or bylaws. At least 51% of the workers shall be worker-members or candidates.~~

"Worker" means a natural person contributing labor or services to a worker cooperative.

"Worker-member" means a ~~member of a worker cooperative who is a~~ natural person who is a member of an association formed under this Act whose patronage consists of labor contributed to or other work performed for the limited ~~and also a patron of a~~ worker cooperative association.

"Written notice of allocation" is defined as in 26 U.S.C. 1388 or its successor.

(Source: P.A. 101-292, eff. 1-1-20.)"; and

on page 1, by inserting immediately below line 19 the following:

"(805 ILCS 317/15)

Sec. 15. Purpose of limited worker cooperative association.

(a) A limited worker cooperative association is an entity distinct from its members.

(b) A limited worker cooperative association may be organized for any lawful purpose, whether or not for profit.

(c) An association organized as a worker cooperative under this Act ~~elects to be a worker cooperative with the State of Illinois. Election to be organized as a worker cooperative~~ does not create a presumption that workers are employees of the association ~~corporation~~ for any purposes.
(Source: P.A. 101-292, eff. 1-1-20.)"; and

on page 2, by inserting immediately below line 6 the following:

"(805 ILCS 317/20)
Sec. 20. Formation of limited worker cooperative association.

(a) A limited worker cooperative association must be organized by one or more organizers. Organizers need not be members ~~or worker members~~ of the worker cooperative association.

(b) To form a limited worker cooperative association, one or more organizers of the association shall deliver or cause to be delivered articles of organization to the Secretary of State for filing.
(Source: P.A. 101-292, eff. 1-1-20.)"; and

on page 7, by replacing lines 13 through 26 with the following:

"(5.5) a statement that the association is a worker cooperative or a collective worker cooperative, if applicable; and

(6) any other provision, not inconsistent with law, ~~that the worker members, members, or organizers elect to set out in the articles~~ for the regulation of the internal affairs of the limited worker cooperative association, including any provisions that, under this Act, are required or permitted to be set out in the cooperative agreement ~~bylaws~~ of the limited worker cooperative association."; and

on page 8, by deleting line 1; and

on page 8, by inserting immediately below line 2 the following:

"(805 ILCS 317/30)
Sec. 30. Organization of limited worker cooperative association.

(a) After a limited worker cooperative association is formed:

(1) if initial managers or managing members ~~directors~~ are named in the articles, the initial managers or managing members ~~directors~~ shall hold an organizational meeting to adopt initial cooperative agreement ~~bylaws~~ and carry on any other business necessary or proper to complete the organization of the association; or

(2) if initial managers or managing members ~~directors~~ are not named in the articles, the organizers shall designate the initial managers or managing members ~~directors~~ and call a meeting of the initial managers or managing members ~~directors~~ to adopt initial cooperative agreement ~~bylaws~~ and carry on any other business necessary or proper to complete the organization of the association.

(b) Unless the articles otherwise provide, the initial managers or managing members ~~directors~~ may cause the limited worker cooperative association to accept members, including those necessary for the association to begin business.

(c) Initial managers ~~directors~~ need not be members.

(d) An initial manager or managing member ~~director~~ serves until a successor is elected and qualified at a members' meeting or the manager or managing member ~~director~~ is removed, resigns, is adjudged incompetent, or dies.
(Source: P.A. 101-292, eff. 1-1-20.)"; and

on page 15, line 10, by changing "$150" to "$100"; and

on page 15, line 11, by changing "$50" to "$25"; and

on page 15, line 17, by changing "$25" to "$5"; and

on page 15, line 21, by changing "$75" to "$50"; and

on page 15, line 24, by changing "$200" to "$75"; and

on page 15, line 25, by changing "$100 plus $50" to "$75 plus $25"; and

on page 16, line 5, by changing "$50" to "$25"; and

on page 16, line 7, by changing "$10" to "$5"; and

on page 16, by inserting immediately below line 11 the following:

"(805 ILCS 317/40)

Sec. 40. Members.

(a) An association formed under this Act may include multiple classes of patron members whose rights and proprietary interests shall be determined by the articles or cooperative agreement.

(b) ~~(a)~~ To begin business, a limited worker cooperative association must have at least 3 members unless the sole member is a cooperative.

(c) ~~(b)~~ A person becomes a member:

(1) as provided in the articles or cooperative agreement ~~bylaws~~;

(2) as the result of a merger or conversion under Section 65; or

(3) with the consent of all the members.

(d) ~~(c)~~ A member, solely by reason of being a member, may not act for or bind the limited worker cooperative association.

(e) ~~(d)~~ Unless the articles provide otherwise, a debt, obligation, or other liability of a limited worker cooperative association is solely that of the association and is not the debt, obligation, or liability of a member solely by reason of being a member.

(f) ~~(e)~~ The total voting membership body shall constitute the assembly of the limited worker cooperative association.

(g) ~~(f)~~ The assembly shall meet annually at a time provided in the articles or cooperative agreement ~~bylaws~~ or set by the board of managers or managing members ~~directors~~ not inconsistent with the articles and cooperative agreement ~~bylaws~~.

(h) ~~(g)~~ Failure to hold an annual assembly meeting does not affect the validity of any action by the limited worker cooperative association.

(i) ~~(h)~~ A limited worker cooperative association shall notify each member of the time, date, and place of a members' meeting at least 10 and not more than 60 days before the meeting; except that, if the notice is of a meeting of the members in one or more districts or classes of members, the notice shall be given only to members in those districts or classes.

(Source: P.A. 101-292, eff. 1-1-20.)

(805 ILCS 317/45)

Sec. 45. Voting.

(a) The articles or cooperative agreement ~~bylaws~~ may allocate voting power among patron members on the basis of one or a combination of the following:

(1) one member, one vote;

(2) if a member is a cooperative, the number of its members; or

(3) on the basis of use or patronage unless the association is ~~cooperative has elected to be~~ a worker cooperative.

(b) If the articles or cooperative agreement ~~bylaws~~ allocate voting power to patron members on the basis of use or patronage and a patron member would be denied a vote because the patron member did not ~~use the limited cooperative association or~~ conduct patronage with the association ~~it~~ during the period on which the allocation of voting power is determined, the articles or cooperative agreement ~~bylaws~~ must provide that the patron member shall nevertheless be allocated a vote equal to at least the minimum voting power allocated to patron members who ~~used the association or~~ conducted patronage with the association ~~it~~ during the period.

(c) The articles or cooperative agreement ~~bylaws~~ may provide for the allocation of member voting power by districts or class or any combination thereof.

(d) The voting power of members who are not patron members may be limited or eliminated. ~~Community investors are not entitled to vote unless the articles or bylaws provide otherwise.~~

(e) At no time shall worker-members ~~the members~~ have less than a majority of the total voting power of a ~~the~~ limited worker cooperative association.

(Source: P.A. 101-292, eff. 1-1-20.)

(805 ILCS 317/50)

Sec. 50. Board of managers or managing members ~~directors~~.

(a) A limited worker cooperative association must have a board of managers or managing members ~~directors~~ of at least 3 individuals, unless the limited worker cooperative association is a collective worker cooperative. Subsections (b) through (e) do not apply to collective worker cooperatives.

(b) The affairs of a limited worker cooperative association must be managed by, or under the direction of, the board of managers or managing members ~~directors~~ unless the board delegates those duties to the assembly of the worker limited cooperative association. The board may adopt policies and procedures that do not conflict with the articles, cooperative agreement ~~bylaws~~, or this Act.

(c) An individual is not an agent for a limited worker cooperative association solely by being a manager or managing member ~~director~~.

(d) A debt, obligation, or other liability of a limited worker cooperative association is solely that of the association and is not a debt, obligation, or liability of a manager or managing member ~~director~~ solely by reason of being a manager or managing member ~~director~~. An individual is not personally liable, directly or indirectly, for an obligation of an association solely by reason of being a manager or managing member ~~director~~.

~~(e) Directors shall be elected for terms determined by the bylaws by a majority vote of the assembly.~~

(Source: P.A. 101-292, eff. 1-1-20.)

(805 ILCS 317/51 new)

Sec. 51. Earnings and losses.

(a) The net earnings and losses of an association formed under this Act shall be apportioned and distributed in such manner as the articles or cooperative agreement shall specify. Net earnings declared as patronage allocations with respect to a period of time, and paid or credited to patron members, shall be apportioned among the patron members in accordance with the ratio which each patron member's patronage during the applicable time period bears to the total patronage by all patron members during that period.

(b) The apportionment, distribution, and payment of net earnings required by subsection (a) of this Section may be in cash, credits, or written notices of allocation issued by the association.

(805 ILCS 317/52 new)

Sec. 52. System of internal capital accounts.

(a) A limited worker cooperative association may establish through its articles or cooperative agreement a system of internal capital accounts to reflect the book value and to determine the redemption price of membership interests and written notices of allocation.

(b) The articles or cooperative agreement of a limited worker cooperative association may permit the periodic redemption of written notices of allocation and shall provide for recall and redemption of membership interests upon termination of membership in the association.

(c) An association may allocate a portion of retained net earnings and net losses to a collective reserve account. Earnings assigned to the collective reserve account may be used for any and all purposes as determined by the board of managers or managing members.

(805 ILCS 317/55)

Sec. 55. Assembly.

(a) A limited worker cooperative association, other than a collective worker cooperative, must have an assembly as constituted by the body of voting members.

(b) An individual is not an agent for a limited worker cooperative association solely by being a member of the assembly.

(c) A debt, obligation, or other liability of a limited worker cooperative association is solely that of the association and is not a debt, obligation, or liability of a member of the assembly solely by reason of being a

voting member. An individual is not personally liable, directly or indirectly, for an obligation of an association solely by reason of being a voting member.
(Source: P.A. 101-292, eff. 1-1-20.)"; and

on page 21, by inserting immediately below line 25 the following:

"(805 ILCS 317/65)
Sec. 65. Conversion. A limited worker cooperative association may convert into any form of entity permitted if the board of managers or managing members ~~directors~~ of the limited worker cooperative association adopts a plan of conversion and the assembly adopts such a plan by a two-thirds majority vote. In the case of a collective worker cooperative, a limited worker cooperative association may convert into any form of entity permitted if the members adopt a plan by a two-thirds majority vote. Conversions from other forms of entities to a limited worker cooperative association are governed by the Entity Omnibus Act.
(Source: P.A. 101-292, eff. 1-1-20.)

(805 ILCS 317/70)
Sec. 70. Exemption from securities laws. Any interest ~~security,~~ patronage refund, per unit retain certificate, or evidence of membership issued or sold by a limited worker cooperative association ~~as an investment in its capital to the members of a cooperative association formed under this Act or a similar law of any other state and authorized to transact business or conduct activities in this State~~ is exempt from the registration requirements of the Illinois Securities Law of 1953. Such interests ~~securities~~, patronage refunds, per unit retain certificates, or evidence of membership may be sold lawfully by the issuer or its members or salaried employees without the necessity of being registered as a broker or dealer under the Illinois Securities Law of 1953.
(Source: P.A. 101-292, eff. 1-1-20.)

Section 10. The Entity Omnibus Act is amended by changing Section 111 as follows:
(805 ILCS 415/111)
Sec. 111. Application of other Acts. The Business Corporation Act of 1983, the General Not For Profit Corporation Act of 1986, the Limited Liability Company Act, the Uniform Limited Partnership Act (2001), and the Uniform Partnership Act (1997) and the Limited Worker Cooperative Association Act, as now or hereafter amended, shall govern all matters related to the entities named in each of those Acts and in this Act except where inconsistent with the letter and purpose of this Act. This Act controls in the event of any conflict with the provisions of the above-named Acts or other laws.
(Source: P.A. 101-491, eff. 8-23-19.)

Section 99. Effective date. This Act takes effect July 1, 2021.".

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

On motion of Senator Pacione-Zayas, **House Bill No. 3595** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Pacione-Zayas, **House Bill No. 3620** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 3665** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Fine, **House Bill No. 3709** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3712** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator McClure, **House Bill No. 3716** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Bush, **House Bill No. 3739** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3739

AMENDMENT NO. 1 . Amend House Bill 3739 by replacing everything after the enacting clause with the following:

"Section 1. This Act may be referred to as the Lead Service Line Replacement and Notification Act.

Section 5. The Department of Commerce and Economic Opportunity Law of the Civil Administrative Code of Illinois is amended by adding Section 605-870 as follows:

(20 ILCS 605/605-870 new)

Sec. 605-870. Low-income water assistance policy and program.

(a) The Department shall by rule establish a comprehensive low-income water assistance policy and program that incorporates financial assistance and includes, but is not limited to, water efficiency or water quality projects, such as lead service line replacement, or other measures to ensure that residents have access to affordable and clean water. The policy and program shall not jeopardize the ability of public utilities, community water supplies, or other entities to receive just compensation for providing services. The resources applied in achieving the policy and program shall be coordinated and efficiently used through the integration of public programs and through the targeting of assistance. The rule or rules shall be adopted within 180 days after receiving an appropriation for the program.

(b) Any person who is a resident of the State and whose household income is not greater than an amount determined annually by the Department may apply for assistance under this Section in accordance with rules adopted by the Department. In setting the annual eligibility level, the Department shall consider the amount of available funding and may not set a limit higher than 150% of the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2).

(c) Applicants who qualify for assistance under subsection (b) shall, subject to appropriation from the General Assembly and availability of funds by the Department, receive assistance as provided under this Section. The Department, upon receipt of moneys authorized under this Section for assistance, shall commit funds for each qualified applicant in an amount determined by the Department. In determining the amounts of assistance to be provided to or on behalf of a qualified applicant the Department shall ensure that the highest amounts of assistance go to households with the greatest water costs in relation to household income. The Department may consider factors such as water costs, household size, household income, and region of the State when determining individual household benefits. In adopting rules for the administration of this Section, the Department shall ensure that a minimum of one-third of the funds for the program are available for benefits to eligible households with the lowest incomes and that elderly households, households with persons with disabilities, and households with children under 6 years of age are offered a priority application period.

(d) Application materials for the program shall be made available in multiple languages.

Section 10. The State Finance Act is amended by adding Section 5.938 as follows:

(30 ILCS 105/5.938 new)

Sec. 5.938. The Lead Service Line Replacement Fund.

Section 15. The Environmental Protection Act is amended by adding Section 17.12 as follows:

(415 ILCS 5/17.12 new)

Sec. 17.12. Lead service line replacement and notification.

(a) The purpose of this Act is to: (1) require the owners and operators of community water supplies to develop, implement, and maintain a comprehensive water service line material inventory and a comprehensive lead service line replacement plan, provide notice to occupants of potentially affected

buildings before any construction or repair work on water mains or lead service lines, and request access to potentially affected buildings before replacing lead service lines; and (2) prohibit partial lead service line replacements, except as authorized within this Section.

(b) The General Assembly finds and declares that:

(1) There is no safe level of exposure to heavy metal lead, as found by the United States Environmental Protection Agency and the Centers for Disease Control and Prevention.

(2) Lead service lines can convey this harmful substance to the drinking water supply.

(3) According to the Illinois Environmental Protection Agency's 2018 Service Line Material Inventory, the State of Illinois is estimated to have over 680,000 lead-based service lines still in operation.

(4) The true number of lead service lines is not fully known because Illinois lacks an adequate inventory of lead service lines.

(5) For the general health, safety and welfare of its residents, all lead service lines in Illinois should be disconnected from the drinking water supply, and the State's drinking water supply.

(c) In this Section:

"Advisory Board" means the Lead Service Line Replacement Advisory Board created under subsection (x).

"Community water supply" has the meaning ascribed to it in Section 3.145 of this Act.

"Department" means the Department of Public Health.

"Emergency repair" means any unscheduled water main, water service, or water valve repair or replacement that results from failure or accident.

"Fund" means the Lead Service Line Replacement Fund created under subsection (bb).

"Lead service line" means a service line made of lead or service line connected to a lead pigtail, lead gooseneck, or other lead fitting.

"Material inventory" means a water service line material inventory developed by a community water supply under this Act.

"Noncommunity water supply" has the meaning ascribed to it in Section 3.145 of the Environmental Protection Act.

"NSF/ANSI Standard" means a water treatment standard developed by NSF International.

"Partial lead service line replacement" means replacement of only a portion of a lead service line.

"Potentially affected building" means any building that is provided water service through a service line that is either a lead service line or a suspected lead service line.

"Public water supply" has the meaning ascribed to it in Section 3.365 of this Act.

"Service line" means the piping, tubing, and necessary appurtenances acting as a conduit from the water main or source of potable water supply to the building plumbing at the first shut-off valve or 18 inches inside the building, whichever is shorter.

"Suspected lead service line" means a service line that a community water supply finds more likely than not to be made of lead after completing the requirements under paragraphs (2) through (5) of subsection (h).

"Small system" means a community water supply that regularly serves water to 3,300 or fewer persons.

(d) An owner or operator of a community water supply shall:

(1) develop an initial material inventory by April 15, 2022 and electronically submit by April 15, 2023 an updated material inventory electronically to the Agency; and

(2) deliver a complete material inventory to the Agency no later than April 15, 2024, or such time as required by federal law, whichever is sooner. The complete inventory shall report the composition of all service lines in the community water supply's distribution system.

(e) The Agency shall review and approve the final material inventory submitted to it under subsection (d).

(f) If a community water supply does not submit a complete inventory to the Agency by April 15, 2024 under paragraph (2) of subsection (d), the community water supply may apply for an extension to the Agency no less than 3 months prior to the due date. The Agency shall develop criteria for granting material inventory extensions. When considering requests for extension, the Agency shall, at a minimum, consider:

(1) the number of service connections in a water supply; and

(2) the number of service lines of an unknown material composition.

(g) A material inventory prepared for a community water supply under subsection (d) shall identify:

(1) the total number of service lines connected to the community water supply's distribution system;

(2) the materials of construction of each service line connected to the community water supply's distribution system;

(3) the number of suspected lead service lines that were newly identified in the material inventory for the community water supply after the community water supply last submitted a service line inventory to the Agency; and

(4) the number of suspected or known lead service lines that were replaced after the community water supply last submitted a service line inventory to the Agency, and the material of the service line that replaced each lead service line.

When identifying the materials of construction under paragraph (2) of this subsection, the owner or operator of the community water supply shall to the best of the owner's or operator's ability identify the type of construction material used on the customer's side of the curb box, meter, or other line of demarcation and the community water supply's side of the curb box, meter, or other line of demarcation.

(h) In completing a material inventory under subsection (d), the owner or operator of a community water supply shall:

(1) prioritize inspections of high-risk areas identified by the community water supply and inspections of high-risk facilities, such as preschools, day care centers, day care homes, group day care homes, parks, playgrounds, hospitals, and clinics, and confirm service line materials in those areas and at those facilities;

(2) review historical documentation, such as construction logs or cards, as-built drawings, purchase orders, and subdivision plans, to determine service line material construction;

(3) when conducting distribution system maintenance, visually inspect service lines and document materials of construction;

(4) identify any time period when the service lines being connected to its distribution system were primarily lead service lines, if such a time period is known or suspected; and

(5) discuss service line repair and installation with its employees, contractors, plumbers, other workers who worked on service lines connected to its distribution system, or all of the above.

