SENATE JOURNAL

STATE OF ILLINOIS

NINETY-NINTH GENERAL ASSEMBLY

34TH LEGISLATIVE DAY

WEDNESDAY, APRIL 29, 2015

12:07 O'CLOCK P.M.

NO. 34

[April 29, 2015]

SENATE
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34th Legislative Day

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The Senate met pursuant to adjournment.

Senator Terry Link, Waukegan, Illinois, presiding.

Prayer by Imam Mohammed Kaiseruddin, Council of Islamic Organizations of Greater Chicago, Chicago, Illinois.

Senator Cunningham led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Tuesday, April 28, 2015, be postponed, pending arrival of the printed Journal.

The motion prevailed.

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PAT McGUIRE
STATE SENATOR · 43RD DISTRICT

April 28, 2015

Dear Mister Secretary,

During Higher Education hearing held on Tuesday, April 28, 2015, I in my capacity as Chairman of the Senate Higher Education Committee, referred FA #1 to SB 225 to the Higher Education Subcommittee on Executive Compensation.

Please let me know if I can provide any additional information you may need.

Sincerely,
s/P McGuire
Senator Pat McGuire
43rd District

Cc: Dave Gross
Chris Coleman

PRESENTATION OF RESOLUTIONS

SENATE RESOLUTION NO. 414

Offered by Senator Barickman and all Senators:
Mourns the death of Clayton Lee Hale of rural Roberts.

SENATE RESOLUTION NO. 416

Offered by Senators Biss-Hunter and all Senators:
Mourns the death of Alice Tregay.

SENATE RESOLUTION NO. 417

Offered by Senator Link and all Senators:

Mourns the death of Jack A. Adams, Ph.D.

SENATE RESOLUTION NO. 418

Offered by Senator Link and all Senators:
Mourns the death of Robert Barnett, Jr., of Waukegan.

SENATE RESOLUTION NO. 419

Offered by Senator Link and all Senators:
Mourns the death of Chester J. Drozd of North Chicago.

SENATE RESOLUTION NO. 420

Offered by Senator Link and all Senators:
Mourns the death of Joseph A. "Joe" Falotico.

SENATE RESOLUTION NO. 421

Offered by Senator Link and all Senators:
Mourns the death of Edward Gartley.

SENATE RESOLUTION NO. 422

Offered by Senator Link and all Senators:
Mourns the death of Donald E. Giarrante of Port Charlotte, Florida.

SENATE RESOLUTION NO. 423

Offered by Senator Link and all Senators:
Mourns the death of Joseph C. Marocco.

SENATE RESOLUTION NO. 424

Offered by Senator Link and all Senators:
Mourns the death of Cecelia Matuszewski.

SENATE RESOLUTION NO. 425

Offered by Senator Link and all Senators:
Mourns the death of Jay W. "Juggler" Nordberg of Park City.

SENATE RESOLUTION NO. 426

Offered by Senator Link and all Senators:
Mourns the death of Martha (nee Koziar) Pish of Zion.

SENATE RESOLUTION NO. 427

Offered by Senator Link and all Senators:
Mourns the death of Eugene Shea.

SENATE RESOLUTION NO. 428

Offered by Senator Link and all Senators:
Mourns the death of Barbara Jane Sikich of Zion.

SENATE RESOLUTION NO. 429

Offered by Senator Link and all Senators:
Mourns the death of Edward J. Starshak of Waukegan.

SENATE RESOLUTION NO. 430

Offered by Senator Link and all Senators:
Mourns the death of Alberta A. Sweetwood of Wildwood.

SENATE RESOLUTION NO. 431

Offered by Senator Link and all Senators:
Mourns the death of Ellis Usher, Jr., of North Chicago.

SENATE RESOLUTION NO. 432

Offered by Senator Link and all Senators:
Mourns the death of James H. Wilson of Waukegan.

SENATE RESOLUTION NO. 433
Offered by Senator Link and all Senators:
Mourns the death of Eva A. Zupec of Gurnee.

SENATE RESOLUTION NO. 434
Offered by Senator Oberweis and all Senators:
Mourns the death of David "Dave" Lamb of Elburn.

SENATE RESOLUTION NO. 435
Offered by Senator Bennett and all Senators:
Mourns the death of Rupert Nelson Evans.

SENATE RESOLUTION NO. 437
Offered by Senator Althoff and all Senators:
Mourns the death of Joshua Steven May of Wonder Lake.

SENATE RESOLUTION NO. 438
Offered by Senator Althoff and all Senators:
Mourns the death of David Brehm of Sharon, Wisconsin.

SENATE RESOLUTION NO. 439
Offered by Senator Althoff and all Senators:
Mourns the death of Marie T. (nee Vilona) Wilt.

SENATE RESOLUTION NO. 440
Offered by Senator Althoff and all Senators:
Mourns the death of Helen Diane Richart.

SENATE RESOLUTION NO. 441
Offered by Senator Althoff and all Senators:
Mourns the death of Richard F. "Boomer" Evers of Hebron.

SENATE RESOLUTION NO. 442
Offered by Senator Althoff and all Senators:
Mourns the death of T.L. "Dr. Para" Paramanandhan of Spring Grove.

SENATE RESOLUTION NO. 443
Offered by Senator Althoff and all Senators:
Mourns the death of Ruth E. Merriman of Wauconda.

SENATE RESOLUTION NO. 444
Offered by Senator Althoff and all Senators:
Mourns the death of John P "Jack" Weber of McHenry.

SENATE RESOLUTION NO. 445
Offered by Senator McCann and all Senators:
Mourns the death of Mabel Rosetta Kinser Cole.

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

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

SENATE RESOLUTION NO. 415

WHEREAS, Chronic obstructive pulmonary disease (COPD) is an umbrella term used to describe airflow obstruction that is associated mainly with emphysema and chronic bronchitis; and

WHEREAS, COPD affects an estimated 24 million individuals in the United States and an estimated 580,000 individuals in Illinois; and

WHEREAS, In 2010, the National Center for Health Statistics released a report stating that COPD had become the third leading cause of death in the United States; and

WHEREAS, COPD currently accounts for 1.5 million emergency room visits, 699,000 hospitalizations, and 10.3 million physician office and hospital outpatient visits, all of which are detrimental to the United States economy; COPD costs the nation an estimated $49.9 billion in direct and indirect medical costs annually; and

WHEREAS, COPD affects an estimated 580,000 citizens of the State of Illinois, with at least as many persons who are estimated to be undiagnosed; Chronic Lower Respiratory Disease, including COPD, is the third leading cause of death in the State; the Respiratory Health Association is participating in statewide efforts to increase early detection, improve care and treatment, and prevent and reduce the prevalence of the disease; and

WHEREAS, Research has identified a hereditary protein deficiency called Alpha-1 Antitrypsin; people with this deficiency tend to develop COPD, despite the lack of exposure to smoking and environmental triggers; and

WHEREAS, Women over the age of 40 are the fastest growing segment of the population to develop this irreversible disease, due in large part to the equalization of opportunity for men and women to smoke over the past several generations; and

WHEREAS, There is currently no cure for COPD; spirometry testing and medical treatments, such as pulmonary rehabilitation, exist to address symptom relief and possibly slow progression of the disease; and

WHEREAS, Until there is a cure, the best approaches to preventing COPD and its considerable health, societal, and mortality impacts lie in education, awareness, and expanded delivery of detection and management protocols; and

WHEREAS, The Respiratory Health Association and its partners from the Illinois State COPD Plan will work with the Illinois Department of Public Health and other relevant partners to seek opportunities to promote awareness and treatment for COPD; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we designate the month of November as COPD Awareness Month in the State of Illinois and encourage others to promote education, awareness, and screening of Chronic Obstructive Pulmonary Disease.

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

SENATE RESOLUTION NO. 436

WHEREAS, Heterotaxy syndrome is a disorder that results in certain organs forming on the opposite side of the body; Heterotaxy has been known to affect the development of the heart, liver, lungs, intestines, and spleen; and

WHEREAS, Babies with Heterotaxy syndrome are usually first identified because they have structural problems with their hearts or livers; 4 out of every 1,000,000 babies born will have Heterotaxy syndrome; and

WHEREAS, Babies with Heterotaxy can have symptoms that start shortly after birth, including a blue color to the skin (cyanosis), poor feeding habits, fast breathing, increased sweating when they eat, or poor weight gain; all of these symptoms can indicate heart failure in the baby; other symptoms include heart murmurs, biliary atresia, intestinal blockage, no spleen (asplenia), and many little spleens (polysplenia); and

WHEREAS, The exact cause of Heterotaxy is not known, but the symptoms result from the way that the internal organs turn into position during fetal development; this rotation can be affected by many different factors, including infection, genetics, or exposure to certain chemicals; and

WHEREAS, The use of echocardiograms, electrocardiograms, and x-rays, among other medical diagnostic tools, can ensure a timely and accurate diagnosis of Heterotaxy syndrome; the use of medication and surgical procedures can then be used to help treat the syndrome; and

WHEREAS, Without corrective surgery, most children with Heterotaxy syndrome and significant heart problems will not survive beyond the first year of life; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we designate May 4, 2015 as Heterotaxy Awareness Day in the State of Illinois in order to bring attention to this disorder and the efforts of many to treat this serious problem.

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

SENATE JOINT RESOLUTION NO. 24

WHEREAS, It is highly fitting that the Illinois General Assembly pays honor and respect to individuals who gave their lives in the line of duty; and

WHEREAS, Douglas County Chief Deputy Tommy K. Martin's last watch occurred on June 21, 2007, when he was shot while pursuing armed suspects fleeing a home invasion robbery; he held on to life until July 17, 2007, when he finally succumbed to his wounds while at the Carle Foundation Hospital in Urbana; and

WHEREAS, Chief Deputy Martin became an Illinois State Police Crime Scene Investigator in 1978; after retiring from the Illinois State Police, he served as Chief Deputy Sheriff of Douglas County beginning in 2004; and

WHEREAS, Chief Deputy Martin was a deacon of the Tuscola United Church of Christ; he was a member of the Tuscola Warrior Veterans of Foreign Wars Post #1009 and Tuscola American Legion Post #27 and served in the United States Navy during the Vietnam War; he was posthumously awarded the prestigious Law Enforcement Medal of Honor in 2008; and

WHEREAS, Chief Deputy Martin is survived by his son; his daughter and son-in-law; a brother; and 3 grandchildren; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that we designate Illinois Route 45 as it passes through Douglas County between Pesotum and Tuscola as the Tommy K. Martin Memorial Highway; and be it further

RESOLVED, That the Illinois Department of Transportation is requested to erect at suitable locations, and, in particular, the intersection of the "Hayes Road" and Illinois Route 45, consistent with State and

federal regulations, appropriate plaques or signs giving notice of the Tommy K. Martin Memorial Highway; and be it further

RESOLVED, That suitable copies of this resolution be delivered to the Secretary of the Illinois Department of Transportation and the family of Tommy K. Martin.

REPORTS FROM STANDING COMMITTEES

Senator Delgado, Chairperson of the Committee on Education, to which was referred **Senate Bill No. 7,** 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 Delgado, Chairperson of the Committee on Education, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 3 to Senate Bill 1679

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

Senator Delgado, Chairperson of the Committee on Education, to which was referred **House Bills Numbered 163 and 226,** reported the same back with the recommendation that the bills do pass.

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

Senator Mulroe, Chairperson of the Committee on Public Health, to which was referred **Senate Resolutions numbered 248 and 256,** reported the same back with the recommendation that the resolutions be adopted.

Under the rules, **Senate Resolutions numbered 248 and 256** were placed on the Secretary's Desk.

Senator Mulroe, Chairperson of the Committee on Public Health, to which was referred **House Bills Numbered 1407 and 2915,** reported the same back with the recommendation that the bills do pass.

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

Senator Biss, Chairperson of the Committee on Human Services, to which was referred **House Bills Numbered 1530, 3753 and 4107,** reported the same back with the recommendation that the bills do pass.

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

Senator Biss, Chairperson of the Committee on Human Services, to which was referred **House Bill No. 2483,** 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 Raoul, Chairperson of the Committee on Judiciary, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 3 to Senate Bill 1763

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

Senator Raoul, Chairperson of the Committee on Judiciary, to which was referred **House Bills Numbered 95, 363, 1319 and 2673,** reported the same back with the recommendation that the bills do pass.

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

Senator McGuire, Chairperson of the Committee on Higher Education, to which was referred **Senate Resolution No. 325,** reported the same back with the recommendation that the resolution be adopted.

Under the rules, **Senate Resolution No. 325** was placed on the Secretary's Desk.

Senator McGuire, Chairperson of the Committee on Higher Education, to which was referred **House Bill No. 3599,** reported the same back with the recommendation that the bill do pass.

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

Senator Sandoval, Chairperson of the Committee on Transportation, to which was referred **House Bills Numbered 246, 364 and 2515,** reported the same back with the recommendation that the bills do pass.

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

Senator E. Jones III, Chairperson of the Committee on Local Government, to which was referred **Senate Bill No. 1470,** 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 E. Jones III, Chairperson of the Committee on Local Government, to which was referred **House Bills Numbered 2744, 3203 and 3693,** reported the same back with the recommendation that the bills do pass.

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

Senator Noland, Chairperson of the Committee on Criminal Law, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to Senate Bill 209

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

Senator Noland, Chairperson of the Committee on Criminal Law, to which was referred **House Bills Numbered 356, 369, 1377, 2567, 3184 and 3977,** reported the same back with the recommendation that the bills do pass.

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

Senator Noland, Chairperson of the Committee on Criminal Law, to which was referred **House Bill No. 1337,** 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 Collins, Chairperson of the Committee on Financial Institutions, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to Senate Bill 1281

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

Senator Collins, Chairperson of the Committee on Financial Institutions, to which was referred **Senate Resolution No. 218,** reported the same back with the recommendation that the resolution be adopted.

Under the rules, **Senate Resolution No. 218** was placed on the Secretary's Desk.

Senator Collins, Chairperson of the Committee on Financial Institutions, to which was referred **House Bills Numbered 2477, 2814 and 3543,** reported the same back with the recommendation that the bills do pass.

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

MESSAGES FROM THE HOUSE

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

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

HOUSE JOINT RESOLUTION NO. 34

WHEREAS, The Honorable Abraham Lincoln was, prior to his election, a resident of Illinois; upon his election as President of the United States, he became Commander-in-Chief of the nation's armed forces, in accordance with Section 2 of Article II of the Constitution of the United States; and

WHEREAS, During the entire period of President Lincoln's terms in office, the United States was engaged in the Civil War; and

WHEREAS, Although President Lincoln, as Commander-in-Chief, was a civilian, he was closely connected with the armed forces of the United States during this period, ceaselessly visiting operating units of the armed forces as well as the field hospitals and other facilities set aside for the care and treatment of sick and wounded soldiers and sailors; and

WHEREAS, Five days after the surrender of General Robert E. Lee and the Army of Northern Virginia, then being the principal force bearing arms in support of the Confederate States of America, President Lincoln was fatally wounded on April 14, 1865 by an enraged and resentful partisan of the insurgency; and

WHEREAS, Upon President Lincoln's death on the morning of April 15, 1865, he was identified as a victim of the Civil War and is considered one of the final casualties of the tragic conflict; and

WHEREAS, President Lincoln's home state of Illinois laid claim, with the support of his widow Mary Todd Lincoln, to his mortal remains; over a 20-day period, the remains of the President were returned to Illinois in a scene of intense gratitude for his service to the nation; on May 4, 1865, the remains of the President, after being transported through the streets of Springfield, were laid to rest in Oak Ridge Cemetery, close to the site where they remain today; and

WHEREAS, The 2015 Lincoln Funeral Coalition has taken on the responsibility of organizing a historically accurate reenactment of President Lincoln's funeral procession through Springfield; in so doing, the Coalition and its Board of Directors, participants, and volunteers have set forth as part of their mission statement the goals of educating reenactment participants, coordinating the reenactment, and promoting the solemn and dignified observance of the occasion; and

WHEREAS, The dates designated for the funeral reenactment are May 2 and May 3, 2015; and

WHEREAS, It is highly fitting that the State of Illinois pay honor and respect to President Lincoln by observing the sesquicentennial of his death and funeral; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we designate the days of May 2, 2015, May 3, 2015, and May 4, 2015 as days of remembrance in honor of the 150th anniversary of the death and funeral of President Abraham Lincoln; and be it further

RESOLVED, That we request the Governor to order the United States national flag and the State flag of Illinois to be flown at half-staff on the days of May 2, 2015, May 3, 2015, and May 4, 2015; and be it further

RESOLVED, That we encourage all residents of the State to display the United States national flag and the State flag of Illinois at half-staff during these days of remembrance; and be it further

RESOLVED, That suitable copies of this resolution be presented to the Governor and to Katie Spindell, Chairman of the 2015 Lincoln Funeral Coalition.

Adopted by the House, April 28, 2015.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 34 was referred to the Committee on Assignments.

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

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

HOUSE JOINT RESOLUTION NO. 42

WHEREAS, It is highly fitting that the Illinois General Assembly pays honor and respect to the truly great individuals who have served our country and, in doing so, have made the ultimate sacrifice for our nation; and

WHEREAS, Army Specialist Joseph Whiting Dimock, II was born on May 25, 1989 in Libertyville to Joseph W. and Ellen L. Dimock; he was a member of the Wildwood Presbyterian Church, where he faithfully attended Sunday School, worshipped, and was devoted to the annual summer high school mission trips; he loved the outdoors and was an active member of Cub Scout Pack, the Venture Crew, and Boy Scout Troop 672, achieving the rank of Eagle Scout; for his Eagle Scout project he collected nearly 200 worn, American flags so they could be honorably retired in a special ceremony; and

WHEREAS, SPC Joseph W. Dimock, II graduated from Warren Township High School, where he was a member of the Warren Blue Devils swim team and swim club; in 2006, he and his teammates set the junior varsity swim record in the 400-yard freestyle relay, and the record still stands today; he had a special knack with children and taught swimming for many years through the Wildwood Park District; and

WHEREAS, SPC Joseph W. Dimock, II enlisted in the United States Army during the spring of his senior year and began his service that following August; for nearly 3 years he served with the 1st Battalion, 75 Ranger Regiment; he was in his third overseas deployment, his second in Afghanistan, supporting Operation Enduring Freedom; and

WHEREAS, During his service, SPC Joseph W. Dimock, II received the Ranger Tab, the Combat Infantryman Badge, and the Parachutist Badge; he was also awarded the National Defense Service Medal, the Afghanistan Campaign Medal, the Iraq Campaign Medal, the Global War on Terrorism Service Medal, and the Army Service Ribbon; he was posthumously awarded the Bronze Star Medal and the Army Commendation Medal; and

WHEREAS, SPC Joseph W. Dimock, II is survived by his parents, Joseph and Ellen; his brothers, Louis and Michael; his paternal grandmother, Elna Jensen Dimock; his maternal grandfather, Alan R. McCausland; and numerous aunts, uncles, cousins, friends, and fellow soldiers; and

WHEREAS, SPC Joseph W. Dimock, II was a son, a brother, an Eagle Scout, and a United States Army Ranger; this fallen soldier deserves to be remembered by the State of Illinois for his service to this country; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we designate the section of road on Route 120/Belvidere Road between John Mogg and Sears Boulevard in Grayslake as "Army SPC Joseph "Joey" W. Dimock II Memorial Highway"; and be it further

RESOLVED, That the Illinois Department of Transportation is requested to erect at suitable locations, consistent with State and federal regulations, appropriate plaques or signs giving notice of the name "Army SPC Joseph "Joey" W. Dimock II Memorial Highway"; and be it further

RESOLVED, That suitable copies of this resolution be delivered to the Secretary of the Illinois Department of Transportation, and the family of SPC Joseph W. Dimock, II.

Adopted by the House, April 28, 2015.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 42 was referred to the Committee on Assignments.

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

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

HOUSE JOINT RESOLUTION NO. 51

WHEREAS, It is necessary to recognize those who are dedicated to the betterment of the State of Illinois and their communities; and

WHEREAS, Robert J. "Pud" Williams was born on June 21, 1926 in Centervllle, the son of Robert P. and Mamie Olive (nee Vaught) Williams; he married Dorothy Lee Given on December 27, 1952: he served at Director of Agriculture for the State of Illinois from 1972 to 1976; and

WHEREAS, During his tenure as Director of Agriculture and Chairman of the White County Board, Robert J. "Pud" Williams made it a priority to boost the local economy by working for better infrastructure throughout the area; and

WHEREAS, Robert J. "Pud" Williams played an instrumental role in achieving the new Carmi Airport, an intersection at the First Baptist Church in Carmi, and the Interstate 64 exit at mile marker 117; and

WHEREAS, It is fitting to dedicate the Burnt Prairie exit at mile marker 117 on Interstate 64 in honor of Director Robert J. "Pud" Williams; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we designate the Burnt Prairie interstate exit at mile marker 117 on Interstate 64 as the "Robert J. "Pud" Williams Memorial Exit"; and be it further

RESOLVED, That the Illinois Department of Transportation is requested to erect at at suitable locations, consistent with State and federal regulations, appropriate plaques or signs giving notice of the name of "Robert J. "Pud" Williams Memorial Exit"; and be it further

RESOLVED, That suitable copies of this resolution be presented to the Secretary of the Illinois Department of Transportation and the family of Robert J. "Pud" Williams.

Adopted by the House, April 28, 2015.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 51 was referred to the Committee on Assignments.

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

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

HOUSE JOINT RESOLUTION NO. 53

WHEREAS, The General Assembly recognizes that the State of Illinois experiences overcrowding in prison and jail populations and a continued high rate of recidivism of approximately 50%; and

WHEREAS, The State of Illinois currently spends $1.3 billion per year on imprisonment of adults; and

WHEREAS, Nationally, 50% of incarcerated persons have mental health problems, 60% have substance use disorders (SUDs) and 33% have both; that many of these incarcerated persons are non-violent offenders whose crimes are directly related to their untreated or inadequately treated mental health problems, SUDs, or both; and that many of these incarcerated persons have a high rate of recidivism directly related to their untreated or inadequately treated mental health problems, SUDs, or both; and

WHEREAS, In 2013, a federal court entered an order facilitating a consent decree addressing issues related to the treatment of prisoners in the Illinois Department of Corrections who suffer from a serious mental illness and require monitoring; and

WHEREAS, It is the intent of the General Assembly to create a Commission to recommend legislation that would establish a diversion action plan to improve efforts to divert persons with mental illness, substance use disorders, and intellectual disabilities to appropriate treatment or a diversion program as an alternative to incarceration; and

WHEREAS, It is the further intent of the General Assembly to reduce the prison population in the Illinois Department of Corrections by at least 25% by December 31, 2020, as a result of the diversion action plan; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that there is created the Behavioral Health Prison Diversion Commission; and be it further

RESOLVED, That the Commission shall have 9 voting members appointed as follows:

(1) 2 members of the General Assembly appointed by the President of the Senate, one of whom the President of the Senate shall designate as co-chairperson;

(2) 2 members of the General Assembly appointed by the Speaker of the House, one of whom the Speaker of the House shall designate as co-chairperson;

(3) one member of the General Assembly appointed by the Minority Leader of the Senate;

(4) one member of the General Assembly appointed by the Minority Leader of the House of Representatives;

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

(6) the Director of Corrections or his or her designee; and

(7) a designee of the Office of the Governor; and be it further

RESOLVED, That the co-chairpersons may appoint such other individuals as they may deem helpful as non-voting members of the Commission; that a vacancy on the Commission shall be filled in the same manner as the original appointment; that the Department of Human Services shall provide administrative support, together with meeting space, to assist the Commission in fulfilling its mission; and that all appointments required by this Resolution shall be made within 60 days of the adoption of this Resolution; and be it further

RESOLVED, That the Commission shall conduct meetings, conference calls, or both, as the co-chairpersons shall direct; that the Commission shall select from among its members a Secretary; that a majority of the members of the Commission serving constitutes a quorum for the transaction of the Commission's business; that the Commission shall act by a majority vote of its serving members; and that the Commission shall meet at the call of the Co-Chairpersons and as may be provided in rules adopted by the Commission; and be it further

RESOLVED, That the Commission shall gather information, review studies, and identify areas of best practice with respect to how the criminal justice system should handle persons with behavioral health disorders including mental illness, substance use disorders, and intellectual disabilities who have committed a crime, and take other steps necessary to make written findings and recommendations as required in this Resolution; and be it further

RESOLVED, That in carrying out its function, the Commission, may, as appropriate, make inquiries, studies, investigations, hold hearings, and receive comments from the public; that the Commission may consult with outside experts in order to perform its duties, including, but not limited to, experts in the private sector, experts in forensic psychiatry, organized labor, government agencies, and at institutions of higher education; and that members of the Commission shall serve without compensation but may, subject to appropriation, receive reimbursement for necessary travel and expenses; and be it further

RESOLVED, That the Commission shall make its report to the General Assembly on or before February 1, 2016; and that the report of the Commission shall detail those findings and recommendations supported by a majority of the voting members; and that the findings and recommendations shall include, but are not limited to:

(1) a diversion action plan to improve efforts to divert persons with behavioral health disorders including mental illness, substance use disorders, and intellectual disabilities to appropriate treatment or diversion program as an alternative to incarceration;

(2) areas of best practice in this State and other states to expand the use of effective pre-booking and post-booking options for those with behavioral health disorders; and

(3) a performance monitoring process to include baseline and post-implementation data for prevalence of persons with behavioral health disorders and intellectual disabilities in the State's criminal justice system, outcomes, and return on investment; and be it further

RESOLVED, That in addition to the report, the Commission shall provide to the General Assembly its recommendations in the form of legislation; and that the Legislative Reference Bureau shall provide drafting assistance to the Commission; and be it further

RESOLVED, That the Commission shall dissolve on February 15, 2016.

