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98th GENERAL ASSEMBLY
REGULAR SESSION
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16th Legislative Day

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PRESIDING OFFICER: (SENATOR SULLIVAN)

The regular Session of the 98th General Assembly will please come to order. Will all the Members be at their desks? Will our guests in the galleries please rise? The invocation today will be given by Rabbi Michael Datz, Temple B'rith Sholom, Springfield, Illinois. Rabbi.

RABBI MICHAEL DATZ:

(Prayer by Rabbi Michael Datz)

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Please remain standing for the Pledge of Allegiance. Senator Jacobs, to lead us in the Pledge.

SENATOR JACOBS:

(Pledge of Allegiance, led by Senator Jacobs)

PRESIDING OFFICER: (SENATOR SULLIVAN)

Mr. Secretary, Reading and Approval of the Journal.

SECRETARY ANDERSON:

Senate Journal of Wednesday, February 27th, 2013.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Hunter.

SENATOR HUNTER:

Mr. President, I move to postpone the reading and approval of the Journal just read by the Secretary, pending arrival of the printed transcript.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Hunter moves to postpone the reading and approval of the Journal, pending arrival of the printed transcripts. There being no objection, so ordered. President Cullerton in the Chair.

PRESIDENT CULLERTON:

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Ladies and Gentlemen of the Senate, can I please have your attention and ask the Senators to please take their seats. Thank you for your attention. Yesterday, our Chamber heard from Israel's highest-ranking official in the Midwest, Consul General Roey Gilad. Today, I'm pleased to introduce a Consul General from another ally, albeit a little closer to the U.S. soil. Today, we're honored and we're -- to be joined by Gitane De Silva, Canada's Consul General to Chicago. Her office represents Canada in the Midwestern states of Illinois, Wisconsin, Missouri, and parts of northwestern Indiana. The Consul General's Office is also a part of a worldwide network of Canadian diplomatic and trade offices, which includes more than twenty across the United States. Canada is the largest export market for Illinois, Missouri and Wisconsin - that's larger than Mexico, China, Brazil, Australia and Japan combined. Nearly three hundred thousand Illinois jobs depend on trade with Canada. And Illinois sells more goods to Canada than any other country in the world. This partnership has resulted in a -- fifty-five billion dollars in total Canada-Illinois traded goods. Under her leadership, her office is working to further this relationship by promoting Canada's interests in this region through stronger trade and economic ties, as well as enhanced political, academic and cultural links between Canada and the Midwest. The Senate is grateful that she could join us today. Ladies and Gentlemen of the Senate, the Honorable Gitane De Silva, the Consul General of Canada in Chicago. Please welcome her.

CONSUL GENERAL GITANE DE SILVA:

(Remarks by Consul General Gitane De Silva)

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PRESIDENT CULLERTON:

We're going to have substantive 3rd Reading legislation dealt with now and have -- ask Senator Sullivan to be in the Chair.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Mr. Secretary, Resolutions.

SECRETARY ANDERSON:

Senate Resolution 126 {sic} (125), offered by Senator McGuire and all Members.

Senate Resolution 127 {sic} (126), offered by Senator Hunter and all Members.

They are both death resolutions, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Resolutions Consent Calendar. Mr. Secretary, Committee Reports.

SECRETARY ANDERSON:

Senator Noland, Chairperson of the Committee on Criminal Law, reports Senate Bill 39 and Senate Bill 1497 Do Pass.

Senator Jones, Chairperson of the Committee on Local Government, reports Senate Bill 1430 and Senate Bill 1456 Do Pass.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans, for what purpose do you rise?

SENATOR STEANS:

For a point -- actually two points of personal privilege, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Please state your point, Senator Steans.

SENATOR STEANS:

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Thank you, Mr. President. First, seated in the gallery behind me is, from my district, Christine Salvator, who serves as the President of the Illinois Association of Nurse Anesthetists, a statewide association of fifteen hundred Certified Registered Nurse Anesthetists who are here in the Capitol for lobby day. I want to welcome them and thank them for their service, especially those who work alongside our armed forces overseas. Thank you very much for being here. Let's give them a warm..

PRESIDING OFFICER: (SENATOR SULLIVAN)

Will our guests in the gallery please rise? Welcome to the Illinois State Senate. Great to have you here today. Senator Steans.

SENATOR STEANS:

I also want to note that on Monday, we were not in Session, but it was Senator Iris Martinez's birthday. I won't say how young she is, but we should all make sure we wish her a happy birthday while we're here in the Capitol.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Happy birthday, Senator Martinez. Senator Koehler, for what purpose do you rise?

SENATOR KOEHLER:

Thank you, Mr. President. For purpose of an announcement.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Please state your announcement, Senator Koehler.

SENATOR KOEHLER:

I am going to announce the Sullivan Caucus. And you say, why does David Koehler announce a Sullivan Caucus? Because my wife is Nora Sullivan and my good friend is John Sullivan. But

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the Sullivan Caucus is going to meet on Tuesday, March 12th, at The Pub, Vinegar Hill Mall. It's from 5 o'clock to 9 o'clock at night. There'll be bagpipes, refreshments, and Irish fun. But we're all invited.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Thank you, Senator Koehler. That'll be the 11th Annual Sullivan Caucus. Hope everybody can join us. Senator Emil Jones, for what purpose do you rise?

SENATOR JONES:

Personal privilege, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Please state your point, Senator Jones.

SENATOR JONES:

We also have another birthday, a new Member, Senator Napoleon Harris. His birthday was on Monday as well.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Happy birthday, Senator Harris. Ladies and Gentlemen, if you'll turn to page 3 of your printed Calendar, towards the bottom of the page, on the Order of Senate Bills 3rd Reading, we will go to Senate Bill 26. Senator Steans, do you wish to proceed? Indicates that she does. Senator... Senator Steans seeks leave of the Body to return Senate Bill 26 to the Order of 2nd Reading. Leave -- seeing no objection, leave is granted. On the Order of 2nd Reading is Senate Bill 26. Mr. Secretary, are there any Floor amendments approved for consideration?

SECRETARY ANDERSON:

Floor Amendment No. 2, offered by Senator Steans.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans, on Floor Amendment 2.

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SENATOR STEANS:

That's a technical amendment and I will explain the bill on 3rd.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Is there any discussion on the amendment? Seeing none, all those in favor will say Aye. Opposed, Nay. The Ayes have it, and the amendment is adopted. Are there any further Floor amendments approved for consideration?

SECRETARY ANDERSON:

No further amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Now on the Order of 3rd Reading, we have Senate Bill 26. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 26.