(i) The owner or operator of each community water supply shall maintain records of persons who refuse to grant access to the interior of a building for purposes of identifying the materials of construction of a service line. If a community water supply has been denied access on the property or to the interior of a building for that reason, then the community water supply shall attempt to identify the service line as a suspected lead service line, unless documentation is provided showing otherwise.

(j) If a community water supply identifies a lead service line connected to a building, the owner or operator of the community water supply shall attempt to notify the owner of the building and all occupants of the building of the existence of the lead service line within 15 days after identifying the lead service line, or as soon as is reasonably possible thereafter. Individual written notice shall be given according to the provisions of subsection (jj).

(k) An owner or operator of a community water supply has no duty to include in the material inventory required under subsection (d) information about service lines that are physically disconnected from a water main in its distribution system.

(l) The owner or operator of each community water supply shall post on its website a copy of the most recently submitted material inventory or alternatively may request that the Agency post a copy of that material inventory on the Agency's website.

(m) Nothing in this Section shall be construed to require service lines to be unearthed for the sole purpose of inventorying.

(n) When an owner or operator of a community water supply awards a contract under this Section, the owner or operator shall make a good faith effort to use contractors and vendors owned by minority persons, women, and persons with a disability, as those terms are defined in Section 2 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, for not less than 20% of the total contracts, provided that:

(1) contracts representing at least 11% of the total projects shall be awarded to minority-owned businesses, as defined in Section 2 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act;

(2) contracts representing at least 7% of the total projects shall be awarded to women-owned businesses, as defined in Section 2 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act; and

(3) contracts representing at least 2% of the total projects shall be awarded to businesses owned by persons with a disability.

Owners or operators of a community water supply are encouraged to divide projects, whenever economically feasible, into contracts of smaller size that ensure small business contractors or vendors shall have the ability to qualify in the applicable bidding process, when determining the ability to deliver on a given contract based on scope and size, as a responsible and responsive bidder.

When a contractor or vendor submits a bid or letter of intent in response to a request for proposal or other bid submission, the contractor or vendor shall include with its responsive documents a utilization plan that shall address how compliance with applicable good faith requirements set forth in this subsection shall be addressed.

Under this subsection, "good faith effort" means a community water supply has taken all necessary steps to comply with the goals of this subsection by complying with the following:

(1) Soliciting through reasonable and available means the interest of a business, as defined in Section 2 of the Business Enterprise for Minorities, Women, and Persons with Disabilities Act, that have the capability to perform the work of the contract. The community water supply must solicit this interest within sufficient time to allow certified businesses to respond.

(2) Providing interested certified businesses with adequate information about the plans, specifications, and requirements of the contract, including addenda, in a timely manner to assist them in responding to the solicitation.

(3) Meeting in good faith with interested certified businesses that have submitted bids.

(4) Effectively using the services of the State, minority or women community organizations, minority or women contractor groups, local, State, and federal minority or women business assistance offices, and other organizations to provide assistance in the recruitment and placement of certified businesses.

(5) Making efforts to use appropriate forums for purposes of advertising subcontracting opportunities suitable for certified businesses.

The diversity goals defined in this subsection can be met through direct award to diverse contractors and through the use of diverse subcontractors and diverse vendors to contracts.

(o) An owner or operator of a community water supply shall collect data necessary to ensure compliance with subsection (n) no less than semi-annually and shall include progress toward compliance of subsection (n) in the owner or operator's report required under subsection (t-5). The report must include data on vendor and employee diversity, including data on the owner's or operator's implementation of subsection (n).

(p) Every owner or operator of a community water supply that has known or suspected lead service lines shall:

(1) create a plan to:

(A) replace each lead service line connected to its distribution system; and

(B) replace each galvanized service line connected to its distribution system, if the galvanized service line is or was connected downstream to lead piping; and

(2) electronically submit, by April 15, 2024 its initial lead service line replacement plan to the Agency;

(3) electronically submit by April 15 of each year after 2024 until April 15, 2027 an updated lead service line replacement plan to the Agency for review; the updated replacement plan shall account for changes in the number of lead service lines or unknown service lines in the material inventory described in subsection (d);

(4) electronically submit by April 15, 2027 a complete and final replacement plan to the Agency for approval; the complete and final replacement plan shall account for all known and suspected lead service lines documented in the final material inventory described under paragraph (3) of subsection (d); and

(5) post on its website a copy of the plan most recently submitted to the Agency or may request that the Agency post a copy of that plan on the Agency's website.

(q) Each plan required under paragraph (1) of subsection (p) shall include the following:

(1) the name and identification number of the community water supply;

(2) the total number of service lines connected to the distribution system of the community water supply;

(3) the total number of suspected lead service lines connected to the distribution system of the community water supply;

(4) the total number of known lead service lines connected to the distribution system of the community water supply;

(5) the total number of lead service lines connected to the distribution system of the community water supply that have been replaced each year beginning in 2020;

(6) a proposed lead service line replacement schedule that includes one-year, 5-year, 10-year, 15-year, 20-year, 25-year, and 30-year goals;

(7) an analysis of costs and financing options for replacing the lead service lines connected to the community water supply's distribution system, which shall include, but shall not be limited to:

(A) a detailed accounting of costs associated with replacing lead service lines and galvanized lines that are or were connected downstream to lead piping;

(B) measures to address affordability and prevent service shut-offs for customers or ratepayers; and

(C) consideration of different scenarios for structuring payments between the utility and its customers over time; and

(8) a plan for prioritizing high-risk facilities, such as preschools, day care centers, day care homes, group day care homes, parks, playgrounds, hospitals, and clinics, as well as high-risk areas identified by the community water supply;

(9) a map of the areas where lead service lines are expected to be found and the sequence with which those areas will be inventoried and lead service lines replaced;

(10) measures for how the community water supply will inform the public of the plan and provide opportunity for public comment; and

(11) measures to encourage diversity in hiring in the workforce required to implement the plan as identified under subsection (n).

(r) The Agency shall review final plans submitted to it under subsection (p). The Agency shall approve a final plan if the final plan includes all of the elements set forth under subsection (q) and the Agency determines that:

(1) the proposed lead service line replacement schedule set forth in the plan aligns with the timeline requirements set forth under subsection (v);

(2) the plan prioritizes the replacement of lead service lines that provide water service to high-risk facilities, such as preschools, day care centers, day care homes, group day care homes, parks, playgrounds, hospitals, and clinics, and high-risk areas identified by the community water supply;

(3) the plan includes analysis of cost and financing options; and

(4) the plan provides documentation of public review.

(s) An owner or operator of a community water supply has no duty to include in the plans required under subsection (p) information about service lines that are physically disconnected from a water main in its distribution system.

(t) If a community water supply does not deliver a complete plan to the Agency by April 15, 2027, the community water supply may apply to the Agency for an extension no less than 3 months prior to the due date. The Agency shall develop criteria for granting plan extensions. When considering requests for extension, the Agency shall, at a minimum, consider:

(1) the number of service connections in a water supply; and

(2) the number of service lines of an unknown material composition.

(t-5) After the Agency has approved the final replacement plan described in subsection (p), the owner or operator of a community water supply shall submit a report detailing progress toward plan goals to the Agency for its review. The report shall be submitted annually for the first 10 years, and every 3 years thereafter until all lead service lines have been replaced. Reports under this subsection shall be published in the same manner described in subsection (l). The report shall include at least the following information as it pertains to the preceding reporting period:

(1) The number of lead service lines replaced and the average cost of lead service line replacement.

(2) Progress toward meeting hiring requirements as described in subsection (n) and subsection (o).

(3) The percent of customers electing a waiver offered, as described in subsections (ii) and (jj), among those customers receiving a request or notification to perform a lead service line replacement.

(4) The method or methods used by the community water supply to finance lead service line replacement.

(u) Notwithstanding any other provision of law, in order to provide for costs associated with lead service line remediation and replacement, the corporate authorities of a municipality may, by ordinance or resolution by the corporate authorities, exercise authority provided in Section 27-5 of the Property Tax Code and Sections 8-3-1, 8-11-1, 8-11-5, 8-11-6, 9-1-1 et seq., 9-3-1 et seq., 9-4-1 et seq., 11-131-1, and 11-150-1 of the Illinois Municipal Code. Taxes levied for this purpose shall be in addition to taxes for general purposes authorized under Section 8-3-1 of the Illinois Municipal Code and shall be included in the taxing district's aggregate extension for the purposes of Division 5 of Article 18 of the Property Tax Code.

(v) Every owner or operator of a community water supply shall replace all known lead service lines, subject to the requirements of subsection (ff), according to the following replacement rates and timelines to be calculated from the date of submission of the final replacement plan to the Agency:

(1) A community water supply reporting 1,200 or fewer lead service lines in its final inventory and replacement plan shall replace all lead service lines, at an annual rate of no less than 7% of the amount described in the final inventory, with a timeline of up to 15 years for completion.

(2) A community water supply reporting more than 1,200 but fewer than 5,000 lead service lines in its final inventory and replacement plan shall replace all lead service lines, at an annual rate of no less than 6% of the amount described in the final inventory, with a timeline of up to 17 years for completion.

(3) A community water supply reporting more than 4,999 but fewer than 10,000 lead service lines in its final inventory and replacement plan shall replace all lead service lines, at an annual rate of no less than 5% of the amount described in the final inventory, with a timeline of up to 20 years for completion.

(4) A community water supply reporting more than 9,999 but fewer than 99,999 lead service lines in its final inventory and replacement plan shall replace all lead service lines, at an annual rate of no less than 3% of the amount described in the final inventory, with a timeline of up to 34 years for completion.

(5) A community water supply reporting more than 99,999 lead service lines in its final inventory and replacement plan shall replace all lead service lines, at an annual rate of no less than 2% of the amount described in the final inventory, with a timeline of up to 50 years for completion.

(w) A community water supply may apply to the Agency for an extension to the replacement timelines described in paragraphs (1) through (5) of subsection (v). The Agency shall develop criteria for granting replacement timeline extensions. When considering requests for timeline extensions, the Agency shall, at a minimum, consider:

(1) the number of service connections in a water supply; and

(2) unusual circumstances creating hardship for a community.

The Agency may grant one extension of additional time equal to not more than 20% of the original replacement timeline, except in situations of extreme hardship in which the Agency may consider a second additional extension equal to not more than 10% of the original replacement timeline.

Replacement rates and timelines shall be calculated from the date of submission of the final plan to the Agency.

(x) The Lead Service Line Replacement Advisory Board is created within the Agency. The Advisory Board shall convene within 120 days after the effective date of this amendatory Act of the 102nd General Assembly.

The Advisory Board shall consist of at least 28 voting members, as follows:

(1) the Director of the Agency, or his or her designee, who shall serve as chairperson;

(2) the Director of Revenue, or his or her designee;

(3) the Director of Public Health, or his or her designee;

(4) fifteen members appointed by the Agency as follows:

(A) one member representing a statewide organization of municipalities as authorized by Section 1-8-1 of the Illinois Municipal Code;

(B) two members who are mayors representing municipalities located in any county south of the southernmost county represented by one of the 10 largest municipalities in Illinois by population, or their respective designees;

(C) two members who are representatives from public health advocacy groups;

(D) two members who are representatives from publicly-owned water utilities;

(E) one member who is a representative from a public utility as defined under Section 3-105 of the Public Utilities Act that provides water service in the State of Illinois;

(F) one member who is a research professional employed at an Illinois academic institution and specializing in water infrastructure research;

(G) two members who are representatives from nonprofit civic organizations;

(H) one member who is a representative from a statewide organization representing environmental organizations;

(I) two members who are representatives from organized labor; and

(J) one member representing an environmental justice organization; and

(5) ten members who are the mayors of the 10 largest municipalities in Illinois by population, or their respective designees.

No less than 10 of the 28 voting members shall be persons of color, and no less than 3 shall represent communities defined or self-identified as environmental justice communities.

Advisory Board members shall serve without compensation, but may be reimbursed for necessary expenses incurred in the performance of their duties from funds appropriated for that purpose. The Agency shall provide administrative support to the Advisory Board.

The Advisory Board shall meet no less than once every 6 months.

(y) The Advisory Board shall have, at a minimum, the following duties:

(1) advising the Agency on best practices in lead service line replacement;

(2) reviewing the progress of community water supplies toward lead service line replacement goals;

(3) advising the Agency on other matters related to the administration of the provisions of this Section;

(4) advising the Agency on the integration of existing lead service line replacement plans with any statewide plan; and

(5) providing technical support and practical expertise in general.

(z) Within 18 months after the effective date of this amendatory Act of the 102nd General Assembly, the Advisory Board shall deliver a report of its recommendations to the Governor and the General Assembly concerning opportunities for dedicated, long-term revenue options for funding lead service line replacement. In submitting recommendations, the Advisory Board shall consider, at a minimum, the following:

(1) the sufficiency of various revenue sources to adequately fund replacement of all lead service lines in Illinois;

(2) the financial burden, if any, on households falling below 150% of the federal poverty limit;

(3) revenue options that guarantee low-income households are protected from rate increases;

(4) an assessment of the ability of community water supplies to assess and collect revenue;

(5) variations in financial resources among individual households within a service area; and

(6) the protection of low-income households from rate increases.

(aa) Within 10 years after the effective date of this amendatory Act of the 102nd General Assembly, the Advisory Board shall prepare and deliver a report to the Governor and General Assembly concerning the status of all lead service line replacement within the State.

(bb) The Lead Service Line Replacement Fund is created as a special fund in the State treasury to be used by the Agency for the purposes provided under this Section. The Fund shall be used exclusively to finance and administer programs and activities specified under this Section and listed under this subsection.

The objective of the Fund is to finance activities associated with identifying and replacing lead service lines, build Agency capacity to oversee the provisions of this Section, and provide related assistance for the activities listed under this subsection.

The Agency shall be responsible for the administration of the Fund and shall allocate moneys on the basis of priorities established by the Agency through administrative rule. On July 1, 2022 and on July 1 of each year thereafter, the Agency shall determine the available amount of resources in the Fund that can be allocated to the activities identified under this Section and shall allocate the moneys accordingly.

Notwithstanding any other law to the contrary, the Lead Service Line Replacement Fund is not subject to sweeps, administrative charge-backs, or any other fiscal maneuver that would in any way transfer any amounts from the Lead Service Line Replacement Fund into any other fund of the State.

(cc) Within one year after the effective date of this amendatory Act of the 102 General Assembly, the Agency shall design rules for a program for the purpose of administering lead service line replacement funds. The rules must, at minimum, contain:

(1) the process by which community water supplies may apply for funding; and

(2) the criteria for determining unit of local government eligibility and prioritization for funding, including the prevalence of low-income households, as measured by median household income, the prevalence of lead service lines, and the prevalence of water samples that demonstrate elevated levels of lead.

(dd) Funding under subsection (cc) shall be available for costs directly attributable to the planning, design, or construction directly related to the replacement of lead service lines and restoration of property.

Funding shall not be used for the general operating expenses of a municipality or community water supply.

(ee) An owner or operator of any community water supply receiving grant funding under subsection (cc) shall bear the entire expense of full lead service line replacement for all lead service lines in the scope of the grant.

(ff) When replacing a lead service line, the owner or operator of the community water supply shall replace the service line in its entirety, including, but not limited to, any portion of the service line (i) running on private property and (ii) within the building's plumbing at the first shut-off valve. Partial lead service line replacements are expressly prohibited. Exceptions shall be made under the following circumstances:

(1) In the event of an emergency repair that affects a lead service line or a suspected lead service line, a community water supply must contact the building owner to begin the process of replacing the entire service line. If the building owner is not able to be contacted or the building owner or occupant refuses to grant access and permission to replace the entire service line at the time of the emergency repair, then the community water supply may perform a partial lead service line replacement. Where an emergency repair on a service line constructed of lead or galvanized steel pipe results in a partial service line replacement, the water supply responsible for commencing the repair shall perform the following:

(A) Notify the building's owner or operator and the resident or residents served by the lead service line in writing that a repair has been completed. The notification shall include, at a minimum:

(i) a warning that the work may result in sediment, possibly containing lead, in the buildings water supply system;

(ii) information concerning practices for preventing the consumption of any lead in drinking water, including a recommendation to flush water distribution pipe during and after the completion of the repair or replacement work and to clean faucet aerator screens; and

(iii) information regarding the dangers of lead to young children and pregnant women.

(B) Provide filters for at least one fixture supplying potable water for consumption. The filter must be certified by an accredited third-party certification body to NSF/ANSI 53 and NSF/ANSI 42 for the reduction of lead and particulate. The filter must be provided until such time that the remaining portions of the service line have been replaced with a material approved by the Department or a waiver has been issued under subsection (ii).

(C) Replace the remaining portion of the lead service line within 30 days of the repair, or 120 days in the event of weather or other circumstances beyond reasonable control that prohibits construction. If a complete lead service line replacement cannot be made within the required period, the community water supply responsible for commencing the repair shall notify the Department in writing, at a minimum, of the following within 24 hours of the repair:

(i) an explanation of why it is not feasible to replace the remaining portion of the lead service line within the allotted time; and

(ii) a timeline for when the remaining portion of the lead service line will be replaced.

(D) If complete repair of a lead service line cannot be completed due to denial by the property owner, the community water supply commencing the repair shall request the affected property owner to sign a waiver developed by the Department. If a property owner of a nonresidential building or residence operating as rental properties denies a complete lead service line replacement, the property owner shall be responsible for installing and maintaining point-of-use filters certified by an accredited third-party certification body to NSF/ANSI 53 and NSF/ANSI 42 for the reduction of lead and particulate at all fixtures intended to supply water for the purposes of drinking, food preparation, or making baby formula. The filters shall continue to be supplied by the property owner until such time that the property owner has affected the remaining portions of the lead service line to be replaced.

(E) Document any remaining lead service line, including a portion on the private side of the property, in the community water supply's distribution system materials inventory required under subsection (d).

For the purposes of this paragraph (1), written notice shall be provided in the method and according to the provisions of subsection (jj).

(2) Lead service lines that are physically disconnected from the distribution system are exempt from this subsection.

(gg) Except as provided in subsection (hh), on and after January 1, 2022, when the owner or operator of a community water supply replaces a water main, the community water supply shall identify all lead service lines connected to the water main and shall replace the lead service lines by:

(1) identifying the material or materials of each lead service line connected to the water main, including, but not limited to, any portion of the service line (i) running on private property and (ii) within the building plumbing at the first shut-off valve or 18 inches inside the building, whichever is shorter;

(2) in conjunction with replacement of the water main, replacing any and all portions of each lead service line connected to the water main that are composed of lead; and

(3) if a property owner or customer refuses to grant access to the property, following prescribed notice provisions as outlined in subsection (ff).