Adopted by the House, April 28, 2015.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 53 was referred to the Committee on Assignments.

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A FIRST TIME

House Bill No. 1666, sponsored by Senator McGuire, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 2503, sponsored by Senator Cunningham, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3334, sponsored by Senator T. Cullerton, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3484, sponsored by Senator Hutchinson, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3622, sponsored by Senator Althoff, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3840, sponsored by Senator Harris, was taken up, read by title a first time and referred to the Committee on Assignments.

APPOINTMENT MESSAGE

Appointment Message No. 990199

To the Honorable Members of the Senate, Ninety-Ninth General Assembly:

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

Title of Office: Member

Agency or Other Body: Miners' Examining Board

Start Date: April 27, 2015

End Date: January 16, 2017

Name: Wesley T. Campbell

Residence: 402 E. Garrison St., Dorchester, IL 62033

Annual Compensation: $12,906

Per diem: Not Applicable

Nominee's Senator: Senator Andy Manar

Most Recent Holder of Office: Michael Huff

Superseded Appointment Message: Not Applicable

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

LEGISLATIVE MEASURES FILED

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

Committee Amendment No. 2 to House Bill 488

Committee Amendment No. 1 to House Bill 1424

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

Floor Amendment No. 1 to House Bill 356

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

Floor Amendment No. 4 to Senate Bill 1726

READING BILL OF THE SENATE A SECOND TIME

On motion of Senator Lightford, **Senate Bill No. 1679** having been printed, was taken up, read by title a second time.

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

AMENDMENT NO. 1 TO SENATE BILL 1679

AMENDMENT NO. 1. Amend Senate Bill 1679 on page 9, immediately below line 10, by inserting the following:

"(6) Be taught by a teacher who holds a professional educator license under Article 21B of the School Code.".

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

Senator Lightford offered the following amendment and moved its adoption:

AMENDMENT NO. 3 TO SENATE BILL 1679

AMENDMENT NO. 3. Amend Senate Bill 1679, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 1. Short title. This Act may be cited as the Course Access Act.

Section 5. Definitions. In this Act:

"Course provider" means an entity authorized by the State Board to offer individual courses in person, online, or a combination of the 2, including, but not limited to, online education providers, public or private elementary and secondary education institutions, education service agencies, not-for-profit providers, postsecondary education institutions, and vocational or technical course providers.

"Eligible funded student" means any eligible participating student who is currently enrolled in a public school or charter school.

"Eligible participating student" means any student in kindergarten through grade 12 who resides in this State.

"Public school" means a public school or charter school.

"State Board" means the State Board of Education.

"State Course Access Catalog" means the website developed for the State Board of Education that provides a listing of all courses authorized and available to students in this State, detailed information about the courses to inform student enrollment decisions, and the ability for students to submit their course enrollments. The data in this Catalog shall be published online in an open format that may be retrieved, downloaded, indexed, and searched by commonly used web search applications. An open format shall be platform-independent, machine-readable, and made available to the public without restrictions that may impede the reuse of that information. The data in the Catalog shall be owned by the State Board.

"State Course Access Program" means the Program created under this Act.

Section 10. Enrollment. An eligible participating student may enroll in State Course Access Program courses.

An eligible funded student may enroll in State Course Access Program courses only if the courses the eligible funded student wants to enroll in are not offered at the eligible funded student's school.

An eligible funded student may enroll in State Course Access Program courses that are funded by the Program up to the following levels, unless additional courses are approved by the school where they are enrolled:

(1) 2016-2017 school year: Students attending a public school who choose to participate in the State Course Access Program and entering the school year with credits equal to the junior or senior level of high school may take up to 2 courses per semester.

(2) 2017-2018 school year: Students attending a public school who choose to participate in the State Course Access Program and entering the school year with credits equal to the sophomore, junior, or senior level of high school may take up to 2 courses per semester.

(3) 2018-2019 school year and all school years thereafter: Students attending a public school who choose to participate in the State Course Access Program and entering grades 9 through 12 may take up to 2 courses per semester.

The families of eligible funded students and other eligible participating students may pay to enroll in State Course Access Program courses above the levels specified under Section 50 of this Act.

Public and charter schools where eligible funded students are enrolled full time may review enrollment requests to ensure courses are academically appropriate, logistically feasible, keep the student on track for an on-time graduation, and do not extend a student beyond a full-time course load. The public and charter schools may only reject enrollment requests for not doing so.

The public and charter schools must complete the review and denial process within 5 days of the student enrolling in the course.

Public and charter schools shall inform students and families at the time of denial of their right to appeal any enrollment denials in State Course Access Program courses to the school board, which shall provide a final enrollment decision within 7 calendar days.

Section 15. Provider authorization process. The State Board shall:

(1) Establish an authorization process for course providers that may include multiple opportunities for submission each year.

(2) Not later than 90 calendar days from the initial submission date, authorize course providers that:

(A) meet the criteria established under Section 20 of this Act; and

(B) provide courses that offer the instructional rigor and scope required under Section 25 of this Act.

(3) Not later than 90 calendar days from the initial submission date, provide a written explanation to any course providers that are denied. If a course provider is denied authorization, the provider may apply again in the future. If a course provider is denied authorization 3 times, the provider will no longer be able to apply.

(4) Publish the process established under Section 20 of this Act, including any deadlines and any guidelines applicable to the submission and authorization process for providers.

If the State Board determines that there are insufficient funds available for evaluating and authorizing course providers, it may charge applicant providers a fee up to, but no greater than, the amount of the costs in order to ensure that evaluation occurs. The State Board shall establish and publish a fee schedule for purposes of this Section.

Section 20. Course provider criteria. To be authorized to offer a course through the State Course Access Program, a provider must:

(1) Comply with all applicable anti-discrimination provisions and applicable State and federal student data privacy provisions, including, but not limited to, the federal Family Educational Rights and Privacy Act.

(2) Provide an assurance that all online information and resources for online or blended courses are fully accessible for students of all abilities, including that:

(A) all of the courses submitted for approval are reviewed to ensure they meet legal accessibility standards;

(B) the provider has created and promulgated an Accessibility Online Public and Charter Schools Policy;

(C) the provider has designated a Section 504 Coordinator and a Grievance Policy, and issued annual notifications;

(D) the provider has policies and activities to ensure their organizational and course websites meet accessibility requirements; and

(E) the provider has no gateway exam or test where a specific score is required to

participate in the Program courses beyond completion of prerequisite coursework or demonstrated mastery of prerequisite material.

(3) Demonstrate either:

(A) prior evidence of delivering quality outcomes for students, as demonstrated by completion rates, student level growth, proficiency, or other quantifiable outcomes; or

(B) for course providers applying to offer a subject or grade level for the first time, provide a detailed justification, in a manner determined by the State Board, of how their organization's subject matter, instructional, and technical expertise will allow public and charter schools to produce successful outcomes for students.

(4) Ensure instructional and curricular quality through a detailed curriculum and student performance accountability plan that aligns with and measures student attainment of relevant State academic standards or other relevant standards in courses without State academic standards.

(5) Provide assurances that the course provider shall provide electronically, in a manner and format determined by the State Board, a detailed student record of enrollment, performance, completion, and grading information with the school systems where eligible participating students are enrolled full time.

Additional criteria developed by the State Board shall be used to evaluate providers, and may include International Association for K-12 Online Learning, National Standards for Quality Online Teaching, National Standards for Quality Online Courses, Southern Regional Education Board, AdvancED, or other nationally recognized third party quality standards.

Section 25. Course quality reviews. The State Board shall establish a course review and approval process. The process may be implemented by the State Board or by an entity designated by the State Board.

In order to be approved and added to the State Course Access Catalog, a course must:

(1) Be one of the following types:

(A) a course that satisfies high school graduation requirements;

(B) a course identified by the State Board as necessary for college-readiness;

(C) an Advanced Placement or International Baccalaureate course;

(D) a music or arts course;

(E) a STEM course;

(F) a foreign language course;

(G) a dual credit course that allows students to earn college credit or other advanced credit; or

(H) a vocational or technical course, including apprenticeships and High School Career Exploration and Readiness courses.

(2) Be, at a minimum, the equivalent in instructional rigor and scope to a course that is provided in a traditional classroom setting.

(3) Be aligned to relevant State academic standards or industry standards.

(4) Possess an assessment component for determining student proficiency and student growth where applicable.

(5) Be designed and implemented consistently with criteria established by the International Association for K-12 Online Learning (INACOL) National Standards for Quality Online Teaching and INACOL National Standards for Quality Online Courses, the Southern Regional Education Board, or AdvancED or with other nationally or industry-recognized third party quality standards.

(6) Be taught by a teacher who holds a professional educator license under Article 21B of the School Code.

A course provider other than the Illinois Virtual School may offer an online course only if the Illinois Virtual School decides to not offer the course via the State Course Access Catalog.

Section 30. Provider and course monitoring and reauthorization. The initial authorization of the course provider and approved courses shall be for a period of 3 years. Providers must annually report, in such a manner as directed by the State Board:

(1) student enrollment data;

(2) student outcomes, growth measures when available, proficiency rates, and completion rates for each subject area and grade level; and

(3) student and parental feedback on overall satisfaction and quality.

After the second year of the initial authorization period, the State Board shall conduct a thorough review of the course provider's activities and the academic performance of the students enrolled in courses offered by the course provider.

If the performance of the students enrolled in courses offered by the course provider does not meet agreed-upon performance standards at any time, the course provider shall be placed on probation and shall be required to submit a plan for improvement. The State Board shall determine the terms of probation, including, but not limited to, the results the course provider must achieve to return to good standing. Course providers shall have a minimum of 60 days to achieve the results indicated in their terms of probation. The State Board shall, at its sole discretion, determine if the course provider has met the specified results required for the course provider to return to good standing. If a course provider fails to return to good standing within the timeframe cited in its terms of probation, the State Board may terminate its status as a course provider. Course providers terminated as a result of being put on probation may not reapply to become a course provider for 2 years from the time the State Board revoked its status.

After the initial 3-year authorization period, the State Board may reauthorize the course provider for additional periods of up to 5 years after thorough review of the course provider's activities and the achievement of students enrolled in courses offered by the course provider.

The State Board may exclude a course provided by an authorized provider at any time if the State Board determines that:

(A) the course is no longer adequately aligned with the State academic standards;

(B) the course no longer provides a detailed and quality curriculum and accountability plan; or

(C) the course fails to deliver outcomes as measured by course completion, proficiency, or student academic growth on State or nationally accepted assessments.

Section 35. Interstate course reciprocity. The State Board may enter into a reciprocity agreement with other states for the purpose of authorizing and approving high quality providers and courses for the State Course Access Program and the operation of the State Course Access Catalog.

Section 40. Responsibilities of the State Board.

(a) The State Board shall:

(1) Publish the criteria required under Section 20 of this Act for courses that may be offered through the State Course Access Program.

(2) Be responsible for creating the State Course Access Catalog.

(3) Publish a link to the Catalog in a prominent location on the State Board's website, which includes a listing of courses offered by authorized providers available through the Program, a detailed description of the courses, and any available student completion and outcome data.

(4) Establish and publish a timeframe or specific dates by which students are able to withdraw from a course provided through the Program without the student, public and charter schools, or course provider incurring a penalty.

(5) Maintain on its official website in a prominent location an informed choice report. Each report under this Section must:

(A) be updated within 30 calendar days of additional provider authorizations;

(B) describe each course offered through the Program and include information such as course requirements and the school year calendar for the course, including any options for continued participation outside of the standard school year calendar;

(C) include student and parental comments and feedback as detailed under Section 35 of this Act; and

(D) be published online in an open format that can be retrieved, downloaded, indexed, and searched by commonly used web search applications. An open format is one that is platform-independent, machine-readable, and made available to the public without restrictions that would impede the reuse of that information.

(b) The State Board shall submit an annual report on the Program and the participation of entities to the Governor, the Chairperson and Minority Spokesperson of the Education Committee of the Senate, and the Chairperson and Minority Spokesperson of the Elementary and Secondary Education Committee of the House of Representatives. The report shall at a minimum include the following information:

(1) The annual number of students participating in courses authorized under this Act and the total number of courses students are enrolled in.

(2) The number of authorized providers.

(3) The number of authorized courses and the number of students enrolled in each course.

(4) The number of courses available by subject.

(5) The number of students enrolled in courses by subject.

(6) Student outcome data, including completion rates, student learning gains, student performance on State or nationally accepted assessments, by subject and grade level by provider. This outcome data should be published in a manner that protects student privacy.

The State Board shall note any data that are not yet available at the time of publication and when these data will become available and include these data in future reports.

The report and underlying data shall be published online in an open format that can be retrieved, downloaded, indexed, and searched by commonly used web search applications. An open format is one that is platform-independent, machine-readable, and made available to the public without restrictions that would impede the reuse of that information.

Section 45. Responsibilities of the local school district.

(a) A public school shall:

(1) State, in writing to the State Board, whether it wants to participate in the State Course Access Program during the 2016-2017 school year.

(2) Provide information by letter or email to students and parents at home and by at least 2 other means, such as community flyers, newspaper postings, student report cards, or other methods.

(3) Publish information and eligibility guidelines on the school and school district's web sites.

(b) Each local school system shall establish policies and procedures whereby, for each eligible participating student, credits earned through the course provider shall appear on each student's official transcript and count fully toward the requirements of any approved Illinois diploma.

(c) The State Board shall adopt rules necessary to implement this Section, including, but not limited to, the requirements of school governing authorities or local school systems whose students enroll in courses offered by authorized course providers.

(d) Nothing in this Act shall be construed to prevent a school entity from establishing its own online course or program in accordance with this Act.

Section 50. Funding.

(a) Per-course tuition shall be determined as follows:

(1) The course provider shall receive per-course tuition for each eligible funded student at a fair and reasonable rate negotiated by the State Board and the course provider that is inclusive of all required course materials and transportation expenses. Course providers are only responsible for providing transportation for students who are enrolled in a free or reduced-price lunch program. Transfers of course payments shall be made by the State Board on behalf of the responsible school district in which the student resides to the authorized course provider.

(2) The course provider shall receive payment from the State Board only for the courses in which an eligible funded student is enrolled. The remaining funds for each student shall remain with the local school system in which the student is enrolled full time.

(3) The course provider shall accept the amount specified in this Section as total tuition and fees for the eligible funded student.

(4) The course provider may charge tuition to any other eligible participating student up to an amount determined by the course provider and State Board.

(b) Payment of tuition to course providers shall be based upon student success and made as follows:

(1) Fifty percent of the amount of tuition to be paid or transferred to the course provider shall be transferred upon student enrollment in a course, and 50% shall be dependent upon student success in the course.

(2) Student success may, in the 2016-2017 school year, be measured based on course completion, but the State Board may create new measures of student success by the 2017-2018 school year for use in courses where externally validated measures are available. These measures of student outcomes, based on either proficiency or growth, shall include results from independent end-of-course exams, Advanced Placement exams, International Baccalaureate exams, receipt of industry-recognized credentials, receipt of credit from institutions of higher education, or other externally validated measures.

(3) Partial payments for delayed completions shall be determined as follows: If a

student does not successfully complete a course according to the published course length in which the course provider has received the first payment pursuant to this Section, the provider shall receive 75% of the tuition that is dependent upon student success, as defined in Section 30 of this Act, only if the student completes and receives credit for the course within one additional semester.

Section 900. The School Code is amended by changing Section 27A-5 as follows:

(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 the effective date of this amendatory Act of the 93rd General Assembly, 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 this amendatory Act of the 93rd General Assembly do not apply to charter schools existing or approved on or before the effective date of this amendatory Act.

(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.

On or before March 1, 2014, the Commission shall submit to the General Assembly a report on the effect of virtual-schooling, including without limitation the effect on student performance, the costs associated with virtual-schooling, and issues with oversight. The report shall include policy recommendations for virtual-schooling.

(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.

(d) A charter school shall comply with all applicable health and safety requirements applicable to public schools under the laws of the State of Illinois.

(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 language learners, referred to in this Code as "children of limited English-speaking ability"; 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 ~~, except~~ 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 24-24 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;
(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; ~~and~~
(9) Section 27-23.7 of this Code regarding bullying prevention; ~~.~~
(10) ~~(9)~~ Section 2-3.162 ~~2-3.160~~ of this ~~the School~~ Code regarding student discipline reporting ; and ~~.~~

(11) The Course Access Act.

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 the effective date of this amendatory Act of the 93rd General Assembly 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 the effective date of this amendatory Act of the 93rd General Assembly 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 Commission, then the Commission charter school is its own local education agency.

(Source: P.A. 97-152, eff. 7-20-11; 97-154, eff. 1-1-12; 97-813, eff. 7-13-12; 98-16, eff. 5-24-13; 98-639, eff. 6-9-14; 98-669, eff. 6-26-14; 98-739, eff. 7-16-14; 98-783, eff. 1-1-15; 98-1059, eff. 8-26-14; 98-1102, eff. 8-26-14; revised 10-14-14.)

Section 999. Effective date. This Act takes effect January 1, 2016.".

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendments Numbered 1 and 3 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 Silverstein, **Senate Bill No. 729** 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 negative by the following vote:

YEAS 8; NAYS 32; Present 3.

The following voted in the affirmative:

Biss	Link	Silverstein
Cunningham	Mulroe	Mr. President
Kotowski	Noland	

The following voted in the negative:

Althoff	Harris	McCarter	Righter
Anderson	Hastings	McConnaughay	Rose
Barickman	Holmes	Morrison	Steans
Bivins	Hunter	Murphy	Sullivan
Brady	Jones, E.	Nybo	Syverson
Connelly	LaHood	Oberweis	
Duffy	Lightford	Radogno	
Forby	Luechtefeld	Raoul	
Haine	Manar	Rezin	

The following voted present:

Collins
Harmon
Martinez

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

SENATE BILL RECALLED

On motion of Senator Silverstein, **Senate Bill No. 1228** was recalled from the order of third reading to the order of second reading.

Senator Silverstein offered the following amendment and moved its adoption:

AMENDMENT NO. 3 TO SENATE BILL 1228

AMENDMENT NO. 3. Amend Senate Bill 1228, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 2, on page 2, line 11, after "cream", by inserting "and unpasteurized milk sold in accordance with Section 8 of this Act".

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendment No. 3 was 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 Silverstein, **Senate Bill No. 1228** 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 53; NAYS None.

The following voted in the affirmative:

Althoff	Duffy	Lightford	Radogno
Anderson	Forby	Link	Raoul
Barickman	Haine	Luechtefeld	Rezin
Bennett	Harmon	Manar	Rose
Bertino-Tarrant	Harris	Martinez	Sandoval
Biss	Hastings	McCarter	Silverstein
Bivins	Holmes	McConnaughay	Stadelman
Brady	Hunter	McGuire	Steans
Bush	Hutchinson	Morrison	Sullivan
Collins	Jones, E.	Mulroe	Syverson

Connelly	Koehler	Muñoz	Mr. President
Cullerton, T.	Kotowski	Murphy	
Cunningham	LaHood	Noland	
Delgado	Landek	Oberweis	

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 Collins, **Senate Bill No. 1281** was recalled from the order of third reading to the order of second reading.

Senator Collins offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO SENATE BILL 1281

AMENDMENT NO. 1. Amend Senate Bill 1281 by replacing everything after the enacting clause with the following:

"Section 1. Short title. This Act may be cited as the Reverse Mortgage Act.

Section 5. General definitions. As used in this Act, unless the context otherwise requires:

"Borrower" means a natural person who seeks or obtains a reverse mortgage.

"Homestead property" means the domicile and contiguous real estate owned and occupied by the borrower. "Homestead property" includes a manufactured home as defined in subdivision (53) of Section 9-102 of the Uniform Commercial Code that is real property under Section 5-35 of the Conveyance and Encumbrance of Manufactured Homes as Real Property and Severance Act.

"Lender" means a natural or artificial person who transfers, deals in, offers, or makes a reverse mortgage. "Lender" includes, but is not limited to, creditors and brokers who transfer, deal in, offer, or make reverse mortgages. "Lender" does not include purchasers, assignees, or subsequent holders of reverse mortgages.

"Real property" includes a manufactured home as defined in subdivision (53) of Section 9-102 of the Uniform Commercial Code that is real property under Section 5-35 of the Conveyance and Encumbrance of Manufactured Homes as Real Property and Severance Act.

"Reverse mortgage" means a non-recourse loan, secured by real property or a homestead property, that complies with all of the following:

(1) Provides cash advances to a borrower for the purchase of the home or based on the equity in a borrower's owner-occupied principal residence, provided that it is a residence with not more than 4 units.

(2) Requires no payment of principal or interest until the entire loan becomes due and payable.

Section 10. Reverse mortgages.

(a) Reverse mortgage loans shall be subject to all of the following provisions:

(1) Payment, in whole or in part, shall be permitted without penalty at any time during the term of the mortgage.

(2) A reverse mortgage may provide for an interest rate that is fixed or adjustable and may provide for interest that is contingent on appreciation in the value of the property.

(3) If a reverse mortgage provides for periodic advances to a borrower, the advances may not be reduced in amount or number based on any adjustment in the interest rate.

(4) A reverse mortgage may be subject to any additional terms and conditions imposed by a lender that are required under the provisions of the federal Housing and Community Development Act of 1987 to enable the lender to obtain federal government insurance on the mortgage if a loan is to be insured under that Act.

(b) The repayment obligation under a reverse mortgage is subject to all of the following:

(1) Temporary absences from the home not exceeding 60 consecutive days shall not cause

the mortgage to become due and payable.

(2) Temporary absences from the home exceeding 60 days, but not exceeding one year, shall not cause the mortgage to become due and payable, provided that the borrower has taken action that secures the home in a manner satisfactory to the lender.

(c) A reverse mortgage shall become due and payable upon the occurrence of any of the following events, unless the maturity date has been deferred under the Federal Housing Administration's Home Equity Conversion Mortgage Program:

(1) The property securing the loan is sold.

(2) All borrowers cease to occupy the home as a principal residence.

(3) A fixed maturity date agreed to by the lender and the borrower is reached.

(4) Default by the borrower in the performance of its obligations under the loan agreement.

(5) The death of the borrower or, for homestead properties in joint tenancy, the death of the last surviving joint tenant who had an interest in the property at the time the loan was initiated.

Section 15. Reverse mortgage disclosures.

(a) The Office of the Attorney General shall develop the content and format of the following 2 documents regarding reverse mortgage loans for the purpose of consumer education:

(1) An educational document providing independent consumer information regarding reverse mortgages, potential alternatives to reverse mortgages, and the availability of independent counseling services, including services provided by nonprofit agencies certified by the federal government to provide required counseling for reverse mortgages insured by the U.S. Federal Government. The document shall also include a statement that the terms of a reverse mortgage may adversely affect the applicant's eligibility to obtain a tax deferral under the Senior Citizens Real Estate Tax Deferral Act.

