

**STATE OF ILLINOIS**



**HOUSE JOURNAL**

**HOUSE OF REPRESENTATIVES**

**NINETY-FIFTH GENERAL ASSEMBLY**

**283RD LEGISLATIVE DAY**

**PERFUNCTORY SESSION**

**MONDAY, SEPTEMBER 8, 2008**

**12:38 O'CLOCK P.M.**

**HOUSE OF REPRESENTATIVES  
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283rd Legislative Day**

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The House of Representatives met in Perfunctory Session pursuant to notice from the Speaker.

## REPORTS

The Clerk of the House acknowledges receipt of the following correspondence:

Report on the Feasibility of Printing Tax Increment Financing (TIF) District Information on Individual Tax Bills, submitted by Department of Revenue.

All Kids Preliminary Report, July 2008, submitted by Department of Healthcare and Family Services.

Illinois Stroke Task Force Annual Report, submitted by Department of Public Health.

Report on Wind Energy, submitted by Commission on Government Forecasting and Accountability.

Certification for Designation for Household Finance Corporation III, submitted by Department of Commerce and Economic Opportunity.

YouthBuild Annual Report, 2007, submitted by Department of Human Services.

School Finance Authority Annual Report and Plan, 2008, submitted by State Board of Education.

Quarterly Report, submitted by Office of the Legislative Inspector General.

Economic Development for a Growing Economy (EDGE) Tax Credit Program Annual Report, 2007, submitted by Department of Commerce and Economic Opportunity.

Illinois Regenerative Medicine Institute Annual Report, 2007, submitted by Department of Public Health.

Illinois Salary and Staffing Survey of Licensed Child Care Facilities, FY 2007, submitted by Department of Human Services.

Request to combine reporting requirements of two separate sections for the ALL KIDS Health Insurance Act, submitted by Department of Healthcare and Family Services.

Declaration of Exemption, submitted by Department of Public Health.

Evaluation Report, Illinois Early Childhood Prevention Initiative Program, submitted by State Board of Education.

Executive Order Number 3 (2005) (EO3) Annual Report.

Illinois Early Learning Council Report, submitted by The Illinois Early Learning Council.

Chicago/Gary Regional Airport Authority Annual Report, submitted by Chicago/Gary Regional Airport Authority.

Access to Benefits and Services Report in Response to SR 218 & HR 462, submitted by Task Force on Access to Benefits and Services, Department of Human Services, and Department of Healthcare and Family Services.

Distracted Drivers Task Force Final Report, submitted by Office of the Secretary of State.

Financial Audit for DuPage ROE 19, submitted by Office of the Auditor General.

Financial Audit for ROE 20, submitted by Office of the Auditor General.

Financial Audit and Compliance Examination for IMSA Fund for Advancement of Education, submitted by Office of the Auditor General.

Financial Audit and Compliance Examination for Illinois Mathematics and Science Academy, submitted by Office of the Auditor General.

Review of Documents Related to the Proposed Sale of Bonds for the Chicago Transit Authority Retirement Plan and Retiree Health Care Trust, submitted by Office of the Auditor General.

Third Party Review for Department of Central Management Services Bureau of Communications & Computer Services, submitted by Office of the Auditor General.

Financial Audit for Illinois State Employees' Deferred Compensation Plan, submitted by Office of the Auditor General.

Financial Audit and Compliance Examination for Attorney Registration and Disciplinary Commission, submitted by Office of the Auditor General.

Single Audit Report for the State of Illinois, submitted by Office of the Auditor General.

Report on Internal Control over Financial Reporting and on Compliance and other matters based on an Audit of Financial Statements, submitted by Office of the Auditor General.

Supplemental Report of Federal Expenditures Agency/Program/Fund (Unaudited), submitted by Office of the Auditor General.

Financial Audit for Dewitt, Livingston, and McLean Counties ROE 17, submitted by Office of the Auditor General.

Financial Audit for Alexander, Johnson, Massac, Pulaski, and Union Counties ROE 2, submitted by Office of the Auditor General.

Financial Audit for Suburban Cook County ROE 14, submitted by Office of the Auditor General.

Financial Audit for Whiteside County ROE 55, submitted by Office of the Auditor General.

Financial Audit for ROE 40, submitted by Office of the Auditor General.

Financial Audit for Henderson, Mercer, and Warren Counties ROE 27, submitted by Office of the Auditor General.

Financial Audit for ROE 1, submitted by Office of the Auditor General.

Financial Audit for LaSalle County ROE 35, submitted by Office of the Auditor General.

Financial Audit for Kane County ROE 31, submitted by Office of the Auditor General.

Financial Audit for Lake County ROE 34, submitted by Office of the Auditor General.

Financial Audit for Grundy and Kendall Counties ROE 24, submitted by Office of the Auditor General.

Financial Audit for Boone and Winnebago Counties ROE 4, submitted by Office of the Auditor General.

Financial Audit for Bureau, Henry, and Stark Counties ROE 28, submitted by Office of the Auditor General.

**LETTER OF TRANSMITTAL**

September 8, 2008

Mark Mahoney  
Chief Clerk of the House  
402 State House  
Springfield, IL 62706

Dear Clerk Mahoney:

Pursuant to House Rule 9(a), by this letter I am establishing that the House of Representatives will be in **Perfunctory Session** on Monday, **September 8, 2008**.

If you have questions, please contact my Chief of Staff, Tim Mapes, at 782-6360.

With kindest personal regards, I remain.

Sincerely yours,  
s/Michael J. Madigan  
Speaker of the House

**MESSAGES FROM THE GOVERNOR****OFFICE OF THE SECRETARY OF STATE**

**JESSE WHITE** – Secretary of State

September 8, 2008

To the Honorable Speaker of the House:

Sir:

In compliance with the provisions of the Constitution of the State of Illinois, I am forwarding herewith the enclosed House Bills from the 95<sup>th</sup> General Assembly that are being returned by the Governor with specific recommendations for change.

## House Bills

0824

0953

1432

1533

3286

4182

4450

4527

4602

4653

5318

Respectfully,  
s/Jesse White  
Secretary of State

[September 8, 2008]

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September 8, 2008

To the Honorable Speaker of the House:

Sir:

In compliance with the provisions of the Constitution of the State of Illinois, I am forwarding herewith the enclosed House Bills from the 95<sup>th</sup> General Assembly as vetoed by the Governor together with his objections.

House Bills

0230

3106

4548

4668

4956

5022

Respectfully,  
s/Jesse White  
Secretary of State

**OFFICE OF THE GOVERNOR  
ROD R. BLAGOJEVICH  
GOVERNOR**

August 26, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution, I am returning House Bill 824 with several recommendations. I applaud the General Assembly for its work on House Bill 824, and its attempt to address the issue of transparency in government and the appearance of influence of special interests in the awarding of State contracts. I firmly believe the bill's disclosure requirements and targeted ban on political contributions by entities doing business with the State constitute important steps in enhancing public confidence and transparency in the awarding of State contracts. Nonetheless, House Bill 824 does not go far enough. Its prohibitions and disclosure requirements are directed to merely a handful of those who play a role in the procurement process, leaving untouched many others to whom such requirements must equally apply to ensure an impartial, transparent, and open process for the procurement of State contracts.