If an owner of a potentially affected building intends to replace a portion of a lead service line or a galvanized service line and the galvanized service line is or was connected downstream to lead piping, then the owner of the potentially affected building shall provide the owner or operator of the community water supply with notice at least 45 days before commencing the work. In the case of an emergency repair, the owner of the potentially affected building must provide filters for each kitchen area that are certified by an accredited third-party certification body to NSF/ANSI 53 and NSF/ANSI 42 for the reduction of lead and particulate. If the owner of the potentially affected building notifies the owner or operator of the community water supply that replacement of a portion of the lead service line after the emergency repair is completed, then the owner or operator of the community water supply shall replace the remainder of the lead service line within 30 days after completion of the emergency repair. A community water supply may take up to 120 days if necessary due to weather conditions. If a replacement takes longer than 30 days, filters provided by the owner of the potentially affected building must be replaced in accordance with the manufacturer's recommendations. Partial lead service line replacements by the owners of potentially affected buildings are otherwise prohibited.

(hh) For municipalities with a population in excess of 1,000,000 inhabitants, the requirements of subsection (gg) shall commence on January 1, 2023.

(ii) At least 45 days before conducting planned lead service line replacement, the owner or operator of a community water supply shall, by mail, attempt to contact the owner of the potentially affected building serviced by the lead service line to request access to the building and permission to replace the lead service line in accordance with the lead service line replacement plan. If the owner of the potentially affected building does not respond to the request within 15 days after the request is sent, the owner or operator of the community water supply shall attempt to post the request on the entrance of the potentially affected building.

If the owner or operator of a community water supply is unable to obtain approval to access and replace a lead service line, the owner or operator of the community water supply shall request that the owner of the potentially affected building sign a waiver. The waiver shall be developed by the Department and should be made available in the owner's language. If the owner of the potentially affected building refuses to sign the waiver or fails to respond to the community water supply after the community water supply has

complied with this subsection, then the community water supply shall notify the Department in writing within 15 working days.

(jj) When replacing a lead service line or repairing or replacing water mains with lead service lines or partial lead service lines attached to them, the owner or operator of a community water supply shall provide the owner of each potentially affected building that is serviced by the affected lead service lines or partial lead service lines, as well as the occupants of those buildings, with an individual written notice. The notice shall be delivered by mail or posted at the primary entranceway of the building. The notice may, in addition, be electronically mailed. Written notice shall include, at a minimum, the following:

(1) a warning that the work may result in sediment, possibly containing lead from the service line, in the building's water;

(2) information concerning the best practices for preventing exposure to or risk of consumption of lead in drinking water, including a recommendation to flush water lines during and after the completion of the repair or replacement work and to clean faucet aerator screens; and

(3) information regarding the dangers of lead exposure to young children and pregnant women.

When the individual written notice described in the first paragraph of this subsection is required as a result of planned work other than the repair or replacement of a water meter, the owner or operator of the community water supply shall provide the notice not less than 14 days before work begins. When the individual written notice described in the first paragraph of this subsection is required as a result of emergency repairs other than the repair or replacement of a water meter, the owner or operator of the community water supply shall provide the notice at the time the work is initiated. When the individual written notice described in the first paragraph of this subsection is required as a result of the repair or replacement of a water meter, the owner or operator of the community water supply shall provide the notice at the time the work is initiated.

The notifications required under this subsection must contain the following statement in the Spanish, Polish, Chinese, Tagalog, Arabic, Korean, German, Urdu, and Gujarati: "This notice contains important information about your water service and may affect your rights. We encourage you to have this notice translated in full into a language you understand and before you make any decisions that may be required under this notice."

An owner or operator of a community water supply that is required under this subsection to provide an individual written notice to the owner and occupant of a potentially affected building that is a multi-dwelling building may satisfy that requirement and the requirements of this subsection regarding notification to non-English speaking customers by posting the required notice on the primary entranceway of the building and at the location where the occupant's mail is delivered as reasonably as possible.

When this subsection would require the owner or operator of a community water supply to provide an individual written notice to the entire community served by the community water supply or would require the owner or operator of a community water supply to provide individual written notices as a result of emergency repairs or when the community water supply that is required to comply with this subsection is a small system, the owner or operator of the community water supply may provide the required notice through local media outlets, social media, or other similar means in lieu of providing the individual written notices otherwise required under this subsection.

No notifications are required under this subsection for work performed on water mains that are used to transmit treated water between community water supplies and properties that have no service connections.

(kk) No community water supply that sells water to any wholesale or retail consecutive community water supply may pass on any costs associated with compliance with this Section to consecutive systems.

(ll) To the extent allowed by law, when a community water supply replaces or installs a lead service line in a public right-of-way or enters into an agreement with a private contractor for replacement or installation of a lead service line, the community water supply shall be held harmless for all damage to property when replacing or installing the lead service line. If dangers are encountered that prevent the replacement of the lead service line, the community water supply shall notify the Department within 15 working days of why the replacement of the lead service line could not be accomplished.

(mm) The Agency may propose to the Board, and the Board may adopt, any rules necessary to implement and administer this Section. The Department may adopt rules necessary to address lead service lines attached to noncommunity water supplies.

(nn) Notwithstanding any other provision in this Section, no requirement in this Section shall be construed as being less stringent than existing applicable federal requirements.

(oo) All lead service line replacements financed in whole or in part with funds obtained under this Section shall be considered public works for purposes of the Prevailing Wage Act.

(415 ILCS 5/17.11 rep.)

Section 20. The Environmental Protection Act is amended by repealing Section 17.11.".

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

On motion of Senator Connor, **House Bill No. 3764** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 3793** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Belt, **House Bill No. 3798** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villanueva, **House Bill No. 3803** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 3821** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Feigenholtz, **House Bill No. 3849** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3849

AMENDMENT NO. 1 . Amend House Bill 3849 on page 5, by replacing lines 4 through 7 with the following:

"(5) Ascertain the wishes and decisions of the principal in order to advocate that the wishes and decisions of an individual with disabilities are implemented."; and

on page 5, line 12, after "seek", by inserting "training and"; and

on page 5, immediately below line 16, by inserting the following:

"The Guardianship and Advocacy Commission shall develop training and education materials for both principals and supporters, including, but not limited to, sample agreements that will be posted on the website of the Commission along with public awareness materials."; and

on page 13, line 3, by replacing "upon" with "6 months after".

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

On motion of Senator Stadelman, **House Bill No. 3854** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3864** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Villa, **House Bill No. 3879** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Fowler, **House Bill No. 3881** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 3895** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3895

AMENDMENT NO. 1 . Amend House Bill 3895 on page 1, by inserting immediately below line 1 the following:

"WHEREAS, It shall be the policy of the Department of Corrections and the Department of Juvenile Justice to work together with labor partners to remove barriers to and stigma around seeking mental health care and to ensure a continuum of care available to employees without reprisal for seeking such treatment; therefore"; and

by replacing everything after the enacting clause with the following:

"Section 5. The Unified Code of Corrections is amended by changing Sections 3-1-2, 3-2-7, and 3-2.5-15 as follows:

(730 ILCS 5/3-1-2) (from Ch. 38, par. 1003-1-2)

Sec. 3-1-2. Definitions.

(a) "Chief Administrative Officer" means the person designated by the Director to exercise the powers and duties of the Department of Corrections in regard to committed persons within a correctional institution or facility, and includes the superintendent of any juvenile institution or facility.

(a-3) "Aftercare release" means the conditional and revocable release of a person committed to the Department of Juvenile Justice under the Juvenile Court Act of 1987, under the supervision of the Department of Juvenile Justice.

(a-5) "Sex offense" for the purposes of paragraph (16) of subsection (a) of Section 3-3-7, paragraph (10) of subsection (a) of Section 5-6-3, and paragraph (18) of subsection (c) of Section 5-6-3.1 only means:

(i) A violation of any of the following Sections of the Criminal Code of 1961 or the Criminal Code of 2012: 10-7 (aiding or abetting child abduction under Section 10-5(b)(10)), 10-5(b)(10) (child luring), 11-6 (indecent solicitation of a child), 11-6.5 (indecent solicitation of an adult), 11-14.4 (promoting juvenile prostitution), 11-15.1 (soliciting for a juvenile prostitute), 11-17.1 (keeping a place of juvenile prostitution), 11-18.1 (patronizing a juvenile prostitute), 11-19.1 (juvenile pimping), 11-19.2 (exploitation of a child), 11-20.1 (child pornography), 11-20.1B or 11-20.3 (aggravated child pornography), 11-1.40 or 12-14.1 (predatory criminal sexual assault of a child), or 12-33 (ritualized abuse of a child). An attempt to commit any of these offenses.

(ii) A violation of any of the following Sections of the Criminal Code of 1961 or the Criminal Code of 2012: 11-1.20 or 12-13 (criminal sexual assault), 11-1.30 or 12-14 (aggravated criminal sexual assault), 11-1.60 or 12-16 (aggravated criminal sexual abuse), and subsection (a) of Section 11-1.50 or subsection (a) of Section 12-15 (criminal sexual abuse). An attempt to commit any of these offenses.

(iii) A violation of any of the following Sections of the Criminal Code of 1961 or the Criminal Code of 2012 when the defendant is not a parent of the victim:

10-1 (kidnapping),

10-2 (aggravated kidnapping),

10-3 (unlawful restraint),

10-3.1 (aggravated unlawful restraint).

An attempt to commit any of these offenses.

(iv) A violation of any former law of this State substantially equivalent to any offense listed in this subsection (a-5).

An offense violating federal law or the law of another state that is substantially equivalent to any offense listed in this subsection (a-5) shall constitute a sex offense for the purpose of this subsection (a-5). A finding or adjudication as a sexually dangerous person under any federal law or law of another state that is substantially equivalent to the Sexually Dangerous Persons Act shall constitute an adjudication for a sex offense for the purposes of this subsection (a-5).

(b) "Commitment" means a judicially determined placement in the custody of the Department of Corrections on the basis of delinquency or conviction.

(c) "Committed person" is a person committed to the Department, however a committed person shall not be considered to be an employee of the Department of Corrections for any purpose, including eligibility for a pension, benefits, or any other compensation or rights or privileges which may be provided to employees of the Department.

(c-5) "Computer scrub software" means any third-party added software, designed to delete information from the computer unit, the hard drive, or other software, which would eliminate and prevent discovery of browser activity, including, but not limited to, Internet history, address bar or bars, cache or caches, and/or cookies, and which would over-write files in a way so as to make previous computer activity, including, but not limited to, website access, more difficult to discover.

(c-10) "Content-controlled tablet" means any device that can only access visitation applications or content relating to educational or personal development.

(d) "Correctional institution or facility" means any building or part of a building where committed persons are kept in a secured manner.

(d-5) "Correctional officer" means: an employee of the Department of Corrections who has custody and control over committed persons in an adult correctional facility; or, for an employee of the Department of Juvenile Justice, direct care staff of persons committed to a juvenile facility.

(e) "Department" means both the Department of Corrections and the Department of Juvenile Justice of this State, unless the context is specific to either the Department of Corrections or the Department of Juvenile Justice.

(f) "Director" means both the Director of Corrections and the Director of Juvenile Justice, unless the context is specific to either the Director of Corrections or the Director of Juvenile Justice.

(f-5) (Blank).

(g) "Discharge" means the final termination of a commitment to the Department of Corrections.

(h) "Discipline" means the rules and regulations for the maintenance of order and the protection of persons and property within the institutions and facilities of the Department and their enforcement.

(i) "Escape" means the intentional and unauthorized absence of a committed person from the custody of the Department.

(j) "Furlough" means an authorized leave of absence from the Department of Corrections for a designated purpose and period of time.

(k) "Parole" means the conditional and revocable release of a person committed to the Department of Corrections under the supervision of a parole officer.

(l) "Prisoner Review Board" means the Board established in Section 3-3-1(a), independent of the Department, to review rules and regulations with respect to good time credits, to hear charges brought by the Department against certain prisoners alleged to have violated Department rules with respect to good time credits, to set release dates for certain prisoners sentenced under the law in effect prior to February 1, 1978 (the effective date of Public Act 80-1099) ~~this Amendatory Act of 1977~~, to hear and decide the time of aftercare release for persons committed to the Department of Juvenile Justice under the Juvenile Court Act of 1987 to hear requests and make recommendations to the Governor with respect to pardon, reprieve or commutation, to set conditions for parole, aftercare release, and mandatory supervised release and determine whether violations of those conditions justify revocation of parole or release, and to assume all other functions previously exercised by the Illinois Parole and Pardon Board.

(m) Whenever medical treatment, service, counseling, or care is referred to in this Unified Code of Corrections, such term may be construed by the Department or Court, within its discretion, to include treatment, service, or counseling by a Christian Science practitioner or nursing care appropriate therewith whenever request therefor is made by a person subject to the provisions of this Code ~~Act~~.

(n) "Victim" shall have the meaning ascribed to it in subsection (a) of Section 3 of the ~~Bill of~~ Rights of Crime ~~for~~ Victims and Witnesses ~~of Violent Crime~~ Act.

(o) "Wrongfully imprisoned person" means a person who has been discharged from a prison of this State and has received:

(1) a pardon from the Governor stating that such pardon is issued on the ground of innocence of the crime for which he or she was imprisoned; or

(2) a certificate of innocence from the Circuit Court as provided in Section 2-702 of the Code of Civil Procedure.

(Source: P.A. 100-198, eff. 1-1-18; revised 9-21-20.)

(730 ILCS 5/3-2-7) (from Ch. 38, par. 1003-2-7)

Sec. 3-2-7. Staff Training and Development.

(a) The Department shall train its own personnel and any personnel from local agencies by agreements under Section 3-15-2.

(b) To develop and train its personnel, the Department may make grants in aid for academic study and training in fields related to corrections. The Department shall establish rules for the conditions and amounts of such grants. The Department may employ any person during his program of studies and may require the person to work for it on completion of his program according to the agreement entered into between the person receiving the grant and the Department.

(c) The Department shall implement a wellness program to provide employees and staff with support to address both professional and personal challenges as they relate to the correctional environment. The Department shall establish response teams to provide comprehensive support to employees and staff affected by events that are both duty-related and not duty-related and provide training to response team members. The wellness program shall be accessible to any Department employee, whether full-time or part-time, contractual or temporary staff and approved volunteers. The wellness program may include, but not limited to, providing information, education, referrals, peer support, debriefing, and newsletters. Employee and staff access to wellness response team support shall be voluntary and remain confidential.

(Source: P.A. 77-2097.)

(730 ILCS 5/3-2.5-15)

Sec. 3-2.5-15. Department of Juvenile Justice; assumption of duties of the Juvenile Division.

(a) The Department of Juvenile Justice shall assume the rights, powers, duties, and responsibilities of the Juvenile Division of the Department of Corrections. Personnel, books, records, property, and unencumbered appropriations pertaining to the Juvenile Division of the Department of Corrections shall be transferred to the Department of Juvenile Justice on the effective date of this amendatory Act of the 94th General Assembly. Any rights of employees or the State under the Personnel Code or any other contract or plan shall be unaffected by this transfer.

(b) Department of Juvenile Justice personnel who are hired by the Department on or after the effective date of this amendatory Act of the 94th General Assembly and who participate or assist in the rehabilitative and vocational training of delinquent youths, supervise the daily activities involving direct and continuing responsibility for the youth's security, welfare and development, or participate in the personal rehabilitation of delinquent youth by training, supervising, and assisting lower level personnel who perform these duties must be over the age of 21 and have any bachelor's or advanced degree from an accredited college or university. This requirement shall not apply to security, clerical, food service, and maintenance staff that do not have direct and regular contact with youth. The degree requirements specified in this subsection (b) are not required of persons who provide vocational training and who have adequate knowledge in the skill for which they are providing the vocational training.

(c) Subsection (b) of this Section does not apply to personnel transferred to the Department of Juvenile Justice on the effective date of this amendatory Act of the 94th General Assembly.

(d) The Department shall be under the direction of the Director of Juvenile Justice as provided in this Code.

(e) The Director shall organize divisions within the Department and shall assign functions, powers, duties, and personnel as required by law. The Director may create other divisions and may assign other functions, powers, duties, and personnel as may be necessary or desirable to carry out the functions and responsibilities vested by law in the Department. The Director may, with the approval of the Office of the Governor, assign to and share functions, powers, duties, and personnel with other State agencies such that administrative services and administrative facilities are provided by a shared administrative service center. Where possible, shared services which impact youth should be done with child-serving agencies. These administrative services may include, but are not limited to, all of the following functions: budgeting, accounting related functions, auditing, human resources, legal, procurement, training, data collection and analysis, information technology, internal investigations, intelligence, legislative services, emergency response capability, statewide transportation services, and general office support.

(f) The Department of Juvenile Justice may enter into intergovernmental cooperation agreements under which minors adjudicated delinquent and committed to the Department of Juvenile Justice may participate in county juvenile impact incarceration programs established under Section 3-6039 of the Counties Code.

(g) The Department of Juvenile Justice must comply with the ethnic and racial background data collection procedures provided in Section 4.5 of the Criminal Identification Act.

(h) The Department of Juvenile Justice shall implement a wellness program to support health and wellbeing among staff and service providers within the Department of Juvenile Justice environment. The Department of Juvenile Justice shall establish response teams to provide support to employees and staff affected by events that are both duty-related and not duty-related and provide training to response team members. The Department's wellness program shall be accessible to any Department employee or service provider, including contractual employees and approved volunteers. The wellness program may include information sharing, education and activities designed to support health and well-being within the Department's environment. Access to wellness response team support shall be voluntary and remain confidential.

(Source: P.A. 100-19, eff. 1-1-18.)".

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

On motion of Senator Belt, **House Bill No. 3914** having been printed, was taken up and read by title a second time.

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

AMENDMENT NO. 1 TO HOUSE BILL 3914

AMENDMENT NO. 1 . Amend House Bill 3914 by replacing everything after the enacting clause with the following:

"Section 1. This Act may be referred to as the Positive Action Act.

Section 5. The Department of Central Management Services Law of the Civil Administrative Code of Illinois is amended by adding Sections 405-101, 405-123, and 405-124 as follows:

(20 ILCS 405/405-101 new)

Sec. 405-101. Positive action toward addressing systemic racism and barriers to increase workforce diversity in State employment.

(a) The Director will strive to do the following:

(1) identify statutes which impede access and opportunities for minorities and marginalized individuals to gain employment with the State of Illinois and seek legislation to change those statutes to remove barriers to employment; and

(2) identify policies which impede access and opportunities for minorities and marginalized individuals to gain employment with the State of Illinois and make changes to those policies to remove barriers to employment.

(b) For purposes of this Section, "positive action" means taking proactive leading action to identify statutes and policies which impede access and opportunity for minorities and marginalized individuals to gain employment with the State of Illinois and to seek legislation and make policy changes.

(20 ILCS 405/405-123 new)

Sec. 405-123. State agency interview panel diversity.