(2) A document regarding the availability of counseling services that shall be in at least 12-point font, containing contact information (including agency name, address, telephone number, and website) for all agencies with an office in Illinois that are approved by U.S. Department of Housing and Urban Development (HUD) to conduct reverse mortgage counseling. This document shall contain the following statement:

"IMPORTANT NOTICE: Under Illinois law, reverse mortgages are non-recourse loans secured by real or homestead property. Reverse mortgages insured by the U.S. Federal Government, known as Home Equity Conversion Mortgages or HECM loans, require people considering reverse mortgages to get counseling from a federally approved counselor working for a HECM counseling agency prior to applying for the loan. The purpose of the counseling is to help the prospective borrower understand the financial implications, alternatives to securing a reverse mortgage, borrower obligations, costs of obtaining the loan, repayment conditions and other issues. Counseling can also be a benefit to people considering reverse mortgages not insured by the federal government.

There are advantages to receiving this counseling in person, but it can also be conducted over the telephone. Illinois State law requires reverse mortgage lenders to provide potential reverse mortgage borrowers with a list including contact information for all agencies with an office in Illinois that are approved by the U.S. Department of Housing and Urban Development (HUD) to conduct reverse mortgage counseling. Contact information for approved counseling agencies located outside of Illinois is available from HUD.".

(b) The documents shall be updated and revised as often as deemed necessary by the Office of the Attorney General.

(c) At the time of the initial inquiry regarding a reverse mortgage or, if not practically feasible, at the time the lender provides additional written information about reverse mortgages, a lender shall provide to the borrower the documents prepared by the Office of the Attorney General under this Section.

Section 20. Reverse mortgages cooling-off period.

(a) Any written commitment provided by the lender to the borrower must contain the material terms and conditions of the reverse mortgage. That commitment may be subject to a satisfactory appraisal and the borrower meeting standard closing conditions.

(b) A borrower shall not be bound for 3 full business days after the borrower's acceptance, in writing, of a lender's written commitment to make a reverse mortgage loan and may not be required to close or proceed with the loan during that time period. A borrower may not waive the provisions of this subsection (b).

(c) At the time of making a written commitment, the lender shall provide the borrower a separate document in at least 12-point font that contains the following statement: "IMPORTANT NOTICE REGARDING THE COOLING-OFF PERIOD: Illinois State law requires a 3-day cooling-off period for reverse mortgage loans, during which time a potential borrower cannot be required to close or proceed with the loan. The purpose of this requirement is to provide potential borrowers with 3 business days to consider their decision whether to secure a reverse mortgage or not. Potential borrowers may want to seek additional information and an analysis of the commitment from a reverse mortgage counselor during this 3-day period. The 3-day cooling-off period cannot be waived.".

Section 25. Reverse mortgages; restriction on cross-selling. No lender may:

(1) require the purchase of an annuity, investment, life insurance, or long-term care insurance product as a condition of obtaining a reverse mortgage loan; however, nothing in this paragraph precludes a lender from requiring the borrower to purchase property and casualty insurance, title insurance, flood insurance, or other products meant to insure or protect the value of the home and that are customary for residential mortgage or reverse mortgage transactions on the borrower's residence securing the reverse mortgage loan;

(2) enter into any agreement to make a reverse mortgage loan that obligates the borrower to purchase an annuity, investment, life insurance, or long-term care insurance product; or

(3) receive compensation out of reverse mortgage proceeds for providing the borrower with information relating to an annuity, investment, life insurance, long-term care insurance, or property insurance product.

Section 30. Reverse mortgages; restriction on distribution of loan proceeds. No person, other than a borrower's spouse or partner, who directly or indirectly facilitates, processes, negotiates, assists, encourages, arranges, or otherwise induces consumers to take out a reverse mortgage with a lender may receive any portion of the loan proceeds for any service or product, including for services that fall under the Home Repair and Remodeling Act, other than that for bona fide fees for origination of the loan. This Section shall not prohibit disbursements of loan proceeds in compliance with guidelines, including uses defined as mandatory obligations, under the Federal Housing Administration's Home Equity Conversion Mortgage Program.

Section 35. Reverse mortgages; certification requirements.

(a) No reverse mortgage commitment may be made unless all lenders involved in brokering and making the reverse mortgage loan certify, in writing, that:

(1) the borrower has received from the lender the document prepared by the Office of the Attorney General required in Section 15 regarding the advisability and availability of independent information and counseling services on reverse mortgages;

(2) the borrower has received from the lender, at the time a written commitment was made to the applicant to provide a reverse mortgage loan, the disclosure document required in Section 20 regarding the 3-day cooling-off period and that at least 3 business days have passed since the document was provided; the certification shall also include the date the cooling-off period disclosure was provided;

(3) the reverse mortgage loan does not include any current or future requirement for the applicant to purchase an annuity, investment, life insurance, or long-term care insurance product;

(4) no compensation has or will be provided to the lender out of reverse mortgage proceeds for providing the borrower with information relating to an annuity, investment, life insurance, long-term care insurance, or property insurance product; and

(5) to their knowledge, no person, other than a borrower's spouse or partner, who directly or indirectly facilitates, processes, negotiates, assists, encourages, arranges, or otherwise induces consumers to take out a reverse mortgage with a lender has received or will receive any portion of the loan proceeds for any service or product, including for services that fall under the Home Repair and Remodeling Act, other than that for bona fide fees for origination of the loan.

This Section shall not prohibit disbursements of loan proceeds in compliance with guidelines under the Federal Housing Administration's Home Equity Conversion Mortgage Program, including uses defined as mandatory obligations.

(b) The certification regarding these requirements shall be in a separate document in at least 12-point font. The lender shall maintain the certification in an accurate, reproducible, and accessible format for the term of the reverse mortgage.

Section 40. Enforcement.

(a) Any violation of this Act shall also be considered an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Only the Attorney General may enforce violations of this Act. The Attorney General shall only find a violation of this Act if the conduct constitutes a pattern or practice.

(b) Any violation of this Act by a licensee or residential mortgage licensee under the Residential Mortgage License Act of 1987 shall also be considered a violation of the Residential Mortgage License Act of 1987.

Section 900. The Illinois Act on the Aging is amended by changing Section 4.01 as follows:

(20 ILCS 105/4.01) (from Ch. 23, par. 6104.01)

Sec. 4.01. Additional powers and duties of the Department. In addition to powers and duties otherwise provided by law, the Department shall have the following powers and duties:

(1) To evaluate all programs, services, and facilities for the aged and for minority senior citizens within the State and determine the extent to which present public or private programs, services and facilities meet the needs of the aged.

(2) To coordinate and evaluate all programs, services, and facilities for the Aging and for minority senior citizens presently furnished by State agencies and make appropriate recommendations regarding such services, programs and facilities to the Governor and/or the General Assembly.

(2-a) To request, receive, and share information electronically through the use of data-sharing agreements for the purpose of (i) establishing and verifying the initial and continuing eligibility of older adults to participate in programs administered by the Department; (ii) maximizing federal financial participation in State assistance expenditures; and (iii) investigating allegations of fraud or other abuse of publicly funded benefits. Notwithstanding any other law to the contrary, but only for the limited purposes identified in the preceding sentence, this paragraph (2-a) expressly authorizes the exchanges of income, identification, and other pertinent eligibility information by and among the Department and the Social Security Administration, the Department of Employment Security, the Department of Healthcare and Family Services, the Department of Human Services, the Department of Revenue, the Secretary of State, the U.S. Department of Veterans Affairs, and any other governmental entity. The confidentiality of information otherwise shall be maintained as required by law. In addition, the Department on Aging shall verify employment information at the request of a community care provider for the purpose of ensuring program integrity under the Community Care Program.

(3) To function as the sole State agency to develop a comprehensive plan to meet the needs of the State's senior citizens and the State's minority senior citizens.

(4) To receive and disburse State and federal funds made available directly to the Department including those funds made available under the Older Americans Act and the Senior Community Service Employment Program for providing services for senior citizens and minority senior citizens or for purposes related thereto, and shall develop and administer any State Plan for the Aging required by federal law.

(5) To solicit, accept, hold, and administer in behalf of the State any grants or legacies of money, securities, or property to the State of Illinois for services to senior citizens and minority senior citizens or purposes related thereto.

(6) To provide consultation and assistance to communities, area agencies on aging, and groups developing local services for senior citizens and minority senior citizens.

(7) To promote community education regarding the problems of senior citizens and minority senior citizens through institutes, publications, radio, television and the local press.

(8) To cooperate with agencies of the federal government in studies and conferences designed to examine the needs of senior citizens and minority senior citizens and to prepare programs and facilities to meet those needs.

(9) To establish and maintain information and referral sources throughout the State when not provided by other agencies.

(10) To provide the staff support that may reasonably be required by the Council.

(11) To make and enforce rules and regulations necessary and proper to the performance of its duties.

(12) To establish and fund programs or projects or experimental facilities that are specially designed as alternatives to institutional care.

(13) To develop a training program to train the counselors presently employed by the Department's aging network to provide Medicare beneficiaries with counseling and advocacy in Medicare, private health insurance, and related health care coverage plans. The Department shall report to the General Assembly on the implementation of the training program on or before December 1, 1986.

(14) To make a grant to an institution of higher learning to study the feasibility of establishing and implementing an affirmative action employment plan for the recruitment, hiring, training and retraining of persons 60 or more years old for jobs for which their employment would not be precluded by law.

(15) To present one award annually in each of the categories of community service, education, the performance and graphic arts, and the labor force to outstanding Illinois senior citizens and minority senior citizens in recognition of their individual contributions to either community service, education, the performance and graphic arts, or the labor force. The awards shall be presented to 4 senior citizens and minority senior citizens selected from a list of 44 nominees compiled annually by the Department. Nominations shall be solicited from senior citizens' service providers, area agencies on aging, senior citizens' centers, and senior citizens' organizations. The Department shall establish a central location within the State to be designated as the Senior Illinoisans Hall of Fame for the public display of all the annual awards, or replicas thereof.

(16) To establish multipurpose senior centers through area agencies on aging and to fund those new and existing multipurpose senior centers through area agencies on aging, the establishment and funding to begin in such areas of the State as the Department shall designate by rule and as specifically appropriated funds become available.

(17) (Blank). ~~To develop the content and format of the acknowledgment regarding non-recourse reverse mortgage loans under Section 6.1 of the Illinois Banking Act; to provide independent consumer information on reverse mortgages and alternatives; and to refer consumers to independent counseling services with expertise in reverse mortgages.~~

(18) To develop a pamphlet in English and Spanish which may be used by physicians licensed to practice medicine in all of its branches pursuant to the Medical Practice Act of 1987, pharmacists licensed pursuant to the Pharmacy Practice Act, and Illinois residents 65 years of age or older for the purpose of assisting physicians, pharmacists, and patients in monitoring prescriptions provided by various physicians and to aid persons 65 years of age or older in complying with directions for proper use of pharmaceutical prescriptions. The pamphlet may provide space for recording information including but not limited to the following:

(a) name and telephone number of the patient;

(b) name and telephone number of the prescribing physician;

(c) date of prescription;

(d) name of drug prescribed;

(e) directions for patient compliance; and

(f) name and telephone number of dispensing pharmacy.

In developing the pamphlet, the Department shall consult with the Illinois State Medical Society, the Center for Minority Health Services, the Illinois Pharmacists Association and senior citizens organizations. The Department shall distribute the pamphlets to physicians, pharmacists and persons 65 years of age or older or various senior citizen organizations throughout the State.

(19) To conduct a study of the feasibility of implementing the Senior Companion Program throughout the State.

(20) The reimbursement rates paid through the community care program for chore housekeeping services and home care aides shall be the same.

(21) From funds appropriated to the Department from the Meals on Wheels Fund, a special fund in the State treasury that is hereby created, and in accordance with State and federal guidelines and the intrastate funding formula, to make grants to area agencies on aging, designated by the Department, for the sole purpose of delivering meals to homebound persons 60 years of age and older.

(22) To distribute, through its area agencies on aging, information alerting seniors on safety issues regarding emergency weather conditions, including extreme heat and cold, flooding, tornadoes, electrical storms, and other severe storm weather. The information shall include all necessary instructions for safety and all emergency telephone numbers of organizations that will provide additional information and assistance.

(23) To develop guidelines for the organization and implementation of Volunteer Services Credit Programs to be administered by Area Agencies on Aging or community based senior service organizations. The Department shall hold public hearings on the proposed guidelines for public comment, suggestion, and determination of public interest. The guidelines shall be based on the findings of other states and of community organizations in Illinois that are currently operating volunteer services credit programs or demonstration volunteer services credit programs. The Department shall offer guidelines for all aspects of the programs including, but not limited to, the following:

(a) types of services to be offered by volunteers;

(b) types of services to be received upon the redemption of service credits;

(c) issues of liability for the volunteers and the administering organizations;

(d) methods of tracking service credits earned and service credits redeemed;

(e) issues of time limits for redemption of service credits;

(f) methods of recruitment of volunteers;

(g) utilization of community volunteers, community service groups, and other resources for delivering services to be received by service credit program clients;

(h) accountability and assurance that services will be available to individuals who have earned service credits; and

(i) volunteer screening and qualifications.

The Department shall submit a written copy of the guidelines to the General Assembly by July 1, 1998.

(24) To function as the sole State agency to receive and disburse State and federal funds for providing adult protective services in a domestic living situation in accordance with the Adult Protective Services Act.

(25) To hold conferences, trainings, and other programs for which the Department shall determine by rule a reasonable fee to cover related administrative costs. Rules to implement the fee authority granted by this paragraph (25) must be 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.

(Source: P.A. 98-8, eff. 5-3-13; 98-49, eff. 7-1-13; 98-380, eff. 8-16-13; 98-756, eff. 7-16-14.)

(205 ILCS 5/5a rep.) (205 ILCS 5/6.1 rep.) (205 ILCS 5/6.2 rep.)

Section 905. The Illinois Banking Act is amended by repealing Sections 5a, 6.1, and 6.2.

(205 ILCS 205/1010 rep.)

Section 910. The Savings Bank Act is amended by repealing Section 1010.

Section 915. The Illinois Credit Union Act is amended by changing Section 46 as follows:

(205 ILCS 305/46) (from Ch. 17, par. 4447)

Sec. 46. Loans and interest rate.

(1) A credit union may make loans to its members for such purpose and upon such security and terms, including rates of interest, as the credit committee, credit manager, or loan officer approves. Notwithstanding the provisions of any other law in connection with extensions of credit, a credit union may elect to contract for and receive interest and fees and other charges for extensions of credit subject only to the provisions of this Act and rules promulgated under this Act, except that extensions of credit secured by residential real estate shall be subject to the laws applicable thereto. The rates of interest to be charged on loans to members shall be set by the board of directors of each individual credit union in accordance with Section 30 of this Act and such rates may be less than, but may not exceed, the maximum rate set forth in this Section. A borrower may repay his loan prior to maturity, in whole or in part, without penalty. The credit contract may provide for the payment by the member and receipt by the credit union of all costs and disbursements, including reasonable attorney's fees and collection agency charges, incurred by the credit union to collect or enforce the debt in the event of a delinquency by the member, or in the event of a breach of any obligation of the member under the credit contract. A contingency or hourly arrangement established under an agreement entered into by a credit union with an attorney or collection agency to collect a loan of a member in default shall be presumed prima facie reasonable.

(2) Credit unions may make loans based upon the security of any interest or equity in real estate, subject to rules and regulations promulgated by the Secretary. In any contract or loan which is secured by a mortgage, deed of trust, or conveyance in the nature of a mortgage, on residential real estate, the interest which is computed, calculated, charged, or collected pursuant to such contract or loan, or pursuant to any regulation or rule promulgated pursuant to this Act, may not be computed, calculated, charged or collected for any period of time occurring after the date on which the total indebtedness, with the exception of late payment penalties, is paid in full.

For purposes of this subsection (2) of this Section 46, a prepayment shall mean the payment of the total indebtedness, with the exception of late payment penalties if incurred or charged, on any date before the date specified in the contract or loan agreement on which the total indebtedness shall be paid in full, or before the date on which all payments, if timely made, shall have been made. In the event of a prepayment of the indebtedness which is made on a date after the date on which interest on the indebtedness was last computed, calculated, charged, or collected but before the next date on which interest on the indebtedness was to be calculated, computed, charged, or collected, the lender may calculate, charge and collect interest on the indebtedness for the period which elapsed between the date on which the prepayment is made and the date on which interest on the indebtedness was last computed, calculated, charged or collected at a rate equal to 1/360 of the annual rate for each day which so elapsed, which rate shall be applied to the indebtedness outstanding as of the date of prepayment. The lender shall refund to the borrower any interest charged or collected which exceeds that which the lender may charge or collect pursuant to the preceding

sentence. The provisions of this amendatory Act of 1985 shall apply only to contracts or loans entered into on or after the effective date of this amendatory Act.

(3) (Blank). ~~Notwithstanding any other provision of this Act, a credit union authorized under this Act to make loans secured by an interest or equity in real estate may engage in making "reverse mortgage" loans to persons for the purpose of making home improvements or repairs, paying insurance premiums or paying real estate taxes on the homestead properties of such persons. If made, such loans shall be made on such terms and conditions as the credit union shall determine and as shall be consistent with the provisions of this Section and such rules and regulations as the Secretary shall promulgate hereunder. For purposes of this Section, a "reverse mortgage" loan shall be a loan extended on the basis of existing equity in homestead property and secured by a mortgage on such property. Such loans shall be repaid upon the sale of the property or upon the death of the owner or, if the property is in joint tenancy, upon the death of the last surviving joint tenant who had such an interest in the property at the time the loan was initiated, provided, however, that the credit union and its member may by mutual agreement, establish other repayment terms. A credit union, in making a "reverse mortgage" loan, may add deferred interest to principal or otherwise provide for the charging of interest or premiums on such deferred interest. "Homestead" property, for purposes of this Section, means the domicile and contiguous real estate owned and occupied by the mortgagor.~~

(4) Notwithstanding any other provisions of this Act, a credit union authorized under this Act to make loans secured by an interest or equity in real property may engage in making revolving credit loans secured by mortgages or deeds of trust on such real property or by security assignments of beneficial interests in land trusts.

For purposes of this Section, "revolving credit" has the meaning defined in Section 4.1 of the Interest Act.

Any mortgage or deed of trust given to secure a revolving credit loan may, and when so expressed therein shall, secure not only the existing indebtedness but also such future advances, whether such advances are obligatory or to be made at the option of the lender, or otherwise, as are made within twenty years from the date thereof, to the same extent as if such future advances were made on the date of the execution of such mortgage or deed of trust, although there may be no advance made at the time of execution of such mortgage or other instrument, and although there may be no indebtedness outstanding at the time any advance is made. The lien of such mortgage or deed of trust, as to third persons without actual notice thereof, shall be valid as to all such indebtedness and future advances form the time said mortgage or deed of trust is filed for record in the office of the recorder of deeds or the registrar of titles of the county where the real property described therein is located. The total amount of indebtedness that may be so secured may increase or decrease from time to time, but the total unpaid balance so secured at any one time shall not exceed a maximum principal amount which must be specified in such mortgage or deed of trust, plus interest thereon, and any disbursements made for the payment of taxes, special assessments, or insurance on said real property, with interest on such disbursements.

Any such mortgage or deed of trust shall be valid and have priority over all subsequent liens and encumbrances, including statutory liens, except taxes and assessments levied on said real property.

(4-5) For purposes of this Section, "real estate" and "real property" include a manufactured home as defined in subdivision (53) of Section 9-102 of the Uniform Commercial Code which is real property as defined in Section 5-35 of the Conveyance and Encumbrance of Manufactured Homes as Real Property and Severance Act.

(5) Compliance with federal or Illinois preemptive laws or regulations governing loans made by a credit union chartered under this Act shall constitute compliance with this Act.

(6) Credit unions may make residential real estate mortgage loans on terms and conditions established by the United States Department of Agriculture through its Rural Development Housing and Community Facilities Program. The portion of any loan in excess of the appraised value of the real estate shall be allocable only to the guarantee fee required under the program.

(7) For a renewal, refinancing, or restructuring of an existing loan that is secured by an interest or equity in real estate, a new appraisal of the collateral shall not be required when the transaction involves an existing extension of credit at the credit union, no new moneys are advanced other than funds necessary to cover reasonable closing costs, and there has been no obvious or material change in market conditions or physical aspects of the real estate that threatens the adequacy of the credit union's real estate collateral protection after the transaction.

(Source: P.A. 97-133, eff. 1-1-12; 98-749, eff. 7-16-14; 98-784, eff. 7-24-14; revised 10-2-14.)

(205 ILCS 305/46.1 rep.) (205 ILCS 305/46.2 rep.)

Section 920. The Illinois Credit Union Act is amended by repealing Sections 46.1 and 46.2.

Section 925. The Residential Mortgage License Act of 1987 is amended by adding Section 5-5A as follows:

(205 ILCS 635/5-5A new)

Sec. 5-5A. Violations of the Reverse Mortgage Act. Any violation of the Reverse Mortgage Act by a residential mortgage licensee shall be considered a violation of this Act.

(205 ILCS 635/5-5 rep.)

Section 930. The Residential Mortgage License Act of 1987 is amended by repealing Section 5-5.

Section 935. The Consumer Fraud and Deceptive Business Practices Act is amended by changing Section 2Z as follows:

(815 ILCS 505/2Z) (from Ch. 121 1/2, par. 262Z)

Sec. 2Z. Violations of other Acts. Any person who knowingly violates the Automotive Repair Act, the Automotive Collision Repair Act, the Home Repair and Remodeling Act, the Dance Studio Act, the Physical Fitness Services Act, the Hearing Instrument Consumer Protection Act, the Illinois Union Label Act, the Job Referral and Job Listing Services Consumer Protection Act, the Travel Promotion Consumer Protection Act, the Credit Services Organizations Act, the Automatic Telephone Dialers Act, the Pay-Per-Call Services Consumer Protection Act, the Telephone Solicitations Act, the Illinois Funeral or Burial Funds Act, the Cemetery Oversight Act, the Cemetery Care Act, the Safe and Hygienic Bed Act, the Pre-Need Cemetery Sales Act, the High Risk Home Loan Act, the Payday Loan Reform Act, the Mortgage Rescue Fraud Act, subsection (a) or (b) of Section 3-10 of the Cigarette Tax Act, subsection (a) or (b) of Section 3-10 of the Cigarette Use Tax Act, the Electronic Mail Act, the Internet Caller Identification Act, paragraph (6) of subsection (k) of Section 6-305 of the Illinois Vehicle Code, Section 11-1431, 18d-115, 18d-120, 18d-125, 18d-135, 18d-150, or 18d-153 of the Illinois Vehicle Code, Article 3 of the Residential Real Property Disclosure Act, the Automatic Contract Renewal Act, the Reverse Mortgage Act, or the Personal Information Protection Act commits an unlawful practice within the meaning of this Act.
(Source: P.A. 96-863, eff. 1-19-10; 96-1369, eff. 1-1-11; 96-1376, eff. 7-29-10; 97-333, eff. 8-12-11.)".

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendment No. 1 was 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 Collins, **Senate Bill No. 1281** 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 53; NAYS None.

The following voted in the affirmative:

Althoff	Forby	Luechtefeld	Raoul
Anderson	Haine	Manar	Rezin
Barickman	Harmon	Martinez	Righter
Bennett	Harris	McCarter	Rose
Bertino-Tarrant	Hastings	McConnaughay	Sandoval
Biss	Holmes	McGuire	Silverstein
Bivins	Hunter	Morrison	Stadelman
Brady	Hutchinson	Mulroe	Steans
Bush	Jones, E.	Muñoz	Sullivan
Collins	Koehler	Murphy	Syverson
Connelly	Kotowski	Noland	Mr. President
Cunningham	LaHood	Nybo	
Delgado	Lightford	Oberweis	
Duffy	Link	Radogno	

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 Morrison, **Senate Bill No. 1763** was recalled from the order of third reading to the order of second reading.

Senator Morrison offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO SENATE BILL 1763

AMENDMENT NO. 2. Amend Senate Bill 1763, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 1. The Children and Family Services Act is amended by adding Section 5.05 and by adding Section 5.40 as follows:

(20 ILCS 505/5.05 new)

Sec. 5.05. Victims of sex trafficking.

(a) Legislative findings. Because of their histories of trauma, youth in the care of the Department of Children and Family Services are particularly vulnerable to sex traffickers. Sex traffickers often target child care facilities licensed by the Department to recruit their victims. Foster children who are victims of sex trafficking present unique treatment needs that existing treatment programs are not always able to address. The Department of Children and Family Services needs to develop a comprehensive strategy and continuum of care to treat foster children who are identified as victims of sex trafficking.