As drafted, House Bill 824 prohibits certain entities contracting with the State from making campaign contributions to "the officeholder responsible for awarding the contracts," to "any other declared candidate for that office," and to "any political committee established to promote the candidacy" of such officeholder. The bill, however, fails to uniformly apply these same laudable prohibitions to political contributions made to the General Assembly and other constitutional officers who participate in the State procurement process and exercise discretion with respect to matters impacting State contracts. Under Article V, §17, of the Illinois Constitution, for example, the Comptroller has the responsibility to "order payments into and out of the funds held by the Treasurer," including payments to State contractors. Pursuant to Section 15, the Attorney General, as "the legal officer of the State," represents state agencies in the event of conflict with State contractors. Similarly, the Treasurer, under Section 18, disburses funds to State contractors upon direction from the Comptroller; and the Secretary of State, under Section 16, retains all official State

records, including those of State contractors. And the General Assembly itself, under Article IV, has a critical role in the procurement process by legislating to establish particular public projects subject to the awarding of State contracts, appropriating funds for those projects, and terminating those projects if no longer in the public interest. Significantly, the General Assembly has the power to direct the location of public projects, which under certain circumstances, could be determinative of which contractor will be awarded the State contract to work on that project. As drafted, the bill would allow contractors to contribute to the campaigns of these executive and legislative officials to garner influence in the procurement process. Given that all constitutional officers and members of the General Assembly participate in creating, funding, directing, and overseeing State contracts, this ethics law must bar political contributions to each uniformly in order to achieve the desired goal of a fair and open procurement process, stripped of any conflicts of interest.

In addition to the failure to include governmental actors critical to the procurement process, House Bill 824 leaves a gaping loophole, permitting covered State contractors to contribute to political committees of state parties, which are not barred from funneling the contributions back to the government officials in question. Only by strengthening the contribution ban will the citizens of the State gain greater assurance that government contractors will not endeavor to unduly influence the system.

In turn, by broadening the ban on contributions, entities wishing to do business with the State will become more confident in the State procurement process. The wider ban, therefore, will encourage responsible entities to bid on public projects, and thus protect the taxpayer.

In broadening the ban on political contributions from entities doing business with the State, I am mindful of the First Amendment interests that underlie contributions to political campaigns. Courts have recognized the important expressive and associational values in such participation in the political process. Only weighty State interests in combating the potential for corruption can justify abridging those values.

Indeed, in light of the constitutional interests, I am concerned that the General Assembly's initiative may be too porous to withstand judicial scrutiny. The General Assembly's bill prohibits entities contracting with the State from making campaign contributions to one discrete set of officeholders, while at the same time allowing those very same entities to contribute to others involved in the procurement process, such as the Comptroller and the Attorney General. Moreover, the House bill provides a green light for entities contracting with the State to make political contributions to members of the General Assembly who fund the projects on which the contractors work and, in most instances, who possess the power to direct where the projects go and to discontinue the projects. In failing to address the integrated nature of the procurement process, House Bill 824 undermines its core justification for regulating campaign contributions. Its concomitant failure to ban contributions to state political committees weakens the regulatory rationale even further. A more comprehensive approach, therefore, not only serves the public interest in eliminating potential undue influence and the appearance of such influence, but also strengthens the State's interest that is needed to override the business entities' First Amendment interest in contributing to political candidates.

In addition to the ban on political contributions from entities doing business with the State, I also commend the General Assembly's decision to impose disclosure requirements on those doing business with the State. Such sunlight can go a long way toward assuring the public that entities that work with the State do not wield undue influence in State government.

Again, however, House Bill 824 does not go far enough. We must safeguard the integrity of public office, and instill public confidence that no member of the executive or legislative branch can profit from his or her position. Legislators should not be allowed to simultaneously hold other State government jobs in addition to their legislative positions. Such dual government employment creates the potential for a conflict of interest because a legislator's duties to his or her constituents and his or her public employer are not always consistent. In the interest of greater transparency, legislators should also be required to disclose the names of clients and fees received when they are hired to lobby or appear before any unit of government.

Moreover, all increases in pay, whether for members of the executive or legislative branch, should be

subject to approval as with any other legislative measure. This will ensure a greater measure of accountability and transparency.

Finally, I have recommended changes to ensure that the prohibitions in the bill do not conflict with federal law and do not jeopardize the State's ability to receive federal funds for State contracts that utilize federal funding. As drafted, the bill has the potential for running afoul of federal requirements that must be met for the State to receive federal funds. This is a critical flaw, particularly at a time when the State of Illinois is in desperate need of a capital works bill requiring federal funding for capital construction and repair.

These changes would align Illinois with other states that have acted to bolster the public's faith in good governance.

Therefore, pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 824, entitled "AN ACT concerning State government.", with the following specific recommendations for change:

on page 1, below line 3, by inserting the following:

"Section 2. The Illinois Governmental Ethics Act is amended by changing Sections 4A-102 and 4A-103 and by adding Section 2-106 as follows:

(5 ILCS 420/2-106 new)

Sec. 2-106. Dual employment. No member of the General Assembly, during the term for which he has been elected or appointed may be employed by the State, a municipality, or unit of local government. This prohibition does not extend to employment as an elected official, firefighter, police officer, school counselor, teacher, or university instructor.

As used in this Section:

"elected official" means any individual who was elected to an office in an election certified by the State Board of Elections;

"firefighter" means an individual employed by a fire service;

"police officer" means an individual employed in a regularly constituted police department appointed and sworn or designated by law as a peace officer;

"school counselor" has the meaning ascribed to it in Section 10-22.24a of the School Code;

"teacher" means any or all school district employees regularly required to be certified under laws relating to the certification of teachers;

"university instructor" means any member of the educational staff of the University of Illinois, Southern Illinois University, Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Northeastern Illinois University, Northern Illinois University, Western Illinois University, or the Illinois Mathematics and Science Academy whose employment is permanent and continuous or who is employed in a position in which services are expected to be rendered on a continuous basis for at least 4 months or one academic term, whichever is less.

(5 ILCS 420/4A-102) (from Ch. 127, par. 604A-102)

Sec. 4A-102. The statement of economic interests required by this Article shall include the economic interests of the person making the statement as provided in this Section. The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement.

(a) The following interests shall be listed by all persons required to file:

(1) The name, address and type of practice of any professional organization or individual professional practice in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1200 was derived during the preceding calendar year;

(2) The nature of professional services (other than services rendered to the unit or units of government in relation to which the person is required to file) and the nature of the entity to which they were rendered if fees exceeding \$5,000 were received during the preceding calendar year from the entity for professional services rendered by the person making the statement.

(3) The identity (including the address or legal description of real estate) of any capital asset from



which a capital gain of \$5,000 or more was realized in the preceding calendar year.