(a) Each State agency shall establish the goal of increasing diversity on interview panels in order to increase State employment opportunities provided to women, minority persons, and persons to which the goals of the following programs apply: (i) the African American Employment Plan; (ii) the Hispanic Employment Plan; (iii) the Asian American Employment Plan; (iv) the Native American Employment Plan; and (v) the requirements concerning employment of bilingual persons.

(b) Each State agency shall use in the interview process, if possible, persons that are representative of the persons specified under subsection (a) if the interview being conducted meets the following criteria:

(1) the hiring State agency implements an interview panel for the position consisting of 3 or more panel members; or

(2) the hiring State agency implements a multi-round interview process consisting of 2 or more rounds for the position.

(c) Each State agency shall submit an annual report to the Department of Central Management Services concerning its actions under this Section, and the Department shall report annually on these actions through the employment plans specified under subsection (a). The report shall include the following:

(1) the number of applicants that were interviewed that are representative of the persons and employment plans specified under subsection (a);

(2) the number of interviews in which the hiring personnel and the applicant were both representative of the persons or employment plans specified under subsection (a); and

(3) the number of applicants that met the criteria of the persons and employment plans specified under subsection (a) that were hired by a State agency.

(d) The requirements of this Section shall not apply to State employment for job titles that are classified as Rutan-exempt, or for which political considerations may be taken into account when hiring personnel.

(20 ILCS 405/405-124 new)

Sec. 405-124. Employees with child support payments. The Department shall increase State employment career counseling opportunities for individuals who are in arrears on their child support payments. The Department shall dedicate staff to consult with individuals and organizations informed on the subject of non-payment of child support to develop plans for the most effective career counseling opportunities for these individuals.

Section 10. The Personnel Code is amended by changing Section 8b.4 as follows:

(20 ILCS 415/8b.4) (from Ch. 127, par. 63b108b.4)

Sec. 8b.4. For the rejection of candidates or eligibles who fail to comply with reasonable previously specified job requirements of the Director in regard to ~~such factors as age, physical and psychological condition,~~ training and experience; who have been guilty of infamous or disgraceful conduct; ~~who are addicted to alcohol to excess or to controlled substances or uses cannabis;~~ or who have attempted any deception or fraud in connection with an examination. Those candidates who are alleged to have attempted deception or fraud in connection with an examination shall be afforded the opportunity to appeal and provide information to support their appeal which shall be considered when determining their eligibility as a candidate for employment.

(Source: P.A. 77-773.)

Section 99. Effective date. This Act takes effect January 1, 2022.".

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

On motion of Senator Anderson, **House Bill No. 3929** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Belt, **House Bill No. 3940** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Fine, **House Bill No. 3950** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 3956** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Fine, **House Bill No. 3995** having been printed, was taken up, read by title a second time and ordered to a third reading.

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

On motion of Senator Harmon, **House Bill No. 11** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Johnson, **House Bill No. 32** having been printed, was taken up and read by title a second time.

The following amendment was offered in the Committee on Healthcare Access and Availability, adopted and ordered printed:

AMENDMENT NO. 1 TO HOUSE BILL 32

AMENDMENT NO. 1 . Amend House Bill 32 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Act on the Aging is amended by changing Section 4.07 as follows:

(20 ILCS 105/4.07)

Sec. 4.07. Home-delivered meals.

(a) Every citizen of the State of Illinois who qualifies for home-delivered meals under the federal Older Americans Act shall be provided services, subject to appropriation. The Department shall file a report with the General Assembly and the Illinois Council on Aging by January 1 of each year. The report shall include, but not be limited to, the following information: (i) estimates, by county, of citizens denied service due to insufficient funds during the preceding fiscal year and the potential impact on service delivery of any additional funds appropriated for the current fiscal year; (ii) geographic areas and special populations unserved and underserved in the preceding fiscal year; (iii) estimates of additional funds needed to permit the full funding of the program and the statewide provision of services in the next fiscal year, including staffing and equipment needed to prepare and deliver meals; (iv) recommendations for increasing the amount of federal funding captured for the program; (v) recommendations for serving unserved and underserved areas and special populations, to include rural areas, dietetic meals, weekend meals, and 2 or more meals per day; and (vi) any other information needed to assist the General Assembly and the Illinois Council on Aging in developing a plan to address unserved and underserved areas of the State.

(b) On an annual basis, each recipient of home-delivered meals shall receive a fact sheet developed by the Department on Aging with a current list of toll-free numbers to access information on various health conditions, elder abuse, and programs for persons 60 years of age and older. The fact sheet shall be written in a language that the client understands, if possible. In addition, each recipient of home-delivered meals shall receive updates on any new program for which persons 60 years of age and older may be eligible.

(Source: P.A. 93-484, eff. 1-1-04.)

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

AMENDMENT NO. 2 TO HOUSE BILL 32

AMENDMENT NO. 2 . Amend House Bill 32, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 1, on page 2, line 15, by replacing "On an annual basis," with "Subject to appropriation, on an annual basis".

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

On motion of Senator Johnson, **House Bill No. 33** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harmon, **House Bill No. 1291** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 842** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hunter, **House Bill No. 862** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Connor, **House Bill No. 1795** having been printed, was taken up, read by title a second time and ordered to a third reading.

SENATE BILL RECALLED

On motion of Senator Murphy, **Senate Bill No. 1794** was recalled from the order of third reading to the order of second reading.

Senator Murphy offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO SENATE BILL 1794

AMENDMENT NO. 2 . Amend Senate Bill 1794, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 1, on page 1, by replacing lines 12 through 15 with the following:
"underpayments. Each unit of local government must provide appropriate statutes of limitation for the determination and assessment of taxes covered by this Act, provided, however, that a statute of limitations may not exceed the following:"; and

on page 10, line 22, after "amended", by inserting "by changing Section 16-122 and"; and

on page 11, by replacing lines 6 through 16 with the following:
"parent: (i) any court costs, attorney's fees, or other fees incurred under subsection (d) of Section 8-11-2.5 of the Illinois Municipal Code; or (ii) any penalties or interest imposed by a municipality under Section 8-11-2.5 of the Illinois Municipal Code.

(220 ILCS 5/16-122)

Sec. 16-122. Customer information.

(a) Upon the request of a retail customer, or a person who presents verifiable authorization and is acting as the customer's agent, and payment of a reasonable fee, electric utilities shall provide to the customer or its authorized agent the customer's billing and usage data.

(b) Upon request from any alternative retail electric supplier and payment of a reasonable fee, an electric utility serving retail customers in its service area shall make available generic information concerning the usage, load shape curve or other general characteristics of customers by rate classification. Provided however, no customer specific billing, usage or load shape data shall be provided under this subsection unless authorization to provide such information is provided by the customer pursuant to subsection (a) of this Section.

(c) Upon request from a unit of local government and payment of a reasonable fee, an electric utility shall make available information concerning the usage, load shape curves, and other characteristics of customers by customer classification and location within the boundaries of the unit of local government, however, no customer specific billing, usage, or load shape data shall be provided under this subsection unless authorization to provide that information is provided by the customer or the unit of local government is requesting the information for the purposes of an audit under Section 8-11-2.5 of the Illinois Municipal Code.

(d) All such customer information shall be made available in a timely fashion in an electronic format, if available.

(Source: P.A. 92-585, eff. 6-26-02.)".

The motion prevailed.

And the amendment was adopted and ordered printed.

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

READING BILLS OF THE SENATE A THIRD TIME

On motion of Senator Murphy, **Senate Bill No. 1794** having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.

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

YEAS 54; NAYS None.

The following voted in the affirmative:

Anderson	Feigenholtz	Loughran Cappel	Stewart
Aquino	Fine	Martwick	Stoller
Barickman	Fowler	McClure	Syverson
Belt	Gillespie	McConchie	Tracy
Bennett	Glowiak Hilton	Morrison	Turner, D.
Bryant	Harris	Muñoz	Turner, S.
Bush	Hastings	Murphy	Van Pelt
Castro	Holmes	Peters	Villa
Connor	Hunter	Plummer	Villanueva
Crowe	Johnson	Rezin	Villivalam
Cullerton, T.	Joyce	Rose	Wilcox
Cunningham	Koehler	Simmons	Mr. President
Curran	Landek	Sims	
DeWitte	Lightford	Stadelman	

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

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

On motion of Senator Tracy, **Senate Bill No. 2158** having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.

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

YEAS 57; NAYS None.

The following voted in the affirmative:

Anderson	DeWitte	Loughran Cappel	Stewart
Aquino	Feigenholtz	Martwick	Stoller
Bailey	Fine	McClure	Syverson
Barickman	Fowler	McConchie	Tracy
Belt	Gillespie	Morrison	Turner, D.
Bennett	Glowiak Hilton	Muñoz	Turner, S.
Bryant	Harris	Murphy	Van Pelt
Bush	Hastings	Pacione-Zayas	Villa
Castro	Holmes	Peters	Villanueva
Collins	Hunter	Plummer	Villivalam
Connor	Johnson	Rezin	Wilcox
Crowe	Joyce	Rose	Mr. President
Cullerton, T.	Koehler	Simmons	
Cunningham	Landek	Sims	
Curran	Lightford	Stadelman	

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

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

SENATE BILL RECALLED

On motion of Senator Villivalam, **Senate Bill No. 818** was recalled from the order of third reading to the order of second reading.

Senator Villivalam offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO SENATE BILL 818

AMENDMENT NO. 1 . Amend Senate Bill 818 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Sections 2-3.62, 27A-5, and 34-18.8 and by adding Sections 27-9.1a and 27-9.1b as follows:

(105 ILCS 5/2-3.62) (from Ch. 122, par. 2-3.62)

Sec. 2-3.62. Educational service centers.

(a) A regional network of educational service centers shall be established by the State Board of Education to coordinate and combine existing services in a manner which is practical and efficient and to provide new services to schools as provided in this Section. Services to be made available by such centers shall include the planning, implementation and evaluation of:

(1) (blank);

(2) computer technology education;

(3) mathematics, science and reading resources for teachers including continuing education, inservice training and staff development.

The centers may provide training, technical assistance, coordination and planning in other program areas such as school improvement, school accountability, financial planning, consultation, and services, career guidance, early childhood education, alcohol/drug education and prevention, comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education, electronic transmission of data from school districts to the State, alternative education and regional special education, and telecommunications systems that provide distance learning. Such telecommunications systems may be obtained through the Department of Central Management Services pursuant to Section 405-270 of the Department of Central Management Services Law (20 ILCS 405/405-270). The programs and services of educational service centers may be offered to private school teachers and private school students within each service center area provided public schools have already been afforded adequate access to such programs and services.

Upon the abolition of the office, removal from office, disqualification for office, resignation from office, or expiration of the current term of office of the regional superintendent of schools, whichever is earlier, the chief administrative officer of the centers serving that portion of a Class II county school unit outside of a city of 500,000 or more inhabitants shall have and exercise, in and with respect to each educational service region having a population of 2,000,000 or more inhabitants and in and with respect to each school district located in any such educational service region, all of the rights, powers, duties, and responsibilities theretofore vested by law in and exercised and performed by the regional superintendent of schools for that area under the provisions of this Code or any other laws of this State.

The State Board of Education shall promulgate rules and regulations necessary to implement this Section. The rules shall include detailed standards which delineate the scope and specific content of programs to be provided by each Educational Service Center, as well as the specific planning, implementation and evaluation services to be provided by each Center relative to its programs. The Board shall also provide the standards by which it will evaluate the programs provided by each Center.

(b) Centers serving Class 1 county school units shall be governed by an 11-member board, 3 members of which shall be public school teachers nominated by the local bargaining representatives to the appropriate regional superintendent for appointment and no more than 3 members of which shall be from each of the following categories, including but not limited to superintendents, regional superintendents, school board members and a representative of an institution of higher education. The members of the board shall be appointed by the regional superintendents whose school districts are served by the educational service

center. The composition of the board will reflect the revisions of this amendatory Act of 1989 as the terms of office of current members expire.

(c) The centers shall be of sufficient size and number to assure delivery of services to all local school districts in the State.

(d) From monies appropriated for this program the State Board of Education shall provide grants paid from the Personal Property Tax Replacement Fund to qualifying Educational Service Centers applying for such grants in accordance with rules and regulations promulgated by the State Board of Education to implement this Section.

(e) The governing authority of each of the 18 regional educational service centers shall appoint a comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education advisory board consisting of 2 parents, 2 teachers, 2 school administrators, 2 school board members, 2 health care professionals, one library system representative, and the director of the regional educational service center who shall serve as chairperson of the advisory board so appointed. Members of the comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education advisory boards shall serve without compensation. Each of the advisory boards appointed pursuant to this subsection shall develop a plan for regional teacher-parent comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education training sessions and shall file a written report of such plan with the governing board of their regional educational service center. The directors of each of the regional educational service centers shall thereupon meet, review each of the reports submitted by the advisory boards and combine those reports into a single written report which they shall file with the Citizens Council on School Problems prior to the end of the regular school term of the 1987-1988 school year.

(f) The 14 educational service centers serving Class I county school units shall be disbanded on the first Monday of August, 1995, and their statutory responsibilities and programs shall be assumed by the regional offices of education, subject to rules and regulations developed by the State Board of Education. The regional superintendents of schools elected by the voters residing in all Class I counties shall serve as the chief administrators for these programs and services.

(Source: P.A. 98-24, eff. 6-19-13; 98-647, eff. 6-13-14; 99-30, eff. 7-10-15.)

(105 ILCS 5/27-9.1a new)

Sec. 27-9.1a. Comprehensive personal health and safety and comprehensive sexual health education.

(a) In this Section:

"Adapt" means to modify an evidence-based or evidence-informed program model for use with a particular demographic, ethnic, linguistic, or cultural group.

"Age and developmentally appropriate" means suitable to particular ages or age groups of children and adolescents, based on the developing cognitive, emotional, and behavioral capacity typical for the age or age group.

"Characteristics of effective programs" includes development, content, and implementation of such programs that (i) have been shown to be effective in terms of increasing knowledge, clarifying values and attitudes, increasing skills, and impacting behavior, (ii) are widely recognized by leading medical and public health agencies to be effective in changing sexual behaviors that lead to sexually transmitted infections, including HIV, unintended pregnancy, interpersonal violence, and sexual violence among young people, and (iii) are taught by professionals who provide a safe learning space, free from shame, stigma, and ideology and are trained in trauma-informed teaching methodologies.

"Complete" means aligns with the National Sex Education Standards.

"Comprehensive personal health and safety and comprehensive sexual health education" means age and developmentally appropriate education that aligns with the National Sex Education Standards.

"Consent" means an affirmative, knowing, conscious, ongoing, and voluntary agreement to engage in interpersonal, physical, or sexual activity, which can be revoked at any point, including during the course of interpersonal, physical, or sexual activity.

"Culturally appropriate" means affirming culturally diverse individuals, families, and communities in an inclusive, respectful, and effective manner, including materials and instruction that are inclusive of race, ethnicity, language, cultural background, immigration status, religion, disability, gender, gender identity, gender expression, sexual orientation, and sexual behavior.

"Evidence-based program" means a program for which systematic, empirical research or evaluation has provided evidence of effectiveness.

"Evidence-informed program" means a program that uses the best available research and practice knowledge to guide program design and implementation.

"Gender stereotype" means a generalized view or preconception about what attributes, characteristics, or roles are or ought to be taught, possessed by, or performed by people based on their gender identity.

"Healthy relationships" means relationships between individuals that consist of mutual respect, trust, honesty, support, fairness, equity, separate identities, physical and emotional safety, and good communication.

"Identity" means people's understanding of how they identify their sexual orientation, gender, gender identity, or gender expression without stereotypes, shame, or stigma.

"Inclusive" means inclusion of marginalized communities that include, but are not limited to, people of color, immigrants, people of diverse sexual orientations, gender identities, and gender expressions, people who are intersex, people with disabilities, people who have experienced interpersonal or sexual violence, and others.

"Interpersonal violence" means violent behavior used to establish power and control over another person.

"Medically accurate" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, if applicable, or comprising information recognized as accurate and objective.

"Pre-exposure Prophylaxis (PrEP)" means medications approved by the federal Food and Drug Administration (FDA) and recommended by the United States Public Health Service or the federal Centers for Disease Control and Prevention for HIV pre-exposure prophylaxis and related pre-exposure prophylaxis services, including, but not limited to, HIV and sexually transmitted infection screening, treatment for sexually transmitted infections, medical monitoring, laboratory services, and sexual health counseling, to reduce the likelihood of HIV infection for individuals who are not living with HIV but are vulnerable to HIV exposure.

"Post-exposure Prophylaxis (PeP)" means the medications that are recommended by the federal Centers for Disease Control and Prevention and other public health authorities to help prevent HIV infection after potential occupational or non-occupational HIV exposure.

"Sexual violence" means discrimination, bullying, harassment, including sexual harassment, sexual abuse, sexual assault, intimate partner violence, incest, rape, and human trafficking.

"Trauma informed" means to address vital information about sexuality and well-being that takes into consideration how adverse life experiences may potentially influence a person's well-being and decision making.

(b) All classes that teach comprehensive personal health and safety and comprehensive sexual health education shall satisfy the following criteria:

(1) Course material and instruction shall be age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma informed.

(2) Course material and instruction shall replicate evidence-based or evidence-informed programs or substantially incorporate elements of evidence-based programs or evidence-informed programs or characteristics of effective programs.

(3) Course material and instruction shall be inclusive and sensitive to the needs of students based on their status as pregnant or parenting, living with STIs, including HIV, sexually active, asexual, or intersex or based on their gender, gender identity, gender expression, sexual orientation, sexual behavior, or disability.

(4) Course material and instruction shall be accessible to students with disabilities, which may include the use of a modified curriculum, materials, instruction in alternative formats, assistive technology, and auxiliary aids.

(5) Course material and instruction shall help students develop self-advocacy skills for effective communication with parents or guardians, health and social service professionals, other trusted adults, and peers about sexual health and relationships.

(6) Course material and instruction shall provide information to help students develop skills for developing healthy relationships and preventing and dealing with interpersonal violence and sexual violence.

(7) Course material and instruction shall provide information to help students safely use the Internet, including social media, dating or relationship websites or applications, and texting.

(8) Course material and instruction shall provide information about local resources where students can obtain additional information and confidential services related to parenting, bullying, interpersonal violence, sexual violence, suicide prevention, sexual and reproductive health, mental health, substance abuse, sexual orientation, gender identity, gender expression, and other related issues.

(9) Course material and instruction shall include information about State laws related to minor confidentiality and minor consent, including exceptions, consent education, mandated reporting of child abuse and neglect, the safe relinquishment of a newborn child, minors' access to confidential health care and related services, school policies addressing the prevention of and response to interpersonal and sexual violence, school breastfeeding accommodations, and school policies addressing the prevention of and response to sexual harassment.