(b) Multi-disciplinary workgroup. By January 1, 2016, the Department shall convene a multi-disciplinary workgroup to review treatment programs for youth in the Department's care who are victims of sex trafficking and to make recommendations regarding a continuum of care for these vulnerable youth. The workgroup shall do all of the following:

(1) Conduct a survey of literature and of existing treatment program models available in the State and outside the State for youth in the Department's care who are victims of sex trafficking, taking into account whether the programs have been subject to evaluation.

(2) Evaluate the need for new programs in the State, taking into account that youth in the Department's care who are victims of sex trafficking can present a variety of additional needs, including mental illness, medical needs, emotional disturbance, and cognitive delays.

(3) Review existing State laws and rules that permit children to be placed in secured therapeutic residential care and recommend (i) whether secured residential care should be part of a continuum of care in the State for foster youth who have been sexually trafficked and who repeatedly run away from treatment facilities, and if so, whether any amendments to existing State laws and rules should be made; and (ii) the circumstances under which youth should be considered for placement in secured therapeutic residential care.

(4) Make recommendations regarding a continuum of care for children in the Department's care who are victims of sex trafficking.

(c) Composition of workgroup. The workgroup shall consist of a minimum of:

(1) two representatives of the Department, including at least one who is familiar with child care facilities licensed by the Department under the Child Care Act of 1969 that provide residential services;

(2) one representative of a child advocacy organization;

(3) one licensed clinician with expertise in working with youth in the Department's care;

(4) one licensed clinician with expertise in working with youth who are victims of sex trafficking;

(5) one board-certified child and adolescent psychiatrist;

(6) two persons representing providers of residential treatment programs operating in the State;

(7) two persons representing providers of adolescent foster care or specialized foster care programs operating in the State;

(8) one representative of the Department of Children and Family Services' Statewide Youth Advisory Board;

(9) one representative of an agency independent of the Department who has experience in providing treatment to children and youth who are victims of sex trafficking; and

(10) one representative of a law enforcement agency that works with youth who are victims of sex trafficking.

(d) Records and information. Upon request, the Department shall provide the workgroup with all records and information in the Department's possession that are relevant to the workgroup's review of existing programs and to the workgroup's review of the need for new programs for victims of sex trafficking. The Department shall redact any confidential information from the records and information provided to the workgroup to maintain the confidentiality of persons served by the Department.

(e) Workgroup report. The workgroup shall provide a report to the General Assembly no later than January 1, 2017 with its findings and recommendations.

(f) Department report. No later than March 1, 2017, the Department shall implement the workgroup's recommendations, as feasible and appropriate, and shall submit a written report to the General Assembly that explains the Department's decision to implement or to not implement each of the workgroup's recommendations.

(20 ILCS 505/5.40 new)

Sec. 5.40. Multi-dimensional treatment foster care.

Subject to appropriations, beginning January 1, 2016, the Department shall implement a 5-year pilot program of multi-dimensional treatment foster care, or a substantially similar evidence-based program of professional foster care, for (i) children entering care with severe trauma histories, with the goal of returning the child home or maintaining the child in foster care instead of placing the child in congregate care or a more restrictive setting or placement, (ii) children who require placement in foster care when they are ready for discharge from a residential treatment facility, and (iii) children who are identified for residential or group home care and who, based on a determination made by the Department, could be placed in a foster home if higher level interventions are provided. The Department shall contract with licensed private child welfare agencies to administer the program.

The Department shall arrange for an independent evaluation of the pilot program to determine whether it is meeting the goal of maintaining children in the least restrictive, most appropriate family-like setting, near the child's home community, while they are in the Department's care and to determine whether there is a long-term cost benefit to continuing the pilot program.

At the end of the 5-year pilot program, the Department shall submit a report to the General Assembly with its findings of the evaluation. The report shall state whether the Department intends to continue the pilot program and the rationale for its decision.

Section 10. The Department of Human Services Act is amended by adding Section 10-34 as follows:

(20 ILCS 1305/10-34 new)

Sec. 10-34. Public awareness of the national hotline number. The Department of Human Services shall cooperate with the Department of Transportation to promote public awareness regarding the national human trafficking hotline. This includes, but is not limited to, displaying public awareness signs in high risk areas, such as, but not limited to, truck stops, bus stations, train stations, airports, and rest stops.

Section 15. The Child Care Act of 1969 is amended by adding Section 8.5 as follows:

(225 ILCS 10/8.5 new)

Sec. 8.5. Reporting suspected abuse or neglect. The Department shall address through rules and procedures the failure of individual staff at child care facilities or child welfare agencies to report suspected abuse or neglect of children within the child care facility as required by the Abused and Neglected Child Reporting Act.

The rules and procedures shall include provisions for when the Department learns of the child care facility's staff's failure to report suspected abuse or neglect of children and the actions the Department will take to ensure the child care facility takes immediate action with the individual staff involved, if the failure to report suspected abuse and neglect was a single incident or part of a larger incident involving additional staff members who failed to report, or if the failure to report suspected abuse and neglect is a system-wide problem within the child care facility or child welfare agency. The rules and procedures shall also include the use of corrective action plans and the use of supervisory teams to review staff and facility understanding of their reporting requirements.

The Department shall adopt rules by July 1, 2016.

Section 20. The Abused and Neglected Child Reporting Act is amended by changing Sections 3, 7.3, and 7.8 as follows:

(325 ILCS 5/3) (from Ch. 23, par. 2053)

Sec. 3. As used in this Act unless the context otherwise requires:

"Adult resident" means any person between 18 and 22 years of age who resides in any facility licensed by the Department under the Child Care Act of 1969. For purposes of this Act, the criteria set forth in the definitions of "abused child" and "neglected child" shall be used in determining whether an adult resident is abused or neglected.

"Agency" means a child care facility licensed under Section 2.05 or Section 2.06 of the Child Care Act of 1969 and includes a transitional living program that accepts children and adult residents for placement who are in the guardianship of the Department.

"Blatant disregard" means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm. With respect to a person working at an agency in his or her professional capacity with a child or adult resident, "blatant disregard" includes a failure by the person to perform job responsibilities intended to protect the child's or adult resident's health, physical well-being, or welfare, and, when viewed in light of the surrounding circumstances, evidence exists that would cause a reasonable person to believe that the child was neglected. With respect to an agency, "blatant disregard" includes a failure to implement practices that ensure the health, physical well-being, or welfare of the children and adult residents residing in the facility.

"Child" means any person under the age of 18 years, unless legally emancipated by reason of marriage or entry into a branch of the United States armed services.

"Department" means Department of Children and Family Services.

"Local law enforcement agency" means the police of a city, town, village or other incorporated area or the sheriff of an unincorporated area or any sworn officer of the Illinois Department of State Police.

"Abused child" means a child whose parent or immediate family member, or any person responsible for the child's welfare, or any individual residing in the same home as the child, or a paramour of the child's parent:

(a) inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;

(b) creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function;

(c) commits or allows to be committed any sex offense against such child, as such sex offenses are defined in the Criminal Code of 2012 or in the Wrongs to Children Act, and extending those definitions of sex offenses to include children under 18 years of age;

(d) commits or allows to be committed an act or acts of torture upon such child;

(e) inflicts excessive corporal punishment or, in the case of a person working for an agency who is prohibited from using corporal punishment, inflicts corporal punishment upon a child or adult resident with whom the person is working in his or her professional capacity;

(f) commits or allows to be committed the offense of female genital mutilation, as defined in Section 12-34 of the Criminal Code of 2012, against the child;

(g) causes to be sold, transferred, distributed, or given to such child under 18 years of age, a controlled substance as defined in Section 102 of the Illinois Controlled Substances Act in violation of Article IV of the Illinois Controlled Substances Act or in violation of the Methamphetamine Control and Community Protection Act, except for controlled substances that are prescribed in accordance with Article III of the Illinois Controlled Substances Act and are dispensed to such child in a manner that substantially complies with the prescription; or

(h) commits or allows to be committed the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons as defined in Section 10-9 of the Criminal Code of 2012 against the child.

A child shall not be considered abused for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act.

"Neglected child" means any child who is not receiving the proper or necessary nourishment or medically indicated treatment including food or care not provided solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise is not receiving the proper or necessary support or medical or other remedial care recognized under State law as necessary for a child's well-being, or other care necessary for his or her well-being, including adequate food, clothing and shelter; or who is subjected to an environment which is injurious insofar as (i) the child's environment creates a likelihood of harm to the child's health, physical well-being, or welfare and (ii) the likely harm to the child is the result of a blatant disregard of

parent, ~~or~~ caretaker , or agency responsibilities; or who is abandoned by his or her parents or other person responsible for the child's welfare without a proper plan of care; or who has been provided with interim crisis intervention services under Section 3-5 of the Juvenile Court Act of 1987 and whose parent, guardian, or custodian refuses to permit the child to return home and no other living arrangement agreeable to the parent, guardian, or custodian can be made, and the parent, guardian, or custodian has not made any other appropriate living arrangement for the child; or who is a newborn infant whose blood, urine, or meconium contains any amount of a controlled substance as defined in subsection (f) of Section 102 of the Illinois Controlled Substances Act or a metabolite thereof, with the exception of a controlled substance or metabolite thereof whose presence in the newborn infant is the result of medical treatment administered to the mother or the newborn infant. A child shall not be considered neglected for the sole reason that the child's parent or other person responsible for his or her welfare has left the child in the care of an adult relative for any period of time. A child shall not be considered neglected for the sole reason that the child has been relinquished in accordance with the Abandoned Newborn Infant Protection Act. A child shall not be considered neglected or abused for the sole reason that such child's parent or other person responsible for his or her welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care as provided under Section 4 of this Act. A child shall not be considered neglected or abused solely because the child is not attending school in accordance with the requirements of Article 26 of The School Code, as amended.

"Child Protective Service Unit" means certain specialized State employees of the Department assigned by the Director to perform the duties and responsibilities as provided under Section 7.2 of this Act.

"Person responsible for the child's welfare" means the child's parent; guardian; foster parent; relative caregiver; any person responsible for the child's welfare in a public or private residential agency or institution; any person responsible for the child's welfare within a public or private profit or not for profit child care facility; or any other person responsible for the child's welfare at the time of the alleged abuse or neglect, including any person that is the custodian of a child under 18 years of age who commits or allows to be committed, against the child, the offense of involuntary servitude, involuntary sexual servitude of a minor, or trafficking in persons for forced labor or services, as provided in Section 10-9 of the Criminal Code of 2012, or any person who came to know the child through an official capacity or position of trust, including but not limited to health care professionals, educational personnel, recreational supervisors, members of the clergy, and volunteers or support personnel in any setting where children may be subject to abuse or neglect.

"Temporary protective custody" means custody within a hospital or other medical facility or a place previously designated for such custody by the Department, subject to review by the Court, including a licensed foster home, group home, or other institution; but such place shall not be a jail or other place for the detention of criminal or juvenile offenders.

"An unfounded report" means any report made under this Act for which it is determined after an investigation that no credible evidence of abuse or neglect exists.

"An indicated report" means a report made under this Act if an investigation determines that credible evidence of the alleged abuse or neglect exists.

"An undetermined report" means any report made under this Act in which it was not possible to initiate or complete an investigation on the basis of information provided to the Department.

"Subject of report" means any child reported to the central register of child abuse and neglect established under Section 7.7 of this Act as an alleged victim of child abuse or neglect and the parent or guardian of the alleged victim or other person responsible for the alleged victim's welfare who is named in the report or added to the report as an alleged perpetrator of child abuse or neglect.

"Perpetrator" means a person who, as a result of investigation, has been determined by the Department to have caused child abuse or neglect.

"Member of the clergy" means a clergyman or practitioner of any religious denomination accredited by the religious body to which he or she belongs.

(Source: P.A. 96-1196, eff. 1-1-11; 96-1446, eff. 8-20-10; 96-1464, eff. 8-20-10; 97-333, eff. 8-12-11; 97-803, eff. 7-13-12; 97-897, eff. 1-1-13; 97-1063, eff. 8-24-12; 97-1150, eff. 1-25-13.)

(325 ILCS 5/7.3) (from Ch. 23, par. 2057.3)

Sec. 7.3. (a) The Department shall be the sole agency responsible for receiving and investigating reports of child abuse or neglect made under this Act, including reports of adult resident abuse or neglect as defined in this Act, except where investigations by other agencies may be required with respect to reports alleging the death of a child, serious injury to a child or sexual abuse to a child made pursuant to Sections 4.1 or 7 of this Act, and except that the Department may delegate the performance of the investigation to the Department of State Police, a law enforcement agency and to those private social service agencies which have been designated for this purpose by the Department prior to July 1, 1980.

(b) Notwithstanding any other provision of this Act, the Department shall adopt rules expressly allowing law enforcement personnel to investigate reports of suspected child abuse or neglect concurrently with the Department, without regard to whether the Department determines a report to be "indicated" or "unfounded" or deems a report to be "undetermined".

(c) By June 1, 2016, the Department shall adopt rules that address and set forth criteria and standards relevant to investigations of reports of abuse or neglect committed by any agency, as defined in Section 3 of this Act, or person working for an agency responsible for the welfare of a child or adult resident.

(Source: P.A. 95-57, eff. 8-10-07; 96-1446, eff. 8-20-10.)

(325 ILCS 5/7.8) (from Ch. 23, par. 2057.8)

Sec. 7.8. Upon receiving an oral or written report of suspected child abuse or neglect, the Department shall immediately notify, either orally or electronically, the Child Protective Service Unit of a previous report concerning a subject of the present report or other pertinent information. In addition, upon satisfactory identification procedures, to be established by Department regulation, any person authorized to have access to records under Section 11.1 relating to child abuse and neglect may request and shall be immediately provided the information requested in accordance with this Act. However, no information shall be released unless it prominently states the report is "indicated", and only information from "indicated" reports shall be released, except that information concerning pending reports may be released pursuant to Sections 7.14 and 7.22 of this Act to the attorney or guardian ad litem appointed under Section 2-17 of the Juvenile Court Act of 1987 and to any person authorized under paragraphs (1), (2), (3) and (11) of Section 11.1. In addition, State's Attorneys are authorized to receive unfounded reports for prosecution purposes related to the transmission of false reports of child abuse or neglect in violation of subsection (a), paragraph (7) of Section 26-1 of the Criminal Code of 2012 and attorneys and guardians ad litem appointed under Article II of the Juvenile Court Act of 1987 shall receive the reports set forth in Section 7.14 of this Act in conformance with paragraph (19) of Section 11.1 and Section 7.14 of this Act. The Department is authorized and required to release information from unfounded reports, upon request by a person who has access to the unfounded report as provided in this Act, as necessary in its determination to protect children and adult residents who are in child care facilities licensed by the Department under the Child Care Act of 1969. The names and other identifying data and the dates and the circumstances of any persons requesting or receiving information from the central register shall be entered in the register record.

(Source: P.A. 97-1150, eff. 1-25-13; 98-807, eff. 8-1-14; revised 11-25-14.)

Section 99. Effective date. This Act takes effect on January 1, 2016, except that Section 20 takes effect on June 1, 2016.".

The motion prevailed.

And the amendment was adopted and ordered printed.

Senator Morrison offered the following amendment and moved its adoption:

AMENDMENT NO. 3 TO SENATE BILL 1763

AMENDMENT NO. 3. Amend Senate Bill 1763, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 2 as follows:

on page 5, line 2, by replacing "January" with "June"; and

on page 5, by replacing lines 15 through 16 with "provided."; and

on page 7, line 3, by replacing "ensure" with "(i) ensure that"; and

on page 7, line 5, by replacing "involved, if" with "involved and (ii) investigate whether"; and

on page 7, line 7, by replacing "or if" with "or whether".

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendments numbered 2 and 3 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 Morrison, **Senate Bill No. 1763** 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 53; NAYS None.

The following voted in the affirmative:

Althoff	Duffy	Link	Raoul
Anderson	Forby	Luechtefeld	Rezin
Barickman	Haine	Manar	Righter
Bennett	Harmon	Martinez	Rose
Bertino-Tarrant	Harris	McCarter	Sandoval
Biss	Hastings	McConnaughay	Silverstein
Bivins	Holmes	McGuire	Stadelman
Brady	Hunter	Morrison	Steans
Bush	Hutchinson	Mulroe	Sullivan
Collins	Jones, E.	Muñoz	Syverson
Connelly	Koehler	Murphy	Mr. President
Cullerton, T.	Kotowski	Noland	
Cunningham	LaHood	Oberweis	
Delgado	Lightford	Radogno	

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.

READING BILLS OF THE SENATE A SECOND TIME

On motion of Senator Raoul, **Senate Bill No. 7** having been printed, was taken up, read by title a second time.

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

The following amendments were offered in the Committee on Education, adopted and ordered printed:

AMENDMENT NO. 2 TO SENATE BILL 7

AMENDMENT NO. 2. Amend Senate Bill 7 by replacing everything after the enacting clause with the following:

"Section 1. Short title. This Act may be cited as the Youth Sports Concussion Safety Act.

Section 5. Definitions. In this Section:

"Coach" means any volunteer or employee of a youth sports league who is responsible for organizing and supervising players and teaching them or training them in the fundamental skills of extracurricular athletic activities provided by the youth sports league. "Coach" refers to both head coaches and assistant coaches.

"Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness.

"Game official" means a person who officiates at a sponsored youth sports activity, such as a referee or umpire, including, but not limited to, persons enrolled as game officials by the Illinois High School Association, the Illinois Elementary School Association, or a youth sports league.

"Player" means an adolescent or child participating in any sponsored youth sports activity of a youth sports league.

"Sponsored youth sports activity" means any athletic activity, including practice or competition, for players under the direction of a coach, athletic director, or band leader of a youth sports league, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, wrestling, and any other sport offered by a youth sports league. A sponsored youth sports activity does not include an interscholastic athletic activity as that term is defined in Section 22-80 of the School Code.

"Youth sports league" means any incorporated or unincorporated, for-profit or not-for-profit entity that organizes and provides sponsored youth sports activities, including, but not limited to, any athletic association, organization, or federation in this State that is owned, operated, sanctioned, or sponsored by a unit of local government or that is owned, operated, sanctioned, or sponsored by a private person or entity, as well as any amateur athletic organization or qualified amateur sports organization in this State under the U.S. Internal Revenue Code (26 U.S.C. Sec. 501(c)(3) or Sec. 501(j)).

Section 10. Scope of Act. This Act applies to any sponsored youth sports activity sponsored or sanctioned by a youth sports league. This Act does not apply to an interscholastic athletic activity as that term is defined in Section 22-80 of the School Code. This Act applies to sponsored youth sports activities beginning or continuing after January 1, 2016.

Section 15. Concussion and head injury educational materials. Each youth sports league with players who participate in any youth-sponsored sports activity sponsored or sanctioned by the youth sports league is encouraged to make available, electronically or in writing, to coaches, game officials, and players, as well as the parents, guardians, and other persons with legal authority to make medical decisions, educational materials that describe the nature and risk of concussions and head injuries, including the advisability of removal of players that exhibit signs, symptoms, or behaviors consistent with a concussion, such as a loss of consciousness, a headache, dizziness, confusion, or balance problems, from participating in a youth-sponsored sports activity sponsored or sanctioned by the youth sports league.

These educational materials may include materials produced or distributed by the Illinois High School Association, those produced by the U.S. Centers for Disease Control and Prevention, or other comparable materials. The intent of these materials is to assist in educating coaches, game officials, and players and parents, guardians, and other persons with legal authority to make medical decisions for players about the nature and risks of head injuries.

Section 75. The Park District Code is amended by changing Section 8-24 as follows:

(70 ILCS 1205/8-24)

Sec. 8-24. Concussion and head injury educational materials.

(a) In addition to the other powers and authority now possessed by it, any park district is authorized and encouraged to make available to residents and users of park district facilities, including youth athletic programs, electronically or in written form, educational materials that describe the nature and risk of concussion and head injuries, including the advisability of removal of youth athletes that exhibit signs, symptoms, or behaviors consistent with a concussion, such as a loss of consciousness, headache, dizziness, confusion, or balance problems, from a practice or game. These educational materials may include materials produced or distributed by the Illinois High School Association, those produced by the U.S. Centers for Disease Control and Prevention, or other comparable materials. The intent of these materials is to assist in educating coaches, youth athletes, and parents and guardians of youth athletes about the nature and risks of head injuries.

(b) Each park district is subject to and shall comply with the requirements of the Youth Sports Concussion Safety Act if the park district offers a sponsored youth sports activity as a youth sports league as those terms are defined in the Youth Sports Concussion Safety Act.

(Source: P.A. 97-204, eff. 7-28-11.)

Section 80. The School Code is amended by adding Section 22-80 and by changing Section 27A-5 as follows:

(105 ILCS 5/22-80 new)

Sec. 22-80. Student athletes; concussions and head injuries.

(a) The General Assembly recognizes all of the following:

(1) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The Centers for Disease Control and Prevention estimates that as many as 3,900,000 sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

(2) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.

(3) Continuing to play with a concussion or symptoms of a head injury leaves a young athlete especially vulnerable to greater injury and even death. The General Assembly recognizes that, despite having generally recognized return-to-play standards for concussions and head injuries, some affected youth athletes are prematurely returned to play, resulting in actual or potential physical injury or death to youth athletes in this State.

(4) Student athletes who have sustained a concussion may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered. To that end, all schools are encouraged to establish a return-to-learn protocol that is based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines and conduct baseline testing for student athletes.

(b) In this Section:

"Athletic trainer" means an athletic trainer licensed under the Illinois Athletic Trainers Practice Act.

"Coach" means any volunteer or employee of a school who is responsible for organizing and supervising students to teach them or train them in the fundamental skills of an interscholastic athletic activity. "Coach" refers to both head coaches and assistant coaches.

"Concussion" means a complex pathophysiological process affecting the brain caused by a traumatic physical force or impact to the head or body, which may include temporary or prolonged altered brain function resulting in physical, cognitive, or emotional symptoms or altered sleep patterns and which may or may not involve a loss of consciousness.

"Department" means the Department of Financial and Professional Regulation.

"Game official" means a person who officiates at a interscholastic athletic activity, such as a referee or umpire, including, but not limited to, persons enrolled as game officials by the Illinois High School Association or Illinois Elementary School Association.

"Interscholastic athletic activity" means any organized school-sponsored or school-sanctioned activity for students, generally outside of school instructional hours, under the direction of a coach, athletic director, or band leader, including, but not limited to, baseball, basketball, cheerleading, cross country track, fencing, field hockey, football, golf, gymnastics, ice hockey, lacrosse, marching band, rugby, soccer, skating, softball, swimming and diving, tennis, track (indoor and outdoor), ultimate Frisbee, volleyball, water polo, and wrestling. All interscholastic athletics are deemed to be interscholastic activities.

"Licensed healthcare professional" means a person who has experience with concussion management and who is a nurse, a psychologist who holds a license under the Clinical Psychologist Licensing Act and specializes in the practice of neuropsychology, a physical therapist licensed under the Illinois Physical Therapy Act, an occupational therapist licensed under the Illinois Occupational Therapy Practice Act, or otherwise holds a professional license from the Department of Financial and Professional Regulation in the field of healthcare.

"Nurse" means a person who is employed by or volunteers at a school and is licensed under the Nurse Practice Act as a registered nurse, practical nurse, or advanced practice nurse.

"Physician" means a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987.

"School" means any public or private elementary or secondary school, including a charter school.

"Student" means an adolescent or child enrolled in a school.

(c) This Section applies to any interscholastic athletic activity, including practice and competition, sponsored or sanctioned by a school, the Illinois Elementary School Association, or the Illinois High School Association. This Section applies beginning with the 2015-2016 school year.

(d) The governing body of each public or charter school and the appropriate administrative officer of a private school with students enrolled who participate in an interscholastic athletic activity shall appoint or approve a concussion oversight team. Each concussion oversight team shall establish a return-to-play protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and

Prevention guidelines, for a student's return to interscholastic athletics practice or competition following a force or impact believed to have caused a concussion. Each concussion oversight team shall also establish a return-to-learn protocol, based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, for a student's return to the classroom after that student is believed to have experienced a concussion, whether or not the concussion took place while the student was participating in an interscholastic athletic activity.

Each concussion oversight team must include to the extent practicable at least one physician. If a school employs an athletic trainer, the athletic trainer must be a member of the school concussion oversight team to the extent practicable. If a school employs a nurse, the nurse must be a member of the school concussion oversight team to the extent practicable. At a minimum, a school shall appoint a person who is responsible for implementing and complying with the return-to-play and return-to-learn protocals adopted by the concussion oversight team. A school may appoint other licensed healthcare professionals to serve on the concussion oversight team.