(4) The name of any unit of government which has employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

(5) The name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

(b) The following interests shall also be listed by persons listed in items (a) through (f) and item (l) of Section 4A-101:

(1) The name and instrument of ownership in any entity doing business in the State of Illinois, in which an ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends of in excess of \$1,200 were derived during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description). No time or demand deposit in a financial institution nor any debt instrument need be listed;

(2) Except for professional service entities, the name of any entity and any position held therein from which income of in excess of \$1,200 was derived during the preceding calendar year, if the entity does business in the State of Illinois. No time or demand deposit in a financial institution, nor any debt instrument need be listed.

(3) The identity of any compensated lobbyist with whom the person making the statement maintains a close economic association, including the name of the lobbyist and specifying the legislative matter or matters which are the object of the lobbying activity, and describing the general type of economic activity of the client or principal on whose behalf that person is lobbying.

(c) The following interests shall also be listed by persons listed in items (g), (h), and (i) of Section 4A-101:

(1) The name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file if the ownership interest of the person filing is greater than \$5,000 fair market value as of the date of filing or if dividends in excess of \$1,200 were received from the entity during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description). No time or demand deposit in a financial institution, nor any debt instrument need be listed.

(2) Except for professional service entities, the name of any entity and any position held therein from which income in excess of \$1,200 was derived during the preceding calendar year if the entity does business with a unit of local government in relation to which the person is required to file. No time or demand deposit in a financial institution, nor any debt instrument need be listed.

(3) The name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

(d) The following interests shall also be listed by persons listed in item (a) of 4A-101:

(1) The name of each client or entity on behalf of whom the individual filing the Statement or his or her spouse personally engaged in lobbying or a representation case in the preceding 12 months, for which compensation in excess of \$5,000 was received by either the individual filing the Statement or his or her spouse, or by any other entity in which the individual filing the Statement or his or her spouse was an officer, director, associate, partner, member, proprietor, or served in an advisory capacity; and

(2) The name of each client or entity that retained, hired, or otherwise engaged an entity in which the individual filing the Statement or his or her spouse has an ownership interest in excess of 7 1/2%, for the purpose of lobbying or a representation case in the preceding 12 months, for which compensation in excess of \$5,000 was received by the entity; and

(3) The name of each client or entity that retained, hired, or otherwise engaged any entity for the purpose of lobbying or a representation case in the preceding 12 months, as a result of which the individual filing this Statement or his or her spouse received financial compensation in excess of \$5,000.

For each client or entity listed pursuant to this subsection, the exact amount of compensation received from services rendered in connection with the lobbying or representation case listed, and the identity of the unit of government before which such services were rendered.

As used in this subsection:

“lobbying” means communicating with representatives of a municipality, unit of local government, State agency, or the General Assembly for the ultimate purpose of influencing executive, legislative, or administrative action. “Lobbying” does not include communications with a State agency, a municipality, a unit of local government, or a member of the General Assembly made in the course of a member of the General Assembly’s legislative duties.

“representation case” means the representation of any person, client or principal in any matter before any State agency, municipality, or unit of local government where the action or non-action of the State agency, municipality, or unit of local government involves the exercise of discretion. For purposes of this subsection, “representation case” does not include (i) the professional representation of any person, client or principal in any matter before any court created under Article VI of the Constitution of the State of Illinois or any court created under Article III of the Constitution of the United States, or (ii) inquiries for information or other services rendered in a legislative capacity on behalf of a constituent or other member of the public.

(5 ILCS 420/4A-103) (from Ch. 127, par. 604A-103)

Sec. 4A-103. The statement of economic interests required by this Article to be filed with the Secretary of State shall be filled in by typewriting or hand printing, shall be verified, dated, and signed by the person making the statement and shall contain substantially the following:

STATEMENT OF ECONOMIC INTEREST  
(TYPE OR HAND PRINT)

.....  
(name)

.....  
(each office or position of employment for which this statement is filed)

.....  
(full mailing address)

GENERAL DIRECTIONS:

The interest (if constructively controlled by the person making the statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement.

Campaign receipts shall not be included in this statement.

If additional space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business in the State of Illinois, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were derived during the preceding calendar year. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument need be listed.

Business Entity	Instrument of Ownership
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.....	.....
.....	.....
.....	.....
.....	.....

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

Name	Address	Type of Practice
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.....	.....	.....
.....	.....	.....

3. List the nature of professional services rendered (other than to the State of Illinois) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

.....  
.....

4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

.....

5. List the identity of any compensated lobbyist with whom the person making the statement maintains a close economic association, including the name of the lobbyist and specifying the legislative matter or matters which are the object of the lobbying activity, and describing the general type of economic activity of the client or principal on whose behalf that person is lobbying.

Lobbyist            Legislative Matter    Client or Principal

.....  
.....

6. List the name of any entity doing business in the State of Illinois from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity. (In the case of real estate, location thereof shall be listed by street address, or if none, then by legal description). No time or demand deposit in a financial institution nor any debt instrument need be listed.

Entity                            Position Held

.....  
.....  
.....

7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

.....  
.....

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

.....  
.....

9. For members of the General Assembly and candidates for membership in the General Assembly, list the name of each client or entity on behalf of whom the individual filing the Statement or his or her spouse personally engaged in lobbying or a representation case in the preceding 12 months, for which compensation in excess of \$5,000 was rendered to either the individual filing the Statement or his or her spouse, or to any other entity in which the individual filing the Statement or his or her spouse was an officer, director, associate, partner, member, proprietor, or served in an advisory capacity. This includes the name of the unit of government before which the services were rendered, as well as the exact amount of compensation received from services rendered. For purposes of this statement, "lobbying" and "representation case" have the meanings ascribed to those terms in Section 4A-102 of the Illinois Governmental Ethics Act.

Client/Entity                            Unit of Government                            Amount

.....  
.....  
.....

10. For members of the General Assembly and candidates for membership in the General Assembly, list the name of each client or entity that retained, hired, or otherwise engaged an entity in which the individual filing the Statement or his or her spouse has an ownership interest in excess of 7 1/2%, for the purpose of lobbying or a representation case in the preceding 12 months, for compensation in excess of \$5,000. This includes the name of the unit of government before which the services were rendered, as well as the exact amount of compensation received from services rendered.

For purposes of this statement, "lobbying" and "representation case" have the meanings ascribed to those terms in Section 4A-102 of the Illinois Governmental Ethics Act.

Client/Entity                            Unit of Government                            Amount

.....  
.....  
.....

11. For members of the General Assembly and candidates for membership in the General Assembly, list the name of each client or entity that retained, hired, or otherwise engaged any entity for the purpose of lobbying or a representation case in the preceding 12 months, as a result of which the individual filing this Statement or his or her spouse received financial compensation in excess of \$5,000. This includes the name of the unit of government before which the services were rendered, as well as the exact amount of compensation received from services rendered.

For purposes of this statement, "lobbying" and "representation case" have the meanings ascribed to those terms in Section 4A-102 of the Illinois Governmental Ethics Act.

<u>Client/Entity</u>	<u>Unit of Government</u>	<u>Amount</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

VERIFICATION:

"I declare that this statement of economic interests (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment."