(Secretary reads title of bill)

3rd Reading of the bill.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Thank you, Mr. President and Members of the Senate. So Senate Bill 26 is the -- authorizes Illinois to implement provisions of the Affordable Care Act to cover an additional three hundred and forty-two thousand low-income adults under Medicaid. These newly eligible members are single adults, ages nineteen through sixty-four, whose income's below a hundred and thirty-three percent of the federal poverty level. It's about - - it's under sixteen hundred -- sixteen thousand dollars. Over sixty percent of these adults are employed, but work at low-wage

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jobs that don't offer affordable health care coverage. The federal government will pay a hundred percent of the costs of this new population for three years and phase that down to ninety percent by 2020. SB 26 includes language to end this program if the federal government drops its share below the ninety percent. There's numerous benefits to Senate Bill 26. Primarily, it keeps people healthier. These newly eligibles are currently uninsured. This new access to health care will move them from seeking emergency services in hospitals to obtaining preventative health care and treatment in new care coordination programs. It brings 4.6 billion federal dollars to Illinois, with no net State costs, and twelve billion in additional federal funds through the -- to the State through 2020. These federal dollars replace State General Revenue Fund dollars and uncompensated care costs that are currently borne by hospitals, health clinics, and local governments. This bill also creates jobs. We estimate it's about nineteen thousand eight hundred new jobs one year alone. And it keeps Cook County population covered. When we had passed the SMART Act last year, we did a waiver for Cook County for this population. That population was only granted the waiver for one year. We are now extending that -- coverage for that same population to not just Cook County but to the entire State and they will get a hundred percent coverage. Twenty-three states to date have announced their plans to implement Medicaid expansion. This includes thirteen Republican Governors. Governor Chris Christie of New Jersey explained that "after considerable discussion and research, I have decided to participate in Medicaid expansion under the ACA. ...we have an opportunity to ensure that an even greater number of

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New Jerseyans who are at or near (the) poverty line will have access to critical health services..." And with this move, we will secure a federal revenue stream to cover the costs of uninsured who already show up in our doctor's offices and emergency rooms. I want to thank Julie Hamos, her staff, and this broad coalition who's been working on this bill - the IHA, the Illinois Chamber of Commerce, IRMA, Township Officials, health clinics, mental health -- disability advocates, and many other health care advocates. Senate Bill 26 makes fiscal and moral sense and I urge an Aye vote.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Is there any discussion? Senator Righter, for what purpose do you rise?

SENATOR RIGHTER:

Will the sponsor -- will the sponsor yield, please, Mr. President?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Indicates she will, Senator Righter.

SENATOR RIGHTER:

Thank you, Mr. President. Senator Steans, I want to ask you a few questions about what I hope that everyone in this Chamber recognizes is a hugely significant policy change, not just for the federal government, but certainly for this State. You mentioned in your opening comments about the provision in the bill that says that Illinois can opt out of this extended coverage - this new -- this new set of coverages for three hundred and fifty thousand or so people - if the federal reimbursement rate drops under ninety percent. Now I want to be clear. Am I restating what you said correctly?

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PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

We put in language that it's - it's not optional - that if the federal government drops to below ninety percent matching for this new population that, within three months, this population will no longer be covered under our -- the State of Illinois' Medicaid program. So we have thus just taken away the biggest risk of this program that people have expressed concerns about - that what happens if the feds don't keep providing the ninety percent coverage.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Righter.

SENATOR RIGHTER:

Does the federal government have to approve Illinois dropping coverage for these -- these three hundred and fifty thousand -- at least three hundred and fifty thousand people, even if their reimbursement threshold drops under ninety percent?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

You know, I -- I'm being told that we think we can stop the program. It's under our authority. We don't have to start the program and we're putting into our law right now that we can stop -- that we'll stop the program if it drops.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Righter.

SENATOR RIGHTER:

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Okay. Now, Senator, this is a really, really, important part of this, because this is being sold, in part, on the notion that not only is the -- is -- are the federal taxpayers going to pay nine out of ten dollars on this for us, but that if they go less than that, don't worry, we'll jump out of it. But you're not sure whether or not we can jump out of it because the federal government may say, no, you're -- you've -- you've brought these people into the program, we're going to keep 'em under the program. I mean, can you give me a little more definite answer that you know we can just drop these people without the federal government approving?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

It is absolutely my understanding that we can drop these without doing it. I also understand that the Republican states that have been doing that have been offering very similar escape clauses in their legislation.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Righter.

SENATOR RIGHTER:

Well, we don't know the effectiveness of those clauses in any of the so-called Republican states because that's not been tested yet. But, I mean, going beyond that, who did your information come from that the State can, on its own, without permission from the federal government, drop out of this program if they're not paying as they promised?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

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SENATOR STEANS:

You know, that's our -- that's our understanding and our staff attorney's belief on this. I would also suggest, Senator Righter, that as you know, since we worked together on this so much, last year, just nine months ago, we made many changes to our population program, too, under the SMART Act. Many of those did require, some did not, but even if it does, we certainly got all the requirements that we've been wanting to as well. I don't believe we need it in this - that's my understanding. And, you know, many other states are taking this same approach as well.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Righter.

SENATOR RIGHTER:

Okay. I'm -- with all due respect, Senator Steans, I'm going to dig a little deeper on this assurance that we have that the federal government will be fine with us leaving the program. You say that your staff or your staff attorneys. What are they relying on? I mean, is it a communication from the federal government? Do we have a letter from the President or from his representatives saying, yeah, if we drop below ninety percent, you guys just get out? I mean, what's the source of the information or the assurance?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

It's on our statute, Senator Righter. We're going to abide by what we're putting in our statutory language here.

PRESIDING OFFICER: (SENATOR SULLIVAN)

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Senator Righter.

SENATOR RIGHTER:

What our law says doesn't matter, Senator. The question I'm asking is, what gives us the insurance that the federal government is going to let us out? We can write whatever law we want, but if the federal government says no -- you know that 'cause we've worked on this issue, as you said. Medicaid doesn't work that way. We have to seek the permission of the federal government on all kinds of things. And all I'm asking is, is what exactly is the source from the nation's capital that gives us this assurance?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

That is entirely our understanding, both from ours and HFS folks. I'm telling you, we've -- putting it in our laws. There's no requirements from the feds, as was declared by the Supreme Court, that we do this expansion. We've put in our law now that while we're going to do it, if the feds drop below, we're going to not -- no longer cover this expansion. Those two things are fairly -- fairly firm guarantees there. And many other states are doing this similar kind of approach, Senator Righter.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Righter.

SENATOR RIGHTER:

To the bill, if I might, Mr. President. Thank you, Mr. President. I know there are going to be other speakers on this, Mr. President. Senator Steans, thank you. Two years ago, this

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General Assembly - and the Governor - said Medicaid is so out of control and we owe so much money to the State's providers, and that we recognize that owing that kind of money cripples access for the people who we said we were already going to pay -- already going to pay for their health care, that we're going to put a moratorium on any expansions. Okay? We're done. We're going to hold our breath until we get the program under control. In two years, there have been -- there's been one exception to that moratorium and this would be the second one. The first one passed last year that made a mere quarter of a million new people eligible for the Medicaid program - just a little exception. This one is another three hundred and fifty thousand. So within twenty-four months of the moratorium, we're talking about adding six hundred thousand new people. The promise from Washington is that they will pay for these people for, I think, three years and then they'll pay most part therein after. We don't know whether or not, if they fall under ninety percent, that we can walk away. There's no assurance from that. We feel good about that. We're hoping that. I'm sure some of us are praying that, but in the end, we don't know that. And remember, the permission that we'll have to get will have to come from the same administration that pushed a bill that said you have to take these people. So think about whether or not that same administration is going to like the notion that states start pulling out - or Illinois or others or the thirteen Republican states - just because they fall under ninety percent. I don't feel good about that. I don't. As a taxpayer and someone who represents taxpayers, I don't feel good about that confidence level or the administration will be nearly that --

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that -- that cooperative. But here's the point, even if the federal government keeps its promises on the dollars, even if all of that comes true, over the next six years just the cost to the State taxpayers will be nearly three billion dollars more. This is not free. Even if you define "free" as stuff that only the State taxpayers will have to pay and, somehow, the federal money is free, even under that skewed definition, it's three billion dollars more that we're going to have to pay over six years. Did the people who sent you here in the last election give you the impression that they think Springfield's got three billion dollars laying around for the next six years to spend? No. Our system is already overburdened. Our system is already -- still, even after the work we did last year, unaffordable. This is absolutely the wrong time to add people to this program. I urge a No vote. Thank you, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Further discussion? Senator Jacqueline Collins, for what purpose do you rise?