(10) Course material and instruction may not reflect or promote bias against any person on the basis of the person's race, ethnicity, language, cultural background, citizenship, religion, HIV status, family structures, disability, gender, gender identity, gender expression, sexual orientation, or sexual behavior.

(11) Course material and instruction may not employ gender stereotypes.

(12) Course material and instruction shall be inclusive of and may not be insensitive or unresponsive to the needs of survivors of interpersonal violence and sexual violence.

(13) Course material and instruction may not proselytize any religious doctrine.

(14) Course material and instruction may not deliberately withhold health-promoting or life-saving information about culturally appropriate health care and services, including reproductive health services, hormone therapy, and FDA-approved treatments and options, including, but not limited to, Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PeP).

(15) Course material and instruction may not be inconsistent with the ethical imperatives of medicine and public health.

(c) A school may utilize guest lecturers or resource persons to provide instruction or presentations in accordance with Section 10-22.34b. Comprehensive personal health and safety and comprehensive sexual health education instruction and materials provided by guest lecturers or resource persons may not conflict with the provisions of this Section.

(d) No student shall be required to take or participate in any class or course in comprehensive personal health and safety and comprehensive sexual health education. A student's parent or guardian may opt the student out of comprehensive personal health and safety and comprehensive sexual health education by submitting the request in writing. Refusal to take or participate in such a course or program may not be a reason for disciplinary action, academic penalty, suspension, or expulsion or any other sanction of a student. A school district may not require active parental consent for comprehensive personal health and safety and comprehensive sexual health education.

(e) An opportunity shall be afforded to individuals, including parents or guardians, to review the scope and sequence of instructional materials to be used in a class or course under this Section, either electronically or in person. A school district shall annually post, on its Internet website if one exists, which curriculum is used to provide comprehensive personal health and safety and comprehensive sexual health education and the name and contact information, including an email address, of school personnel who can respond to inquiries about instruction and materials.

(f) On or before August 1, 2022, the State Board of Education, in consultation with youth, parents, sexual health and violence prevention experts, health care providers, and advocates and education practitioners, including, but not limited to, administrators, regional superintendents of schools, teachers, and school support personnel, shall develop and adopt rigorous learning standards in the area of comprehensive personal health and safety and comprehensive sexual health education, including, but not limited to, all of the National Sex Education Standards, as authored by the Future of Sex Education Initiative. As the National Sex Education Standards are updated, the State Board of Education shall update these learning standards.

(g) By no later than August 1, 2022, the State Board of Education shall make available resource materials developed in consultation with stakeholders, with the cooperation and input of experts that provide and entities that promote age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety and comprehensive sexual health education policy. Materials may include, without limitation, model comprehensive personal health and safety and comprehensive sexual health education resources and programs. The State Board of

Education shall make these resource materials available on its Internet website, in a clearly identified and easily accessible place.

(h) Beginning no later than July 1, 2023, a school district shall provide:

(1) age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety education in kindergarten through the 5th grade in all public schools; and

(2) age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive sexual health education in the 6th through 12th grades in all public schools.

(i) Schools may choose and adapt the age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety and comprehensive sexual health education curriculum that meets the specific needs of their community. All instruction and materials, including materials provided or presented by outside consultants, community groups, or organizations, may not conflict with the provisions of this Section.

(j) The State Board of Education shall, through existing reporting mechanisms if available, direct each school district to identify, if instruction on comprehensive personal health and safety and comprehensive sexual health education is provided, whether the instruction was provided by a teacher in the school, a consultant, or a community group or organization and specify the name of the outside consultant, community group, or organization; the number of students receiving instruction; the number of students excused from instruction; and the duration of instruction and shall report the results of this inquiry to the General Assembly annually, for a period of 5 years beginning one year after the effective date of this amendatory Act of the 102nd General Assembly.

(105 ILCS 5/27-9.1b new)

Sec. 27-9.1b. Consent education.

(a) In this Section:

"Age and developmentally appropriate" has the meaning ascribed to that term in Section 27-9.1a.

"Consent" has the meaning ascribed to that term in Section 27-9.1a.

(b) A school district shall provide age and developmentally appropriate consent education in the 3rd through 12th grades.

(1) In the 3rd through 5th grades, instruction and materials shall include age and developmentally appropriate instruction on consent and how to give and receive consent, including a discussion that includes, but is not limited to, all of the following:

(A) Setting appropriate physical boundaries with others.

(B) Respecting the physical boundaries of others.

(C) The right to refuse to engage in behaviors or activities that are uncomfortable or unsafe.

(D) Dealing with unwanted physical contact.

(E) Helping a peer deal with unwanted physical contact.

(2) In the 6th through 12th grades, instruction and materials shall include age and developmentally appropriate instruction on consent and how to give and receive consent, including a discussion that includes, but is not limited to, all of the following:

(A) That consent is a freely given agreement to sexual activity.

(B) That consent to one particular sexual activity does not constitute consent to other types of sexual activities.

(C) That a person's lack of verbal or physical resistance or submission resulting from the use or threat of force does not constitute consent.

(D) That a person's manner of dress does not constitute consent.

(E) That a person's consent to past sexual activity does not constitute consent to future sexual activity.

(F) That a person's consent to engage in sexual activity with one person does not constitute consent to engage in sexual activity with another person.

(G) That a person can withdraw consent at any time.

(H) That a person cannot consent to sexual activity if that person is unable to understand the nature of the activity or give knowing consent due to certain circumstances that include, but are not limited to:

(i) the person is incapacitated due to the use or influence of alcohol or drugs;

(ii) the person is asleep or unconscious;

(iii) the person is a minor; or

(iv) the person is incapacitated due to a mental disability.

(I) The legal age of consent in this State.

(105 ILCS 5/27A-5)

Sec. 27A-5. Charter school; legal entity; requirements.

(a) A charter school shall be a public, nonsectarian, nonreligious, non-home based, and non-profit school. A charter school shall be organized and operated as a nonprofit corporation or other discrete, legal, nonprofit entity authorized under the laws of the State of Illinois.

(b) A charter school may be established under this Article by creating a new school or by converting an existing public school or attendance center to charter school status. Beginning on April 16, 2003 (the effective date of Public Act 93-3), in all new applications to establish a charter school in a city having a population exceeding 500,000, operation of the charter school shall be limited to one campus. The changes made to this Section by Public Act 93-3 do not apply to charter schools existing or approved on or before April 16, 2003 (the effective date of Public Act 93-3).

(b-5) In this subsection (b-5), "virtual-schooling" means a cyber school where students engage in online curriculum and instruction via the Internet and electronic communication with their teachers at remote locations and with students participating at different times.

From April 1, 2013 through December 31, 2016, there is a moratorium on the establishment of charter schools with virtual-schooling components in school districts other than a school district organized under Article 34 of this Code. This moratorium does not apply to a charter school with virtual-schooling components existing or approved prior to April 1, 2013 or to the renewal of the charter of a charter school with virtual-schooling components already approved prior to April 1, 2013.

(c) A charter school shall be administered and governed by its board of directors or other governing body in the manner provided in its charter. The governing body of a charter school shall be subject to the Freedom of Information Act and the Open Meetings Act. No later than January 1, 2021 (one year after the effective date of Public Act 101-291), a charter school's board of directors or other governing body must include at least one parent or guardian of a pupil currently enrolled in the charter school who may be selected through the charter school or a charter network election, appointment by the charter school's board of directors or other governing body, or by the charter school's Parent Teacher Organization or its equivalent.

(c-5) No later than January 1, 2021 (one year after the effective date of Public Act 101-291) or within the first year of his or her first term, every voting member of a charter school's board of directors or other governing body shall complete a minimum of 4 hours of professional development leadership training to ensure that each member has sufficient familiarity with the board's or governing body's role and responsibilities, including financial oversight and accountability of the school, evaluating the principal's and school's performance, adherence to the Freedom of Information Act and the Open Meetings Act, and compliance with education and labor law. In each subsequent year of his or her term, a voting member of a charter school's board of directors or other governing body shall complete a minimum of 2 hours of professional development training in these same areas. The training under this subsection may be provided or certified by a statewide charter school membership association or may be provided or certified by other qualified providers approved by the State Board of Education.

(d) For purposes of this subsection (d), "non-curricular health and safety requirement" means any health and safety requirement created by statute or rule to provide, maintain, preserve, or safeguard safe or healthful conditions for students and school personnel or to eliminate, reduce, or prevent threats to the health and safety of students and school personnel. "Non-curricular health and safety requirement" does not include any course of study or specialized instructional requirement for which the State Board has established goals and learning standards or which is designed primarily to impart knowledge and skills for students to master and apply as an outcome of their education.

A charter school shall comply with all non-curricular health and safety requirements applicable to public schools under the laws of the State of Illinois. On or before September 1, 2015, the State Board shall promulgate and post on its Internet website a list of non-curricular health and safety requirements that a charter school must meet. The list shall be updated annually no later than September 1. Any charter contract between a charter school and its authorizer must contain a provision that requires the charter school to follow the list of all non-curricular health and safety requirements promulgated by the State Board and any non-curricular health and safety requirements added by the State Board to such list during the term of the

charter. Nothing in this subsection (d) precludes an authorizer from including non-curricular health and safety requirements in a charter school contract that are not contained in the list promulgated by the State Board, including non-curricular health and safety requirements of the authorizing local school board.

(e) Except as otherwise provided in the School Code, a charter school shall not charge tuition; provided that a charter school may charge reasonable fees for textbooks, instructional materials, and student activities.

(f) A charter school shall be responsible for the management and operation of its fiscal affairs including, but not limited to, the preparation of its budget. An audit of each charter school's finances shall be conducted annually by an outside, independent contractor retained by the charter school. To ensure financial accountability for the use of public funds, on or before December 1 of every year of operation, each charter school shall submit to its authorizer and the State Board a copy of its audit and a copy of the Form 990 the charter school filed that year with the federal Internal Revenue Service. In addition, if deemed necessary for proper financial oversight of the charter school, an authorizer may require quarterly financial statements from each charter school.

(g) A charter school shall comply with all provisions of this Article, the Illinois Educational Labor Relations Act, all federal and State laws and rules applicable to public schools that pertain to special education and the instruction of English learners, and its charter. A charter school is exempt from all other State laws and regulations in this Code governing public schools and local school board policies; however, a charter school is not exempt from the following:

(1) Sections 10-21.9 and 34-18.5 of this Code regarding criminal history records checks and checks of the Statewide Sex Offender Database and Statewide Murderer and Violent Offender Against Youth Database of applicants for employment;

(2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and 34-84a of this Code regarding discipline of students;

(3) the Local Governmental and Governmental Employees Tort Immunity Act;

(4) Section 108.75 of the General Not For Profit Corporation Act of 1986 regarding indemnification of officers, directors, employees, and agents;

(5) the Abused and Neglected Child Reporting Act;

(5.5) subsection (b) of Section 10-23.12 and subsection (b) of Section 34-18.6 of this Code;

(6) the Illinois School Student Records Act;

(7) Section 10-17a of this Code regarding school report cards;

(8) the P-20 Longitudinal Education Data System Act;

(9) Section 27-23.7 of this Code regarding bullying prevention;

(10) Section 2-3.162 of this Code regarding student discipline reporting;

(11) Sections 22-80 and 27-8.1 of this Code;

(12) Sections 10-20.60 and 34-18.53 of this Code;

(13) Sections 10-20.63 and 34-18.56 of this Code;

(14) Section 26-18 of this Code;

(15) Section 22-30 of this Code;

(16) Sections 24-12 and 34-85 of this Code;

(17) the Seizure Smart School Act; ~~and~~

(18) Section 2-3.64a-10 of this Code;~~.~~

(19) Section 27-9.1a of this Code;

(20) Section 27-9.1b of this Code; and

(21) Section 34-18.8 of this Code.

The change made by Public Act 96-104 to this subsection (g) is declaratory of existing law.

(h) A charter school may negotiate and contract with a school district, the governing body of a State college or university or public community college, or any other public or for-profit or nonprofit private entity for: (i) the use of a school building and grounds or any other real property or facilities that the charter school desires to use or convert for use as a charter school site, (ii) the operation and maintenance thereof, and (iii) the provision of any service, activity, or undertaking that the charter school is required to perform in order to carry out the terms of its charter. However, a charter school that is established on or after April 16, 2003 (the effective date of Public Act 93-3) and that operates in a city having a population exceeding 500,000 may not contract with a for-profit entity to manage or operate the school during the period that commences on April 16, 2003 (the effective date of Public Act 93-3) and concludes at the end of the 2004-2005 school year. Except as provided in subsection (i) of this Section, a school district may charge a

charter school reasonable rent for the use of the district's buildings, grounds, and facilities. Any services for which a charter school contracts with a school district shall be provided by the district at cost. Any services for which a charter school contracts with a local school board or with the governing body of a State college or university or public community college shall be provided by the public entity at cost.

(i) In no event shall a charter school that is established by converting an existing school or attendance center to charter school status be required to pay rent for space that is deemed available, as negotiated and provided in the charter agreement, in school district facilities. However, all other costs for the operation and maintenance of school district facilities that are used by the charter school shall be subject to negotiation between the charter school and the local school board and shall be set forth in the charter.

(j) A charter school may limit student enrollment by age or grade level.

(k) If the charter school is approved by the State Board or Commission, then the charter school is its own local education agency.

(Source: P.A. 100-29, eff. 1-1-18; 100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff. 1-1-18; 100-468, eff. 6-1-18; 100-726, eff. 1-1-19; 100-863, eff. 8-14-18; 101-50, eff. 7-1-20; 101-81, eff. 7-12-19; 101-291, eff. 1-1-20; 101-531, eff. 8-23-19; 101-543, eff. 8-23-19; 101-654, eff. 3-8-21.)

(105 ILCS 5/34-18.8) (from Ch. 122, par. 34-18.8)

Sec. 34-18.8. HIV ~~AIDS~~ training. School guidance counselors, nurses, teachers, school social workers, and other school personnel who work with students shall ~~pupils may~~ be trained to have a basic knowledge of matters relating to human immunodeficiency virus (HIV) ~~acquired immunodeficiency syndrome (AIDS)~~, including the nature of the infection ~~disease~~, its causes and effects, the means of detecting it and preventing its transmission, the availability of appropriate sources of counseling and referral, and any other medically accurate information that is age and developmentally appropriate for ~~may be appropriate considering the age and grade level of~~ such students ~~pupils~~. The Board of Education shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.

(Source: P.A. 86-900.)

(105 ILCS 5/27-9.1 rep.)

(105 ILCS 5/27-9.2 rep.)

(105 ILCS 5/27-11 rep.)

Section 10. The School Code is amended by repealing Sections 27-9.1, 27-9.2, and 27-11.

Section 15. The Critical Health Problems and Comprehensive Health Education Act is amended by changing Section 3 as follows:

(105 ILCS 110/3)

Sec. 3. Comprehensive Health Education Program. The program established under this Act shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, the emotional, psychological, physiological, hygienic, and social responsibilities of family life, culturally, developmentally, and age-appropriate, medically accurate, and evidence-based or evidence-informed information regarding ~~including sexual abstinence until marriage, prevention and control of disease, including instruction in grades 6 through 12 on~~ the prevention, transmission, and treatment of sexually transmitted infections, including HIV/AIDS ~~spread of AIDS~~, age-appropriate sexual abuse and assault awareness and prevention education in grades pre-kindergarten through 12, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol and~~,~~ drug use~~,~~ and abuse, including the medical and legal ramifications of alcohol, drug, and tobacco use, abuse during pregnancy, ~~evidence based and medically accurate information regarding sexual abstinence,~~ tobacco, nutrition, and dental health. The instruction on mental health and illness must evaluate the multiple dimensions of health by reviewing the relationship between physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity. The program shall also provide course material and instruction to advise students ~~pupils~~ of the Abandoned Newborn Infant Protection Act. The program shall include medically accurate information about cancer, including, without limitation, types of cancer, signs and symptoms, risk factors, the importance of early prevention and detection, and information on where to go for help. Notwithstanding the above educational areas, the following areas may also be included as a basis for curricula in all elementary and secondary schools in this State: basic first aid (including, but not limited to, cardiopulmonary resuscitation and the

Heimlich maneuver), heart disease, diabetes, stroke, the prevention of child abuse, neglect, and suicide, and teen dating violence in grades 7 through 12. Beginning with the 2014-2015 school year, training on how to properly administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) and how to use an automated external defibrillator shall be included as a basis for curricula in all secondary schools in this State.

The school board of each public elementary and secondary school in the State shall encourage all teachers and other school personnel to acquire, develop, and maintain the knowledge and skills necessary to properly administer life-saving techniques, including, without limitation, the Heimlich maneuver and rescue breathing. The training shall be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization. A school board may use the services of non-governmental entities whose personnel have expertise in life-saving techniques to instruct teachers and other school personnel in these techniques. Each school board is encouraged to have in its employ, or on its volunteer staff, at least one person who is certified, by the American Red Cross or by another qualified certifying agency, as qualified to administer first aid and cardiopulmonary resuscitation. In addition, each school board is authorized to allocate appropriate portions of its institute or inservice days to conduct training programs for teachers and other school personnel who have expressed an interest in becoming qualified to administer emergency first aid or cardiopulmonary resuscitation. School boards are urged to encourage their teachers and other school personnel who coach school athletic programs and other extracurricular school activities to acquire, develop, and maintain the knowledge and skills necessary to properly administer first aid and cardiopulmonary resuscitation in accordance with standards and requirements established by the American Red Cross or another qualified certifying agency. Subject to appropriation, the State Board of Education shall establish and administer a matching grant program to pay for half of the cost that a school district incurs in training those teachers and other school personnel who express an interest in becoming qualified to administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) or in learning how to use an automated external defibrillator. A school district that applies for a grant must demonstrate that it has funds to pay half of the cost of the training for which matching grant money is sought. The State Board of Education shall award the grants on a first-come, first-serve basis.

No student ~~pupil~~ shall be required to take or participate in any class or course on HIV/AIDS ~~AIDS~~ or family life instruction or to receive training on how to properly administer cardiopulmonary resuscitation or how to use an automated external defibrillator if the student's ~~his or her~~ parent or guardian submits written objection thereto, and refusal to take or participate in the course or program or the training shall not be reason for suspension or expulsion of the student ~~pupil~~.

Curricula developed under programs established in accordance with this Act in the major educational area of alcohol and drug use and abuse shall include classroom instruction in grades 5 through 12. The instruction, which shall include matters relating to both the physical and legal effects and ramifications of drug and substance abuse, shall be integrated into existing curricula; and the State Board of Education shall develop and make available to all elementary and secondary schools in this State instructional materials and guidelines which will assist the schools in incorporating the instruction into their existing curricula. In addition, school districts may offer, as part of existing curricula during the school day or as part of an after school program, support services and instruction for students ~~pupils~~ or students ~~pupils~~ whose parent, parents, or guardians are chemically dependent.
(Source: P.A. 101-305, eff. 1-1-20; revised 8-21-20.)