.....  
(date of filing) (signature of person making the statement)"; and  
on page 4, below line 1, by inserting the following:

“Section 7. The Compensation Review Act is amended by changing Sections 4 and 5 as follows:

(25 ILCS 120/4) (from Ch. 63, par. 904)

Sec. 4. Meetings of the Board; determining compensation; public hearings; reports. The Board shall meet as often as may be necessary and shall determine, upon a vote requiring at least 7 affirmative votes, the compensation for members of the General Assembly, judges, other than the county supplement, State’s attorneys, other than the county supplement, the elected constitutional officers of State government, and certain appointed officers of State government.

In determining the compensation for each office, the Compensation Review Board shall consider the following factors:

- (a) the skill required,
- (b) the time required,
- (c) the opportunity for other earned income,
- (d) the value of public services as performed in comparable states,
- (e) the value of such services as performed in the private sector in Illinois and comparable states based on the responsibility and discretion required in the office,
- (f) the average consumer prices commonly known as the cost of living,
- (g) the overall compensation presently received by the public officials and other benefits received,
- (h) the interests and welfare of the public and the financial ability of the State to meet those costs, and
- (i) such other factors, not confined to the foregoing, which are normally or traditionally taken into consideration in the determination of such compensation.

The Board shall conduct public hearings prior to filing its ~~reports~~ report.

At the public hearings, the Board shall allow interested persons to present their views and comments. The Board may prescribe reasonable rules for the conduct of public hearings, to prevent undue repetition. The meetings of the Board are subject to the Open Meetings Act.

The Board shall propose (i) one ~~file an initial~~ report with respect to all offices and positions, except judges and State’s attorneys (known as “report A”) and (ii) one report with respect to judges and State’s attorneys (known as “report B”). The Board shall file the reports with the House of Representatives, the Senate, the Comptroller and the Secretary of State. ~~Subsequent reports shall be filed therewith before April 1 in each even-numbered year. Report A shall state thereafter stating the annual salary for all offices and positions, except judges and State’s attorneys, for which the Board files reports members of the General Assembly, the elected State constitutional officers. Report B shall state and certain appointed State officers and compensated employees and members of certain state departments, agencies, boards, and commissions whose terms begin in the next calendar year; the annual salary for State’s attorneys; and the annual salary for the Auditor General and for Supreme Court, Appellate Court, Circuit Court, and Associate judges. If a~~

~~the~~ report increases the annual salary of judges, State's attorneys, and the Auditor General, such increase shall take effect when the report is approved ~~as soon as the time period for disapproval or reduction, as provided in subsection (b) of Section 5, has expired.~~

The salaries in ~~a~~ the report or as reduced by the General Assembly, other than for judges, State's attorneys and the Auditor General, shall take effect as provided by law.

(25 ILCS 120/5) (from Ch. 63, par. 905)

Sec. 5. (a) If the Board fails to recommend a change in salary or the General Assembly does not approve a ~~disapproves~~ the report as provided in subsection (b), and a new term for any officer provided for in this Act begins, the salary for the new term shall be the same as the salary in effect when the previous term ended.

(b) The General Assembly may approve a ~~disapprove~~ the report of the Board in whole, or reduce it in whole proportionately, within 30 session days after each house of the legislature next convenes after the report is filed, by adoption of a resolution by a record vote of the majority of the members elected in each house directed to the Board. Such resolution shall be binding upon the Board. A resolution may approve or reduce no more than one report, and no more than one resolution may be adopted by a single vote.

~~For the initial report filed by the Board after this Act takes effect, the General Assembly may, by January 9, 1985, disapprove the report of the Board in whole, or reduce it in whole proportionately, after the report is filed, by the adoption of a resolution by a record vote of the majority of the members.”; and~~

on page 8, line 23, after “executive branch”, by inserting “or legislative branch”; and

on page 8, line 23, after “government”, by inserting “, the Auditor General.”; and

on page 11, by replacing lines 1 through 20 with the following:

“to (i) any political committees established to promote the candidacy of an officeholder or declared candidate for that office, (ii) any political committees established to promote the candidacy of any member of the General Assembly or declared candidate for membership in the General Assembly, or (iii) any political committee of a state central committee of any political party that is represented by an officeholder or member of the General Assembly or a declared candidate for that office or membership in the General Assembly. This prohibition shall be effective for the duration of the term of the contract and for a period of 2 years following the expiration or termination of the contracts.

(c) Any business entity whose aggregate pending bids and proposals on State contracts total more than \$50,000, or whose aggregate pending bids and proposals on State contracts combined with the business entity's aggregate annual total value of state contracts exceed \$50,000, and any affiliated entities or affiliated persons of such business entity, are prohibited from making any contributions to (i) any political committee established to promote the candidacy of any officeholder or declared candidate for that office, (ii) any political committee established to promote the candidacy of any member of the General Assembly or declared candidate for membership in the General Assembly, or (iii) any political committee of a state central committee of any political party that is represented by an officeholder or member of the General Assembly or a declared candidate for that office or membership in the General Assembly. This prohibition shall be effective during the period beginning on the date the invitation for bids or request for proposals is issued and ending on the day after the date the contract is awarded.”; and

on page 12, below line 13, by inserting the following:

“(f) Nothing in this Section shall prohibit an individual from making a contribution to a political committee established to promote his or her own candidacy for office or for membership in the General Assembly.

(g) This Section shall not apply in circumstances when it is determined by the federal government or a court of competent jurisdiction that its application would violate federal law or regulation or otherwise prevent the State's receipt of federal funds.”.

With these changes, House Bill 824 will have my approval. I respectfully request your concurrence.

Sincerely,

s/ROD R. BLAGOJEVICH  
Governor

August 26, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return

House Bill 953, entitled "AN ACT concerning insurance coverage.", with the following specific recommendations for change:

on page 1, below line 3, by inserting the following:

"Section 2. The State Employees Group Insurance Act of 1971 is amended by changing Section 6.11 as follows:

(5 ILCS 375/6.11)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of health benefits shall provide the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, ~~356z.8, and 356z.9, 356z.10, and 356z.13~~ ~~356z.9~~ of the Illinois Insurance Code. The program of health benefits must comply with Section 155.37 of the Illinois Insurance Code.

Section 2.5. The Counties Code is amended by changing Section 5-1069.3 as follows:

(55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, ~~356z.8, and 356z.9, 356z.10, and 356z.13~~ ~~356z.9~~ of the Illinois Insurance Code. The requirement that health benefits be covered as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule county to which this Section applies must comply with every provision of this Section.

Section 3. The Illinois Municipal Code is amended by changing Section 10-4-2.3 as follows:

(65 ILCS 5/10-4-2.3)

Sec. 10-4-2.3. Required health benefits. If a municipality, including a home rule municipality, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, ~~356z.8, and 356z.9, 356z.10, and 356z.13~~ ~~and 356z.9~~ of the Illinois Insurance Code. The requirement that health benefits be covered as provided in this is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule municipality to which this Section applies must comply with every provision of this Section.