SENATOR COLLINS:

Thank you, Mr. President and Ladies and Gentlemen of the Senate. I rise in strong support of this legislative initiative and from two perspectives. One, I would like to refer to a statement from the Illinois Chamber of Commerce and I quote, "The expansion of Medicaid as originally envisioned by the Affordable Care Act is the best way to mitigate additional cost pressures on employers and consumers in the next {sic} (near) term." That's from the Illinois Chamber of Commerce, from a business perspective. And from a ground-level perspective, in reference to -- I want to speak -- in reference to these people

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that I've heard mentioned, last year Illinois' most vulnerable residents were asked to bear the brunt of devastating Medicaid cuts. The 2012 reforms ended a prescription assistance program for senior citizens, eliminated all routine adult dental care, and undermined previous agreements about nursing home staffing. Now we have an opportunity to offer coordinated medical care to people who previously had no options other than the emergency room. And we know when they go to the emergency room, we, the other taxpayers that have insurance, pick up the cost. So here I think is a good way to move forward and we should invest these savings back into existing State medical assistance programs so we can begin repairing the frayed social safety network. And I commend those who were at the table for the negotiations.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Further discussion? Senator Hunter, for what purpose do you rise?

SENATOR HUNTER:

To the bill, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

To the bill, Senator Hunter.

SENATOR HUNTER:

Currently, 35.5 percent of residents -- in my district benefit from Medicaid. It constitutes six -- the sixth-highest Senate district in -- in Illinois to -- in respect to population receiving Medicaid. This expansion is going to end coverage lapses and open up access to Medicaid to an estimated seventeen thousand individuals in my district. This is something that's good for not only my district, but it's also good for the people of the State of Illinois. Within the nine neighborhoods in my

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district, the reported average income of residents is below the federal poverty limit. There are also some -- some great assets in this -- in this bill. There's moneys in there for preventative care and mental health care, safety net hospitals are covered, job creation in the health care sector, as well as HIV/AIDS and -- and drugs. So this is a good thing. I'd like to commend the sponsor. You guys have worked so hard over the past year and a half trying to put this bill together. And I would urge an Aye vote from all of my colleagues on the Floor. Thank you.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Further discussion? Senator Delgado, for what purpose do you rise?

SENATOR DELGADO:

Thank you, Mr. President. To the bill. I...

PRESIDING OFFICER: (SENATOR SULLIVAN)

To the bill, Senator Delgado.

SENATOR DELGADO:

Thank you, Mr. President. Members of the Senate, I, too, stand in strong support of Senate Bill 26. As we continue to hear folks who talk about the government concerns and process and -- and how we -- and who's going to take "these" people or "those" people, well, they're all of our people. And we believe that not only is it important that we take these people - these are our Illinois neighbors, friends and family - we're going to help erase the financial burden on health care providers. And through 2016, this legislation's going to bring in 4.6 billion dollars into Illinois in form of Medicaid provider payments. And as someone who worked on the original legislation for

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affordable health care in Illinois - and I give a lot of credit to the Campaign for Better Health Care - that is taking us down this road. It helps make sure that families who make less than sixteen thousand dollars will have access; adults who are at the hundred and thirty-eight percent poverty level will be able to at least start having their abilities to have Medicaid and those with dependent children. We kicked a ton of people off the rolls last year, but now we know that with an influx of 1.1 billion dollars on the federal side on the first year that we'll be able to start alleviating some of these burdens. There's an entire universe of support for this legislation. And I would ask that since we do have such a cross section of support for this legislation -- I want to commend the sponsor, Senator -- Steans. And -- and making sure that if no one else wants to take "these" people, well, come on over here; there's a few of us that really want to look out for those moms, those children, those folks with disabilities, and those who are at the bottom rung, if you will, that do not have a living wage and may need some help. Over three hundred thousand people will now benefit from this legislation once we become law and I stand as a strong sponsor of this legislation.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Further discussion? Senator Murphy, for what purpose do you rise?

SENATOR MURPHY:

Question of the sponsor, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Indicates she will yield, Senator Murphy.

SENATOR MURPHY:

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Senator, before the total six hundred thousand individual increase in eligibility, how many people did we have on Medicaid in Illinois back when the program was merely drowning?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

We have about 2.7 million people on our Medicaid program and we estimate this will add about three hundred and forty-two thousand more.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

Does the 2.7 include the two hundred and fifty thousand that were added in to the waiver that Senator Righter referenced previously?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

No, the -- the -- the population number, to my understanding, is still around the 2.7 million. We've also been taking people off and on. It -- it comes and goes.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

So what is your understanding of how many people were added to the Medicaid rolls by the waiver that was provided Cook County in the SMART Act?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

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SENATOR STEANS:

At the time we were doing that, the estimate from Cook County was it would be about five hundred thousand. I don't know what the actual amount enrolled has been.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

How many people have been kicked off of the Medicaid rolls this fiscal year?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

It's -- it is a on and off. We do now have -- as you are aware, when we did the SMART Act, we did incorporate a new contract, where they're going through and purging the rolls. MAXIMUS contract is now up and running. I don't have the numbers with me on terms of how many people have been reviewed and deemed not eligible through that process. I can get that for you.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

I -- I -- well, and I'll -- I've got a little bit more, but, I mean, I guess what troubles me about that is we're going to add three hundred and fifty thousand people to this program right now at a six-year cost to the State of almost three billion dollars and we don't know the effect of the changes we made just last spring on what was already a drowning program. I mean, doesn't that suggest that we wait and take the time given

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to us before we go forward with what I think you can only characterize as a massive expansion?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

This -- this bill is incredibly critical to Cook County and their administration. That waiver that was approved for them - with bipartisan support, I might add - was for -- they only were granted that waiver for one year and they're only getting a fifty percent match from the federal government, with Cook County paying the other fifty percent. Under this bill, they will now be eligible -- going after the one year that waiver was extended for, they'll now be eligible on an ongoing basis and receive a hundred percent federal match. They will no longer have to be paying for any of it. We are also, further, doing that same program statewide. So I think there'll be many other counties. And that's why the township organizations and local government entities are on board supporting this, because they're currently having to pick up these costs many different ways through their own health service organizations in their counties, through uncompensated care in their hospitals, as well as through their township organizations.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

So we should expect the township line on our property tax bills to go down over the next couple of years due to the release of pressure on their budget. Is that a fair expectation?

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PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

It will be up to the townships what they do with the relief they get from this.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

Senator, can you lay out for us -- the federal government is going to make payments for this expansion to specific individuals for a specific period of time. Can you lay out for me what exactly you expect the federal government to pay and to whom these additional benefits -- these newly eligible will be?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

There -- there's already a billing process that's in place for the Medicaid program for this new part of the population. They all go through the claims process that gets sent to the feds and they'll be reimbursed a hundred percent for this population from -- from the feds. And it will work on the same kind -- kind of timing process that they currently have in place in the way they reimburse the State.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

I guess what I'm trying to figure out, the -- the feds pay a hundred percent, but that's not indefinite, right?