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

The motion prevailed.
And the amendment was adopted and ordered printed.
Senator Villivalam offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO SENATE BILL 818

AMENDMENT NO. 2 . Amend Senate Bill 818, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Sections 2-3.62, 27A-5, and 34-18.8 and by adding Sections 27-9.1a and 27-9.1b as follows:

(105 ILCS 5/2-3.62) (from Ch. 122, par. 2-3.62)

Sec. 2-3.62. Educational service centers.

(a) A regional network of educational service centers shall be established by the State Board of Education to coordinate and combine existing services in a manner which is practical and efficient and to provide new services to schools as provided in this Section. Services to be made available by such centers shall include the planning, implementation and evaluation of:

(1) (blank);

(2) computer technology education;

(3) mathematics, science and reading resources for teachers including continuing education, inservice training and staff development.

The centers may provide training, technical assistance, coordination and planning in other program areas such as school improvement, school accountability, financial planning, consultation, and services, career guidance, early childhood education, alcohol/drug education and prevention, comprehensive personal health and safety education and comprehensive sexual health ~~family life sex~~ education, electronic transmission of data from school districts to the State, alternative education and regional special education, and telecommunications systems that provide distance learning. Such telecommunications systems may be obtained through the Department of Central Management Services pursuant to Section 405-270 of the Department of Central Management Services Law (20 ILCS 405/405-270). The programs and services of educational service centers may be offered to private school teachers and private school students within each service center area provided public schools have already been afforded adequate access to such programs and services.

Upon the abolition of the office, removal from office, disqualification for office, resignation from office, or expiration of the current term of office of the regional superintendent of schools, whichever is earlier, the chief administrative officer of the centers serving that portion of a Class II county school unit outside of a city of 500,000 or more inhabitants shall have and exercise, in and with respect to each educational service region having a population of 2,000,000 or more inhabitants and in and with respect to each school district located in any such educational service region, all of the rights, powers, duties, and responsibilities theretofore vested by law in and exercised and performed by the regional superintendent of schools for that area under the provisions of this Code or any other laws of this State.

The State Board of Education shall promulgate rules and regulations necessary to implement this Section. The rules shall include detailed standards which delineate the scope and specific content of programs to be provided by each Educational Service Center, as well as the specific planning, implementation and evaluation services to be provided by each Center relative to its programs. The Board shall also provide the standards by which it will evaluate the programs provided by each Center.

(b) Centers serving Class 1 county school units shall be governed by an 11-member board, 3 members of which shall be public school teachers nominated by the local bargaining representatives to the appropriate regional superintendent for appointment and no more than 3 members of which shall be from each of the following categories, including but not limited to superintendents, regional superintendents, school board members and a representative of an institution of higher education. The members of the board shall be appointed by the regional superintendents whose school districts are served by the educational service center. The composition of the board will reflect the revisions of this amendatory Act of 1989 as the terms of office of current members expire.

(c) The centers shall be of sufficient size and number to assure delivery of services to all local school districts in the State.

(d) From monies appropriated for this program the State Board of Education shall provide grants paid from the Personal Property Tax Replacement Fund to qualifying Educational Service Centers applying for such grants in accordance with rules and regulations promulgated by the State Board of Education to implement this Section.

(e) The governing authority of each of the 18 regional educational service centers shall appoint a comprehensive personal health and safety education and comprehensive sexual health ~~family life sex~~ education advisory board consisting of 2 parents, 2 teachers, 2 school administrators, 2 school board members, 2 health care professionals, one library system representative, and the director of the regional educational service center who shall serve as chairperson of the advisory board so appointed. Members of

the comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education advisory boards shall serve without compensation. Each of the advisory boards appointed pursuant to this subsection shall develop a plan for regional teacher-parent comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education training sessions and shall file a written report of such plan with the governing board of their regional educational service center. The directors of each of the regional educational service centers shall thereupon meet, review each of the reports submitted by the advisory boards and combine those reports into a single written report which they shall file with the Citizens Council on School Problems prior to the end of the regular school term of the 1987-1988 school year.

(f) The 14 educational service centers serving Class I county school units shall be disbanded on the first Monday of August, 1995, and their statutory responsibilities and programs shall be assumed by the regional offices of education, subject to rules and regulations developed by the State Board of Education. The regional superintendents of schools elected by the voters residing in all Class I counties shall serve as the chief administrators for these programs and services.

(Source: P.A. 98-24, eff. 6-19-13; 98-647, eff. 6-13-14; 99-30, eff. 7-10-15.)

(105 ILCS 5/27-9.1a new)

Sec. 27-9.1a. Comprehensive personal health and safety and comprehensive sexual health education.

(a) In this Section:

"Adapt" means to modify an evidence-based or evidence-informed program model for use with a particular demographic, ethnic, linguistic, or cultural group.

"Age and developmentally appropriate" means suitable to particular ages or age groups of children and adolescents, based on the developing cognitive, emotional, and behavioral capacity typical for the age or age group.

"Characteristics of effective programs" includes development, content, and implementation of such programs that (i) have been shown to be effective in terms of increasing knowledge, clarifying values and attitudes, increasing skills, and impacting behavior, (ii) are widely recognized by leading medical and public health agencies to be effective in changing sexual behaviors that lead to sexually transmitted infections, including HIV, unintended pregnancy, interpersonal violence, and sexual violence among young people, and (iii) are taught by professionals who provide a safe learning space, free from shame, stigma, and ideology and are trained in trauma-informed teaching methodologies.

"Complete" means aligns with the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.

"Comprehensive personal health and safety education" means age and developmentally appropriate education that aligns with the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.

"Comprehensive sexual health education" means age and developmentally appropriate education that aligns with the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.

"Consent" means an affirmative, knowing, conscious, ongoing, and voluntary agreement to engage in interpersonal, physical, or sexual activity, which can be revoked at any point, including during the course of interpersonal, physical, or sexual activity.

"Culturally appropriate" means affirming culturally diverse individuals, families, and communities in an inclusive, respectful, and effective manner, including materials and instruction that are inclusive of race, ethnicity, language, cultural background, immigration status, religion, disability, gender, gender identity, gender expression, sexual orientation, and sexual behavior.

"Evidence-based program" means a program for which systematic, empirical research or evaluation has provided evidence of effectiveness.

"Evidence-informed program" means a program that uses the best available research and practice knowledge to guide program design and implementation.

"Gender stereotype" means a generalized view or preconception about what attributes, characteristics, or roles are or ought to be taught, possessed by, or performed by people based on their gender identity.

"Healthy relationships" means relationships between individuals that consist of mutual respect, trust, honesty, support, fairness, equity, separate identities, physical and emotional safety, and good communication.

"Identity" means people's understanding of how they identify their sexual orientation, gender, gender identity, or gender expression without stereotypes, shame, or stigma.

"Inclusive" means inclusion of marginalized communities that include, but are not limited to, people of color, immigrants, people of diverse sexual orientations, gender identities, and gender expressions, people who are intersex, people with disabilities, people who have experienced interpersonal or sexual violence, and others.

"Interpersonal violence" means violent behavior used to establish power and control over another person.

"Medically accurate" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, if applicable, or comprising information recognized as accurate and objective.

"Pre-exposure Prophylaxis (PrEP)" means medications approved by the federal Food and Drug Administration (FDA) and recommended by the United States Public Health Service or the federal Centers for Disease Control and Prevention for HIV pre-exposure prophylaxis and related pre-exposure prophylaxis services, including, but not limited to, HIV and sexually transmitted infection screening, treatment for sexually transmitted infections, medical monitoring, laboratory services, and sexual health counseling, to reduce the likelihood of HIV infection for individuals who are not living with HIV but are vulnerable to HIV exposure.

"Post-exposure Prophylaxis (PeP)" means the medications that are recommended by the federal Centers for Disease Control and Prevention and other public health authorities to help prevent HIV infection after potential occupational or non-occupational HIV exposure.

"Sexual violence" means discrimination, bullying, harassment, including sexual harassment, sexual abuse, sexual assault, intimate partner violence, incest, rape, and human trafficking.

"Trauma informed" means to address vital information about sexuality and well-being that takes into consideration how adverse life experiences may potentially influence a person's well-being and decision making.

(b) All classes that teach comprehensive personal health and safety and comprehensive sexual health education shall satisfy the following criteria:

(1) Course material and instruction shall be age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma informed.

(2) Course material and instruction shall replicate evidence-based or evidence-informed programs or substantially incorporate elements of evidence-based programs or evidence-informed programs or characteristics of effective programs.

(3) Course material and instruction shall be inclusive and sensitive to the needs of students based on their status as pregnant or parenting, living with STIs, including HIV, sexually active, asexual, or intersex or based on their gender, gender identity, gender expression, sexual orientation, sexual behavior, or disability.

(4) Course material and instruction shall be accessible to students with disabilities, which may include the use of a modified curriculum, materials, instruction in alternative formats, assistive technology, and auxiliary aids.

(5) Course material and instruction shall help students develop self-advocacy skills for effective communication with parents or guardians, health and social service professionals, other trusted adults, and peers about sexual health and relationships.

(6) Course material and instruction shall provide information to help students develop skills for developing healthy relationships and preventing and dealing with interpersonal violence and sexual violence.

(7) Course material and instruction shall provide information to help students safely use the Internet, including social media, dating or relationship websites or applications, and texting.

(8) Course material and instruction shall provide information about local resources where students can obtain additional information and confidential services related to parenting, bullying, interpersonal violence, sexual violence, suicide prevention, sexual and reproductive health, mental health, substance abuse, sexual orientation, gender identity, gender expression, and other related issues.

(9) Course material and instruction shall include information about State laws related to minor confidentiality and minor consent, including exceptions, consent education, mandated reporting of child abuse and neglect, the safe relinquishment of a newborn child, minors' access to confidential health care and related services, school policies addressing the prevention of and response to interpersonal and sexual violence, school breastfeeding accommodations, and school policies addressing the prevention of and response to sexual harassment.

(10) Course material and instruction may not reflect or promote bias against any person on the basis of the person's race, ethnicity, language, cultural background, citizenship, religion, HIV status, family structure, disability, gender, gender identity, gender expression, sexual orientation, or sexual behavior.

(11) Course material and instruction may not employ gender stereotypes.

(12) Course material and instruction shall be inclusive of and may not be insensitive or unresponsive to the needs of survivors of interpersonal violence and sexual violence.

(13) Course material and instruction may not proselytize any religious doctrine.

(14) Course material and instruction may not deliberately withhold health-promoting or life-saving information about culturally appropriate health care and services, including reproductive health services, hormone therapy, and FDA-approved treatments and options, including, but not limited to, Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PeP).

(15) Course material and instruction may not be inconsistent with the ethical imperatives of medicine and public health.

(c) A school may utilize guest lecturers or resource persons to provide instruction or presentations in accordance with Section 10-22.34b. Comprehensive personal health and safety and comprehensive sexual health education instruction and materials provided by guest lecturers or resource persons may not conflict with the provisions of this Section.

(d) No student shall be required to take or participate in any class or course in comprehensive personal health and safety and comprehensive sexual health education. A student's parent or guardian may opt the student out of comprehensive personal health and safety and comprehensive sexual health education by submitting the request in writing. Refusal to take or participate in such a course or program may not be a reason for disciplinary action, academic penalty, suspension, or expulsion or any other sanction of a student. A school district may not require active parental consent for comprehensive personal health and safety and comprehensive sexual health education.

(e) An opportunity shall be afforded to individuals, including parents or guardians, to review the scope and sequence of instructional materials to be used in a class or course under this Section, either electronically or in person. A school district shall annually post, on its Internet website if one exists, which curriculum is used to provide comprehensive personal health and safety and comprehensive sexual health education and the name and contact information, including an email address, of school personnel who can respond to inquiries about instruction and materials.

(f) On or before August 1, 2022, the State Board of Education, in consultation with youth, parents, sexual health and violence prevention experts, health care providers, advocates, and education practitioners, including, but not limited to, administrators, regional superintendents of schools, teachers, and school support personnel, shall develop and adopt rigorous learning standards in the area of comprehensive personal health and safety and comprehensive sexual health education, including, but not limited to, all of the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence, as authored by the Future of Sex Education Initiative. As the National Sex Education Standards are updated, the State Board of Education shall update these learning standards.

(g) By no later than August 1, 2022, the State Board of Education shall make available resource materials developed in consultation with stakeholders, with the cooperation and input of experts that provide and entities that promote age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety and comprehensive sexual health education policy. Materials may include, without limitation, model comprehensive personal health and safety and comprehensive sexual health education resources and programs. The State Board of Education shall make these resource materials available on its Internet website, in a clearly identified and easily accessible place.

(h) Beginning no later than July 1, 2023, a school district shall provide:

(1) age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety education in kindergarten through the 5th grade in all public schools; and

(2) age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive sexual health education in the 6th through 12th grades in all public schools.

(i) Schools may choose and adapt the age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety and comprehensive sexual health education curriculum that meets the specific needs of their community. All instruction and materials, including materials provided or presented by outside consultants, community groups, or organizations, may not conflict with the provisions of this Section.

(j) The State Board of Education shall, through existing reporting mechanisms if available, direct each school district to identify, if instruction on comprehensive personal health and safety and comprehensive sexual health education is provided, whether the instruction was provided by a teacher in the school, a consultant, or a community group or organization and specify the name of the outside consultant, community group, or organization; the number of students receiving instruction; the number of students excused from instruction; and the duration of instruction and shall report the results of this inquiry to the General Assembly annually, for a period of 2 years beginning one year after the effective date of this amendatory Act of the 102nd General Assembly.

(105 ILCS 5/27-9.1b new)

Sec. 27-9.1b. Consent education.

(a) In this Section:

"Age and developmentally appropriate" has the meaning ascribed to that term in Section 27-9.1a.

"Consent" has the meaning ascribed to that term in Section 27-9.1a.

(b) A school district shall provide age and developmentally appropriate consent education in kindergarten through the 12th grade.

(1) In kindergarten through the 5th grade, instruction and materials shall include age and developmentally appropriate instruction on consent and how to give and receive consent, including a discussion that includes, but is not limited to, all of the following:

(A) Setting appropriate physical boundaries with others.

(B) Respecting the physical boundaries of others.

(C) The right to refuse to engage in behaviors or activities that are uncomfortable or unsafe.

(D) Dealing with unwanted physical contact.

(E) Helping a peer deal with unwanted physical contact.

(2) In the 6th through 12th grades, instruction and materials shall include age and developmentally appropriate instruction on consent and how to give and receive consent, including a discussion that includes, but is not limited to, all of the following:

(A) That consent is a freely given agreement to sexual activity.

(B) That consent to one particular sexual activity does not constitute consent to other types of sexual activities.

(C) That a person's lack of verbal or physical resistance or submission resulting from the use or threat of force does not constitute consent.

(D) That a person's manner of dress does not constitute consent.

(E) That a person's consent to past sexual activity does not constitute consent to future sexual activity.

(F) That a person's consent to engage in sexual activity with one person does not constitute consent to engage in sexual activity with another person.

(G) That a person can withdraw consent at any time.

(H) That a person cannot consent to sexual activity if that person is unable to understand the nature of the activity or give knowing consent due to certain circumstances that include, but are not limited to:

(i) the person is incapacitated due to the use or influence of alcohol or drugs;

(ii) the person is asleep or unconscious;

(iii) the person is a minor; or

(iv) the person is incapacitated due to a mental disability.

(I) The legal age of consent in this State.

(105 ILCS 5/27A-5)

Sec. 27A-5. Charter school; legal entity; requirements.

(a) A charter school shall be a public, nonsectarian, nonreligious, non-home based, and non-profit school. A charter school shall be organized and operated as a nonprofit corporation or other discrete, legal, nonprofit entity authorized under the laws of the State of Illinois.

(b) A charter school may be established under this Article by creating a new school or by converting an existing public school or attendance center to charter school status. Beginning on April 16, 2003 (the effective date of Public Act 93-3), in all new applications to establish a charter school in a city having a population exceeding 500,000, operation of the charter school shall be limited to one campus. The changes made to this Section by Public Act 93-3 do not apply to charter schools existing or approved on or before April 16, 2003 (the effective date of Public Act 93-3).

(b-5) In this subsection (b-5), "virtual-schooling" means a cyber school where students engage in online curriculum and instruction via the Internet and electronic communication with their teachers at remote locations and with students participating at different times.

From April 1, 2013 through December 31, 2016, there is a moratorium on the establishment of charter schools with virtual-schooling components in school districts other than a school district organized under Article 34 of this Code. This moratorium does not apply to a charter school with virtual-schooling components existing or approved prior to April 1, 2013 or to the renewal of the charter of a charter school with virtual-schooling components already approved prior to April 1, 2013.

(c) A charter school shall be administered and governed by its board of directors or other governing body in the manner provided in its charter. The governing body of a charter school shall be subject to the Freedom of Information Act and the Open Meetings Act. No later than January 1, 2021 (one year after the effective date of Public Act 101-291), a charter school's board of directors or other governing body must include at least one parent or guardian of a pupil currently enrolled in the charter school who may be selected through the charter school or a charter network election, appointment by the charter school's board of directors or other governing body, or by the charter school's Parent Teacher Organization or its equivalent.

(c-5) No later than January 1, 2021 (one year after the effective date of Public Act 101-291) or within the first year of his or her first term, every voting member of a charter school's board of directors or other governing body shall complete a minimum of 4 hours of professional development leadership training to ensure that each member has sufficient familiarity with the board's or governing body's role and responsibilities, including financial oversight and accountability of the school, evaluating the principal's and school's performance, adherence to the Freedom of Information Act and the Open Meetings Act, and compliance with education and labor law. In each subsequent year of his or her term, a voting member of a charter school's board of directors or other governing body shall complete a minimum of 2 hours of professional development training in these same areas. The training under this subsection may be provided or certified by a statewide charter school membership association or may be provided or certified by other qualified providers approved by the State Board of Education.

(d) For purposes of this subsection (d), "non-curricular health and safety requirement" means any health and safety requirement created by statute or rule to provide, maintain, preserve, or safeguard safe or healthful conditions for students and school personnel or to eliminate, reduce, or prevent threats to the health and safety of students and school personnel. "Non-curricular health and safety requirement" does not include any course of study or specialized instructional requirement for which the State Board has established goals and learning standards or which is designed primarily to impart knowledge and skills for students to master and apply as an outcome of their education.

A charter school shall comply with all non-curricular health and safety requirements applicable to public schools under the laws of the State of Illinois. On or before September 1, 2015, the State Board shall promulgate and post on its Internet website a list of non-curricular health and safety requirements that a charter school must meet. The list shall be updated annually no later than September 1. Any charter contract between a charter school and its authorizer must contain a provision that requires the charter school to follow the list of all non-curricular health and safety requirements promulgated by the State Board and any non-curricular health and safety requirements added by the State Board to such list during the term of the charter. Nothing in this subsection (d) precludes an authorizer from including non-curricular health and safety requirements in a charter school contract that are not contained in the list promulgated by the State Board, including non-curricular health and safety requirements of the authorizing local school board.