(e) A student may not participate in an interscholastic athletic activity for a school year until the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student have signed a form for that school year that acknowledges receiving and reading written information that explains concussion prevention, symptoms, treatment, and oversight and that includes guidelines for safely resuming participation in an athletic activity following a concussion. The form must be approved by Illinois High School Association.

(f) A student must be removed from an interscholastic athletics practice or competition immediately if one of the following persons believes the student might have sustained a concussion during the practice or competition:

(1) a coach;

(2) a physician;

(3) a game official;

(4) an athletic trainer;

(5) the student's parent or guardian or another person with legal authority to make medical decisions for the student;

(6) the student; or

(7) any other person deemed appropriate under the school's return-to-play protocol.

(g) A student removed from an interscholastic athletics practice or competition under this Section may not be permitted to practice or compete again following the force or impact believed to have caused the concussion until:

(1) the student has been evaluated, using established medical protocols based on peer-reviewed scientific evidence consistent with Centers for Disease Control and Prevention guidelines, by a treating physician (chosen by the student or the student's parent or guardian or another person with legal authority to make medical decisions for the student) or an athletic trainer working under the supervision of a physician;

(2) the student has successfully completed each requirement of the return-to-play protocol established under this Section necessary for the student to return to play;

(3) the student has successfully completed each requirement of the return-to-learn protocol established under this Section necessary for the student to return to learn;

(4) the treating physician or athletic trainer working under the supervision of a physician has provided a written statement indicating that, in the physician's professional judgment, it is safe for the student to return to play and return to learn; and

(5) the student and the student's parent or guardian or another person with legal authority to make medical decisions for the student:

(A) have acknowledged that the student has completed the requirements of the return-to-play and return-to-learn protocols necessary for the student to return to play;

(B) have provided the treating physician's or athletic trainer's written statement under subdivision (4) of this subsection (g) to the person responsible for compliance with the return-to-play and return-to-learn protocols under this subsection (g) and the person who has supervisory responsibilities under this subsection (g); and

(C) have signed a consent form indicating that the person signing:

(i) has been informed concerning and consents to the student participating in returning to play in accordance with the return-to-play and return-to-learn protocols;

(ii) understands the risks associated with the student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols; and

(iii) consents to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's written statement under subdivision (4) of this subsection (g) and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

A coach of an interscholastic athletics team may not authorize a student's return to play or return to learn.

The district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of a private school shall supervise an athletic trainer or other person responsible for compliance with the return-to-play protocol and shall supervise the person responsible for compliance with the return-to-learn protocol. The person who has supervisory responsibilities under this paragraph may not be a coach of an interscholastic athletics team.

(h)(1) The Illinois High School Association shall approve, for coaches and game officials of interscholastic athletic activities, training courses that provide for not less than 2 hours of training in the subject matter of concussions, including evaluation, prevention, symptoms, risks, and long-term effects. The Association shall maintain an updated list of individuals and organizations authorized by the Association to provide the training.

(2) The Department shall approve, for athletic trainers, training courses in the subject matter of concussions and shall maintain an updated list of individuals and organizations authorized by the Department to provide the training.

(3) The following persons must take a training course in accordance with paragraph (5) of this subsection (h) from an authorized training provider at least once every 2 years:

(A) a coach of an interscholastic athletic activity;

(B) a nurse who serves as a member of a concussion oversight team and is an employee, representative, or agent of a school;

(C) a game official of an interscholastic athletic activity; and

(D) a nurse who serves on a volunteer basis as a member of a concussion oversight team for a school.

(4) A physician who serves as a member of a concussion oversight team shall, to the greatest extent practicable, periodically take an appropriate continuing medical education course in the subject matter of concussions.

(5) For purposes of paragraph (3) of this subsection (h):

(A) a coach or game officials, as the case may be, must take a course described in paragraph (1) of this subsection (h).

(B) an athletic trainer must take (i) a course described in paragraph (2) of this subsection (h) or (ii) a course concerning the subject matter of concussions that has been approved for continuing education credit by the appropriate licensing authority for the profession; and

(C) a nurse must take a course concerning the subject matter of concussions that has been approved for continuing education credit by the Department.

(6) Each person described in paragraph (3) of this subsection (h) must submit proof of timely completion of an approved course in compliance with paragraph (5) of this subsection (h) to the district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a charter school, or the appropriate administrative officer or that person's designee in the case of a private school.

(7) A physician, athletic trainer, or nurse who is not in compliance with the training requirements under this subsection (h) may not serve on a concussion oversight team in any capacity.

(8) A person required under this subsection (h) to take a training course in the subject of concussions must initially complete the training not later than September 1, 2016.

(i) The governing body of each public or charter school and the appropriate administrative officer of a private school with students enrolled who participate in an interscholastic athletic activity shall develop a venue-specific emergency action plan for interscholastic athletic activities to address the serious injuries and acute medical conditions in which the condition of the student may deteriorate rapidly. The plan shall include a delineation of roles, methods of communication, available emergency equipment, and access to and a plan for emergency transport. This emergency action plan must be:

(1) in writing;

(2) reviewed by the concussion oversight team;

(3) approved by the district superintendent or the superintendent's designee in the case of a public elementary or secondary school, the chief school administrator or that person's designee in the case of a

charter school, or the appropriate administrative officer or that person's designee in the case of a private school;

(4) distributed to all appropriate personnel;

(5) posted conspicuously at all venues; and

(6) reviewed and rehearsed annually by all athletic trainers, first responders, coaches, school nurses, athletic directors, and volunteers for interscholastic athletic activities.

(j) The State Board of Education may adopt rules as necessary to administer this Section.

(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 the effective date of this amendatory Act of the 93rd General Assembly, 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 this amendatory Act of the 93rd General Assembly do not apply to charter schools existing or approved on or before the effective date of this amendatory Act.

(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.

On or before March 1, 2014, the Commission shall submit to the General Assembly a report on the effect of virtual-schooling, including without limitation the effect on student performance, the costs associated with virtual-schooling, and issues with oversight. The report shall include policy recommendations for virtual-schooling.

(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.

(d) A charter school shall comply with all applicable health and safety requirements applicable to public schools under the laws of the State of Illinois.

(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 language learners, referred to in this Code as "children of limited English-speaking ability"; 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, except 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 24-24 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;

(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; ~~and~~
(9) Section 27-23.7 of this Code regarding bullying prevention; .
(10) ~~(9)~~ Section 2-3.162 ~~2-3.160~~ of this ~~the School~~ Code regarding student discipline reporting ; and
.

(11) Section 22-80 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 the effective date of this amendatory Act of the 93rd General Assembly 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 the effective date of this amendatory Act of the 93rd General Assembly 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 Commission, then the Commission charter school is its own local education agency.

(Source: P.A. 97-152, eff. 7-20-11; 97-154, eff. 1-1-12; 97-813, eff. 7-13-12; 98-16, eff. 5-24-13; 98-639, eff. 6-9-14; 98-669, eff. 6-26-14; 98-739, eff. 7-16-14; 98-783, eff. 1-1-15; 98-1059, eff. 8-26-14; 98-1102, eff. 8-26-14; revised 10-14-14.)

(105 ILCS 5/10-20.54 rep.) (105 ILCS 5/34-18.46 rep.)

Section 85. The School Code is amended by repealing Sections 10-20.54 and 34-18.46.

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

AMENDMENT NO. 3 TO SENATE BILL 7

AMENDMENT NO. 3 . Amend Senate Bill 7, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 2, on page 5, line 11, by replacing "offers", with "is directly responsible for organizing and providing"; and

on page 5, line 12, after "league", by inserting "by registering the players and selecting the coaches,".

AMENDMENT NO. 4 TO SENATE BILL 7

AMENDMENT NO. 4 . Amend Senate Bill 7, AS AMENDED, with reference to page and line numbers of House Amendment No. 2, on page 8, by replacing lines 19 through 22 with the following: "licensed under the Illinois Occupational Therapy Practice Act."; and

on page 13, line 15, after "physician's" by inserting "or athletic trainer's"; and

on page 14, by deleting lines 15 through 18; and

on page 14, line 19, by replacing "(3)" with "(2)"; and

on page 14, line 20, by replacing "(5)" with "(4)"; and

on page 15, line 4, by replacing "(4)" with "(3)"; and

on page 15, line 8, by replacing "(5)" with "(4)"; and

on page 15, line 8, by replacing "(3)" with "(2)"; and

on page 15, by replacing lines 12 through 16 with the following:
"(B) an athletic trainer must take a concussion-related continuing education course from an athletic trainer continuing education sponsor approved by the Department; and"; and

on page 15, line 20, by replacing "(6)" with "(5)"; and

on page 15, line 20, by replacing "(3)" with "(2)"; and

on page 15, line 22, by replacing "(5)" with "(4)"; and

on page 16, line 3, by replacing "(7)" with "(6)"; and

on page 16, line 7, by replacing "(8)" with "(7)".

There being no further amendments, the foregoing Amendments Numbered 2, 3 and 4 were ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Syverson, **Senate Bill No. 1470** having been printed, was taken up, read by title a second time.

The following amendments were offered in the Committee on Local Government, adopted and ordered printed:

AMENDMENT NO. 1 TO SENATE BILL 1470

AMENDMENT NO. 1. Amend Senate Bill 1470 on page 2, line 12, after "president", by inserting "in municipalities with a population under 10,000".

AMENDMENT NO. 2 TO SENATE BILL 1470

AMENDMENT NO. 2. Amend Senate Bill 1470 on page 2, line 13, after "offices" by inserting "except when a mayor or president in a municipality with a population under 10,000 is also the budget officer".

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

At the hour of 1:21 o'clock p.m., Senator Sullivan, presiding.

At the hour of 1:30 o'clock p.m., Senator Link, presiding.

REPORT FROM COMMITTEE ON ASSIGNMENTS

Senator Harmon, Chairperson of the Committee on Assignments, during its April 29, 2015 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Agriculture: **HOUSE BILLS 208, 3523, 3674, 3747, 4029 and 4115**.

Commerce and Economic Development: **Committee Amendment No. 1 to House Bill 3425**; **HOUSE BILLS 642, 3284, 3497, 3765, 3840 and 3887**.

Criminal Law: **HOUSE BILLS 169, 218, 242, 330, 1119, 2569, 2722, 2822, 2919, 3141, 3143, 3149, 3475, 3533, 3587, 3785, 3884, 3896, 3930 and 4089**.

Education: **HOUSE BILLS 494, 806, 1360, 1790, 2657, 2683, 2781, 2807, 3123, 3190, 3197, 3527, 3823 and 4025**.

Energy and Public Utilities: **HOUSE BILLS 3560 and 3766**.

Environment and Conservation: **HOUSE BILLS 437, 1014, 1015, 1326, 1429, 1445, 1455, 3341, 3430, 4007 and 4128**.

Executive: **Floor Amendment No. 2 to Senate Bill 277; Committee Amendment No. 1 to Senate Bill 1254; Committee Amendment No. 1 to Senate Bill 1273**; **HOUSE BILLS 940, 1051, 1081, 1452, 2459, 2717, 2916, 3237, 3299, 3303, 3306, 3485, 3763, 3895, 4018, 4078 and 4113**.

Financial Institutions: **HOUSE BILLS 2627, 3333 and 3429**.

Higher Education: **HOUSE BILLS 3428, 3476, 3593 and 3897.**

Human Services: **HOUSE BILLS 1876, 2482, 2543, 2791, 3172, 3270, 3311, 3324, 3503, 3507, 3684, 4049, 4096 and 4112**.

Insurance: **HOUSE BILLS 235, 2763, 2788, 3549, 3909, 3910 and 4015**.

Judiciary: **HOUSE BILLS 341, 573, 745, 1485, 1531, 1588, 1744, 2505, 2556, 2635, 2705, 2745, 2823, 3161, 3268, 3445, 3493, 3512, 3898, 3932, 3983, 4006, 4090, 4097 and 4130**.

Labor: **HOUSE BILLS 3323 and 3619**.

Licensed Activities and Pensions: **HOUSE BILLS 421, 500, 1320, 1359, 1422, 2502, 3332, 3359, 3369 and 3757**.

Local Government: **HOUSE BILLS 233, 372, 735, 1665, 2474, 2547, 3104, 3273, 3334, 3434, 3664 and 3882**.

Public Health: **Committee Amendment No. 1 to Senate Resolution 237**; **HOUSE BILLS 152, 184, 1004, 1660, 2486, 2653, 2690, 2706, 3133, 3158, 3375, 3398, 3457, 3504, 3510, 3531, 3616, 3761, 3848 and 4120**.

Revenue: **HOUSE BILL 3121**.

State Government and Veterans Affairs: **Floor Amendment No. 1 to Senate Bill 1846**; **HOUSE BILLS 1490, 2824, 2932, 3122, 3211, 3217, 3220, 3229, 3389, 3667, 3686 and 3721**.

Transportation: **HOUSE BILLS 1666, 2580, 2685, 3126, 3136, 3241, 3269, 3289, 3384, 3746, 3764, 3788, 3797, 3812, 3944 and 4074**.

Senator Harmon, Chairperson of the Committee on Assignments, during its April 29, 2015 meeting, reported the following Resolutions have been assigned to the indicated Standing Committees of the Senate:

Education: **Senate Resolution No. 339.**

Executive: **Senate Resolution No. 317.**

Higher Education: **Senate Resolution No. 319; Senate Joint Resolution No. 20.**

Labor: **House Joint Resolution No. 28.**

Public Health: **Senate Resolution No. 318; Senate Joint Resolution No. 22.**

Transportation: **House Joint Resolutions Numbered 1, 2, 5, 6, 9 and 17.**

Senator Harmon, Chairperson of the Committee on Assignments, during its April 29, 2015 meeting, reported the following Appointment Messages have been assigned to the indicated Standing Committee of the Senate:

Executive Appointments: **Appointment Messages Numbered 990113, 990114, 990115, 990116, 990117, 990118, 990119, 990120, 990121, 990122, 990123, 990124, 990125, 990126, 990127, 990128, 990129, 990130, 990131, 990132, 990133, 990134, 990135, 990136, 990137, 990138, 990139, 990140, 990141, 990142, 990143, 990144, 990145, 990146, 990147, 990148, 990149, 990150, 990151, 990152, 990153, 990154, 990155, 990156, 990157, 990158, 990159, 990160, 990161, 990162, 990163, 990164, 990165, 990166, 990167, 990168, 990169, 990170, 990171, 990172, 990173, 990174, 990175, 990176, 990177, 990178, 990179, 990180, 990181, 990182, 990183, 990184, 990185, 990186, 990187, 990188, 990189, 990190, 990191, 990192, 990193, 990194, 990195, 990196, 990197 and 990198.**

Senator Harmon, Chairperson of the Committee on Assignments, during its April 29, 2015 meeting, to which was referred **House Bills numbered 2471, 2513, 2636, 3086, 3213 and 3382**, reported the same back with the recommendation that the bill be placed on the order of second reading without recommendation to committee.

CONSIDERATION OF RESOLUTION ON SECRETARY'S DESK

Senator Lightford moved that **Senate Resolution No. 325**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Lightford moved that Senate Resolution No. 325 be adopted.

The motion prevailed.

And the resolution was adopted.

MESSAGES FROM THE PRESIDENT

OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS

JOHN J. CULLERTON
SENATE PRESIDENT

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

April 29, 2015

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator John Mulroe to temporarily replace Senator James Clayborne as a member of the Senate Executive Committee. This appointment will automatically expire upon adjournment of the Senate Executive Committee.

Sincerely,

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

cc: Senate Minority Leader Christine Radogno

OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS

JOHN J. CULLERTON
SENATE PRESIDENT

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

April 29, 2015

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Iris Martinez to temporarily replace Senator Napoleon Harris as a member of the Senate Insurance Committee. This appointment will automatically expire upon adjournment of the Senate Insurance Committee.

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

cc: Senate Minority Leader Christine Radogno

At the hour of 1:43 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 5:08 o'clock p.m., the Senate resumed consideration of business.
Senator Harmon, presiding.

PRESENTATION OF RESOLUTION

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

SENATE JOINT RESOLUTION NO. 25

WHEREAS, The members of the Illinois Senate and the House of Representatives recognize the Ansar Shriners' 100th anniversary on July 13, 2015; and

WHEREAS, The Illinois Ansar Shriners was chartered on July 13, 1915 by action of the Annual Session of the Ancient Arabic Order of the Nobles of the Mystic Shrine (now Shriners International) and became the 136th chapter of the fraternity; and

WHEREAS, The Ansar Shriners of Springfield is one of 5 Shrine Centers in Illinois; it is the 17th largest of the 193 Shrine Centers throughout the world; and

WHEREAS, The members of Ansar Shriners exemplify the Masonic tenets of Faith, Hope, and Charity; and

WHEREAS, Ansar is taken after the Arabic word meaning "Those Who Give Aid", which Ansar Nobles do through their support of the 19 Shriners Hospitals for Children, which provide orthopedic care, and 3 hospitals that provide pediatric burn treatment; treatment is provided at the hospitals regardless of the families' ability to pay for services; and

WHEREAS, Over the past 100 years, Shriners have been active throughout central Illinois in parades, festivals, paper crusades, and membership initiation ceremonies; and

WHEREAS, The Ansar Shriners will celebrate the organization's 100th anniversary with a year of public events, including parades, membership initiations, the Shrine Circus, and events at numerous festivals and homecomings throughout the State, concluding with a 100th year celebration on July 18, 2015 in Springfield; therefore, be it

RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that we designate July 13, 2015 as Ansar Shriners of Springfield Day in the State of Illinois; and be it further

RESOLVED, That we recognize the success and dedicated service of the Ansar Shriners on the occasion of the organization's 100th anniversary; and be it further

RESOLVED, That a suitable copy of this resolution be presented to the Ansar Shriners of Springfield.

REPORTS FROM STANDING COMMITTEES

Senator Martinez, Chairperson of the Committee on Licensed Activities and Pensions, to which was referred **Senate Bill No. 763,** 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 Landek, Chairperson of the Committee on State Government and Veterans Affairs, to which was referred **Senate Bill No. 691,** 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 Landek, Chairperson of the Committee on State Government and Veterans Affairs, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to Senate Bill 1846

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

Senator Harmon, Chairperson of the Committee on Executive, to which was referred **Senate Bills Numbered 868, 1254 and 1273,** 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 Harmon, Chairperson of the Committee on Executive, to which was referred the following Senate floor amendments, reported that the Committee recommends do adopt:

Senate Amendment No. 2 to Senate Bill 277
Senate Amendment No. 1 to Senate Bill 438

Under the rules, the foregoing floor amendments are eligible for consideration on second reading.

Senator Harmon, Chairperson of the Committee on Executive, to which was referred **House Bills Numbered 422, 1285, 2557 and 3262,** reported the same back with the recommendation that the bills do pass.

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

Senator Haine, Chairperson of the Committee on Insurance, to which was referred **House Bills Numbered 439, 2677 and 3137,** reported the same back with the recommendation that the bills do pass.

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

MESSAGES FROM THE HOUSE

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

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

HOUSE JOINT RESOLUTION NO. 35

WHEREAS, The State of Illinois has committed to achieving a goal of 60% of adults in Illinois having a college degree or marketable certificate by the year 2025; and

WHEREAS, In order to reach that goal, the Illinois Community College System has committed to producing an additional 3,003 degrees by 2020 and an additional 18,997 degrees by 2025, with a total of 22,000 additional degrees by 2025; and

WHEREAS, Community colleges are the primary provider of higher education in Illinois, as 63.9% of all students who are enrolled in an institution of higher education in Illinois attend a community college; and

WHEREAS, Community colleges are the primary providers of higher education for at-risk, minority, low-income, and underrepresented populations; and

WHEREAS, According to the National Center for Education Statistics, nontraditional students represent greater proportions of populations in need, including women and racial-ethnic minorities, compared to their traditional counterparts; and

WHEREAS, Illinois community colleges have become less affordable as tuition and fees increased 52% from 2004 to 2010 and have further increased over 32% since 2008; as of fiscal year 2012, tuition and fees average 5.2% higher than the national average; and

WHEREAS, The Illinois Community College System Economic Impact Study report clearly demonstrates that Illinois community colleges add skills to the workforce and boost the competitiveness of Illinois businesses; and

WHEREAS, Illinois community colleges have strong partnerships with local employers, providing needed vocational training and education for current and prospective employees; and

WHEREAS, The Workforce Innovation and Opportunity Act of 2014 provides requirements for even stronger collaboration and partnership between education and the workforce, with the involvement of the federal Departments of Education and Labor; and

WHEREAS, Illinois community college graduates contribute tremendously to their local communities, the State of Illinois, and the nation, generating $4.0 billion in State income tax revenue and $14.2 billion in federal income tax revenue between 2003 and 2012; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we affirm that community colleges play a dynamic and essential role in driving the economy and workforce of the State of Illinois; and be it further

RESOLVED, That in order to stimulate economic growth, have an educated population, and better prepare students for their careers, the General Assembly of the State of Illinois welcomes cooperation from the Office of the Governor of Illinois and will endeavor to address the issue of community college affordability, with special consideration taken for nontraditional students.

Adopted by the House, April 29, 2015.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 35 was referred to the Committee on Assignments.

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

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

HOUSE JOINT RESOLUTION NO. 36

WHEREAS, Illinois has required its public schools to provide bilingual education services to English Learners (EL) since 1972; today, more than 600 school districts serve more than 205,000 language-minority children with bilingual programs, with the goal of transitioning all English Learners into mainstream classrooms in 3 years or less; although most EL students are native speakers of Spanish, EL enrollees are native speakers of 139 different languages; and

WHEREAS, Illinois bilingual educators have been remarkably innovative, professional, and successful; despite many serious obstacles to success, two-thirds of bilingual students attain English proficiency; only 2.7% of language-minority students drop out before completing transitional bilingual programs; students who gain English proficiency meet or exceed the Illinois Standards Achievement Test performance of native English speakers in reading and mathematics for grades 6, 7, and 8; about 7,400 teachers hold some type of EL certification; and

WHEREAS, The State Board of Education adopted new learning standards in 2010 and is implementing an aligned assessment this year; it is important to know how these changes are impacting ELs, as well as the issues being discussed in Congress regarding the rewrite of the Elementary and Secondary Education Act; and

WHEREAS, Most Illinois counties now have EL enrollees; and

WHEREAS, Illinois adopted the State Seal of Biliteracy, to be awarded beginning in the 2014-2015 school year, promoting the importance of the development of proficiency in 2 or more languages; ELs arrive at schools with linguistic assets in their home languages, which, if developed, can be a basis for biliteracy; while State law requires services for ELs, including developing English proficiency, it does not require the maintenance and development of the home language; unsupported, proficiency in the home language can be lost over time; subsequently, like other students, ELs often take a foreign language in high school; we must study how to better develop home languages and promote biliteracy in conjunction with services for ELs; and

WHEREAS, Computers are now in widespread use in public schools, but primarily in mainstream classrooms; the potential of modern technology has yet to be harnessed in bilingual and EL classrooms and must be studied on how best to be incorporated into EL programs; and

WHEREAS, Teachers, schools, and districts have developed highly effective instructional strategies that may not be widely known; it is time to comprehensively identify those best practices so that all programs may use them; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-NINTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that there is created the Bilingual Advisory Task Force, consisting of the following members: (1) 2 individuals appointed by the Speaker of the House, one of whom shall be a member of the House of Representatives, and the other whom shall serve as Co-Chair; (2) 2 individuals appointed by the Senate President, one of whom shall be a member of the Senate, and the other whom shall serve as Co-Chair; (3) one member of the House of Representatives appointed by the Minority Leader of the House; (4) one member of the Senate appointed by the Minority Leader of the Senate; (5) 3 educators who hold a professional educator license endorsed for bilingual education or English as a second language from 3 different school districts in the northern, central, and southern region of the State appointed by the State Superintendent of Education; (6) 3 educators who hold a professional educator license endorsed for bilingual education or English as a second language from 3 different school districts in the northern, central, and southern region of the State appointed by the State Superintendent of Education; (7) one administrator of a school district with an English Learner student population of at least 20% appointed by the State Superintendent of Education; (8) the Executive Director of a statewide association representing principals, or his or her designee, who is the principal of a school in a school district with an English Learner student population of at least 20% appointed by the State Superintendent of Education; (9) the President of an association representing principals in a city with a population of more than 500,000, or his or her designee, who is the principal of a school in a school district with an English Learner student population of at least 20% appointed by the State Superintendent of Education; (10) one school district administrator of bilingual education programs that meet the requirements under 23 Ill. Admin. Code 228.35(d) appointed by the State Superintendent of Education; (11) the State Superintendent of Education or his or her designee; and (12) the Executive Director of the Illinois Community College Board or his or her designee; and be it further

RESOLVED, That the Bilingual Advisory Task Force shall first meet at the call of the State Superintendent of Education and following meetings shall meet at the call of the Co-Chairs; and be it further

RESOLVED, A quorum of the Bilingual Advisory Task Force shall consist of a majority of the members of the Bilingual Advisory Task Force; and be it further

RESOLVED, That the Co-Chairs of the Bilingual Advisory Task Force may add additional non-voting members to the Task Force; and be it further

RESOLVED, That the Bilingual Advisory Task Force shall evaluate whether the framework for existing bilingual education, including Transitional Bilingual Education programs and the Transitional Program of Instruction, is appropriate for learning today; and be it further

RESOLVED, That the Bilingual Advisory Task Force shall evaluate the use of learning technologies in bilingual education to ensure that the same techniques, types of software, and hardware are used to educate English Learners as are provided today for mainstream classrooms; and be it further

RESOLVED, That the Bilingual Advisory Task Force shall examine the competencies, experience, and coursework necessary to teach in a setting in which English Learners are involved; and be it further

RESOLVED, That the Bilingual Advisory Task Force shall make recommendations that will ensure that all bilingual programs focus on the parallel goals of achieving academic parity for English Learners while, at the same time, accelerating English proficiency so that bilingual students are prepared to perform well in the mainstream classroom; and be it further

[April 29, 2015]

RESOLVED, That the Bilingual Advisory Task Force shall make recommendations regarding whether the existing requirement and supporting regulations for bilingual education lead to deployment of all necessary educational, technological, and human resources to support the academic success of bilingual students; and be it further

RESOLVED, That the Bilingual Advisory Task Force shall seek input from stakeholders and members of the public on issues and possible improvements to bilingual education in Illinois; and be it further

RESOLVED, That the State Board of Education shall provide administrative support for the Bilingual Task Force; and be it further

RESOLVED, That the Bilingual Task Force submit its findings and recommendations to the Governor and General Assembly by December 15, 2015; and be it further

RESOLVED, That a suitable copy of this resolution be delivered to the General Assembly, the Governor, the Chairperson of the State Board of Education, and the State Superintendent of Education; and be it further

RESOLVED, That the State Board of Education shall provide a copy of this resolution to school districts in the State.