PRESIDING OFFICER: (SENATOR SULLIVAN)

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Senator Steans.

SENATOR STEANS:

Yes, I have made mentioned that it's a hundred percent for three years and then, over the next three years, by 2020, it phases out to ninety percent and then ninety percent there going forward.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

And this is childless adults between nineteen and sixty-four that are up to the hundred and thirty-eight percent of the poverty level?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

That's correct and that's a salary of about -- under sixteen thousand.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

The feds will also provide payment to doctors who see this population for the first two years. They will pay them at the Medicare reimbursement rate rather than Medicaid. Is that correct?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy. Excuse me, Senator Steans.

SENATOR STEANS:

Right. They have that higher reimbursement rate, I believe it is, for two years. And that, again, the federal government

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is paying for that.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

Why?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator...

SENATOR MURPHY:

How come they're paying the higher Medicaid rate for doctors for the first two years?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Right. They're going to pay them Medicare rates, I believe, for two years.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

How come?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

You know, you'd have to ask the federal government why they're doing that.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

What happens after this fiscal year and the next fiscal year when the feds stop reimbursing doctors at the Medicare

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rate? What is your plan, as the sponsor of this bill, for the reimbursement of doctors who see this population we're adding to Medicaid in about a year or year and a half when we reach that point?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

I don't think it's for me to plan. I think that will be a -- a item for HFS and the entire Body and the -- the administration and the Body to be determining what they would like to do. Presumably, they'll get -- continue to pay at the rates that we've been paying before, like all of our other providers.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

Well, if -- one of the points Senator Righter referenced that I think was a significant concern for a lot of people who saw the social safety net of Medicaid, frankly, being broken by the expansions of the last decade, was the concept of access. It would seem to me that what the feds are trying to do by offering more money to see this new population is to entice doctors to see them. If we stop paying them at that higher rate, shouldn't we be concerned that we're going to be faced, yet again, with an access problem for these people?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

One, we don't know whether the federal government will

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continue those or not. But, more importantly, folks are still getting care - they just show up in the emergency rooms and do it in a much more expensive setting. This is going to make sure that we see them much earlier and reduce the more complicated and costly side of things by getting folks into care coordination and preventative care. This group will be going into care coordination and will be having medical homes and have a lot less drain on needs for higher-end services by doctors in hospitals.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

If the State opted to continue to pay at the Medicare rate, our staff estimates that's about three hundred million dollars a year. Do you -- do you think that's an accurate assessment and, again, do you think that's something that you'll support when the time comes? It's only a year away. This is a pretty major step we're taking. To not be looking ahead a year and a half on something that's potentially going to cost three hundred million dollars, or, further, what everybody in the room has acknowledged is an access problem, seems to be a little short-sighted. So I guess I'm trying to understand if you've looked at this problem a year and a half ahead and what your proposal and solution is, as the person who's pushing this overall reform.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

In -- right now, as I say, these folks are currently

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getting care. It's in much more expensive settings. It's not going to, I think, change the overall dynamics of people needing care. If you want to entertain a bill that you're suggesting in a year or so, if that does go away, I will take a look at it and consider it.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

The -- the figure of nearly three billion dollars of added cost has been referenced out here. How much do you think the passage of this bill will cost State taxpayers over the next six years?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

This bill is going to bring in twelve billion dollars in federal dollars over the next six years. In the outyears, there's going to be -- the estimate is about five hundred million for the -- paying the ten percent. It's a huge trade-off balance on what we're going to be getting in federal revenue comparatively. I also just want to go and -- again and note that this current population that you're talking about, where doctors are now going to get paid at a higher rate, are not -- the doctors who are caring for them now are getting paid nothing for them. So they'll be probably pleased, with whatever rate we get at the Medicaid rate going forward, that they are at least getting compensated. It's a very big change in equation here now. The -- we have many industry groups who are supporting this as a result, because they're no longer going to have so

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much uncompensated care being given.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

So, this will be -- this will not be an added cost to State taxpayers over the next six years? There'll be no line items in our State budget that -- are funded through GRF that are going to go up as a result of the passage of this bill over the next six years?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Over the next three years, there's not. They're covered a hundred percent. In fact, we think there's estimated savings of about a hundred and five million in GRF. The three years outgoing after that, as it tapers down to ninety percent, there are some dollars that the State will be picking up to pay for that - over time, up to ten percent of that care.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

What is the rate in those three years that the feds pay for people who were previously eligible for Medicaid but hadn't gotten on to the program? It's not a hundred percent is it?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

As I think you're aware, currently the feds reimburse us for our Medicaid population at fifty percent.

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PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

But, clearly, we expect people who are currently eligible but not signed up to hear about this expansion and get signed up. And instead of a hundred percent payment for that individual, the feds are going to give us fifty cents on the dollar. So, for every one of those individuals that signs up, the State will see an increased cost. Will they not?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

You're speaking about the so-called "woodworking effect". And, you know, if there's going to be a woodworking effect, it's going to happen regardless of whether we pass the expansion or not with the health insurance exchanges that are coming at the same time. People are going to be getting informed about that. That's not -- this bill will not increase that cost. That's going to be out there regardless.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Murphy.

SENATOR MURPHY:

To the bill.

PRESIDING OFFICER: (SENATOR SULLIVAN)

To the bill, Senator Murphy.

SENATOR MURPHY:

As Senator Righter laid out, I think rather clearly, this is a -- yet a second massive expansion to a program that was literally drowning us. For all of the loud and proud education

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advocates on the other side of the aisle, who sat there and voted to allow health care and Medicaid to blow by education in the last decade, to those who are concerned about education cuts that continue, this, right here, is yet another robbing of Peter to pay Paul. It's taking from your pet project, your pet issue - education - 'cause there isn't going to be the money. And the idea that this is all manna from federal government heaven is as childish a notion as I've heard down here in a while. If you think this isn't going to cost you and your constituents, you're willfully naive to history. If you think the federal government -- or the Chinese via the federal government are going to continue to fund us at the level necessary for things like this to go on, you are willfully naive. And I ask you, think this through. Even if the federal government says you don't have to cover this, people, which one of you over there is actually going to vote and tell six hundred thousand people you're taking 'em off Medicaid? You know you won't do it. It's a ruse to even suggest that this may go back. This is a massive expansion of a program that has already been bankrupting the State. We're going from 2.3 million people on it; you're adding six hundred thousand - over a twenty-five percent increase in one year - to a program that is bankrupting the State. I know the President used to sit in this Chamber; I know many of you are awed by him. This is not good policy for a State that came into this situation already in horrible fiscal shape. Please don't make it profoundly worse. Rethink this, take the time that we still have to do this right, and say No to this bill.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Further discussion? Senator Rose, for what purpose do you

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rise?

SENATOR ROSE:

Question of the sponsor, if I may.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Indicates she will yield, Senator Rose.

SENATOR ROSE:

Thank you, Mr. President. Senator, how many new doctors do we need in Illinois to cover capacity - or lack of capacity, rather?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

These folks are currently getting coverage. They're just not getting compensated in hospital cares and whatnot.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Rose.