Section 4. The School Code is amended by changing Section 10-22.3f as follows:

(105 ILCS 5/10-22.3f)

Sec. 10-22.3f. Required health benefits. Insurance protection and benefits for employees shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.8, and 356z.9, and 356z.13 of the Illinois Insurance Code.”; and on page 1, line 5, after “Section 370c” by inserting “and adding Section 356z.13”; and on page 1, immediately below line 5, by inserting the following:  
“(215 ILCS 5/356z.13 new)

Sec. 356z.13. Autism spectrum disorders.

(a) A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 95th General Assembly must provide individuals under 21 years of age coverage for the diagnosis of autism spectrum disorders and for the treatment of autism spectrum disorders to the extent that the diagnosis and treatment of autism spectrum disorders are not already covered by the policy of accident and health insurance or managed care plan.

(b) Coverage provided under this Section shall be subject to a maximum benefit of \$36,000 per year, but shall not be subject to any limits on the number of visits to a service provider. After December 30, 2009, the Director of the Division of Insurance shall, on an annual basis, adjust the maximum benefit for inflation using the Medical Care Component of the United States Department of Labor Consumer Price Index for All Urban Consumers. Payments made by an insurer on behalf of a covered individual for any care, treatment, intervention, service, or item, the provision of which was for the treatment of a health condition not diagnosed as an autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection.

(c) Coverage under this Section shall be subject to co-payment, deductible, and coinsurance provisions of a policy of accident and health insurance or managed care plan to the extent that other medical services covered by the policy of accident and health insurance or managed care plan are subject to these provisions.

(d) This Section shall not be construed as limiting benefits that are otherwise available to an individual under a policy of accident and health insurance or managed care plan and benefits provided under this Section may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally.

(e) An insurer may not deny or refuse to provide otherwise covered services, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under an individual contract to provide services to an individual because the individual or their dependent is diagnosed with an autism spectrum disorder or due to the individual utilizing benefits in this Section.

(f) Upon request of the reimbursing insurer, a provider of treatment for autism spectrum disorders shall furnish medical records, clinical notes, or other necessary data that substantiate that initial or continued medical treatment is medically necessary and is resulting in improved clinical status. When treatment is anticipated to require continued services to achieve demonstrable progress, the insurer may request a treatment plan consisting of diagnosis, proposed treatment by type, frequency, anticipated duration of treatment, the anticipated outcomes stated as goals, and the frequency by which the treatment plan will be updated.

(g) When making a determination of medical necessity for a treatment modality for autism spectrum disorders, an insurer must make the determination in a manner that is consistent with the manner used to make that determination with respect to other diseases or illnesses covered under the policy, including an appeals process. During the appeals process, any challenge to medical necessity must be viewed as reasonable only if the review includes a physician with expertise in the most current and effective treatment modalities for autism spectrum disorders.

(h) Coverage for medically necessary early intervention services must be delivered by certified early intervention specialists, as defined in the early intervention operational standards by the Department of Human Services and in accordance with applicable certification requirements.

(i) As used in this Section:

"Autism spectrum disorders" means pervasive developmental disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autism, Asperger's disorder, and pervasive developmental disorder not otherwise specified.

"Diagnosis of autism spectrum disorders" means a diagnosis of an individual with an autism spectrum disorder by (A) a physician licensed to practice medicine in all its branches or (B) a licensed clinical psychologist with expertise in diagnosing autism spectrum disorders.

"Medically necessary" means any care, treatment, intervention, service or item which will or is reasonably expected to do any of the following: (i) prevent the onset of an illness, condition, injury, disease or disability; (ii) reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury, disease or disability; or (iii) assist to achieve or maintain maximum functional activity in performing daily activities.

"Treatment for autism spectrum disorders" shall include the following care prescribed, provided, or ordered for an individual diagnosed with an autism spectrum disorder by (A) a physician licensed to practice medicine in all its branches or (B) a certified, registered, or licensed health care professional with expertise in treating effects of autism spectrum disorders when the care is determined to be medically necessary and ordered by a physician licensed to practice medicine in all its branches:

(1) Psychiatric care, including diagnostic services.

(2) Psychological assessments and treatments.

(3) Rehabilitative treatments

(4) Therapeutic care, including behavioral speech, occupational, and physical therapies that provide treatment in the following areas: (i) self care and feeding, (ii) pragmatic, receptive, and expressive language, (iii) cognitive functioning, (iv) applied behavior analysis, intervention, and modification, (v) motor planning, and (vi) sensory processing."; and

on page 7, below line 1, by inserting the following:

“Section 10. The Health Maintenance Organization Act is amended by changing Section 5-3 as follows:

(215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

Sec. 5-3. Insurance Code provisions.

(a) Health Maintenance Organizations shall be subject to the provisions of Sections 133, 134, 137, 140, 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10 ~~356z.9~~, 356z.13, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

(b) For purposes of the Illinois Insurance Code, except for Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health Maintenance Organizations in the following categories are deemed to be "domestic companies":

(1) a corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act;

(2) a corporation organized under the laws of this State; or

(3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject to substantially the same requirements in its state of organization as is a "domestic company" under Article VIII 1/2 of the Illinois Insurance Code.

(c) In considering the merger, consolidation, or other acquisition of control of a Health Maintenance Organization pursuant to Article VIII 1/2 of the Illinois Insurance Code,

(1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;

(2)(i) the criteria specified in subsection (1)(b) of Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;

(3) the Director shall have the power to require the following information:

(A) certification by an independent actuary of the adequacy of the reserves of the Health Maintenance Organization sought to be acquired;

(B) pro forma financial statements reflecting the combined balance sheets of the acquiring company and the Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of a date 90 days prior to the acquisition, as well as pro forma financial statements reflecting projected combined operation for a period of 2 years;

(C) a pro forma business plan detailing an acquiring party's plans with respect to the operation of the Health Maintenance Organization sought to be acquired for a period of not less than 3 years; and

(D) such other information as the Director shall require.

(d) The provisions of Article VIII 1/2 of the Illinois Insurance Code and this Section 5-3 shall apply to the



sale by any health maintenance organization of greater than 10% of its enrollee population (including without limitation the health maintenance organization's right, title, and interest in and to its health care certificates).

(e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service agreement on the continuation of benefits to enrollees and the financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on competition.

(f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional premiums under the following terms and conditions:

(i) the amount of, and other terms and conditions with respect to, the refund or additional premium are set forth in the group or enrollment unit contract agreed in advance of the period for which a refund is to be paid or additional premium is to be charged (which period shall not be less than one year); and

(ii) the amount of the refund or additional premium shall not exceed 20% of the Health Maintenance Organization's profitable or unprofitable experience with respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the Health Maintenance Organization's administrative and marketing expenses, but shall not include any refund to be made or additional premium to be paid pursuant to this subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into account the refund period and the immediately preceding 2 plan years.

The Health Maintenance Organization shall include a statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used to calculate (1) the Health Maintenance Organization's profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or enrollment unit.

In no event shall the Illinois Health Maintenance Organization Guaranty Association be liable to pay any contractual obligation of an insolvent organization to pay any refund authorized under this Section.