Adopted by the House, April 29, 2015.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 36 was referred to the Committee on Assignments.

READING BILLS OF THE SENATE A SECOND TIME

On motion of Senator Sandoval, **Senate Bill No. 691** having been printed, was taken up, read by title a second time.

Committee Amendment No. 1 was postponed in the Committee on State Government and Veterans Affairs.

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

AMENDMENT NO. 2 TO SENATE BILL 691

AMENDMENT NO. 2. Amend Senate Bill 691 by replacing everything after the enacting clause with the following:

"Section 5. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by adding Section 2310-685 as follows:

(20 ILCS 2310/2310-685 new)

Sec. 2310-685. Health care facility; policy to encourage participation in capital projects.

(a) A health care facility shall develop a policy to encourage the participation of minority-owned, women-owned, veteran-owned, and small business enterprises in capital projects undertaken by the health care facility.

(b) A health care system may develop a system-wide policy in order to comply with the requirement of subsection (a) of this Section.

(c) The policy required under this Section must be developed no later than 6 months after the effective date of this amendatory Act of the 99th General Assembly.

(d) This Section does not apply to health care facilities with 100 or fewer beds, health care facilities located in a county with a total census population of less than 3,000,000, or health care facilities owned or operated by a unit of local government or the State or federal government.

(e) For the purpose of this Section, "health care facility" has the same meaning as set forth in the Illinois Health Facilities Planning Act.".

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

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

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

AMENDMENT NO. 1 TO SENATE BILL 763

AMENDMENT NO. 1. Amend Senate Bill 763 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Pension Code is amended by changing Section 7-109.3 as follows:
(40 ILCS 5/7-109.3) (from Ch. 108 1/2, par. 7-109.3)
Sec. 7-109.3. "Sheriff's Law Enforcement Employees".
(a) "Sheriff's law enforcement employee" or "SLEP" means:
(1) A county sheriff and all deputies, other than special deputies, employed on a full time basis in the office of the sheriff.
(2) A person who has elected to participate in this Fund under Section 3-109.1 of this Code, and who is employed by a participating municipality to perform police duties.
(3) A law enforcement officer employed on a full time basis by a Forest Preserve District, provided that such officer shall be deemed a "sheriff's law enforcement employee" for the purposes of this Article, and service in that capacity shall be deemed to be service as a sheriff's law enforcement employee, only if the board of commissioners of the District have so elected by adoption of an affirmative resolution. Such election, once made, may not be rescinded.
(4) A person not eligible to participate in a fund established under Article 3 of this Code who is employed on a full-time basis by a participating municipality or participating instrumentality to perform police duties at an airport, but only if the governing authority of the employer has approved sheriff's law enforcement employee status for its airport police employees by adoption of an affirmative resolution. Such approval, once given, may not be rescinded.
(5) A person employed by a participating municipality with at least 50 full-time firefighters that has not established a fund under Article 4 of this Code and who is employed on a full-time basis by that participating municipality to perform firefighting and EMS duties, but only if the governing authority of the employer has approved sheriff's law enforcement employee status for its firefighting employees by adoption of an affirmative resolution. The resolution may specify that SLEP status be applicable to such employment occurring on or after January 1, 2011. Such approval shall be revocable only upon the establishment of an Article 4 fund by such municipality.
(b) An employee who is a sheriff's law enforcement employee and is granted military leave or authorized leave of absence shall receive service credit in that capacity. Sheriff's law enforcement employees shall not be entitled to out-of-State service credit under Section 7-139.
(Source: P.A. 92-16, eff. 6-28-01.)

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

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

On motion of Senator Muñoz, **Senate Bill No. 868** having been printed, was taken up, read by title a second time.

The following amendments were offered in the Committee on Executive, adopted and ordered printed:

AMENDMENT NO. 1 TO SENATE BILL 868

AMENDMENT NO. 1. Amend Senate Bill 868 by replacing everything after the enacting clause with the following:

"Section 5. The Liquor Control Act of 1934 is amended by changing Section 6-16 as follows:
(235 ILCS 5/6-16) (from Ch. 43, par. 131)

Sec. 6-16. Prohibited sales and possession.

(a) (i) No licensee nor any officer, associate, member, representative, agent, or employee of such licensee shall sell, give, or deliver alcoholic liquor to any person under the age of 21 years or to any intoxicated person, except as provided in Section 6-16.1. (ii) No express company, common carrier, or contract carrier nor any representative, agent, or employee on behalf of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State shall knowingly give or knowingly deliver to a residential address any shipping container clearly labeled as containing alcoholic liquor and labeled as requiring signature of an adult of at least 21 years of age to any person in this State under the age of 21 years. An express company, common carrier, or contract carrier that carries or transports such alcoholic liquor for delivery within this State shall obtain a signature at the time of delivery acknowledging receipt of the alcoholic liquor by an adult who is at least 21 years of age. At no time while delivering alcoholic beverages within this State may any representative, agent, or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State deliver the alcoholic liquor to a residential address without the acknowledgment of the consignee and without first obtaining a signature at the time of the delivery by an adult who is at least 21 years of age. A signature of a person on file with the express company, common carrier, or contract carrier does not constitute acknowledgement of the consignee. Any express company, common carrier, or contract carrier that transports alcoholic liquor for delivery within this State that violates this item (ii) of this subsection (a) by delivering alcoholic liquor without the acknowledgement of the consignee and without first obtaining a signature at the time of the delivery by an adult who is at least 21 years of age is guilty of a business offense for which the express company, common carrier, or contract carrier that transports alcoholic liquor within this State shall be fined not more than $1,001 for a first offense, not more than $5,000 for a second offense, and not more than $10,000 for a third or subsequent offense. An express company, common carrier, or contract carrier shall be held vicariously liable for the actions of its representatives, agents, or employees. For purposes of this Act, in addition to other methods authorized by law, an express company, common carrier, or contract carrier shall be considered served with process when a representative, agent, or employee alleged to have violated this Act is personally served. Each shipment of alcoholic liquor delivered in violation of this item (ii) of this subsection (a) constitutes a separate offense. (iii) No person, after purchasing or otherwise obtaining alcoholic liquor, shall sell, give, or deliver such alcoholic liquor to another person under the age of 21 years, except in the performance of a religious ceremony or service. Except as otherwise provided in item (ii), any express company, common carrier, or contract carrier that transports alcoholic liquor within this State that violates the provisions of item (i), (ii), or (iii) of this paragraph of this subsection (a) is guilty of a Class A misdemeanor and the sentence shall include, but shall not be limited to, a fine of not less than $500. Any person who violates the provisions of item (iii) of this paragraph of this subsection (a) is guilty of a Class A misdemeanor and the sentence shall include, but shall not be limited to a fine of not less than $500 for a first offense and not less than $2,000 for a second or subsequent offense. Any person who knowingly violates the provisions of item (iii) of this paragraph of this subsection (a) is guilty of a Class 4 felony if a death occurs as the result of the violation.

If a licensee or officer, associate, member, representative, agent, or employee of the licensee, or a representative, agent, or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State, is prosecuted under this paragraph of this subsection (a) for selling, giving, or delivering alcoholic liquor to a person under the age of 21 years, the person under 21 years of age who attempted to buy or receive the alcoholic liquor may be prosecuted pursuant to Section 6-20 of this Act, unless the person under 21 years of age was acting under the authority of a law enforcement agency, the Illinois Liquor Control Commission, or a local liquor control commissioner pursuant to a plan or action to investigate, patrol, or conduct any similar enforcement action.

For the purpose of preventing the violation of this Section, any licensee, or his agent or employee, or a representative, agent, or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State, shall refuse to sell, deliver, or serve alcoholic beverages to any person who is unable to produce adequate written evidence of identity and of the fact that he or she is over the age of 21 years, if requested by the licensee, agent, employee, or representative.

Adequate written evidence of age and identity of the person is a document issued by a federal, state, county, or municipal government, or subdivision or agency thereof, including, but not limited to, a motor vehicle operator's license, a registration certificate issued under the Federal Selective Service Act, or an identification card issued to a member of the Armed Forces. Proof that the defendant-licensee, or his employee or agent, or the representative, agent, or employee of the express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State demanded, was shown and reasonably relied upon such written evidence in any transaction forbidden by this Section is an

affirmative defense in any criminal prosecution therefor or to any proceedings for the suspension or revocation of any license based thereon. It shall not, however, be an affirmative defense if the agent or employee accepted the written evidence knowing it to be false or fraudulent. If a false or fraudulent Illinois driver's license or Illinois identification card is presented by a person less than 21 years of age to a licensee or the licensee's agent or employee for the purpose of ordering, purchasing, attempting to purchase, or otherwise obtaining or attempting to obtain the serving of any alcoholic beverage, the law enforcement officer or agency investigating the incident shall, upon the conviction of the person who presented the fraudulent license or identification, make a report of the matter to the Secretary of State on a form provided by the Secretary of State.

However, no agent or employee of the licensee or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State shall be disciplined or discharged for selling or furnishing liquor to a person under 21 years of age if the agent or employee demanded and was shown, before furnishing liquor to a person under 21 years of age, adequate written evidence of age and identity of the person issued by a federal, state, county or municipal government, or subdivision or agency thereof, including but not limited to a motor vehicle operator's license, a registration certificate issued under the Federal Selective Service Act, or an identification card issued to a member of the Armed Forces. This paragraph, however, shall not apply if the agent or employee accepted the written evidence knowing it to be false or fraudulent.

Any person who sells, gives, or furnishes to any person under the age of 21 years any false or fraudulent written, printed, or photostatic evidence of the age and identity of such person or who sells, gives or furnishes to any person under the age of 21 years evidence of age and identification of any other person is guilty of a Class A misdemeanor and the person's sentence shall include, but shall not be limited to, a fine of not less than $500.

Any person under the age of 21 years who presents or offers to any licensee, his agent or employee, any written, printed or photostatic evidence of age and identity that is false, fraudulent, or not actually his or her own for the purpose of ordering, purchasing, attempting to purchase or otherwise procuring or attempting to procure, the serving of any alcoholic beverage, who falsely states in writing that he or she is at least 21 years of age when receiving alcoholic liquor from a representative, agent, or employee of an express company, common carrier, or contract carrier, or who has in his or her possession any false or fraudulent written, printed, or photostatic evidence of age and identity, is guilty of a Class A misdemeanor and the person's sentence shall include, but shall not be limited to, the following: a fine of not less than $500 and at least 25 hours of community service. If possible, any community service shall be performed for an alcohol abuse prevention program.

Any person under the age of 21 years who has any alcoholic beverage in his or her possession on any street or highway or in any public place or in any place open to the public is guilty of a Class A misdemeanor. This Section does not apply to possession by a person under the age of 21 years making a delivery of an alcoholic beverage in pursuance of the order of his or her parent or in pursuance of his or her employment.

(a-1) It is unlawful for any parent or guardian to knowingly permit his or her residence, any other private property under his or her control, or any vehicle, conveyance, or watercraft under his or her control to be used by an invitee of the parent's child or the guardian's ward, if the invitee is under the age of 21, in a manner that constitutes a violation of this Section. A parent or guardian is deemed to have knowingly permitted his or her residence, any other private property under his or her control, or any vehicle, conveyance, or watercraft under his or her control to be used in violation of this Section if he or she knowingly authorizes or permits consumption of alcoholic liquor by underage invitees. Any person who violates this subsection (a-1) is guilty of a Class A misdemeanor and the person's sentence shall include, but shall not be limited to, a fine of not less than $500. Where a violation of this subsection (a-1) directly or indirectly results in great bodily harm or death to any person, the person violating this subsection shall be guilty of a Class 4 felony. Nothing in this subsection (a-1) shall be construed to prohibit the giving of alcoholic liquor to a person under the age of 21 years in the performance of a religious ceremony or service in observation of a religious holiday.

For the purposes of this subsection (a-1) where the residence or other property has an owner and a tenant or lessee, the trier of fact may infer that the residence or other property is occupied only by the tenant or lessee.

(b) Except as otherwise provided in this Section whoever violates this Section shall, in addition to other penalties provided for in this Act, be guilty of a Class A misdemeanor.

(c) Any person shall be guilty of a Class A misdemeanor where he or she knowingly authorizes or permits a residence which he or she occupies to be used by an invitee under 21 years of age and:

(1) the person occupying the residence knows that any such person under the age of 21 is

in possession of or is consuming any alcoholic beverage; and

(2) the possession or consumption of the alcohol by the person under 21 is not otherwise permitted by this Act.

For the purposes of this subsection (c) where the residence has an owner and a tenant or lessee, the trier of fact may infer that the residence is occupied only by the tenant or lessee. The sentence of any person who violates this subsection (c) shall include, but shall not be limited to, a fine of not less than $500. Where a violation of this subsection (c) directly or indirectly results in great bodily harm or death to any person, the person violating this subsection (c) shall be guilty of a Class 4 felony. Nothing in this subsection (c) shall be construed to prohibit the giving of alcoholic liquor to a person under the age of 21 years in the performance of a religious ceremony or service in observation of a religious holiday.

A person shall not be in violation of this subsection (c) if (A) he or she requests assistance from the police department or other law enforcement agency to either (i) remove any person who refuses to abide by the person's performance of the duties imposed by this subsection (c) or (ii) terminate the activity because the person has been unable to prevent a person under the age of 21 years from consuming alcohol despite having taken all reasonable steps to do so and (B) this assistance is requested before any other person makes a formal complaint to the police department or other law enforcement agency about the activity.

(d) Any person who rents a hotel or motel room from the proprietor or agent thereof for the purpose of or with the knowledge that such room shall be used for the consumption of alcoholic liquor by persons under the age of 21 years shall be guilty of a Class A misdemeanor.

(e) Except as otherwise provided in this Act, any person who has alcoholic liquor in his or her possession on public school district property on school days or at events on public school district property when children are present is guilty of a petty offense, unless the alcoholic liquor (i) is in the original container with the seal unbroken and is in the possession of a person who is not otherwise legally prohibited from possessing the alcoholic liquor or (ii) is in the possession of a person in or for the performance of a religious service or ceremony authorized by the school board.

(f) A licensee may bring a civil action against a person who is over the age of 18 years but under the age of 21 years who:

(1) procures or attempts to procure alcoholic liquor from the licensee; or

(2) possesses or consumes alcoholic liquor on the licensee's premises.

If judgment is entered in favor of the licensee, the court shall award damages to the licensee in the amount of $1,000 plus the costs of the action, including reasonable attorney's fees. A licensee may bring an action under this subsection (f) regardless of whether the person who is over the age of 18 years but under the age of 21 years has been convicted of, or received a citation for, engaging in the conduct specified in paragraph (1) or (2) of this subsection (f), but the licensee has the burden of proving, by a preponderance of the evidence, that the person engaged in the conduct specified in paragraph (1) or (2) of this subsection (f).

A licensee may not bring a civil action under this subsection (f) unless the licensee has first provided notice of the licensee's intent to bring a civil action under this subsection (f) to the person who is over the age of 18 years but under the age of 21 years. The notice shall be mailed to the last-known address of that person at least 15 days prior to filing the action and shall include a demand for the relief described in this subsection (f). The State Commission may, by rule, prescribe a form for this notice.

This subsection (f) does not apply to enforcement actions conducted pursuant to Section 6-16.1 of this Act.

(Source: P.A. 97-1049, eff. 1-1-13; 98-1017, eff. 1-1-15.)

Section 10. The Video Gaming Act is amended by changing Section 40 as follows:

(230 ILCS 40/40)

Sec. 40. Video gaming terminal use by minors prohibited.

(a) No licensee shall cause or permit any person under the age of 21 years to use or play a video gaming terminal. Any licensee who knowingly permits a person under the age of 21 years to use or play a video gaming terminal is guilty of a business offense and shall be fined an amount not to exceed $5,000.

(b) A licensee may bring a civil action against a person who is over the age of 18 years but under the age of 21 years who uses or plays or attempts to use or play a video gaming terminal on the licensee's premises. If judgment is entered in favor of the licensee, the court shall award damages to the licensee in the amount of $1,000 plus the costs of the action, including reasonable attorney's fees.

A licensee may not bring a civil action under this subsection (b) unless the licensee has first provided notice of the licensee's intent to bring a civil action under this subsection (b) to the person who is over the age of 18 years but under the age of 21 years. The notice shall be mailed to the last-known address of that

person at least 15 days prior to filing the action and shall include a demand for the relief described in this subsection (b). The Board may, by rule, prescribe a form for this notice.
(Source: P.A. 96-34, eff. 7-13-09.)".

AMENDMENT NO. 2 TO SENATE BILL 868

AMENDMENT NO. 2 . Amend Senate Bill 868, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The Liquor Control Act of 1934 is amended by changing Section 6-16 as follows:
(235 ILCS 5/6-16) (from Ch. 43, par. 131)
Sec. 6-16. Prohibited sales and possession.

(a) (i) No licensee nor any officer, associate, member, representative, agent, or employee of such licensee shall sell, give, or deliver alcoholic liquor to any person under the age of 21 years or to any intoxicated person, except as provided in Section 6-16.1. (ii) No express company, common carrier, or contract carrier nor any representative, agent, or employee on behalf of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State shall knowingly give or knowingly deliver to a residential address any shipping container clearly labeled as containing alcoholic liquor and labeled as requiring signature of an adult of at least 21 years of age to any person in this State under the age of 21 years. An express company, common carrier, or contract carrier that carries or transports such alcoholic liquor for delivery within this State shall obtain a signature at the time of delivery acknowledging receipt of the alcoholic liquor by an adult who is at least 21 years of age. At no time while delivering alcoholic beverages within this State may any representative, agent, or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State deliver the alcoholic liquor to a residential address without the acknowledgment of the consignee and without first obtaining a signature at the time of the delivery by an adult who is at least 21 years of age. A signature of a person on file with the express company, common carrier, or contract carrier does not constitute acknowledgement of the consignee. Any express company, common carrier, or contract carrier that transports alcoholic liquor for delivery within this State that violates this item (ii) of this subsection (a) by delivering alcoholic liquor without the acknowledgement of the consignee and without first obtaining a signature at the time of the delivery by an adult who is at least 21 years of age is guilty of a business offense for which the express company, common carrier, or contract carrier that transports alcoholic liquor within this State shall be fined not more than $1,001 for a first offense, not more than $5,000 for a second offense, and not more than $10,000 for a third or subsequent offense. An express company, common carrier, or contract carrier shall be held vicariously liable for the actions of its representatives, agents, or employees. For purposes of this Act, in addition to other methods authorized by law, an express company, common carrier, or contract carrier shall be considered served with process when a representative, agent, or employee alleged to have violated this Act is personally served. Each shipment of alcoholic liquor delivered in violation of this item (ii) of this subsection (a) constitutes a separate offense. (iii) No person, after purchasing or otherwise obtaining alcoholic liquor, shall sell, give, or deliver such alcoholic liquor to another person under the age of 21 years, except in the performance of a religious ceremony or service. Except as otherwise provided in item (ii), any express company, common carrier, or contract carrier that transports alcoholic liquor within this State that violates the provisions of item (i), (ii), or (iii) of this paragraph of this subsection (a) is guilty of a Class A misdemeanor and the sentence shall include, but shall not be limited to, a fine of not less than $500. Any person who violates the provisions of item (iii) of this paragraph of this subsection (a) is guilty of a Class A misdemeanor and the sentence shall include, but shall not be limited to a fine of not less than $500 for a first offense and not less than $2,000 for a second or subsequent offense. Any person who knowingly violates the provisions of item (iii) of this paragraph of this subsection (a) is guilty of a Class 4 felony if a death occurs as the result of the violation.

If a licensee or officer, associate, member, representative, agent, or employee of the licensee, or a representative, agent, or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State, is prosecuted under this paragraph of this subsection (a) for selling, giving, or delivering alcoholic liquor to a person under the age of 21 years, the person under 21 years of age who attempted to buy or receive the alcoholic liquor may be prosecuted pursuant to Section 6-20 of this Act, unless the person under 21 years of age was acting under the authority of a law enforcement agency, the Illinois Liquor Control Commission, or a local liquor control commissioner pursuant to a plan or action to investigate, patrol, or conduct any similar enforcement action.

For the purpose of preventing the violation of this Section, any licensee, or his agent or employee, or a representative, agent, or employee of an express company, common carrier, or contract carrier that carries

or transports alcoholic liquor for delivery within this State, shall refuse to sell, deliver, or serve alcoholic beverages to any person who is unable to produce adequate written evidence of identity and of the fact that he or she is over the age of 21 years, if requested by the licensee, agent, employee, or representative.

Adequate written evidence of age and identity of the person is a document issued by a federal, state, county, or municipal government, or subdivision or agency thereof, including, but not limited to, a motor vehicle operator's license, a registration certificate issued under the Federal Selective Service Act, or an identification card issued to a member of the Armed Forces. Proof that the defendant-licensee, or his employee or agent, or the representative, agent, or employee of the express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State demanded, was shown and reasonably relied upon such written evidence in any transaction forbidden by this Section is an affirmative defense in any criminal prosecution therefor or to any proceedings for the suspension or revocation of any license based thereon. It shall not, however, be an affirmative defense if the agent or employee accepted the written evidence knowing it to be false or fraudulent. If a false or fraudulent Illinois driver's license or Illinois identification card is presented by a person less than 21 years of age to a licensee or the licensee's agent or employee for the purpose of ordering, purchasing, attempting to purchase, or otherwise obtaining or attempting to obtain the serving of any alcoholic beverage, the law enforcement officer or agency investigating the incident shall, upon the conviction of the person who presented the fraudulent license or identification, make a report of the matter to the Secretary of State on a form provided by the Secretary of State.

However, no agent or employee of the licensee or employee of an express company, common carrier, or contract carrier that carries or transports alcoholic liquor for delivery within this State shall be disciplined or discharged for selling or furnishing liquor to a person under 21 years of age if the agent or employee demanded and was shown, before furnishing liquor to a person under 21 years of age, adequate written evidence of age and identity of the person issued by a federal, state, county or municipal government, or subdivision or agency thereof, including but not limited to a motor vehicle operator's license, a registration certificate issued under the Federal Selective Service Act, or an identification card issued to a member of the Armed Forces. This paragraph, however, shall not apply if the agent or employee accepted the written evidence knowing it to be false or fraudulent.