SENATOR ROSE:

Would it surprise you that in The New York Times last July - not Fox News, The New York Times - last July, the Association of American Medical Colleges says that by 2015, just two years from now, we need sixty-three thousand new primary care physicians to cover capacity - sixty-three thousand? Senator Steans, how long does it take to go to medical school?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Rose, let's speak to the bill at hand. Senator Rose.

SENATOR ROSE:

What is the plan for dealing with the capacity to absorb these individuals, Senator Steans?

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PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Well, as one of your colleagues had noted, there are incentives to keep doctors providing care here. And what I would go back to again is saying that folks -- these folks live here already. This is not a population that doesn't exist. We have them already. These are Illinois residents. They're getting care. It's uncompensated and it's in emergency room in hospitals. We'd rather move them to primary care settings, when they can be seen more by nurses and more appropriate care, get preventative treatment, and reduce the need for them to be seeing doctors.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Rose.

SENATOR ROSE:

But then would that be safe to say that the plan is to get in line? Because if you have a shortage of physicians, no capacity, then the only way to account for that is to get in line. Is that safe to say?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Okay, once again, what I'll say is that folks are getting care now. This group exists. We're talking about real live human beings that currently do not have insurance coverage. They show up in emergency rooms right now to -- for treatment - much more expensive kind of care. We get them enrolled in care coordination programs, they're going to be seen in clinics that

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we have all over the place and require less time by doctors later on in emergency rooms. This is much better health care, keeping them healthier, reduce their need overall for health care coverage. So, you know, I don't see lines that should be preventing this. We'll be preventing and reducing the emergency room rate -- waiting times.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Rose.

SENATOR ROSE:

Changing -- changing gear on you here, Senator Steans. Is there any discussion -- or anything in this bill - I -- I don't believe there is based on the prior comments - that would deal with any immediate change in reimbursement rate based upon the ongoing fiscal discussions in the -- in the federal government? In fact, it's been supposed by more than one commentator that one outcome would be the immediate reduction of the rate. Now I know that you can't go below ninety percent and that's written into the bill, but let's -- let's -- let's assume that as part of what's going on yesterday, today, they come out tomorrow and say we're going to take the rate down to ninety-five percent. That would obviously be an immediate hit to the budget were this bill to become law. Is there anything in there that would allow us to immediately address that if the federal policymakers decide, as part of their discussions, to immediately change the rate?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Well, I -- I -- I -- I think it's highly unlikely that

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federal funding for this is going to be changed. It's already been determined that the sequester will not touch money set aside for the Medicaid reimbursement.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Rose.

SENATOR ROSE:

But the sequester is potentially being renegotiated, is it not?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Yeah, but that's been consistent in all the federal documents, is they're not -- there's not going to be -- and I don't know what the feds are going to do. But, currently, the way things stand, there's no chance that the sequester's going to be touching money set aside for the Medicaid reimbursements. And we've put in this bill very clearly - I'll go back to that - if it does drop below ninety percent - we don't have to take a vote - it's automatic that this group after three months is no longer covered.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Rose.

SENATOR ROSE:

To the bill, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

To the bill, Senator Rose.

SENATOR ROSE:

Ladies and Gentlemen, this is a massive expansion of where we've been in this State. Anyone who looks at the last -- the

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budget over the last ten years -- Crain's did a wonderful piece on this and showed that the Medicaid curve had gone from five billion to ten billion over ten years, largely driven by expansions, but also by inherent cost increases of these types of programs. Here we are today, asked to add six hundred thousand people with no regard to where they're going to go to seek treatment, what that will do to people who are already in treatment. Something we didn't even talk about is, what happens when you're already in treatment and then someone comes in and says, "Oh, I want your place in line." But also, the cost - and -- and I -- well, I salute Senator Steans' confidence in the federal government resolving this short of something less than a hundred percent for the next couple years, but I don't share that optimism. I think there's a high likelihood that, at some point in time, that's going to come down. If it does, comes down to ninety-five percent, say, that doesn't trigger your ninety percent threshold, but it does automatically cause real problems to our current and future year budgets. And there's also the very real issue of what Senator Murphy touched on and those are the billions of dollars in increased costs that HFS even says are in this bill. Just on the unreimbursed part starting in 2017, you pick up ninety-nine million dollars. That's not too far off. That expands over the next several years to be over -- close to six hundred million dollars. That's not including the woodwork effect. And I think, Senator, that I would politely disagree with you that -- that some of those may come in, may come out. I -- I think we're probably both right on that. Some of them will come in, as you suggest, automatically anyway. I think many more will come in based upon

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the publicity and the promotion that would come with this, were this to pass. HFS estimates that to be a billion-dollar figure. This is a massive expansion. I would suggest a No vote. Thank you, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Further discussion? Senator Syverson, for what purpose do you rise?

SENATOR SYVERSON:

...you, Mr. President. Questions for the sponsor.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Indicates she will yield, Senator Syverson.

SENATOR SYVERSON:

Thank you. Senator, I want to take a little bit of a different direction than what's been discussed before and talk a little bit about how this change is going to impact those in light of what the new Affordable Care Act guidelines that are set up would have. My understanding now, with this, we are expanding to a hundred and thirty-eight percent of poverty. So a family of four would be somewhere in the thirty-two/thirty-three thousand of income, would be -- would go into this Medicaid program. Under this -- under the Affordable Care Act, when we have these exchanges set up where individuals who are now uninsured have a chance to go into the exchange -- and they get a federal subsidy to purchase coverage, which will allow them to choose a health system and a doctor that they would like. But under this -- the exchanges would ban any individual from coming in there and purchasing private health coverage if they qualify for Medicaid. So, under this, am I correct in saying then that individuals at a hundred and thirty-eight

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percent would not have that opportunity to purchase coverage under the exchange?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

If we do the Medicaid expansion, folks under the hundred and thirty-three percent of the federal poverty level are eligible for Medicaid. They are not eligible for the subsidies.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Syverson.

SENATOR SYVERSON:

So, in this case then, individuals then would not have a choice of being able to purchase coverage or get a subsidy to purchase coverage, as was promised when the Affordable Care Act was passed. Is the same true then for employers under the Affordable Care Act, employers that are covering employees under a hundred and thirty-eight percent? This will allow employers to legally discriminate then and remove those employees under their group plan and they would go into -- those employees would go into that Medicaid plan as well. Is that correct?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Employers are supporting -- the Illinois Chamber supports this bill in large part because of this very dynamic of what happens to folks under the hundred and thirty-eight percent/hundred and thirty-three percent - the reason you hear a hundred and thirty-three versus a hundred and thirty-eight, by the way, folks, is that you get -- five percent of your income is

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discounted, so it really is out to a hundred and thirty-eight percent of the federal poverty level - is that this population - - if -- if -- if we do not expand Medicaid - if we do not - an employer that has over fifty employees and deemed a large employer by the -- under that Affordable Health Care Act, if their employer -- employees do not have -- if they do not offer any health insurance by the employer, if they go to the marketplace and purchase with a subsidy on the marketplace, that employer is penalized. If the employees, however, are eligible for Medicaid and are on Medicaid, that same employer is not penalized. So this is going to put a -- if we do not do the Medicaid expansion, it puts a much greater burden on small employers for penalties under the health insurance exchange. The Illinois Chamber very -- supports this bill for this very reason.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Syverson.