Section 15. The Voluntary Health Services Plans Act is amended by changing Section 10 as follows:  
(215 ILCS 165/10) (from Ch. 32, par. 604)

Sec. 10. Application of Insurance Code provisions. Health services plan corporations and all persons interested therein or dealing therewith shall be subject to the provisions of Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c, 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, ~~356z.10~~ ~~356z.9~~, 356z.13, 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of Section 367 of the Illinois Insurance Code.”.

With these changes, House Bill 953 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

[September 8, 2008]

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August 29, 2008

To the Honorable Members of the  
Illinois House  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 1432, entitled "AN ACT concerning insurance.", with the following specific recommendations for change:

on page 1, line 22, after "limit.", by inserting "Coverage required pursuant to this subsection (a)(1) shall include treatment and services for victims of criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, criminal sexual abuse, aggravated criminal sexual abuse, or any offense under Article 11 of the Criminal Code of 1961, and grief treatment and services for the parent, child, spouse, sibling, domestic or same-sex partner of a person who dies by homicide or suicide. For such events, the insured may not be required to pay more than 40% of expenses incurred as a result of the treatment or services."; and

on page 4, line 8, by deleting "and"; and

on page 4, line 9, by replacing "bulimia nervosa." with "bulimia nervosa; and"; and

on page 4, immediately below line 9, by inserting "(L) adjustment disorders resulting from criminal sexual assault, aggravated criminal sexual assault, predatory criminal sexual assault of a child, criminal sexual abuse, aggravated criminal sexual abuse, an offense under Article 11 of the Criminal Code of 1961, or the death by homicide or suicide of a parent, child, spouse, sibling, or domestic or same-sex partner.".

With these changes, House Bill 1432 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 26, 2008

To the Honorable Members of the  
Illinois House  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 1533, entitled "AN ACT concerning insurance.", with the following specific recommendation for change:

on page 1, by replacing line 16 with "The Department shall annually publish electronically on a State website and in no less than 2 newspapers in".

With this change, House Bill 1533 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 19, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 3286, entitled "AN ACT concerning education.", with the following specific recommendations for change:

on page 2, line 6, by replacing "may" with "shall"; and

on page 2, line 7, by replacing "other" with "all other"; and

on page 3, line 11, by replacing "9" with "13"; and

on page 3, below line 25, by inserting the following:

- "(4) The Director of the Department of Human Services, or his designee.
- (5) The Director of the Department of Healthcare and Family Services, or his designee.
- (6) The Director of the Department of Public Health, or his designee.
- (7) One additional member, appointed by the Governor."; and

on page 4, below line 3, by inserting the following:

"(c) The Illinois Health Policy Center shall submit a report each calendar year to the Governor and the General Assembly. The report shall contain:

- (1) An itemized list of the source and amount of funds of the Illinois Health Policy Center.
- (2) An itemized list of expenditures made by the Illinois Health Policy Center.
- (3) A summary of research activities undertaken since the submission of the preceding report.
- (4) A description of advocacy activities undertaken since the submission of the preceding report."

With these changes, House Bill 3286 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 15, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return

House Bill 4182, entitled "AN ACT concerning local government.", with the following specific recommendations for change:

on page 1, line 5, at the beginning of the line, by inserting "Section 3.1-25-100 and" and;

on page 1, immediately below line 5, by inserting the following:

"(65 ILCS 5/3.1-25-100 new)

Sec. 3.1-25-100. Village trustees; attorney. One or more individual members of the board of trustees of any village incorporated under this Division may not hire a separate attorney using public funds unless the village attorney is disqualified from or recuses himself or herself from representing the member in his or her official capacity."

With these changes, House Bill 4182 will have my approval. I respectfully request your concurrence.

[September 8, 2008]

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Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 15, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return

House Bill 4450, entitled "AN ACT concerning civil law.", with the following specific recommendation for change:

on page 2, by replacing lines 19 and 20 with: "or victims should ~~may~~ contact the State's Attorney for advice concerning their rights to sue for damages under the law. If so requested, the State's Attorney's office shall provide such advice, but in no instance may the State's Attorney institute a civil action for damages on behalf of the victim or victims."

With this change, House Bill 4450 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 15, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return

House Bill 4527, entitled "AN ACT concerning local government.", with the following specific recommendation for change:

on page 1, by replacing line 19 with: "Section, must be members of a library system and must remain open until 9:00 P.M. no less than 4 days each week."

With this change, House Bill 4527 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 29, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return House Bill 4602, entitled "AN ACT concerning regulation.", with the following specific recommendations for change:

on page 4, line 1, after "Section 356z.11", by inserting "and changing Section 367f"; and

on page 4, immediately below line 11, by inserting the following:

“(215 ILCS 5/367f) (from Ch. 73, par. 979f)

Sec. 367f. Firemen's continuance privilege. As used in this Section

1. The terms "municipality", "deferred pensioner" and "creditable service" shall have the meaning ascribed to such terms by Sections 4-103, 4-105a and 4-108, respectively, of the Illinois Pension Code, as now or hereafter amended.

2. The terms "fireman" and "firemen" shall have the meaning ascribed to the term "firefighter" by Section 4-106 of the Illinois Pension Code, and include those persons under the coverage of Article 4 of that Code, as heretofore or hereafter amended.

3. The "retirement or disability period" of a fireman means the period:

a. which begins on the day the fireman is removed from a municipality's fire department payroll because of the occurrence of any of the following events, to wit: (i) the fireman retires as a deferred pensioner under Section 4-105a of the Illinois Pension Code, (ii) the fireman retires from active service as a fireman with an attained age and accumulated creditable service which together qualify the fireman for immediate receipt of retirement pension benefits under Section 4-109 of the Illinois Pension Code, or (iii) the fireman's disability is established under Section 4-112 of the Illinois Pension Code; ~~and~~

b. which ends on the first to occur of any of the following events, to wit: (i) the fireman's reinstatement or reentry into active service on the municipality's fire department as provided for under Article 4 of the Illinois Pension Code, (ii) the fireman's exercise of any refund option available under Section 4-116 of the Illinois Pension Code, (iii) the fireman's loss pursuant to Section 4-138 of the Illinois Pension Code of any benefits provided for in Article 4 of that Code, or (iv) the fireman's death or -- if at the time of the fireman's death the fireman is survived by a spouse who, in that capacity, is entitled to receive a surviving spouse's monthly pension pursuant to Article 4 of the Illinois Pension Code -- then the death or remarriage of that spouse; ~~and~~ -

c. notwithstanding subsections 3a. or 3b. of this Section, a disabled or retired fireman who did not elect to enroll in the municipal group insurance plan during the retirement or disability period or who elected to enroll in the municipal group insurance plan during the retirement or disability period but later disenrolled, may only once thereafter elect to enroll in the municipal group insurance plan during the annual open enrollment or renewal period if the disabled or retired fireman, as of the date on which the individual seeks coverage under this subsection:

(i) has a period of continuous creditable coverage of 12 months or more;

(ii) has not been without creditable coverage for more than 63 days; and

(iii) is not eligible for Medicare, including those who have applied for Medicare but for whom eligibility has not been approved.