(e) Except as otherwise provided in the School Code, a charter school shall not charge tuition; provided that a charter school may charge reasonable fees for textbooks, instructional materials, and student activities.

(f) A charter school shall be responsible for the management and operation of its fiscal affairs including, but not limited to, the preparation of its budget. An audit of each charter school's finances shall be conducted annually by an outside, independent contractor retained by the charter school. To ensure financial accountability for the use of public funds, on or before December 1 of every year of operation, each charter school shall submit to its authorizer and the State Board a copy of its audit and a copy of the Form 990 the charter school filed that year with the federal Internal Revenue Service. In addition, if deemed necessary for proper financial oversight of the charter school, an authorizer may require quarterly financial statements from each charter school.

(g) A charter school shall comply with all provisions of this Article, the Illinois Educational Labor Relations Act, all federal and State laws and rules applicable to public schools that pertain to special education and the instruction of English learners, and its charter. A charter school is exempt from all other State laws and regulations in this Code governing public schools and local school board policies; however, a charter school is not exempt from the following:

(1) Sections 10-21.9 and 34-18.5 of this Code regarding criminal history records checks and checks of the Statewide Sex Offender Database and Statewide Murderer and Violent Offender Against Youth Database of applicants for employment;

(2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and 34-84a of this Code regarding discipline of students;

(3) the Local Governmental and Governmental Employees Tort Immunity Act;

(4) Section 108.75 of the General Not For Profit Corporation Act of 1986 regarding indemnification of officers, directors, employees, and agents;

(5) the Abused and Neglected Child Reporting Act;

(5.5) subsection (b) of Section 10-23.12 and subsection (b) of Section 34-18.6 of this Code;

(6) the Illinois School Student Records Act;

(7) Section 10-17a of this Code regarding school report cards;

(8) the P-20 Longitudinal Education Data System Act;

(9) Section 27-23.7 of this Code regarding bullying prevention;

(10) Section 2-3.162 of this Code regarding student discipline reporting;

(11) Sections 22-80 and 27-8.1 of this Code;

(12) Sections 10-20.60 and 34-18.53 of this Code;

(13) Sections 10-20.63 and 34-18.56 of this Code;

(14) Section 26-18 of this Code;

(15) Section 22-30 of this Code;

(16) Sections 24-12 and 34-85 of this Code;

(17) the Seizure Smart School Act; ~~and~~

(18) Section 2-3.64a-10 of this Code~~;~~ ~~-~~

(19) Section 27-9.1a of this Code;

(20) Section 27-9.1b of this Code; and

(21) Section 34-18.8 of this Code.

The change made by Public Act 96-104 to this subsection (g) is declaratory of existing law.

(h) A charter school may negotiate and contract with a school district, the governing body of a State college or university or public community college, or any other public or for-profit or nonprofit private entity for: (i) the use of a school building and grounds or any other real property or facilities that the charter school desires to use or convert for use as a charter school site, (ii) the operation and maintenance thereof, and (iii) the provision of any service, activity, or undertaking that the charter school is required to perform in order to carry out the terms of its charter. However, a charter school that is established on or after April 16, 2003 (the effective date of Public Act 93-3) and that operates in a city having a population exceeding 500,000 may not contract with a for-profit entity to manage or operate the school during the period that commences on April 16, 2003 (the effective date of Public Act 93-3) and concludes at the end of the 2004-2005 school year. Except as provided in subsection (i) of this Section, a school district may charge a charter school reasonable rent for the use of the district's buildings, grounds, and facilities. Any services for which a charter school contracts with a school district shall be provided by the district at cost. Any services

for which a charter school contracts with a local school board or with the governing body of a State college or university or public community college shall be provided by the public entity at cost.

(i) In no event shall a charter school that is established by converting an existing school or attendance center to charter school status be required to pay rent for space that is deemed available, as negotiated and provided in the charter agreement, in school district facilities. However, all other costs for the operation and maintenance of school district facilities that are used by the charter school shall be subject to negotiation between the charter school and the local school board and shall be set forth in the charter.

(j) A charter school may limit student enrollment by age or grade level.

(k) If the charter school is approved by the State Board or Commission, then the charter school is its own local education agency.

(Source: P.A. 100-29, eff. 1-1-18; 100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff. 1-1-18; 100-468, eff. 6-1-18; 100-726, eff. 1-1-19; 100-863, eff. 8-14-18; 101-50, eff. 7-1-20; 101-81, eff. 7-12-19; 101-291, eff. 1-1-20; 101-531, eff. 8-23-19; 101-543, eff. 8-23-19; 101-654, eff. 3-8-21.)

(105 ILCS 5/34-18.8) (from Ch. 122, par. 34-18.8)

Sec. 34-18.8. HIV ~~AIDS~~ training. School guidance counselors, nurses, teachers, school social workers, and other school personnel who work with students shall ~~pupils may~~ be trained to have a basic knowledge of matters relating to human immunodeficiency virus (HIV) ~~acquired immunodeficiency syndrome (AIDS)~~, including the nature of the infection ~~disease~~, its causes and effects, the means of detecting it and preventing its transmission, the availability of appropriate sources of counseling and referral, and any other medically accurate information that is age and developmentally appropriate for ~~may be appropriate considering the age and grade level of~~ such students ~~pupils~~. The Board of Education shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.

(Source: P.A. 86-900.)

(105 ILCS 5/27-9.1 rep.)

(105 ILCS 5/27-9.2 rep.)

(105 ILCS 5/27-11 rep.)

Section 10. The School Code is amended by repealing Sections 27-9.1, 27-9.2, and 27-11.

Section 15. The Critical Health Problems and Comprehensive Health Education Act is amended by changing Section 3 as follows:

(105 ILCS 110/3)

Sec. 3. Comprehensive Health Education Program. The program established under this Act shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, the emotional, psychological, physiological, hygienic, and social responsibilities of family life, culturally, developmentally, and age-appropriate, medically accurate, and evidence-based or evidence-informed information regarding ~~including sexual abstinence until marriage, prevention and control of disease, including instruction in grades 6 through 12 on~~ the prevention, transmission, and treatment of sexually transmitted infections, including HIV/AIDS ~~spread of AIDS~~, age-appropriate sexual abuse and assault awareness and prevention education in grades pre-kindergarten through 12, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol and~~,~~ drug use~~,~~ and abuse, including the medical and legal ramifications of alcohol, drug, and tobacco use, abuse during pregnancy, ~~evidence based and medically accurate information regarding sexual abstinence,~~ tobacco, nutrition, and dental health. The instruction on mental health and illness must evaluate the multiple dimensions of health by reviewing the relationship between physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity. The program shall also provide course material and instruction to advise students ~~pupils~~ of the Abandoned Newborn Infant Protection Act. The program shall include medically accurate information about cancer, including, without limitation, types of cancer, signs and symptoms, risk factors, the importance of early prevention and detection, and information on where to go for help. Notwithstanding the above educational areas, the following areas may also be included as a basis for curricula in all elementary and secondary schools in this State: basic first aid (including, but not limited to, cardiopulmonary resuscitation and the Heimlich maneuver), heart disease, diabetes, stroke, the prevention of child abuse, neglect, and suicide, and teen dating violence in grades 7 through 12. Beginning with the 2014-2015 school year, training on how to

properly administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) and how to use an automated external defibrillator shall be included as a basis for curricula in all secondary schools in this State.

The school board of each public elementary and secondary school in the State shall encourage all teachers and other school personnel to acquire, develop, and maintain the knowledge and skills necessary to properly administer life-saving techniques, including, without limitation, the Heimlich maneuver and rescue breathing. The training shall be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization. A school board may use the services of non-governmental entities whose personnel have expertise in life-saving techniques to instruct teachers and other school personnel in these techniques. Each school board is encouraged to have in its employ, or on its volunteer staff, at least one person who is certified, by the American Red Cross or by another qualified certifying agency, as qualified to administer first aid and cardiopulmonary resuscitation. In addition, each school board is authorized to allocate appropriate portions of its institute or inservice days to conduct training programs for teachers and other school personnel who have expressed an interest in becoming qualified to administer emergency first aid or cardiopulmonary resuscitation. School boards are urged to encourage their teachers and other school personnel who coach school athletic programs and other extracurricular school activities to acquire, develop, and maintain the knowledge and skills necessary to properly administer first aid and cardiopulmonary resuscitation in accordance with standards and requirements established by the American Red Cross or another qualified certifying agency. Subject to appropriation, the State Board of Education shall establish and administer a matching grant program to pay for half of the cost that a school district incurs in training those teachers and other school personnel who express an interest in becoming qualified to administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) or in learning how to use an automated external defibrillator. A school district that applies for a grant must demonstrate that it has funds to pay half of the cost of the training for which matching grant money is sought. The State Board of Education shall award the grants on a first-come, first-serve basis.

No student ~~pupil~~ shall be required to take or participate in any class or course on HIV/AIDS ~~AIDS~~ or family life instruction or to receive training on how to properly administer cardiopulmonary resuscitation or how to use an automated external defibrillator if the student's ~~his or her~~ parent or guardian submits written objection thereto, and refusal to take or participate in the course or program or the training shall not be reason for suspension or expulsion of the student ~~pupil~~.

Curricula developed under programs established in accordance with this Act in the major educational area of alcohol and drug use and abuse shall include classroom instruction in grades 5 through 12. The instruction, which shall include matters relating to both the physical and legal effects and ramifications of drug and substance abuse, shall be integrated into existing curricula; and the State Board of Education shall develop and make available to all elementary and secondary schools in this State instructional materials and guidelines which will assist the schools in incorporating the instruction into their existing curricula. In addition, school districts may offer, as part of existing curricula during the school day or as part of an after school program, support services and instruction for students ~~pupils~~ or students ~~pupils~~ whose parent, parents, or guardians are chemically dependent.

(Source: P.A. 101-305, eff. 1-1-20; revised 8-21-20.)

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

The motion prevailed.

And the amendment was adopted and ordered printed.

Senator Villivalam offered the following amendment and moved its adoption:

AMENDMENT NO. 3 TO SENATE BILL 818

AMENDMENT NO. 3 . Amend Senate Bill 818, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 2, by deleting line 19 on page 27 through line 10 on page 32.

The motion prevailed.

And the amendment was adopted and ordered printed.

Senator Villivalam offered the following amendment and moved its adoption:

AMENDMENT NO. 4 TO SENATE BILL 818

AMENDMENT NO. 4 . Amend Senate Bill 818, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Sections 2-3.62, 27A-5, and 34-18.8 and by adding Sections 27-9.1a and 27-9.1b as follows:

(105 ILCS 5/2-3.62) (from Ch. 122, par. 2-3.62)

Sec. 2-3.62. Educational service centers.

(a) A regional network of educational service centers shall be established by the State Board of Education to coordinate and combine existing services in a manner which is practical and efficient and to provide new services to schools as provided in this Section. Services to be made available by such centers shall include the planning, implementation and evaluation of:

(1) (blank);

(2) computer technology education;

(3) mathematics, science and reading resources for teachers including continuing education, inservice training and staff development.

The centers may provide training, technical assistance, coordination and planning in other program areas such as school improvement, school accountability, financial planning, consultation, and services, career guidance, early childhood education, alcohol/drug education and prevention, comprehensive personal health and safety education and comprehensive sexual health ~~family life sex~~ education, electronic transmission of data from school districts to the State, alternative education and regional special education, and telecommunications systems that provide distance learning. Such telecommunications systems may be obtained through the Department of Central Management Services pursuant to Section 405-270 of the Department of Central Management Services Law (20 ILCS 405/405-270). The programs and services of educational service centers may be offered to private school teachers and private school students within each service center area provided public schools have already been afforded adequate access to such programs and services.

Upon the abolition of the office, removal from office, disqualification for office, resignation from office, or expiration of the current term of office of the regional superintendent of schools, whichever is earlier, the chief administrative officer of the centers serving that portion of a Class II county school unit outside of a city of 500,000 or more inhabitants shall have and exercise, in and with respect to each educational service region having a population of 2,000,000 or more inhabitants and in and with respect to each school district located in any such educational service region, all of the rights, powers, duties, and responsibilities theretofore vested by law in and exercised and performed by the regional superintendent of schools for that area under the provisions of this Code or any other laws of this State.

The State Board of Education shall promulgate rules and regulations necessary to implement this Section. The rules shall include detailed standards which delineate the scope and specific content of programs to be provided by each Educational Service Center, as well as the specific planning, implementation and evaluation services to be provided by each Center relative to its programs. The Board shall also provide the standards by which it will evaluate the programs provided by each Center.

(b) Centers serving Class 1 county school units shall be governed by an 11-member board, 3 members of which shall be public school teachers nominated by the local bargaining representatives to the appropriate regional superintendent for appointment and no more than 3 members of which shall be from each of the following categories, including but not limited to superintendents, regional superintendents, school board members and a representative of an institution of higher education. The members of the board shall be appointed by the regional superintendents whose school districts are served by the educational service center. The composition of the board will reflect the revisions of this amendatory Act of 1989 as the terms of office of current members expire.

(c) The centers shall be of sufficient size and number to assure delivery of services to all local school districts in the State.

(d) From monies appropriated for this program the State Board of Education shall provide grants paid from the Personal Property Tax Replacement Fund to qualifying Educational Service Centers applying for

such grants in accordance with rules and regulations promulgated by the State Board of Education to implement this Section.

(e) The governing authority of each of the 18 regional educational service centers shall appoint a comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education advisory board consisting of 2 parents, 2 teachers, 2 school administrators, 2 school board members, 2 health care professionals, one library system representative, and the director of the regional educational service center who shall serve as chairperson of the advisory board so appointed. Members of the comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education advisory boards shall serve without compensation. Each of the advisory boards appointed pursuant to this subsection shall develop a plan for regional teacher-parent comprehensive personal health and safety education and comprehensive sexual health ~~family life - sex~~ education training sessions and shall file a written report of such plan with the governing board of their regional educational service center. The directors of each of the regional educational service centers shall thereupon meet, review each of the reports submitted by the advisory boards and combine those reports into a single written report which they shall file with the Citizens Council on School Problems prior to the end of the regular school term of the 1987-1988 school year.

(f) The 14 educational service centers serving Class I county school units shall be disbanded on the first Monday of August, 1995, and their statutory responsibilities and programs shall be assumed by the regional offices of education, subject to rules and regulations developed by the State Board of Education. The regional superintendents of schools elected by the voters residing in all Class I counties shall serve as the chief administrators for these programs and services.

(Source: P.A. 98-24, eff. 6-19-13; 98-647, eff. 6-13-14; 99-30, eff. 7-10-15.)

(105 ILCS 5/27-9.1a new)

Sec. 27-9.1a. Comprehensive personal health and safety and comprehensive sexual health education.

(a) In this Section:

"Adapt" means to modify an evidence-based or evidence-informed program model for use with a particular demographic, ethnic, linguistic, or cultural group.

"Age and developmentally appropriate" means suitable to particular ages or age groups of children and adolescents, based on the developing cognitive, emotional, and behavioral capacity typical for the age or age group.

"Characteristics of effective programs" includes development, content, and implementation of such programs that (i) have been shown to be effective in terms of increasing knowledge, clarifying values and attitudes, increasing skills, and impacting behavior, (ii) are widely recognized by leading medical and public health agencies to be effective in changing sexual behaviors that lead to sexually transmitted infections, including HIV, unintended pregnancy, interpersonal violence, and sexual violence among young people, and (iii) are taught by professionals who provide a safe learning space, free from shame, stigma, and ideology and are trained in trauma-informed teaching methodologies.

"Complete" means information that aligns with the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.

"Comprehensive personal health and safety education" means age and developmentally appropriate education that aligns with the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.

"Comprehensive sexual health education" means age and developmentally appropriate education that aligns with the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence.

"Consent" means an affirmative, knowing, conscious, ongoing, and voluntary agreement to engage in interpersonal, physical, or sexual activity, which can be revoked at any point, including during the course of interpersonal, physical, or sexual activity.

"Culturally appropriate" means affirming culturally diverse individuals, families, and communities in an inclusive, respectful, and effective manner, including materials and instruction that are inclusive of race, ethnicity, language, cultural background, immigration status, religion, disability, gender, gender identity, gender expression, sexual orientation, and sexual behavior.

"Evidence-based program" means a program for which systematic, empirical research or evaluation has provided evidence of effectiveness.

"Evidence-informed program" means a program that uses the best available research and practice knowledge to guide program design and implementation.

"Gender stereotype" means a generalized view or preconception about what attributes, characteristics, or roles are or ought to be taught, possessed by, or performed by people based on their gender identity.

"Healthy relationships" means relationships between individuals that consist of mutual respect, trust, honesty, support, fairness, equity, separate identities, physical and emotional safety, and good communication.

"Identity" means people's understanding of how they identify their sexual orientation, gender, gender identity, or gender expression without stereotypes, shame, or stigma.

"Inclusive" means inclusion of marginalized communities that include, but are not limited to, people of color, immigrants, people of diverse sexual orientations, gender identities, and gender expressions, people who are intersex, people with disabilities, people who have experienced interpersonal or sexual violence, and others.

"Interpersonal violence" means violent behavior used to establish power and control over another person.

"Medically accurate" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, if applicable, or comprising information recognized as accurate and objective.

"Pre-exposure Prophylaxis (PrEP)" means medications approved by the federal Food and Drug Administration (FDA) and recommended by the United States Public Health Service or the federal Centers for Disease Control and Prevention for HIV pre-exposure prophylaxis and related pre-exposure prophylaxis services, including, but not limited to, HIV and sexually transmitted infection screening, treatment for sexually transmitted infections, medical monitoring, laboratory services, and sexual health counseling, to reduce the likelihood of HIV infection for individuals who are not living with HIV but are vulnerable to HIV exposure.

"Post-exposure Prophylaxis (PeP)" means the medications that are recommended by the federal Centers for Disease Control and Prevention and other public health authorities to help prevent HIV infection after potential occupational or non-occupational HIV exposure.

"Sexual violence" means discrimination, bullying, harassment, including sexual harassment, sexual abuse, sexual assault, intimate partner violence, incest, rape, and human trafficking.

"Trauma informed" means to address vital information about sexuality and well-being that takes into consideration how adverse life experiences may potentially influence a person's well-being and decision making.

(b) All classes that teach comprehensive personal health and safety and comprehensive sexual health education shall satisfy the following criteria:

(1) Course material and instruction shall be age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma informed.

(2) Course material and instruction shall replicate evidence-based or evidence-informed programs or substantially incorporate elements of evidence-based programs or evidence-informed programs or characteristics of effective programs.

(3) Course material and instruction shall be inclusive and sensitive to the needs of students based on their status as pregnant or parenting, living with STIs, including HIV, sexually active, asexual, or intersex or based on their gender, gender identity, gender expression, sexual orientation, sexual behavior, or disability.