SENATOR SYVERSON:

I guess the concern is that -- and I'm -- and I'm -- I appreciate the fact that you want to champion business in Illinois, but with the subsidy, those who qualify for that subsidy, the employer understands that that subsidy would be there to help the employer and help the employee, for those who are working and would have qualified for a subsidy, to stay under that group plan. What you end up with is, you have two workers working next to each other, both working on the same machines, doing the same job, but because one has four children and one has two children, that one that has four doesn't have an opportunity to have the same policy that the person working next

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to him does; that individual will have to go into Medicaid and be covered under the Medicaid system. That doesn't seem to make sense. That -- that employee should have that right to get that subsidy and stay under that employer's health plan, which is -- if we set that Medicaid level at a lower amount that you would've allowed, you'd be able to do that. I think you want to make a -- a comment on that?

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Steans.

SENATOR STEANS:

Yeah, I would just suggest, that's still going to be the employee's choice. The employee can determine and still take -- if their -- if their employer's offering health care coverage, they are welcome to take that health care coverage. No one who is eligible for Medicaid has to enroll in Medicaid.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Syverson.

SENATOR SYVERSON:

Well, I wish that were true, except for the employer will not get a credit if a person is eligible for Medicaid. So that -- that employer is going to be told, "Well, you can cover that person, but you're going to have to pay the whole six or seven thousand and you cannot get a subsidy to help that individual", whereas if that employee is at a hundred and thirty-nine percent, that employer is going to get that help. So an employer won't have that opportunity when you're talking about such a large cost and not getting any help for doing that. So clearly what's going to happen is there's going to be a movement for low-income people to be put into that Medicaid -- that

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Medicaid system. The -- the last point I want to, I guess, raise is the -- you know, the President, when he announced his program, he looked into the camera and he -- the first thing he said to people is, "Nobody is going to lose their doctor or their choice of their doctors." That was a promise that he made. And now, here, we're passing legislation, that's the -- the first thing we're doing now is taking that away and saying, "Well, except for we didn't mean that for those under a hundred and thirty-eight percent. We meant it for those over that. Those under a hundred and thirty-eight, we're going to tell you who your doctor is and this is where you're going to go and you're not going to have the opportunity to purchase coverage and get a subsidy for that and choose the plan and the doctor you want", that you are going to be limited to going into the Medicaid system. And that flies in the face of what the President promised the American people when this legislation was passed. Now I understand that the law says that -- right now, they're saying it's a hundred and thirty-eight percent or nothing, but we haven't even attempted to seek a waiver to say what about keeping it at poverty level and so those over poverty could have the opportunity to get a subsidy and purchase the coverage that they would like to have and employers would have the opportunity to cover their employees. So I think the business groups -- I understand why they want this -- why they see this, because there is a need for those at poverty level and below. But to go all the way to a hundred and thirty-eight percent is going to take hundreds of thousands of people away from the opportunity of a choice of health care and put them all -- force them into a Medicaid system, which is not what, I don't

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think, our initial intent was and certainly was not what the President had promised when he passed this legislation. So I would -- wish we would not pass this legislation, come back with a compromised bill or seek a waiver, where we can take care of those who are truly needy in this coverage, those who aren't working or working below the poverty level. But to take it to a hundred and thirty-eight percent, I think is a grave mistake. Thank you very much, Senator. Thank you for answering questions.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Further discussion? Senator Brady, for what purpose do you rise?

SENATOR BRADY:

Thank you, Mr. President. Just to the legislation.

PRESIDING OFFICER: (SENATOR SULLIVAN)

To the bill, Senator Brady.

SENATOR BRADY:

Yeah, I'll be brief. I stand in opposition to this legislation and it's not an easy No vote, because there's a lot of good things that this will do. In fact, I think we could argue that there are a number of states that can benefit from this because their fiscal condition's much better than ours. They don't owe billions of dollars in unpaid bills. And I know there's a lot of pressure from the President, his home state to pass this. But unlike the President, we can't print and borrow money endlessly. The people we borrowed against are the people who do business with the State. This year alone we'll have pension pressures of in excess of two hundred million dollars in cuts. This, this year, according to HFS, we'll offer another

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hundred million dollars in cuts. Ladies and Gentlemen, at some point in time, we have to understand that we have to live responsibly. This legislation doesn't need to happen now. It can be part of a greater budget package, and we believe that if it were, we might be able to have a win-win situation. But just to pass this in a rushing way - it's going to force us to cut at least a hundred million dollars from education and other places next year, two hundred million the next year, according to HFS - we think is reckless. The better point would be to take this out of the record, make it part of a budget process, which it is, negotiate a better bill. We have the time to do that. But this is heading down that continued dangerous path of spending money we don't have.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Further discussion? Senator Sandoval, for what purpose do you rise?

SENATOR SANDOVAL:

Purpose of the legislation, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

To the legislation, Senator Sandoval.

SENATOR SANDOVAL:

You know, I think the gentleman from Bloomington has some valid points during these dire and austere, difficult economic times that we're facing here in Illinois. Nonetheless, I don't know how anyone can lift -- look a gift horse in the mouth. You know, money from Washington, there isn't much coming from Washington these days, from the White House or from Congress. This is clearly an historic moment during this administration - we're getting something from Washington. I'm going to vote for

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this piece of legislation, not simply because -- you know, because we're doing the right thing. And I don't want to give the wrong message to this administration nor to Director Hamos and HFS, who I think have done a poor job of protecting the poor. You know, just last year - just last year - this Chamber took part of cutting 2.7 billion dollars from Medicaid. We're talking about poor blacks and we're talking about poor Latinos, we're talking about poor whites, who were taken off the rolls, who were taken away, who -- health care was taken away during a time when people have lost their homes, lost their jobs, and have found it very difficult to take care of their children. We, both Republicans and Democrats, put working poor class folks out on the street without health care. We should be ashamed of ourselves. And I continue to say, on the record, that I challenge Director Hamos and HFS to continue doing the right thing for the poor people and the middle class and those unfortunate here in Illinois. We haven't seen that from HFS, and they should be chastised. And that's why I didn't vote on that horrendous bill last year that put a lot of poor folks on the street without health care. This is a -- this is like an act of contrition, it seems like. This is not -- this is no -- no real gift from the State. This comes from Washington and we're trying to take advantage of that. And, you know, to my friends on the other side of the aisle, well, it's pretty disingenuous. You know, you've got some of the -- leading Republican governors in this country who have supported Medicaid expansion, like the one we're taking on today. In fact, you know, Governor Chris Christie said, "After considerable discussion and research, I have decided to participate in

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Medicaid expansion". A total of eight Republican governors, including the infamous Jan Brewer of Arizona, have supported Medicaid expansion in their states. Even Jan Brewer, the friend of immigrants in Arizona, has supported Medicaid expansion, you know. We've got Jan Brewer of Arizona supporting Medicaid expansion, yet we've got folks like, you know, Director Hamos in Illinois cutting Medicaid for Latinos and blacks and poor whites throughout the entire State of Illinois. I will have no part of that. And just as we're celebrating today probably the passage of this Medicaid expansion, I look forward to this administration and my good friend, Director Hamos, a former colleague of mine, to work on reinstating and getting -- getting Medicaid coverage for some of those poor blacks and poor whites and poor Latinos who were kicked off the rolls last year by many Members in this Senate Chamber. I ask a favorable vote. Thank you.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Ladies and Gentlemen, our last speaker seeking recognition, Senator Koehler.