Any person who sells, gives, or furnishes to any person under the age of 21 years any false or fraudulent written, printed, or photostatic evidence of the age and identity of such person or who sells, gives or furnishes to any person under the age of 21 years evidence of age and identification of any other person is guilty of a Class A misdemeanor and the person's sentence shall include, but shall not be limited to, a fine of not less than $500.

Any person under the age of 21 years who presents or offers to any licensee, his agent or employee, any written, printed or photostatic evidence of age and identity that is false, fraudulent, or not actually his or her own for the purpose of ordering, purchasing, attempting to purchase or otherwise procuring or attempting to procure, the serving of any alcoholic beverage, who falsely states in writing that he or she is at least 21 years of age when receiving alcoholic liquor from a representative, agent, or employee of an express company, common carrier, or contract carrier, or who has in his or her possession any false or fraudulent written, printed, or photostatic evidence of age and identity, is guilty of a Class A misdemeanor and the person's sentence shall include, but shall not be limited to, the following: a fine of not less than $500 and at least 25 hours of community service. If possible, any community service shall be performed for an alcohol abuse prevention program.

Any person under the age of 21 years who has any alcoholic beverage in his or her possession on any street or highway or in any public place or in any place open to the public is guilty of a Class A misdemeanor. This Section does not apply to possession by a person under the age of 21 years making a delivery of an alcoholic beverage in pursuance of the order of his or her parent or in pursuance of his or her employment.

(a-1) It is unlawful for any parent or guardian to knowingly permit his or her residence, any other private property under his or her control, or any vehicle, conveyance, or watercraft under his or her control to be used by an invitee of the parent's child or the guardian's ward, if the invitee is under the age of 21, in a manner that constitutes a violation of this Section. A parent or guardian is deemed to have knowingly permitted his or her residence, any other private property under his or her control, or any vehicle, conveyance, or watercraft under his or her control to be used in violation of this Section if he or she knowingly authorizes or permits consumption of alcoholic liquor by underage invitees. Any person who violates this subsection (a-1) is guilty of a Class A misdemeanor and the person's sentence shall include, but shall not be limited to, a fine of not less than $500. Where a violation of this subsection (a-1) directly or indirectly results in great bodily harm or death to any person, the person violating this subsection shall be guilty of a Class 4 felony. Nothing in this subsection (a-1) shall be construed to prohibit the giving of

alcoholic liquor to a person under the age of 21 years in the performance of a religious ceremony or service in observation of a religious holiday.

For the purposes of this subsection (a-1) where the residence or other property has an owner and a tenant or lessee, the trier of fact may infer that the residence or other property is occupied only by the tenant or lessee.

(b) Except as otherwise provided in this Section whoever violates this Section shall, in addition to other penalties provided for in this Act, be guilty of a Class A misdemeanor.

(c) Any person shall be guilty of a Class A misdemeanor where he or she knowingly authorizes or permits a residence which he or she occupies to be used by an invitee under 21 years of age and:

(1) the person occupying the residence knows that any such person under the age of 21 is in possession of or is consuming any alcoholic beverage; and

(2) the possession or consumption of the alcohol by the person under 21 is not otherwise permitted by this Act.

For the purposes of this subsection (c) where the residence has an owner and a tenant or lessee, the trier of fact may infer that the residence is occupied only by the tenant or lessee. The sentence of any person who violates this subsection (c) shall include, but shall not be limited to, a fine of not less than $500. Where a violation of this subsection (c) directly or indirectly results in great bodily harm or death to any person, the person violating this subsection (c) shall be guilty of a Class 4 felony. Nothing in this subsection (c) shall be construed to prohibit the giving of alcoholic liquor to a person under the age of 21 years in the performance of a religious ceremony or service in observation of a religious holiday.

A person shall not be in violation of this subsection (c) if (A) he or she requests assistance from the police department or other law enforcement agency to either (i) remove any person who refuses to abide by the person's performance of the duties imposed by this subsection (c) or (ii) terminate the activity because the person has been unable to prevent a person under the age of 21 years from consuming alcohol despite having taken all reasonable steps to do so and (B) this assistance is requested before any other person makes a formal complaint to the police department or other law enforcement agency about the activity.

(d) Any person who rents a hotel or motel room from the proprietor or agent thereof for the purpose of or with the knowledge that such room shall be used for the consumption of alcoholic liquor by persons under the age of 21 years shall be guilty of a Class A misdemeanor.

(e) Except as otherwise provided in this Act, any person who has alcoholic liquor in his or her possession on public school district property on school days or at events on public school district property when children are present is guilty of a petty offense, unless the alcoholic liquor (i) is in the original container with the seal unbroken and is in the possession of a person who is not otherwise legally prohibited from possessing the alcoholic liquor or (ii) is in the possession of a person in or for the performance of a religious service or ceremony authorized by the school board.

(f) A licensee may bring a civil action against a person who:

(1) is over the age of 18 years but under the age of 21 years;

(2) has been previously convicted of or received a citation for an alcohol-related offense on at least 2 different occasions; and

(3) procures or attempts to procure alcoholic liquor from the licensee or possesses or consumes alcoholic liquor on the licensee's premises.

If judgment is entered in favor of the licensee, the court shall award damages to the licensee in the amount of $1,000 plus the costs of the action, including reasonable attorney's fees. A licensee may bring an action under this subsection (f) regardless of whether the person has been convicted of or received a citation for engaging in the conduct specified in paragraph (3) of this subsection (f), but the licensee has the burden of proving, by a preponderance of the evidence, that the person engaged in the conduct specified in paragraph (3) of this subsection (f).

A licensee may not bring a civil action under this subsection (f) unless the licensee has first provided notice of the licensee's intent to bring a civil action under this subsection (f) to the person. The notice shall be mailed to the last-known address of that person at least 15 days prior to filing the action and shall include a demand for the relief described in this subsection (f). The State Commission may, by rule, prescribe a form for this notice.

This subsection (f) does not apply to enforcement actions conducted pursuant to Section 6-16.1 of this Act.

(Source: P.A. 97-1049, eff. 1-1-13; 98-1017, eff. 1-1-15.)

Section 10. The Video Gaming Act is amended by changing Section 40 as follows:

(230 ILCS 40/40)

Sec. 40. Video gaming terminal use by minors prohibited.

(a) No licensee shall cause or permit any person under the age of 21 years to use or play a video gaming terminal. Any licensee who knowingly permits a person under the age of 21 years to use or play a video gaming terminal is guilty of a business offense and shall be fined an amount not to exceed $5,000.

(b) A licensee may bring a civil action against a person who:

(1) is over the age of 18 years but under the age of 21 years;

(2) has previously been convicted of or received a citation for a gambling-related offense on at least 2 different occasions; and

(3) uses or plays or attempts to use or play a video gaming terminal on the licensee's premises.

If judgment is entered in favor of the licensee, the court shall award damages to the licensee in the amount of $1,000 plus the costs of the action, including reasonable attorney's fees.

A licensee may not bring a civil action under this subsection (b) unless the licensee has first provided notice of the licensee's intent to bring a civil action under this subsection (b) to the person. The notice shall be mailed to the last-known address of that person at least 15 days prior to filing the action and shall include a demand for the relief described in this subsection (b). The Board may, by rule, prescribe a form for this notice.

(Source: P.A. 96-34, eff. 7-13-09.)".

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

On motion of Senator Muñoz, **Senate Bill No. 1254** having been printed, was taken up, read by title a second time.

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

AMENDMENT NO. 1 TO SENATE BILL 1254

AMENDMENT NO. 1. Amend Senate Bill 1254 by replacing everything after the enacting clause with the following:

"Section 1. As used in this Section, "Affordable Care Act" is the collective term for the Patient Protection and Affordable Care Act (Pub. L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152).

The Affordable Care Act has increased the number of individuals utilizing health care services and enrolling in the programs administered by the Department of Healthcare and Family Services. The needs of these individuals and the budgetary constraints of the State of Illinois dictate that payment for these services shall be consistent with efficiency, economy, and quality of care and based on principles that maintain access to care and avoid and reduce fraud. One manner by which these objectives shall be achieved is through the utilization of a uniform certification of medical necessity for non-emergency ambulance transportation. This certification will help ensure that payment is based on the appropriate medical level of non-emergency transportation and, thus, will help establish medical necessity and prevent overutilization of services and unnecessary transportation. Another manner by which these objectives shall be achieved is through the transition from the Department's current payment methodology based on the county of the primary office location of the enrolled transportation provider to a payment methodology based on the zip code of an individual's point of pick-up by the transportation provider. Yet another manner by which these objectives shall be achieved is to limit the number of enrollment applications and agreements required by a transportation provider. Numerous enrollment applications and agreements for a transportation provider increases the risk of fraud and abuse by, among other things, enabling a provider to hide behind multiple agreements in order to continue provider enrollment and reimbursement.

Section 5. The Nursing Home Care Act is amended by changing Section 2-217 as follows:

(210 ILCS 45/2-217)

Sec. 2-217. Order for transportation of resident by ambulance.

(a) If a facility orders transportation of a resident of the facility by ambulance, the facility must maintain a written record that shows (i) the name of the person who placed the order for that transportation and (ii) the medical reason for that transportation. The facility must maintain the record for a period of at least 3 years after the date of the order for transportation by ambulance.

(b) Beginning for dates of service no later than 90 days after the effective date of this amendatory Act of the 99th General Assembly, a facility shall utilize the uniform certification of medical necessity for

non-emergency ambulance transportation pursuant to Section 5-4.2 of the Illinois Public Aid Code for all non-emergency ambulance transportation, regardless of whether the payer for the transport is a governmental payer or a non-governmental payer and regardless of the type of health care program or insurance the individual participates in. The uniform certification is not required prior to transport if it is reasonable to believe a delay in transport can be expected to negatively affect the efficient transportation of residents from the facility as determined by the facility.

(c) It is the intention of the General Assembly that the State action exemption to the application of federal and State antitrust statutes be fully available to the Department, its vendors, agents, designees, and facilities, and all employees, officers, subsidiaries, and designees thereof, to the extent the activities facilitate the efficient transportation of residents and provide a streamlined uniform medical necessity certification process.

The State action exemption shall be liberally construed in favor of the Department, its vendors, agents, designees, and facilities, and all employees, officers, subsidiaries, and designees thereof, and such exemption shall be available notwithstanding that the action constitutes an irregular exercise of constitutional or statutory powers.

It is the policy of this State that the following powers may be exercised by the Department, its vendors, agents, designees, and facilities, and all employees, officers, subsidiaries, and designees thereof, notwithstanding the effects on competition and notwithstanding any displacement of competition:

(1) all powers that are within traditional areas of the Department's activity but that are authorized by this amendatory Act of the 99th General Assembly to be implemented by the Department's vendors, agents, designees, and facilities, and all employees, officers, subsidiaries, and designees thereof;

(2) all powers granted, either expressly or by necessary implication under this amendatory Act of the 99th General Assembly, or any administrative rules, policies, or procedures that implement this amendatory Act of the 99th General Assembly; or

(3) all powers that are the inherent, logical, or ordinary results of the powers granted by this amendatory Act of the 99th General Assembly or any administrative rules, policies, or procedures that implement this amendatory Act of the 99th General Assembly.

In order to ensure that the non-Department individuals or entities identified in this subsection promote State policy and not individual interest, the Department shall actively supervise their activities, including, but not limited to, their decisions. The Department's active supervision shall include, but not be limited to, a review of the substance of any activities or decisions and the power to veto or modify particular activities or decisions to ensure they accord with State policy. The mere potential for State supervision shall not be a sufficient substitute for an actual decision by the Department. Department supervisors shall not be active market participants.

(Source: P.A. 94-1063, eff. 1-31-07.)

Section 10. The Hospital Licensing Act is amended by changing Section 6.22 as follows:

(210 ILCS 85/6.22)

Sec. 6.22. Arrangement for transportation of patient by ambulance.

(a) In this Section:

"Ambulance service provider" means a Vehicle Service Provider as defined in the Emergency Medical Services (EMS) Systems Act who provides non-emergency transportation services by ambulance.

"Patient" means a person who is transported by an ambulance service provider.

(b) Beginning for dates of service no later than 90 days after the effective date of this amendatory act of the 99th General Assembly, a hospital shall utilize the uniform certification of medical necessity for non-emergency ambulance transportation pursuant to Section 5-4.2 of the Illinois Public Aid Code for all non-emergency ambulance transports, regardless of whether the payer for the transport is a governmental payer or a non-governmental payer and regardless of the type of health care program or insurance the patient participates in. The uniform certification is not required prior to transport if it is reasonable to believe a delay in transport can be expected to negatively affect the efficient flow of patients from the hospital as determined by the hospital. ~~If a hospital arranges for transportation of a patient of the hospital by ambulance, the hospital must provide the ambulance service provider, prior to transport, a Physician Certification Statement formatted and completed in compliance with federal regulations or an equivalent form developed by the hospital.~~

(b-5) It is the intention of the General Assembly that the State action exemption to the application of federal and State antitrust statutes be fully available to the Department, its vendors, agents, designees, and hospitals, and all employees, officers, subsidiaries, and designees thereof, to the extent the activities

facilitate the efficient transportation of patients and provide a streamlined uniform medical necessity certification process.

The State action exemption shall be liberally construed in favor of the Department, its vendors, agents, designees, and hospitals, and all employees, officers, subsidiaries, and designees thereof, and such exemption shall be available notwithstanding that the action constitutes an irregular exercise of constitutional or statutory powers.

It is the policy of this State that the following powers may be exercised by the Department, its vendors, agents, designees, and hospitals, and all employees, officers, subsidiaries, and designees thereof, notwithstanding the effects on competition and notwithstanding any displacement of competition:

(1) all powers that are within traditional areas of the Department's activity but that are authorized by this amendatory Act of the 99th General Assembly to be implemented by the Department's vendors, agents, designees, and hospitals, and all employees, officers, subsidiaries, and designees thereof;

(2) all powers granted, either expressly or by necessary implication by this amendatory Act of the 99th General Assembly, or any administrative rules, policies, or procedures that implement this amendatory Act of the 99th General Assembly; or

(3) all powers that are the inherent, logical, or ordinary results of the powers granted by this amendatory Act of the 99th General Assembly or any administrative rules, policies, or procedures that implement this amendatory Act of the 99th General Assembly.

In order to ensure that the non-Department individuals or entities identified in this subsection promote State policy and not individual interest, the Department shall actively supervise the activities, including, but not limited to, the decisions, of the non-Department individual or entity that are authorized and made pursuant to this amendatory Act of the 99th General Assembly. The Department's active supervision shall include, but not be limited to, a review of the substance of any activities or decisions and the power to veto or modify particular activities or decisions to ensure they accord with State policy. The mere potential for State supervision shall not be a sufficient substitute for an actual decision by the Department. Department supervisors shall not be active market participants.

~~The Physician Certification Statement or equivalent form is not required prior to transport if a delay in transport can be expected to negatively affect the patient outcome.~~

(c) If a hospital is unable to provide a uniform certification of medical necessity for non-emergency ambulance transportation ~~a Physician Certification Statement or equivalent form~~, then the hospital shall provide to the patient a written notice and a verbal explanation of the written notice, which notice must meet all of the following requirements:

(1) The following caption must appear at the beginning of the notice in at least 14-point type: Notice to Patient Regarding Non-Emergency Ambulance Services.

(2) The notice must contain each of the following statements in at least 14-point type:

(A) The purpose of this notice is to help you make an informed choice about whether you want to be transported by ambulance because your medical condition does not meet medical necessity for transportation by an ambulance.

(B) Your insurance may not cover the charges for ambulance transportation.

(C) You may be responsible for the cost of ambulance transportation.

(D) The estimated cost of ambulance transportation is $(amount).

(3) The notice must be signed by the patient or by the patient's authorized representative. A copy shall be given to the patient and the hospital shall retain a copy.

(d) The notice set forth in subsection (c) of this Section shall not be required if a delay in transport can be expected to negatively affect the patient outcome.

(e) If a patient is physically or mentally unable to sign the notice described in subsection (c) of this Section and no authorized representative of the patient is available to sign the notice on the patient's behalf, the hospital must be able to provide documentation of the patient's inability to sign the notice and the unavailability of an authorized representative. In any case described in this subsection (e), the hospital shall be considered to have met the requirements of subsection (c) of this Section.

(Source: P.A. 94-1063, eff. 1-31-07.)

Section 15. The Illinois Public Aid Code is amended by changing Sections 5-4.2 and 5-5 as follows:

(305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

Sec. 5-4.2. Ground ambulance ~~Ambulance~~ services , medi-car services, and service car services payments.

(a) For purposes of this Section, the following terms have the following meanings:

"Department" means the Illinois Department of Healthcare and Family Services.

"Ground ambulance services" means medical transportation services that are described as ground ambulance services by the federal Centers for Medicare and Medicaid Services in 42 CFR 414.605 and any subsequent amendments, policies, and guidelines thereto and that are provided in a vehicle that is (i) licensed as an ambulance by the Department of Public Health pursuant to the Emergency Medical Services (EMS) Systems Act or (ii) licensed as an ambulance in another state in accordance with the laws of that state.

"Ground ambulance services provider" means a vehicle service provider as described in the Emergency Medical Services (EMS) Systems Act that provides emergency ground ambulance services or non-emergency ground ambulance services, or both. "Ground ambulance services provider" includes a vehicle service provider that is licensed in another state pursuant to the laws of that other state.

"Medi-car services provider" means a provider of medi-car services.

"Medi-car services" means medical transportation services provided by means of vehicles licensed by the Secretary of State as medi-car vehicles and, for organizations headquartered outside Illinois, by means of vehicles authorized to do business as medi-car vehicles pursuant to the laws of the state in which the organization is headquartered.

"Payment principles of Medicare" means the accepted methods propounded by the federal Centers for Medicare and Medicaid Services and used to determine the administration of the payment system for ground ambulance services providers and suppliers under Title XVIII of the Social Security Act. These principles are outlined in the United States Code and the Code of Federal Regulations and in the procedures, policies, guidelines, and coding systems of the federal Centers for Medicare and Medicaid services, including, but not limited to, the CMS Online Manual System, the Medicare Benefit Policy Manual, the Medicare Claims Processing Manual, the Health Care Common Procedure Coding System (HCPCS), and the ambulance condition coding system.

"Service car services" means transportation services provided by means of a service car licensed as a livery car by the Secretary of State and, where applicable, by local regulatory agencies or, for organizations headquartered outside of Illinois, by means of vehicles authorized to do business as service cars pursuant to the laws of the state in which the organization is headquartered.

"Emergency and urgently needed services" has the meaning ascribed to that term in 42 CFR 422.113 and any subsequent amendments, policies, and guidelines thereto.

(b) Unless otherwise indicated in this Section, the practices of the Department concerning payments for ground ambulance services provided to recipients covered by a medical assistance program administered by the Department shall be consistent with the payment principles of Medicare.

(c) For ground ambulance services and medi-car services provided to recipients covered by a medical assistance program administered by the Department, payment shall be based upon the zip code of the point of pick-up of the recipient by the ground ambulance services provider or medi-car services provider. The payment rate of each zip code shall equal the rate of the county in the Department-issued fee schedule where the zip code is located. For zip codes that exist in multiple counties, payment shall equal the rate in the Department-issued fee schedule of the county which includes the majority of the land area that the zip code covers. The payment methodology based on the zip code point of pick-up, as described in this subsection, shall be established by rule and shall be effective no later than January 1, 2016 in order to give the Department sufficient time to transition from its current payment methodology which is based upon the county of the primary office address listed in the transportation provider's enrollment application.

(c-5) Due to the unique mobile nature of ambulance and medi-car services, ground ambulance services providers and medi-car services providers are required to only submit enrollment applications for the primary office location where the provider's business is headquartered. Nothing in this Section shall be construed or applied either retroactively or prospectively to require ground ambulance services providers and medi-car services providers to have more than one enrollment application and Medicaid provider number. The Department shall implement this subsection by rule.

(d) Payment for mileage shall be per loaded mile with no loaded mileage included in the base rate. If a natural disaster, weather, road repairs, traffic congestion, or other conditions necessitate a route other than the most direct route, payment shall be based upon the actual distance traveled. When a ground ambulance services provider provides transport, no reduction in the mileage payment shall be made based upon the fact that a closer facility may have been available, so long as the ground ambulance services provider provided transport to the recipient's facility of choice or another appropriate facility described within the scope of the Emergency Medical Services (EMS) Systems Act or associated rules or the policies and procedures of the EMS System of which the provider is a member or, in the case of a ground ambulance services provider licensed by another state, according to the laws, rules, policies, or procedures of the state in which the provider is licensed.

(d-5) The Department shall provide payment for emergency and urgently needed ground ambulance services according to the requirements provided in this Section when those services are emergency and urgently needed services. Such services may, but shall not be required to, be provided pursuant to a request made through a 9-1-1 or equivalent emergency telephone number for evaluation, treatment, and transport of or on behalf of an individual with a condition of such a nature that a prudent layperson would have reasonably expected that a delay in seeking immediate medical attention would have been hazardous to life or health. This standard is deemed to be met if there is an emergency or urgent medical condition manifesting itself by acute symptoms of sufficient severity, including, but not limited to, severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine can reasonably expect that the absence of immediate medical attention could result in placing the health of the individual or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, or cause serious impairment to bodily functions, or cause serious dysfunction of any bodily organ or part.

~~(a) For ambulance services provided to a recipient of aid under this Article on or after January 1, 1993, the Illinois Department shall reimburse ambulance service providers at rates calculated in accordance with this Section. It is the intent of the General Assembly to provide adequate reimbursement for ambulance services so as to ensure adequate access to services for recipients of aid under this Article and to provide appropriate incentives to ambulance service providers to provide services in an efficient and cost-effective manner. Thus, it is the intent of the General Assembly that the Illinois Department implement a reimbursement system for ambulance services that, to the extent practicable and subject to the availability of funds appropriated by the General Assembly for this purpose, is consistent with the payment principles of Medicare. To ensure uniformity between the payment principles of Medicare and Medicaid, the Illinois Department shall follow, to the extent necessary and practicable and subject to the availability of funds appropriated by the General Assembly for this purpose, the statutes, laws, regulations, policies, procedures, principles, definitions, guidelines, and manuals used to determine the amounts paid to ambulance service providers under Title XVIII of the Social Security Act (Medicare).~~

~~(b) For ambulance services provided to a recipient of aid under this Article on or after January 1, 1996, the Illinois Department shall reimburse ambulance service providers based upon the actual distance traveled if a natural disaster, weather conditions, road repairs, or traffic congestion necessitates the use of a route other than the most direct route.~~

~~(c) For purposes of this Section, "ambulance services" includes medical transportation services provided by means of an ambulance, medi-car, service car, or taxi.~~

~~(c-1) For purposes of this Section, "ground ambulance service" means medical transportation services that are described as ground ambulance services by the Centers for Medicare and Medicaid Services and provided in a vehicle that is licensed as an ambulance by the Illinois Department of Public Health pursuant to the Emergency Medical Services (EMS) Systems Act.~~

~~(c-2) For purposes of this Section, "ground ambulance service provider" means a vehicle service provider as described in the Emergency Medical Services (EMS) Systems Act that operates licensed ambulances for the purpose of providing emergency ambulance services, or non-emergency ambulance services, or both. For purposes of this Section, this includes both ambulance providers and ambulance suppliers as described by the Centers for Medicare and Medicaid Services.~~

~~(d) This Section does not prohibit separate billing by ambulance service providers for oxygen furnished while providing advanced life support services.~~

(e) Beginning with services rendered on or after July 1, 2008, all providers of non-emergency medi-car and service car transportation must certify that the driver and employee attendant, as applicable, have completed a safety program approved by the Department to protect both the patient and the driver, prior to transporting a patient. The provider must maintain this certification in its records. The provider shall produce such documentation upon demand by the Department or its representative. Failure to produce documentation of such training shall result in recovery of any payments made by the Department for services rendered by a non-certified driver or employee attendant. Medi-car and service car providers must maintain legible documentation in their records of the driver and, as applicable, employee attendant that actually transported the patient. Providers must recertify all drivers and employee attendants every 3 years.