(4) Course material and instruction shall be accessible to students with disabilities, which may include the use of a modified curriculum, materials, instruction in alternative formats, assistive technology, and auxiliary aids.

(5) Course material and instruction shall help students develop self-advocacy skills for effective communication with parents or guardians, health and social service professionals, other trusted adults, and peers about sexual health and relationships.

(6) Course material and instruction shall provide information to help students develop skills for developing healthy relationships and preventing and dealing with interpersonal violence and sexual violence.

(7) Course material and instruction shall provide information to help students safely use the Internet, including social media, dating or relationship websites or applications, and texting.

(8) Course material and instruction shall provide information about local resources where students can obtain additional information and confidential services related to parenting, bullying, interpersonal violence, sexual violence, suicide prevention, sexual and reproductive health, mental health, substance abuse, sexual orientation, gender identity, gender expression, and other related issues.

(9) Course material and instruction shall include information about State laws related to minor confidentiality and minor consent, including exceptions, consent education, mandated reporting of child abuse and neglect, the safe relinquishment of a newborn child, minors' access to confidential health care and related services, school policies addressing the prevention of and response to interpersonal and sexual violence, school breastfeeding accommodations, and school policies addressing the prevention of and response to sexual harassment.

(10) Course material and instruction may not reflect or promote bias against any person on the basis of the person's race, ethnicity, language, cultural background, citizenship, religion, HIV status, family structure, disability, gender, gender identity, gender expression, sexual orientation, or sexual behavior.

(11) Course material and instruction may not employ gender stereotypes.

(12) Course material and instruction shall be inclusive of and may not be insensitive or unresponsive to the needs of survivors of interpersonal violence and sexual violence.

(13) Course material and instruction may not proselytize any religious doctrine.

(14) Course material and instruction may not deliberately withhold health-promoting or life-saving information about culturally appropriate health care and services, including reproductive health services, hormone therapy, and FDA-approved treatments and options, including, but not limited to, Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PeP).

(15) Course material and instruction may not be inconsistent with the ethical imperatives of medicine and public health.

(c) A school may utilize guest lecturers or resource persons to provide instruction or presentations in accordance with Section 10-22.34b. Comprehensive personal health and safety and comprehensive sexual health education instruction and materials provided by guest lecturers or resource persons may not conflict with the provisions of this Section.

(d) No student shall be required to take or participate in any class or course in comprehensive personal health and safety and comprehensive sexual health education. A student's parent or guardian may opt the student out of comprehensive personal health and safety and comprehensive sexual health education by submitting the request in writing. Refusal to take or participate in such a course or program may not be a reason for disciplinary action, academic penalty, suspension, or expulsion or any other sanction of a student. A school district may not require active parental consent for comprehensive personal health and safety and comprehensive sexual health education.

(e) An opportunity shall be afforded to individuals, including parents or guardians, to review the scope and sequence of instructional materials to be used in a class or course under this Section, either electronically or in person. A school district shall annually post, on its Internet website if one exists, which curriculum is used to provide comprehensive personal health and safety and comprehensive sexual health education and the name and contact information, including an email address, of school personnel who can respond to inquiries about instruction and materials.

(f) On or before August 1, 2022, the State Board of Education, in consultation with youth, parents, sexual health and violence prevention experts, health care providers, advocates, and education practitioners, including, but not limited to, administrators, regional superintendents of schools, teachers, and school support personnel, shall develop and adopt rigorous learning standards in the area of comprehensive personal health and safety education for pupils in kindergarten through the 5th grade and comprehensive sexual health education for pupils in the 6th through 12th grades, including, but not limited to, all of the National Sex Education Standards, including information on consent and healthy relationships, anatomy and physiology, puberty and adolescent sexual development, gender identity and expression, sexual orientation and identity, sexual health, and interpersonal violence, as authored by the Future of Sex Education Initiative. As the National Sex Education Standards are updated, the State Board of Education shall update these learning standards.

(g) By no later than August 1, 2022, the State Board of Education shall make available resource materials developed in consultation with stakeholders, with the cooperation and input of experts that provide and entities that promote age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety and comprehensive sexual health education policy. Materials may include, without limitation, model comprehensive personal health and safety and comprehensive sexual health education resources and programs. The State Board of Education shall make these resource materials available on its Internet website, in a clearly identified and easily accessible place.

(h) Schools may choose and adapt the age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma-informed comprehensive personal health and safety and comprehensive sexual health education curriculum that meets the specific needs of their community. All instruction and materials, including materials provided or presented by outside consultants, community groups, or organizations, may not conflict with the provisions of this Section.

(i) The State Board of Education shall, through existing reporting mechanisms if available, direct each school district to identify the following:

(1) if instruction on comprehensive personal health and safety and comprehensive sexual health education is provided;

(2) whether the instruction was provided by a teacher in the school, a consultant, or a community group or organization and specify the name of the outside consultant, community group, or organization;

(3) the number of students receiving instruction;

(4) the number of students excused from instruction; and

(5) the duration of instruction.

The State Board of Education shall report the results of this inquiry to the General Assembly annually, for a period of 5 years beginning one year after the effective date of this amendatory Act of the 102nd General Assembly.

(105 ILCS 5/27-9.1b new)

Sec. 27-9.1b. Consent education.

(a) In this Section:

"Age and developmentally appropriate" has the meaning ascribed to that term in Section 27-9.1a.

"Consent" has the meaning ascribed to that term in Section 27-9.1a.

(b) A school district may provide age and developmentally appropriate consent education in kindergarten through the 12th grade.

(1) In kindergarten through the 5th grade, instruction and materials shall include age and developmentally appropriate instruction on consent and how to give and receive consent, including a discussion that includes, but is not limited to, all of the following:

(A) Setting appropriate physical boundaries with others.

(B) Respecting the physical boundaries of others.

(C) The right to refuse to engage in behaviors or activities that are uncomfortable or unsafe.

(D) Dealing with unwanted physical contact.

(E) Helping a peer deal with unwanted physical contact.

(2) In the 6th through 12th grades, instruction and materials shall include age and developmentally appropriate instruction on consent and how to give and receive consent, including a discussion that includes, but is not limited to, all of the following:

(A) That consent is a freely given agreement to sexual activity.

(B) That consent to one particular sexual activity does not constitute consent to other types of sexual activities.

(C) That a person's lack of verbal or physical resistance or submission resulting from the use or threat of force does not constitute consent.

(D) That a person's manner of dress does not constitute consent.

(E) That a person's consent to past sexual activity does not constitute consent to future sexual activity.

(F) That a person's consent to engage in sexual activity with one person does not constitute consent to engage in sexual activity with another person.

(G) That a person can withdraw consent at any time.

(H) That a person cannot consent to sexual activity if that person is unable to understand the nature of the activity or give knowing consent due to certain circumstances that include, but are not limited to:

(i) the person is incapacitated due to the use or influence of alcohol or drugs;

(ii) the person is asleep or unconscious;

(iii) the person is a minor; or

(iv) the person is incapacitated due to a mental disability.

(I) The legal age of consent in this State.

(105 ILCS 5/27A-5)

Sec. 27A-5. Charter school; legal entity; requirements.

(a) A charter school shall be a public, nonsectarian, nonreligious, non-home based, and non-profit school. A charter school shall be organized and operated as a nonprofit corporation or other discrete, legal, nonprofit entity authorized under the laws of the State of Illinois.

(b) A charter school may be established under this Article by creating a new school or by converting an existing public school or attendance center to charter school status. Beginning on April 16, 2003 (the effective date of Public Act 93-3), in all new applications to establish a charter school in a city having a population exceeding 500,000, operation of the charter school shall be limited to one campus. The changes made to this Section by Public Act 93-3 do not apply to charter schools existing or approved on or before April 16, 2003 (the effective date of Public Act 93-3).

(b-5) In this subsection (b-5), "virtual-schooling" means a cyber school where students engage in online curriculum and instruction via the Internet and electronic communication with their teachers at remote locations and with students participating at different times.

From April 1, 2013 through December 31, 2016, there is a moratorium on the establishment of charter schools with virtual-schooling components in school districts other than a school district organized under Article 34 of this Code. This moratorium does not apply to a charter school with virtual-schooling components existing or approved prior to April 1, 2013 or to the renewal of the charter of a charter school with virtual-schooling components already approved prior to April 1, 2013.

(c) A charter school shall be administered and governed by its board of directors or other governing body in the manner provided in its charter. The governing body of a charter school shall be subject to the Freedom of Information Act and the Open Meetings Act. No later than January 1, 2021 (one year after the effective date of Public Act 101-291), a charter school's board of directors or other governing body must include at least one parent or guardian of a pupil currently enrolled in the charter school who may be selected through the charter school or a charter network election, appointment by the charter school's board of directors or other governing body, or by the charter school's Parent Teacher Organization or its equivalent.

(c-5) No later than January 1, 2021 (one year after the effective date of Public Act 101-291) or within the first year of his or her first term, every voting member of a charter school's board of directors or other governing body shall complete a minimum of 4 hours of professional development leadership training to ensure that each member has sufficient familiarity with the board's or governing body's role and responsibilities, including financial oversight and accountability of the school, evaluating the principal's and school's performance, adherence to the Freedom of Information Act and the Open Meetings Act, and compliance with education and labor law. In each subsequent year of his or her term, a voting member of a charter school's board of directors or other governing body shall complete a minimum of 2 hours of professional development training in these same areas. The training under this subsection may be provided or certified by a statewide charter school membership association or may be provided or certified by other qualified providers approved by the State Board of Education.

(d) For purposes of this subsection (d), "non-curricular health and safety requirement" means any health and safety requirement created by statute or rule to provide, maintain, preserve, or safeguard safe or healthful conditions for students and school personnel or to eliminate, reduce, or prevent threats to the health and safety of students and school personnel. "Non-curricular health and safety requirement" does not include any course of study or specialized instructional requirement for which the State Board has established goals and learning standards or which is designed primarily to impart knowledge and skills for students to master and apply as an outcome of their education.

A charter school shall comply with all non-curricular health and safety requirements applicable to public schools under the laws of the State of Illinois. On or before September 1, 2015, the State Board shall promulgate and post on its Internet website a list of non-curricular health and safety requirements that a

charter school must meet. The list shall be updated annually no later than September 1. Any charter contract between a charter school and its authorizer must contain a provision that requires the charter school to follow the list of all non-curricular health and safety requirements promulgated by the State Board and any non-curricular health and safety requirements added by the State Board to such list during the term of the charter. Nothing in this subsection (d) precludes an authorizer from including non-curricular health and safety requirements in a charter school contract that are not contained in the list promulgated by the State Board, including non-curricular health and safety requirements of the authorizing local school board.

(e) Except as otherwise provided in the School Code, a charter school shall not charge tuition; provided that a charter school may charge reasonable fees for textbooks, instructional materials, and student activities.

(f) A charter school shall be responsible for the management and operation of its fiscal affairs including, but not limited to, the preparation of its budget. An audit of each charter school's finances shall be conducted annually by an outside, independent contractor retained by the charter school. To ensure financial accountability for the use of public funds, on or before December 1 of every year of operation, each charter school shall submit to its authorizer and the State Board a copy of its audit and a copy of the Form 990 the charter school filed that year with the federal Internal Revenue Service. In addition, if deemed necessary for proper financial oversight of the charter school, an authorizer may require quarterly financial statements from each charter school.

(g) A charter school shall comply with all provisions of this Article, the Illinois Educational Labor Relations Act, all federal and State laws and rules applicable to public schools that pertain to special education and the instruction of English learners, and its charter. A charter school is exempt from all other State laws and regulations in this Code governing public schools and local school board policies; however, a charter school is not exempt from the following:

(1) Sections 10-21.9 and 34-18.5 of this Code regarding criminal history records checks and checks of the Statewide Sex Offender Database and Statewide Murderer and Violent Offender Against Youth Database of applicants for employment;

(2) Sections 10-20.14, 10-22.6, 24-24, 34-19, and 34-84a of this Code regarding discipline of students;

(3) the Local Governmental and Governmental Employees Tort Immunity Act;

(4) Section 108.75 of the General Not For Profit Corporation Act of 1986 regarding indemnification of officers, directors, employees, and agents;

(5) the Abused and Neglected Child Reporting Act;

(5.5) subsection (b) of Section 10-23.12 and subsection (b) of Section 34-18.6 of this Code;

(6) the Illinois School Student Records Act;

(7) Section 10-17a of this Code regarding school report cards;

(8) the P-20 Longitudinal Education Data System Act;

(9) Section 27-23.7 of this Code regarding bullying prevention;

(10) Section 2-3.162 of this Code regarding student discipline reporting;

(11) Sections 22-80 and 27-8.1 of this Code;

(12) Sections 10-20.60 and 34-18.53 of this Code;

(13) Sections 10-20.63 and 34-18.56 of this Code;

(14) Section 26-18 of this Code;

(15) Section 22-30 of this Code;

(16) Sections 24-12 and 34-85 of this Code;

(17) the Seizure Smart School Act; ~~and~~

(18) Section 2-3.64a-10 of this Code;~~.~~

(19) Section 27-9.1a of this Code;

(20) Section 27-9.1b of this Code; and

(21) Section 34-18.8 of this Code.

The change made by Public Act 96-104 to this subsection (g) is declaratory of existing law.

(h) A charter school may negotiate and contract with a school district, the governing body of a State college or university or public community college, or any other public or for-profit or nonprofit private entity for: (i) the use of a school building and grounds or any other real property or facilities that the charter school desires to use or convert for use as a charter school site, (ii) the operation and maintenance thereof, and (iii) the provision of any service, activity, or undertaking that the charter school is required to perform in order to carry out the terms of its charter. However, a charter school that is established on or after April 16,

2003 (the effective date of Public Act 93-3) and that operates in a city having a population exceeding 500,000 may not contract with a for-profit entity to manage or operate the school during the period that commences on April 16, 2003 (the effective date of Public Act 93-3) and concludes at the end of the 2004-2005 school year. Except as provided in subsection (i) of this Section, a school district may charge a charter school reasonable rent for the use of the district's buildings, grounds, and facilities. Any services for which a charter school contracts with a school district shall be provided by the district at cost. Any services for which a charter school contracts with a local school board or with the governing body of a State college or university or public community college shall be provided by the public entity at cost.

(i) In no event shall a charter school that is established by converting an existing school or attendance center to charter school status be required to pay rent for space that is deemed available, as negotiated and provided in the charter agreement, in school district facilities. However, all other costs for the operation and maintenance of school district facilities that are used by the charter school shall be subject to negotiation between the charter school and the local school board and shall be set forth in the charter.

(j) A charter school may limit student enrollment by age or grade level.

(k) If the charter school is approved by the State Board or Commission, then the charter school is its own local education agency.

(Source: P.A. 100-29, eff. 1-1-18; 100-156, eff. 1-1-18; 100-163, eff. 1-1-18; 100-413, eff. 1-1-18; 100-468, eff. 6-1-18; 100-726, eff. 1-1-19; 100-863, eff. 8-14-18; 101-50, eff. 7-1-20; 101-81, eff. 7-12-19; 101-291, eff. 1-1-20; 101-531, eff. 8-23-19; 101-543, eff. 8-23-19; 101-654, eff. 3-8-21.)

(105 ILCS 5/34-18.8) (from Ch. 122, par. 34-18.8)

Sec. 34-18.8. HIV ~~AIDS~~ training. School guidance counselors, nurses, teachers, school social workers, and other school personnel who work with students shall ~~pupils may~~ be trained to have a basic knowledge of matters relating to human immunodeficiency virus (HIV) ~~acquired immunodeficiency syndrome (AIDS)~~, including the nature of the infection ~~disease~~, its causes and effects, the means of detecting it and preventing its transmission, the availability of appropriate sources of counseling and referral, and any other medically accurate information that is age and developmentally appropriate for ~~may be appropriate considering the age and grade level of~~ such students ~~pupils~~. The Board of Education shall supervise such training. The State Board of Education and the Department of Public Health shall jointly develop standards for such training.

(Source: P.A. 86-900.)

(105 ILCS 5/27-9.1 rep.)

(105 ILCS 5/27-9.2 rep.)

(105 ILCS 5/27-11 rep.)

Section 10. The School Code is amended by repealing Sections 27-9.1, 27-9.2, and 27-11.

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

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendments numbered 1, 2, 3 and 4 were ordered engrossed, and the bill, as amended, was ordered to a third reading.

READING BILL OF THE SENATE A THIRD TIME

On motion of Senator Villivalam, **Senate Bill No. 818** having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.

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

YEAS 37; NAYS 18.

The following voted in the affirmative:

Aquino	Fine	Landek	Sims
Belt	Gillespie	Lightford	Stadelman

Bush	Glowiak Hilton	Loughran Cappel	Van Pelt
Castro	Harris	Martwick	Villa
Collins	Hastings	Morrison	Villanueva
Connor	Holmes	Muñoz	Villivalam
Cullerton, T.	Hunter	Murphy	Mr. President
Cunningham	Johnson	Pacione-Zayas	
Ellman	Joyce	Peters	
Feigenholtz	Koehler	Simmons	

The following voted in the negative:

Anderson	DeWitte	Rezin	Tracy
Bailey	Fowler	Rose	Turner, S.
Barickman	McClure	Stewart	Wilcox
Bryant	McConchie	Stoller	
Curran	Plummer	Syverson	

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

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

REPORTS FROM COMMITTEE ON ASSIGNMENTS

Senator Lightford, Chair of the Committee on Assignments, during its May 20, 2021 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Agriculture: **House Bill No. 1711; Committee Amendment No. 1 to House Bill 3260**.

Behavioral and Mental Health: **Senate Resolution No. 301**.

Criminal Law: **Committee Amendment No. 1 to House Bill 1975**.

Education: **Senate Resolution No. 232**.

Executive: **House Bill No. 2590; Floor Amendment No. 1 to Senate Bill 1370**.

Higher Education: **Floor Amendment No. 1 to House Bill 375**.

Labor: **Floor Amendment No. 2 to Senate Bill 1838**.

Public Safety: **Floor Amendment No. 2 to House Bill 3161**.

Senator Lightford, Chair of the Committee on Assignments, during its May 20, 2021 meeting, reported that the following Legislative Measure has been approved for consideration:

Senate Resolution No. 302

The foregoing resolution was placed on the Senate Calendar.

Pursuant to Senate Rule 3-8 (b-1), the following amendment will remain in the Committee on Assignments: **Committee Amendment No. 1 to House Bill 2755**.

LEGISLATIVE MEASURES FILED

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

Amendment No. 1 to House Bill 2553
Amendment No. 2 to House Bill 2784
Amendment No. 1 to House Bill 3317
Amendment No. 2 to House Bill 3461
Amendment No. 2 to House Bill 3484
Amendment No. 3 to House Bill 3587

The following Committee amendment to the Senate Resolution listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to Senate Resolution 301

At the hour of 4:20 o'clock p.m., the Chair announced that the Senate stands adjourned until Friday, May 21, 2021, at 12:00 o'clock p.m.