For purposes of this subsection 3c. of this Section, "creditable coverage" shall have the meaning provided under paragraph (1) of subsection (C) of Section 20 of the Illinois Health Insurance Portability and Accountability Act. No exclusions or limitations may be applied to coverage elected pursuant to subsection 3c. of this Section that are not similarly applied to coverage elected pursuant to subsections 3a. and 3b. of this Section.

No policy of group accident and health insurance under which firemen employed by a municipality are insured for ~~the their~~ individual benefit of firemen shall be issued or delivered in this State to any municipality unless such group policy provides for the election of continued group insurance coverage for the retirement or disability period of each fireman who is insured under the provisions of the group policy on the day immediately preceding the day on which the retirement or disability period of such fireman

begins and which provides for the election of coverage pursuant to subsection 3c. of this Section. So long as any required premiums for continued group insurance coverage are paid in accordance with the provisions of the group policy, an election made pursuant to this Section shall provide continued group insurance coverage for a fireman throughout the retirement or disability period of the fireman and, unless the fireman otherwise elects and subject to any other provisions of the group policy which relate either to the provision or to the termination of dependents' coverage and which are not inconsistent with this Section, for any dependents of the fireman who are insured under the group policy on the day immediately preceding the day on which the retirement or disability period of the fireman begins or who are dependents at the time a retired or disabled fireman elects coverage pursuant to subsection 3c. of this Section; provided, however, that when such continued group insurance coverage is in effect with respect to a fireman on the date of the fireman's death but the retirement or disability period of the fireman does not end with such fireman's death, then the deceased fireman's surviving spouse upon whose death or remarriage such retirement or disability period will end shall be entitled, without further election and upon payment of any required premiums in accordance with the provisions of the group policy, to maintain such continued group insurance coverage in effect until the end of such retirement or disability period. Continued group insurance coverage shall be provided in accordance with this Section at the same premium rate from time to time charged for equivalent coverage provided under the group policy with respect to covered firemen whose retirement or disability period has not begun, and no distinction or discrimination in the amount or rate of premiums or in any waiver of premium or other benefit provision shall be made between continued group insurance coverage elected pursuant to this Section and equivalent coverage provided to firemen under the group policy other than pursuant to the provisions of this Section; provided that no municipality shall be required by reason of any provision of this Section to pay any group insurance premium other than one that may be negotiated in a collective bargaining agreement. If a person electing continued coverage under this Section becomes eligible for medicare coverage, benefits under the group policy may continue as a supplement to the medicare coverage upon payment of any required premiums to maintain the benefits of the group policy as supplemental coverage.

Within 15 days of the beginning of the retirement or disability period of any fireman entitled to elect continued group insurance coverage under any group policy affected by this Section, the municipality last employing such fireman shall give written notice of such beginning by certified mail, return receipt requested to the insurance company issuing such policy. The notice shall include the fireman's name and last known place of residence and the beginning date of the fireman's retirement or disability period.

Within 15 days of the date of receipt of such notice from the municipality, the insurance company by certified mail, return receipt requested, shall give written notice to the fireman at the fireman's last known place of residence that coverage under the group policy may be continued for the retirement or disability period of the fireman as provided in this Section. Such notice shall set forth: (i) a statement of election to be filed by the fireman if the fireman wishes to continue such group insurance coverage, (ii) the amount of monthly premium, including a statement of the portion of such monthly premium attributable to any dependents' coverage which the fireman may elect, and (iii) instructions as to the return of the election form to the insurance company issuing such policy. Election shall be made, if at all, by returning the statement of election to the insurance company by certified mail, return receipt requested within 15 days after having received it. This 15-day return receipt requirement shall not apply to elections of coverage made by retired or disabled firemen pursuant to subsection 3c. of this Section. For purposes of subsection 3c., the non-enrolled disabled or retired fireman shall be notified annually of enrollment options, and such notice shall be in writing and sent by certified mail to the fireman's last known place of residence.

If the fireman elects to continue coverage, it shall be the obligation of the fireman to pay the monthly premium directly to the municipality which shall forward it to the insurance company issuing the group insurance policy, or as otherwise directed by the insurance company; provided, however, that the fireman shall be entitled to designate on the statement of election required to be filed with the insurance company that the total monthly premium, or such portion thereof as is not contributed by a municipality, be deducted by a Firefighter's Pension Fund from any monthly pension payment otherwise payable to or on behalf of the fireman pursuant to Article 4 of the Illinois Pension Code, and be remitted by such Pension Fund to the insurance company. The portion, if any, of the monthly premium contributed by a municipality for such continued group insurance coverage shall be paid by the municipality directly to the insurance company issuing the group insurance policy, or as otherwise directed by the insurance company. Such continued

group insurance coverage shall relate back to the beginning of the fireman's retirement or disability period.

The amendment, renewal or extension of any group insurance policy affected by this Section shall be deemed to be the issuance of a new policy of insurance for purposes of this Section.

In the event that a municipality makes a program of accident, health, hospital or medical benefits available to its firemen through self-insurance, or by participation in a pool or reciprocal insurer, or by contract in a form other than a policy of group insurance with one or more medical service plans, health care service corporations, health maintenance organizations, or any other professional corporations or plans under which health care or reimbursement for the costs thereof is provided, whether the cost of such benefits is borne by the municipality or the firemen or both, such firemen and their surviving spouses shall have the same right to elect continued coverage under such program of benefits as they would have if such benefits were provided by a policy of group accident and health insurance. In such cases, the notice of right to elect continued coverage shall be sent by the municipality; the statement of election shall be sent to the municipality; and references to the required premium shall refer to that portion of the cost of such benefits which is not borne by the municipality, either voluntarily or pursuant to the provisions of a collective bargaining agreement. In the case of a municipality providing such benefits through self-insurance or participation in a pool or reciprocal insurer, the right to elect continued coverage which is provided by this paragraph shall be implemented and made available to the firemen of the municipality and qualifying surviving spouses not later than July 1, 1985.

The amendment, renewal or extension of any such contract in a form other than a policy of group insurance policy shall be deemed the formation of a new contract for the purposes of this Section.

This Section shall not limit the exercise of any conversion privileges available under Section 367e.

Pursuant to paragraphs (h) and (i) of Section 6 of Article VII of the Illinois Constitution, this Section specifically denies and limits the exercise by a home rule unit of any power which is inconsistent with this Section and all existing laws and ordinances which are inconsistent with this Section are hereby superseded. This Section does not preempt the concurrent exercise by home rule units of powers consistent herewith.

The Division of Insurance of the Department of Financial and Professional Regulation shall enforce the provisions of this Section, including provisions relating to municipality self-insured benefit plans.”

With these changes, House Bill 4602 will have my approval. I respectfully request your concurrence.