Notwithstanding the requirements above, any public transportation provider of medi-car and service car transportation that receives federal funding under 49 U.S.C. 5307 and 5311 need not certify its drivers and employee attendants under this Section, since safety training is already federally mandated.

(f) With respect to any policy or program administered by the Department or its agent regarding approval of non-emergency medical transportation by ground ambulance services ~~service~~ providers and, beginning for dates of service no later than 90 days after the effective date of this amendatory Act of the 99th General Assembly, by medi-car services providers, including, but not limited to, the Non-Emergency Transportation Services Prior Approval Program (NETSPAP), the Department shall establish by rule a

process by which ground ambulance services ~~service~~ providers and medi-car services providers of non-emergency medical transportation may appeal any decision by the Department or its agent for which no denial was received prior to the time of transport that either (i) denies a request for approval for payment of non-emergency transportation by means of ground ambulance services or medi-car services ~~service~~ or (ii) grants a request for approval of non-emergency transportation by means of ground ambulance services or medi-car services ~~service~~ at a level of service that entitles the ground ambulance services ~~service~~ provider or medi-car services provider to a lower level of compensation from the Department than the ground ambulance services ~~service~~ provider or medi-car services provider would have received as compensation for the level of service requested. The rule shall ~~be filed by December 15, 2012 and shall~~ provide that~~, for any decision rendered by the Department or its agent on or after the date the rule takes effect,~~ the ground ambulance services ~~service~~ provider and medi-car services provider shall have 60 days from the date the decision is received to file an appeal. The rule established by the Department shall be ~~,~~ ~~insofar as is practical,~~ consistent with the Illinois Administrative Procedure Act. The decision of the Director ~~Director's decision~~ on an appeal under this Section shall be a final administrative decision subject to review under the Administrative Review Law.

(f-5) Beginning 90 days after July 20, 2012 (the effective date of Public Act 97-842) and, for medi-car services, beginning 90 days after the effective date of this amendatory Act of the 99th General Assembly, (i) no denial of a request for approval for payment of non-emergency transportation by means of ground ambulance services ~~service~~ or medi-car services, and (ii) no approval of non-emergency transportation by means of ground ambulance services or medi-car services ~~service~~ at a level of service that entitles the ground ambulance service provider to a lower level of compensation from the Department than would have been received at the level of service submitted by the ground ambulance services ~~service~~ provider or medi-car services provider, may be issued by the Department or its agent unless the Department has submitted the criteria for determining the appropriateness of the transport for first notice publication in the Illinois Register pursuant to Section 5-40 of the Illinois Administrative Procedure Act.

(g) (Blank). ~~Whenever a patient covered by a medical assistance program under this Code or by another medical program administered by the Department is being discharged from a facility, a physician discharge order as described in this Section shall be required for each patient whose discharge requires medically supervised ground ambulance services. Facilities shall develop procedures for a physician with medical staff privileges to provide a written and signed physician discharge order. The physician discharge order shall specify the level of ground ambulance services needed and complete a medical certification establishing the criteria for approval of non-emergency ambulance transportation, as published by the Department of Healthcare and Family Services, that is met by the patient. This order and the medical certification shall be completed prior to ordering an ambulance service and prior to patient discharge.~~

~~Pursuant to subsection (E) of Section 12-4.25 of this Code, the Department is entitled to recover overpayments paid to a provider or vendor, including, but not limited to, from the discharging physician, the discharging facility, and the ground ambulance service provider, in instances where a non-emergency ground ambulance service is rendered as the result of improper or false certification.~~

(h) 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.

(h-5) Beginning for dates of service no later than 90 days after the effective date of this amendatory Act of the 99th General Assembly, whenever a recipient covered by a medical assistance program administered by the Department or by the federal Medicare program is being transported on a non-emergency basis from a hospital, as described in the Hospital Licensing Act or the University of Illinois Hospital Act, or from a nursing facility, as described in the Nursing Home Care Act, a uniform certification of medical necessity for non-emergency ambulance transportation, as described in this subsection, shall be required for each recipient whose transportation requires medically supervised ground ambulance services. Facilities shall develop procedures for a physician with medical staff privileges or appropriate designee to provide a written and signed uniform certification of medical necessity for non-emergency ambulance transportation. The uniform certification of medical necessity for non-emergency ambulance transportation shall be established by rule and shall specify the level of ground ambulance services needed and shall establish the medical necessity for the transport in accordance with Medicare requirements set forth in 42 CFR 410.40 and any subsequent amendments, policies, procedures, and guidelines thereto. Pursuant to subsection (E) of Section 12-4.25 of this Code, the Department is entitled to recover overpayments paid to a provider, including, but not limited to, from the physician, hospital, or nursing facility ordering the transportation, or the ground ambulance services provider providing the transportation, in instances where a non-emergency ground ambulance service is rendered as the result of an improper or false certification.

(h-6) It is the intention of the General Assembly that the State action exemption to the application of federal and State antitrust statutes be fully available to the Department, its vendors, agents, designees, and enrolled providers, and all employees, officers, subsidiaries, and designees thereof, to the extent the activities relate to the mileage criteria and methodology, emergency and urgently needed methodology and criteria, appeals process including post authorization for non-prescheduled, non-emergency transportation, and uniform certification of medical necessity for non-emergency ambulance transportation.

The State action exemption shall be liberally construed in favor of the Department, its vendors, agents, designees, and enrolled providers, and all employees, officers, subsidiaries, and designees thereof, and such exemption shall be available notwithstanding that the action constitutes an irregular exercise of constitutional or statutory powers.

It is the policy of this State that the following powers may be exercised by the Department, its vendors, agents, designees, and enrolled providers, and all employees, officers, subsidiaries, and designees thereof, notwithstanding the effects on competition and notwithstanding any displacement of competition:

(1) all powers that are within traditional areas of the Department's activity but that are to be implemented by the Department's vendors, agents, designees, and enrolled providers, and all employees, officers, subsidiaries, and designees thereof, pursuant to this amendatory Act of the 99th General Assembly only as the powers relate to mileage criteria and methodology, emergency and urgently needed methodology and criteria, appeals processes including post authorization for non-prescheduled, non-emergency transportation, and uniform certification of medical necessity for non-emergency ambulance transportation.

(2) all powers granted, either expressly or by necessary implication, by this amendatory act of the 99th General Assembly or any rules, policies, or procedures that implement this amendatory act of the 99th General Assembly only if such powers, rules, policies, or procedures relate to: mileage criteria and methodology, emergency and urgently needed methodology and criteria, appeals processes including post authorization for non-prescheduled, non-emergency transportation, and uniform certification of medical necessity for non-emergency ambulance transportation; or

(3) all powers that are the inherent, logical, or ordinary results of the powers granted by this amendatory Act of the 99th General Assembly or any rules, policies, or procedures that implement this amendatory Act of the 99th General Assembly only if such powers, rules, policies, or procedures relate to: mileage criteria and methodology, emergency and urgently needed methodology and criteria, appeals processes including post authorization for non-prescheduled, non-emergency transportation, and uniform certification of medical necessity for non-emergency ambulance transportation.

In order to ensure that the non-Department individuals or entities identified in this subsection promote State policy and not individual interest, the Department shall actively supervise their activities and their decisions. The Department's active supervision shall include, but not be limited to, a review of the substance of any activities or decisions and the power to veto or modify particular activities or decisions to ensure they accord with State policy. The mere potential for State supervision shall not be a sufficient substitute for an actual decision by the Department. Department supervisors shall not be active market participants.

(i) Beginning no later than July 1, 2015, the Department shall establish a technical advisory group to collaborate with and assist in the development of the regulations, policies, or procedures necessary to implement this amendatory Act of the 99th General Assembly. This technical advisory group shall include a statewide association representing municipal, not-for-profit and private providers as a diverse, statewide representation of the ambulance community, a statewide association representing emergency physicians, a statewide association representing hospitals, and a statewide association representing nursing facilities. The Department shall share information with and provide technical assistance to the non-Departmental members of the group. The Department shall share all drafts of administrative rules, policies, and procedures developed pursuant to this amendatory Act of the 99th General Assembly with the technical advisory group at least 90 days prior to the implementation date.

(Source: P.A. 97-584, eff. 8-26-11; 97-689, eff. 6-14-12; 97-842, eff. 7-20-12; 98-463, eff. 8-16-13.)

(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 pursuant to 5-4.2 of this Code; (15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, including examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State, but not including abortions, or induced miscarriages or premature births, unless, in the opinion of a physician, such procedures are necessary for the preservation of the life of the woman seeking such treatment, or except an induced premature birth intended to produce a live viable child and such procedure is necessary for the health of the mother or her unborn child. The Illinois Department, by rule, shall prohibit any physician from providing medical assistance to anyone eligible therefor under this Code where such physician has been found guilty of performing an abortion procedure in a wilful and wanton manner upon a woman who was not pregnant at the time such abortion procedure was performed. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

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

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

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

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

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

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

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

through which dental services covered under this Section are performed. The Department shall establish a process for payment of claims for reimbursement for covered dental services rendered under this provision.

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

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

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

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

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

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

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

All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool. For purposes of this Section, "low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography.

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.

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.

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 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. 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after July 22, 2013~~,~~ (the effective date of Public Act 98-104), establish procedures to permit skilled care facilities licensed under the Nursing Home Care Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall 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.

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) ~~this amendatory Act of the 98th General Assembly~~, establish procedures to permit ID/DD facilities licensed under the ID/DD Community Care Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall have an additional 365 days to test the viability of the new system and to ensure that any necessary operational or structural changes to its information technology platforms are implemented.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Source: P.A. 97-48, eff. 6-28-11; 97-638, eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12; 98-104, Article 9, Section 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756, eff. 7-16-14; 98-963, eff. 8-15-14; revised 10-2-14.)

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

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

On motion of Senator Muñoz, **Senate Bill No. 1273** having been printed, was taken up, read by title a second time.

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

AMENDMENT NO. 1 TO SENATE BILL 1273

AMENDMENT NO. 1. Amend Senate Bill 1273 by replacing everything after the enacting clause with the following:

"Section 1. Legislative intent. With the expansion of the State's Medical Assistance Program pursuant to the Patient Protection and Affordable Care Act (Public Law 111-148) and the increasing number of individuals enrolling in managed care organizations, it is the intent of this amendatory Act of the 99th General Assembly to provide a comprehensive managed care network that is administered uniformly and simply and that ensures access to and provides efficient, economic, and quality care to individuals enrolled in programs administered by the Department of Healthcare and Family Services.

Section 5. The Illinois Public Aid Code is amended by changing Section 5-30 as follows:

(305 ILCS 5/5-30)

Sec. 5-30. Care coordination.

(a) At least 50% of recipients eligible for comprehensive medical benefits in all medical assistance programs or other health benefit programs administered by the Department, including the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act, shall be enrolled in a care coordination program by no later than January 1, 2015. For purposes of this Section, "coordinated care" or "care coordination" means delivery systems where recipients will receive their care from providers who participate under contract in integrated delivery systems that are responsible for providing or arranging the majority of care, including primary care physician services, referrals from primary care physicians, diagnostic and treatment services, behavioral health services, in-patient and outpatient hospital services, dental services, and rehabilitation and long-term care services. The Department shall designate or contract for such integrated delivery systems (i) to ensure enrollees have a choice of systems and of primary care providers within such systems; (ii) to ensure that enrollees receive quality care in a culturally and linguistically appropriate manner; and (iii) to ensure that coordinated care programs meet the diverse needs of enrollees with developmental, mental health, physical, and age-related disabilities.

(b) Payment for such coordinated care shall be based on arrangements where the State pays for performance related to health care outcomes, the use of evidence-based practices, the use of primary care delivered through comprehensive medical homes, the use of electronic medical records, and the appropriate exchange of health information electronically made either on a capitated basis in which a fixed monthly premium per recipient is paid and full financial risk is assumed for the delivery of services, or through other risk-based payment arrangements.

(c) To qualify for compliance with this Section, the 50% goal shall be achieved by enrolling medical assistance enrollees from each medical assistance enrollment category, including parents, children, seniors, and people with disabilities to the extent that current State Medicaid payment laws would not limit federal matching funds for recipients in care coordination programs. In addition, services must be more comprehensively defined and more risk shall be assumed than in the Department's primary care case management program as of the effective date of this amendatory Act of the 96th General Assembly.

(d) The Department shall report to the General Assembly in a separate part of its annual medical assistance program report, beginning April, 2012 until April, 2016, on the progress and implementation of the care coordination program initiatives established by the provisions of this amendatory Act of the 96th General Assembly. The Department shall include in its April 2011 report a full analysis of federal laws or regulations regarding upper payment limitations to providers and the necessary revisions or adjustments in rate methodologies and payments to providers under this Code that would be necessary to implement coordinated care with full financial risk by a party other than the Department.

(e) Integrated Care Program for individuals with chronic mental health conditions.

(1) The Integrated Care Program shall encompass services administered to recipients of

medical assistance under this Article to prevent exacerbations and complications using cost-effective, evidence-based practice guidelines and mental health management strategies.

(2) The Department may utilize and expand upon existing contractual arrangements with integrated care plans under the Integrated Care Program for providing the coordinated care provisions of this Section.

(3) Payment for such coordinated care shall be based on arrangements where the State pays for performance related to mental health outcomes on a capitated basis in which a fixed monthly premium per recipient is paid and full financial risk is assumed for the delivery of services, or through other risk-based payment arrangements such as provider-based care coordination.

(4) The Department shall examine whether chronic mental health management programs and services for recipients with specific chronic mental health conditions do any or all of the following:

(A) Improve the patient's overall mental health in a more expeditious and cost-effective manner.

(B) Lower costs in other aspects of the medical assistance program, such as hospital admissions, emergency room visits, or more frequent and inappropriate psychotropic drug use.

(5) The Department shall work with the facilities and any integrated care plan participating in the program to identify and correct barriers to the successful implementation of this subsection (e) prior to and during the implementation to best facilitate the goals and objectives of this subsection (e).

(f) A hospital that is located in a county of the State in which the Department mandates some or all of the beneficiaries of the Medical Assistance Program residing in the county to enroll in a Care Coordination Program, as set forth in Section 5-30 of this Code, shall not be eligible for any non-claims based payments not mandated by Article V-A of this Code for which it would otherwise be qualified to receive, unless the hospital is a Coordinated Care Participating Hospital no later than 60 days after the effective date of this amendatory Act of the 97th General Assembly or 60 days after the first mandatory enrollment of a beneficiary in a Coordinated Care program. For purposes of this subsection, "Coordinated Care Participating Hospital" means a hospital that meets one of the following criteria:

(1) The hospital has entered into a contract to provide hospital services with one or more MCOs to enrollees of the care coordination program.

(2) The hospital has not been offered a contract by a care coordination plan that the Department has determined to be a good faith offer and that pays at least as much as the Department would pay, on a fee-for-service basis, not including disproportionate share hospital adjustment payments or any other supplemental adjustment or add-on payment to the base fee-for-service rate, except to the extent such adjustments or add-on payments are incorporated into the development of the applicable MCO capitated rates.

As used in this subsection (f), "MCO" means any entity which contracts with the Department to provide services where payment for medical services is made on a capitated basis.

(g) No later than August 1, 2013, the Department shall issue a purchase of care solicitation for Accountable Care Entities (ACE) to serve any children and parents or caretaker relatives of children eligible for medical assistance under this Article. An ACE may be a single corporate structure or a network of providers organized through contractual relationships with a single corporate entity. The solicitation shall require that:

(1) An ACE operating in Cook County be capable of serving at least 40,000 eligible individuals in that county; an ACE operating in Lake, Kane, DuPage, or Will Counties be capable of serving at least 20,000 eligible individuals in those counties and an ACE operating in other regions of the State be capable of serving at least 10,000 eligible individuals in the region in which it operates. During initial periods of mandatory enrollment, the Department shall require its enrollment services contractor to use a default assignment algorithm that ensures if possible an ACE reaches the minimum enrollment levels set forth in this paragraph.

(2) An ACE must include at a minimum the following types of providers: primary care, specialty care, hospitals, and behavioral healthcare.

(3) An ACE shall have a governance structure that includes the major components of the health care delivery system, including one representative from each of the groups listed in paragraph (2).

(4) An ACE must be an integrated delivery system, including a network able to provide the full range of services needed by Medicaid beneficiaries and system capacity to securely pass clinical information across participating entities and to aggregate and analyze that data in order to coordinate care.

(5) An ACE must be capable of providing both care coordination and complex case

management, as necessary, to beneficiaries. To be responsive to the solicitation, a potential ACE must outline its care coordination and complex case management model and plan to reduce the cost of care.

(6) In the first 18 months of operation, unless the ACE selects a shorter period, an ACE shall be paid care coordination fees on a per member per month basis that are projected to be cost neutral to the State during the term of their payment and, subject to federal approval, be eligible to share in additional savings generated by their care coordination.

(7) In months 19 through 36 of operation, unless the ACE selects a shorter period, an ACE shall be paid on a pre-paid capitation basis for all medical assistance covered services, under contract terms similar to Managed Care Organizations (MCO), with the Department sharing the risk through either stop-loss insurance for extremely high cost individuals or corridors of shared risk based on the overall cost of the total enrollment in the ACE. The ACE shall be responsible for claims processing, encounter data submission, utilization control, and quality assurance.

(8) In the fourth and subsequent years of operation, an ACE shall convert to a Managed Care Community Network (MCCN), as defined in this Article, or Health Maintenance Organization pursuant to the Illinois Insurance Code, accepting full-risk capitation payments.

The Department shall allow potential ACE entities 5 months from the date of the posting of the solicitation to submit proposals. After the solicitation is released, in addition to the MCO rate development data available on the Department's website, subject to federal and State confidentiality and privacy laws and regulations, the Department shall provide 2 years of de-identified summary service data on the targeted population, split between children and adults, showing the historical type and volume of services received and the cost of those services to those potential bidders that sign a data use agreement. The Department may add up to 2 non-state government employees with expertise in creating integrated delivery systems to its review team for the purchase of care solicitation described in this subsection. Any such individuals must sign a no-conflict disclosure and confidentiality agreement and agree to act in accordance with all applicable State laws.

During the first 2 years of an ACE's operation, the Department shall provide claims data to the ACE on its enrollees on a periodic basis no less frequently than monthly.

Nothing in this subsection shall be construed to limit the Department's mandate to enroll 50% of its beneficiaries into care coordination systems by January 1, 2015, using all available care coordination delivery systems, including Care Coordination Entities (CCE), MCCNs, or MCOs, nor be construed to affect the current CCEs, MCCNs, and MCOs selected to serve seniors and persons with disabilities prior to that date.

Nothing in this subsection precludes the Department from considering future proposals for new ACEs or expansion of existing ACEs at the discretion of the Department.

(h) Department contracts with MCOs and other entities reimbursed by risk based capitation shall have a minimum medical loss ratio of 85%, shall require the entity to establish an appeals and grievances process for consumers and providers, and shall require the entity to provide a quality assurance and utilization review program. Entities contracted with the Department to coordinate healthcare regardless of risk shall be measured utilizing the same quality metrics. The quality metrics may be population specific. Any contracted entity serving at least 5,000 seniors or people with disabilities or 15,000 individuals in other populations covered by the Medical Assistance Program that has been receiving full-risk capitation for a year shall be accredited by a national accreditation organization authorized by the Department within 2 years after the date it is eligible to become accredited. The requirements of this subsection shall apply to contracts with MCOs entered into or renewed or extended after June 1, 2013.

(h-4)

(1) MCOs, as defined in Section 5-30.1 of this Code, including managed care community networks as defined in Section 5-11 of this Code, shall be subject to Section 5-4.2 of this Code and any amendments, regulations, policies, and guidelines thereto concerning the following matters: mileage criteria and methodology, emergency and urgently needed methodology and criteria, appeals processes including post authorization for non-prescheduled, non-emergency transportation, and uniform certification of medical necessity for non-emergency ambulance transportation. Appeal decisions issued by MCOs pursuant to Section 5-4.2 shall be appealable to the Director, and the Director's decision on these appeals shall be a final administrative decision subject to review under the Administrative Review Law. The uniform certification of medical necessity for non-emergency transportation requirements shall be effective for dates of service beginning no later than 90 days after the effective date of this amendatory Act of the 99th General Assembly. The mileage criteria and methodology, emergency and urgently needed methodology, and criteria and appeals processes, including post authorization for non-prescheduled, non-emergency transportation, shall be effective for dates of service beginning no later than July 1, 2015 and for any and

all outstanding claims that exist at the time of implementation of the methodologies, appeals, and post authorization processes.

Effective immediately upon the effective date of this amendatory Act of the 99th General Assembly, MCOs shall not unreasonably refuse to contract with ground ambulance services providers as defined in Section 5-4.2 of this Code and medi-car services providers as defined in Section 5-4.2 of this Code, shall not unreasonably restrict access to and the availability of ground ambulance services and medi-car services, and shall ensure that recipients of the Department's programs shall not be liable for ground ambulance services and medi-car services expenses consistent with federal law, Sections 370h and 370i of the Illinois Insurance Code, and any amendments, regulations, policies, and guidelines thereto, including, but not limited to, 50 Ill. Admin. Code 2051.280(b) and any amendments thereto.

(2) It is the intention of the General Assembly that the State action exemption to the application of federal and State antitrust statutes be fully available to the Department and MCOs and their agents and designees, and all employees, officers, subsidiaries, and designees thereof, to the extent the activities are authorized by the provisions of Section 5-4.2 to which the MCOs are subject under this amendatory Act of the 99th General Assembly. The State action exemption shall be liberally construed in favor of the Department and MCOs and their agents and designees and all employees, officers, subsidiaries, and designees thereof, and such exemption shall be available notwithstanding that the action constitutes an irregular exercise of constitutional or statutory powers. It is the policy of this State that the following powers may be exercised by the Department and MCOs and their agents and designees and all employees, officers, subsidiaries, and designees thereof notwithstanding the effects on competition and notwithstanding any displacement of competition: (i) all powers that are within the traditional areas of the Department's activity but that are authorized by the provisions of Section 5-4.2 to which the MCOs are subject under this amendatory Act of the 99th General Assembly and that are to be implemented by the MCOs and their agents and designees and all employees, officers, subsidiaries, and designees thereof; (ii) all powers granted, either expressly or by necessary implication, by the provisions of Section 5-4.2 to which the MCOs are subject under this amendatory Act of the 99th General Assembly or any administrative rules, policies, or procedures that implement the provisions of Section 5-4.2 to which the MCOs are subject under this amendatory Act of the 99th General Assembly; or (iii) all powers that are the inherent, logical, or ordinary results of the powers granted by the provisions of Section 5-4.2 to which the MCOs are subject under this amendatory Act of the 99th General Assembly and any administrative rules, policies, or procedures that implement the provisions of Section 5-4.2 to which the MCOs are subject under this amendatory Act of the 99th General Assembly. In order to ensure that MCOs and their agents and designees and all employees, officers, subsidiaries, and designees thereof promote State policy and not individual interest, the Department shall actively supervise their activities, including, but not limited to, their decisions. The Department's active supervision shall include, but not be limited to, a review of the substance of any activities or decisions and the power to veto or modify particular activities or decisions to ensure they accord with State policy. The mere potential for State supervision shall not be a sufficient substitute for an actual decision by the Department. Department supervisors shall not be active market participants.

(h-5) The Department shall monitor and enforce compliance by MCOs with agreements they have entered into with providers on issues that include, but are not limited to, timeliness of payment, payment rates, and processes for obtaining prior approval. The Department may impose sanctions on MCOs for violating provisions of those agreements that include, but are not limited to, financial penalties, suspension of enrollment of new enrollees, and termination of the MCO's contract with the Department. As used in this subsection (h-5), "MCO" has the meaning ascribed to that term in Section 5-30.1 of this Code.
(Source: P.A. 97-689, eff. 6-14-12; 98-104, eff. 7-22-13; 98-651, eff. 6-16-14.)

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

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

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A FIRST TIME

House Bill No. 3152, sponsored by Senator Martinez, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3159, sponsored by Senator Hastings, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3215, sponsored by Senator Raoul, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3304, sponsored by Senator Hunter, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3464, sponsored by Senator Martinez, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3592, sponsored by Senator Connelly, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3620, sponsored by Senator Martinez, was taken up, read by title a first time and referred to the Committee on Assignments.

House Bill No. 3749, sponsored by Senator Manar, was taken up, read by title a first time and referred to the Committee on Assignments.

At the hour of 5:13 o'clock p.m., the Chair announced the Senate stand adjourned until Thursday, April 30, 2015, at 12:00 o'clock noon.