SENATOR KOEHLER:

Thank you, Mr. President, Members of the Senate. The debate has been kind of all over the place on this, but I want to try to put in perspective what I think is -- is so important here, and that is that this is the key piece of legislation for us to move forward in implementing the Affordable Care Act. And we have to remember that, because, right now, if you -- if you look at -- at the system and you look at our population, what we're going to hopefully implement as we roll out the Affordable Care Act is that people up to four hundred percent of poverty

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will have some method of having either subsidized insurance or having Medicaid available to them. This piece represents that large pool of people that right now are part of the uninsured. They do not have children. They do not qualify for Medicaid. And the only reason I can think of as to why you would not support this bill is if you, number one, wanted the Affordable Care Act to fail - right? - or, number two, if you wanted to continually burden your local hospitals, who are so in favor of this bill. I represent -- and just three blocks from my house - and I live in a poor neighborhood - is Saint Francis Medical Center. And five blocks from my -- my door is Methodist Medical Center. Those are the two tertiary care centers in -- in Peoria. They have the predominant load of Medicaid population. And so if you're not in favor of your hospitals, especially your Medicaid hospitals, then I would vote against this as well. Or if you're antibusiness, because where do you think the cost shifting goes? I know where it goes in Peoria - it goes to Caterpillar and everybody else who has insurance. In the Quad Cities, it goes to John Deere, right? That's who we're burdening. See, if -- if health care was something we could just arbitrarily choose, then that may be a whole different set of arguments and issues. But people get sick, and when they get sick, it's -- it's regardless of whether they have health insurance or they have access to health care or not. And so if we're going to live in reality - and that's always the mark of leadership, is you have to accurately assess reality and then you have to move forward and make your actions dependent upon that - this is essential that we pass this bill today for our local communities and for the health of this entire State.

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PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you, Senator. Senator Steans, to close.

SENATOR STEANS:

Thank you. And I -- I appreciate the thoughtful discussion we've had on this issue here this morning -- this afternoon. You know, not -- about nine months ago I did stand here before this Body with the SMART Act and -- and a lot of work with Members across the aisle and the other side of the -- the other Chamber here to make cuts, that 1.6 billion dollars in cuts to the Medicaid program. We do need to manage this in a responsible way to make sure that we're preserving it for our neediest folks. That was not without its challenges, as you hear people talking about it today. That said, I think we have made those significant changes to the program. Folks are getting moved into care coordination, will all -- also be -- providing much better medical homes, keeping people healthy -- healthier, and reducing their costs long term. This new population will enter into those care coordination programs as well. We've been making the needed reforms to this program. I am confident that by adding this new population, we are not undermining either the fiscal health of this program. It comes with a -- a hundred percent match by the federal government for three years. Not only are we going to receive that entire match, we estimate that we have at least a hundred and five million in annual reductions in General Revenue Fund expenditures by doing this, and the Kaiser Family Foundation estimates that over nine hundred million in previously uncompensated care that is being borne right now by our hospitals, by our health clinics, by our local township

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governments, will also now be getting compensated care. I want to make a -- a couple of points. I -- I do understand the concern on the risk of "what if the federal government does not live up to its at least ninety percent coverage?" We do have -- I -- I have found that the federal CMS, who oversees this program under Kathleen Sebelius, did issue a statement on December 12th -- excuse me, December 10th, 2012, through a frequently asked question - and I'm reading from their statement - "If a state accepts the expansion, can a state later drop out of the expansion program?" The answer from federal CMS is, "Yes. A state may choose whether and when to expand, and, if a state covers the expansion group, it may decide later to drop the coverage." Very clear that we're going to have control over this program as we want. And I -- I just want to close by noting that this is clearly the right moral, fiscal thing to do, and governors around the country are doing this. I think Governor Jack Dalrymple from North Dakota put it best why we try to leave politics out in the hallway when we make these decisions - "In the end, it comes down to are you going to allow your people to have additional Medicaid money that comes to us at no cost {sic} (at no cost to us), or aren't you?" That's the decision we're making here today. It's clearly the right fiscal and moral thing to be doing for the State. I urge an Aye vote.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Thank you. Ladies and Gentlemen, the question is, shall Senate Bill 26 pass. All those in favor will vote Aye. Opposed, Nay. And the voting is open. Have all voted who wish? Have all voted who wish? Have all voted who wish? Mr.

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Secretary, take the record. On that question, there are 40 voting Aye, 19 voting Nay, 0 voting Present. Senate Bill 26, having received the constitutional majority, is declared passed. Ladies and Gentlemen, if you will turn to page 4 of your printed Calendar, on the Order of Secretary's Desk, Resolutions - page 4, Secretary's Desk, Resolutions - we have Senate Resolution 84. Senator Luechtefeld. You wish to proceed? Mr. Secretary, please read the resolution.

SECRETARY ANDERSON:

Senate Resolution 84, offered by Senator Luechtefeld.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Senator Luechtefeld.

SENATOR LUECHTEFELD:

Thank you, Mr. President. Yes, this just simply adds a day, a -- a -- Rare Disease, where we -- where we basically say that this is an issue in this country that we certainly give some respect to. There are many, many parents that go through seven days a week with these types of -- of days, twenty-four hours a day, and this, I think, recognizes that. Hopefully that -- we can get a Yes vote on this. Thank you.

PRESIDING OFFICER: (SENATOR SULLIVAN)

The question is, shall Senate -- is there any discussion, first of all? Is there any discussion? Seeing none, the question is, shall Senate Resolution 84 pass. All those in favor will vote Aye. Opposed, Nay. The Ayes have it, and the resolution is adopted. Ladies and Gentlemen, if I can make a quick announcement here, I want to introduce -- I have three young people here with me today from my district. They're students at Western Illinois University. They're over in the

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back part of the Chamber. Jillian Taylor - hold your hand up, Jillian - is a junior at WIU, majoring in communications. Dan Fristrom is a -- also a junior, a political science major. And Shawn McBean is a senior, social worker major at WIU. They're also interns in my Macomb District Office. Would everybody join me in welcoming these three young people to the Illinois State Senate? Thank you. Senator Haine, for what purpose do you rise?

SENATOR HAINE:

Point of personal privilege.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Please state your point, Senator Haine.

SENATOR HAINE:

Ladies and Gentlemen of the Senate, I -- this is somewhat of a sad point. I want to call the attention of this distinguished Body to the loss of a veteran employee, an executive of the Illinois Department of Insurance. Etta Mae Credi passed away in the last couple of weeks and she was a fifty-nine-year veteran of the Department of Insurance of Illinois. She began her career in 1954. She became a supervisor and then Assistant Deputy Director of the Insurance Department. During her service, Etta Mae worked with eleven Governors and twenty-four insurance directors. She's survived by her husband, Bob, and their four children and seven grandchildren. Etta Mae was unknown to many people here, but she exemplified the integrity and the competence of what I would call the civil service of Illinois, our State employees. They've been pilloried in the past few years, but the true typical State employee, the one who goes to work every day and

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serves the citizens competently in her job to regulate the insurance industry on behalf of consumers, that person is exemplified by Etta Mae Credi. And I would ask that we remember her today and her service, and all of those similar to her that have passed away in -- in the last year. For a moment of silence, Mr. President.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Would all Members please rise? We'll have a moment of silence for Ms. Credi. (Moment of silence observed) Thank you, Senator Haine. Ladies and Gentlemen, we're going to go to the Order of Senate Bills 2nd Reading. If you'll turn to page 2 of your printed Calendar, at the top of the Order - page 2, Senate Bills 2nd Reading - we have Senate Bill 32. Senator Kotowski. Senator Kotowski. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 32.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Next up on the Calendar, we have Senate Bill 47. Senator Frerichs. Senator Frerichs, on Senate Bill 47. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 47.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

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3rd Reading. Senate Bill 47. Senator Martinez. Mr. Secretary, please read the bill. Excuse me, Senate Bill 48. Senator Martinez. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 48.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 50. Senator Holmes. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 50.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 63. Senator Hunter. Senator Hunter. Out of the record. Senate Bill 84. Senator Luechtefeld. Senate Bill 84. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 84.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. With leave of the Body, we will return to 93. Go to Senate Bill 104. Senator Althoff, on Senate Bill 104.

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Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 104.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1169. Senator McGuire. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1169.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1170. Senator McGuire. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 1170.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. With leave of the Body, we'll -- we will return to 1197 and go to Senate Bill 1204. Senator Harmon. Senator Harmon, on 1204. Out of the record. Senate Bill 1216. Senator Muñoz. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1216.

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(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1219. Senator Van Pelt. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 1219.

(Secretary reads title of bill)

2nd Reading of the bill. The Committee on Judiciary adopted Amendment No. 1.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Are there any further Floor amendments approved for consideration?

SECRETARY ANDERSON:

No further amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1224. Senator Murphy, on 1224. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1224.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. The bottom of page 2, we have Senate Bill 1225. Senator Kotowski. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1225.

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(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Ladies and Gentlemen, with leave of the Body, we're going to go back up to Senate Bill 63. Senate Bill 63, when it comes up on the board. Senator Hunter, do you wish to proceed? Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 63.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Ladies and Gentlemen, now if you'll turn to the top of page 3 of the printed Calendar, we're going to go to Senate Bill 1287. 1287. Senator Silverstein, do you wish to proceed? Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 1287.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Next up on the Calendar, we have Senate Bill 1303. Senator Kotowski. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1303.

(Secretary reads title of bill)

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2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1307. Senator Lightford. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 1307.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Next up, we have Senate Bill 1321. Senator Trotter. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1321.

(Secretary reads title of bill)

2nd Reading of the bill. The Committee on Public Health adopted Amendment No. 1.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Are there any further Floor amendments approved for consideration?

SECRETARY ANDERSON:

No further amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1340. Senator Mulroe. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1340.

(Secretary reads title of bill)

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2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1341. Senator Lightford. Out of the record. Senate Bill 1358. Senator Kotowski. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1358.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Next up on the Calendar, we have Senate Bill 1373. Senator Jacobs. Mr. Secretary, read the bill.

SECRETARY ANDERSON:

Senate Bill 1373.

(Secretary reads title of bill)

2nd Reading of the bill. No committee or Floor amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1381. Senator Koehler. Mr. Secretary, please read the bill.

SECRETARY ANDERSON:

Senate Bill 1381.

(Secretary reads title of bill)

2nd Reading of the bill. The Committee on Transportation adopted Amendment No. 1.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Are there any further Floor amendments approved for

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consideration?

SECRETARY ANDERSON:

No further amendments reported.

PRESIDING OFFICER: (SENATOR SULLIVAN)

3rd Reading. Senate Bill 1399. Senator Link. Senator Link. Out of the record. With leave of the Body, we will skip over 1470. Ladies and Gentlemen, the Senate will stand at ease to allow the Committee on Assignments to meet. Will all members of the Committee on Assignments please come to the President's Anteroom immediately? All members of the Committee on Assignments to the President's Anteroom immediately. Senate stands at ease. (at ease) Senate will come to order. Mr. Secretary, Committee Reports.

SECRETARY ANDERSON:

Senator Clayborne, Chairman of the Committee on Assignments, reports the following Legislative Measures have been assigned: Refer to Revenue Committee - Committee Amendment 1 to Senate Bill 1379, Committee Amendment 1 to Senate Bill 1519; re-refer from Environment Committee to Agriculture and Conservation Committee - Senate Bill 1666; re-refer from Judiciary Committee to Assignments Committee - Senate Bill 36; re-refer from Transportation Committee to Executive Committee - Senate Bill 1594.

Signed, Senator James F. Clayborne, Chairman.

PRESIDING OFFICER: (SENATOR SULLIVAN)

Ladies and Gentlemen, there being no further business to come before the Senate, the Senate stands adjourned until the hour of 10 a.m. on the 1st day of March, 2013. The Senate stands adjourned.

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SECRETARY ANDERSON:

Pursuant to the directive of the Senate President, the regular Session of the Senate is now in perfunctory Session.

Have a letter dated February 28th, 2013.

Dear Mr. Secretary - Pursuant to Rule 2-10, I am scheduling a perfunctory Session to convene on Thursday, February 28th, 2013.

Sincerely, John J. Cullerton, Senate President.

Resolutions.

Senate Resolution 127, offered by Senator Oberweis and all Members.

Senate Resolution 128, offered by Senator Brady and all Members.

Senate Resolution 129, offered by Senator Brady and all Members.

Senate Resolution 130, offered by Senator Brady and all Members.

Senate Resolution 131, offered by Senator Brady and all Members.

Senate Resolution 132, offered by Senator Cullerton and all -- Senator John Cullerton and all Members.

Senate Resolution 133, offered by Senator Holmes and all Members.

They are all death resolutions and will be referred to the Consent Calendar.

Introduction of Senate Bills.

Senate Bill 2406, offered by Senator Haine.

(Secretary reads title of bill)

1st Reading of this Senate bill.

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Committee Reports.

Senator Collins, Chairperson of the Committee on Financial Institutions, reports Senate Bill 56 Do Pass, as Amended.

Senator Harmon, Chairperson of the Committee on Executive, reports Senate Bill 66, Senate Bill 1290, Senate Bill 1415 and Senate Bill 1471 Do Pass.

Senator Martinez, Chairperson of the Committee on Licensed Activities and Pensions, reports Senate Bill 1293, Senate Bill 1366, Senate Bill 1495 and Senate Bill 1496 Do Pass.

Senator Landek, Chairperson of the Committee on State Government and Veterans Affairs, reports Senate Bill 1251, Senate Bill 1498 and Senate Bill 1515 Do Pass.

Senator Noland, Chairperson of the Committee on Revenue, reports Senate Bill 1309 and Senate Bill 1404 Do Pass.

Messages from the House.

A Message from the House by Mr. Mapes, Clerk.

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

House Bill 99.

We have received like Messages on House Bills 105, 167, 181, 183, 192, 194, 956 and 958. Passed the House, February 28th, 2013. Timothy D. Mapes, Clerk of the House.

House Bills 1st Reading.

House Bill 99, offered by Senator Collins.

(Secretary reads title of bill)

House Bill 105, offered by Senator Harmon.

(Secretary reads title of bill)

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House Bill 181, offered by Senator Haine.

(Secretary reads title of bill)

House Bill 194, offered by Senator Clayborne.

(Secretary reads title of bill)

1st Reading of these House bills.

There being no further business to come before this perfunctory Session, pursuant to the directive of the Senate President, the Senate stands adjourned until Friday, March 1st, 2012 {sic}, at the hour of 10 a.m., or until the call of the President. The Senate stands adjourned.