Sincerely

s/ROD R. BLAGOJEVICH

Governor

August 26, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return

House Bill 4653, entitled “AN ACT concerning land.”, with the following specific recommendations for change:

[September 8, 2008]

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on page 9, line 4, by deleting “title to the”; and

on page 9, by deleting line 5; and

on page 9, line 6, by deleting “Department of Corrections,”; and

on page 9, line 7, by replacing “purpose.” with “purpose, Peoria County shall pay to the State fair market value for the buildings and the land as appraised at such time.”; and

on page 9, line 8, by deleting “The real estate described in Section 5 is no”; and

on page 9, line 9, by deleting “longer needed by the State of Illinois. Therefore,”; and

on page 9, line 9, by replacing “the Director” with “The Director”.

With these changes, House Bill 4653 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 15, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(e) of the Illinois Constitution of 1970, I hereby return

House Bill 5318, entitled “AN ACT concerning regulation.”, with the following specific recommendation for change:

on page 3, by deleting lines 9 through 13.

With this change, House Bill 5318 will have my approval. I respectfully request your concurrence.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 29, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto House Bill 230, entitled “AN ACT concerning imprisonment.” I appreciate the hard work of the sponsors to pass this legislation. However, Article V, Section 12 of the Illinois Constitution of 1970 provides that it is the Governor who “may grant reprieves, commutations and pardons, after conviction, for all offenses on such terms as he thinks proper.” This legislation stands in conflict with these clearly prescribed duties.



For this reason, I hereby veto and return House Bill 230.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 29, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto House Bill 3106, entitled "AN ACT concerning civil law." I appreciate the hard work of the sponsors in passing this legislation. However, quick take authority should be used with great care and only after extensive public input.

For this reason, I hereby veto and return House Bill 3106.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 19, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto House Bill 4548, entitled "AN ACT concerning local government." I appreciate the hard work of the sponsors and share their support for local economic development. However, resources from tax increment finance districts are not intended to be inexhaustible. If the TIF has achieved the objectives established at the time of creation, it should sunset and the property taxes that would otherwise be captured by the TIF should revert to their original use.

For this reason, I hereby veto and return House Bill 4548.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 29, 2008

To the Honorable Members of the

[September 8, 2008]

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Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto House Bill 4668, entitled "AN ACT concerning safety." I appreciate the hard work of the sponsors in passing this legislation. However, I disagree with certain aspects of this legislation.

For this reason, I hereby veto and return House Bill 4668.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 15, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto House Bill 4956, entitled "AN ACT concerning courts." I recognize and appreciate the hard work of all the sponsors in passing this legislation. However, because this legislation raises fees for child care, I cannot support it.

For this reason, I hereby veto and return House Bill 4956.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

August 15, 2008

To the Honorable Members of the  
Illinois House of Representatives  
95th General Assembly

Pursuant to Article IV, Section 9(b) of the Illinois Constitution of 1970, I hereby veto House Bill 5022, entitled "AN ACT concerning local government." I recognize and appreciate the hard work of all the sponsors in passing this legislation. However, it is my belief that additional compensation is unnecessary for these trustee positions.

For this reason, I hereby veto and return House Bill 5022.

Sincerely,  
s/ROD R. BLAGOJEVICH  
Governor

**VETO MOTIONS SUBMITTED**

Representative Lang submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 953 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Lang submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 4527 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Beiser submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 4602 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Fritchey submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 824 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Fortner submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 4450 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Leitch submitted the following written motion, which was placed on the order of Motions:

**MOTION #2**

I move that HOUSE BILL 4653 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Crespo submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 1432 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Osmond submitted the following written motion, which was placed on the order of Motions:

**MOTION #2**

I move that HOUSE BILL 4182 do pass, the Governor's Specific Recommendations for Change notwithstanding.

Representative Flowers submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 230 do pass, the Veto of the Governor notwithstanding.

Representative Jakobsson submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 3106 do pass, the Veto of the Governor notwithstanding.

Representative Sullivan submitted the following written motion, which was placed on the order of Motions:

**MOTION**

I move that HOUSE BILL 4548 do pass, the Veto of the Governor notwithstanding.

Representative Mulligan submitted the following written motion, which was placed in the Committee on Rules:

**MOTION**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 1533 in manner and form as follows:

MOTION 1 TO HOUSE BILL 1533  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 1533 as follows:  
on page 1, by replacing line 16 with the following:

"The Department shall annually publish electronically on a State website and in no less than 2 newspapers in".

Representative Osmond submitted the following written motion, which was placed in the Committee on Rules:

**MOTION**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 4182 in manner and form as follows:

MOTION 1 TO HOUSE BILL 4182  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 4182 on page 1, line 5, by replacing "Section 6-4-7.5" with "Sections 3.1-25-100 and 6-4-7.5"; and  
on page 1, immediately below line 5, by inserting the following:

"(65 ILCS 5/3.1-25-100 new)

Sec. 3.1-25-100. Village trustees; attorney. One or more individual members of the board of trustees of any village incorporated under this Division may not hire a separate attorney using public funds unless the village attorney is disqualified from or recuses himself or herself from representing the member in his or her official capacity."

Representative Lang submitted the following written motion which was placed in the Committee on Rules:

**MOTION #2**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 4527 in manner and form as follows:

MOTION 2 TO HOUSE BILL 4527  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 4527 on page 1, by replacing line 19 with: "Section, must be members of a library system and must remain open until 9:00 P.M. no less than 4 days each week.".

Representative Leitch submitted the following written motion, which was placed in the Committee on Rules:

**MOTION**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 4653 in manner and form as follows:

MOTION 1 TO HOUSE BILL 4653  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 4653 on page 9, line 4, by deleting "title to the"; and  
on page 9, by deleting line 5; and  
on page 9, line 6, by deleting "Department of Corrections,"; and  
on page 9, line 7, by replacing "purpose." with "purpose, Peoria County shall pay to the State fair market value for the buildings and the land as appraised at such time."; and  
on page 9, line 8, by deleting "The real estate described in Section 5 is no"; and  
on page 9, line 9, by deleting "longer needed by the State of Illinois. Therefore,"; and  
on page 9, line 9, by replacing "the Director" with "The Director".

Representative Joyce submitted the following written motion, which was placed in the Committee on Rules:

**MOTION**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 5318 in manner and form as follows:

MOTION 1 TO HOUSE BILL 5318  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 5318  
on page 3, by deleting lines 9 through 13.

Representative Coulson submitted the following written motion, which was placed in the Committee on Rules:

**MOTION**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 3286 in manner and form as follows:

MOTION 1 TO HOUSE BILL 3286  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 3286 as follows:  
on page 2, line 6, by replacing "may" with "shall"; and  
on page 2, line 7, by replacing "other" with "all other"; and  
on page 3, line 11, by replacing "9" with "13"; and  
on page 3, below line 25, by inserting the following:

- "(4) The Director of the Department of Human Services, or his designee.
- (5) The Director of the Department of Healthcare and Family Services, or his designee.
- (6) The Director of the Department of Public Health, or his designee.
- (7) One additional member, appointed by the Governor."; and

on page 4, below line 3, by inserting the following:

"(c) The Illinois Health Policy Center shall submit a report each calendar year to the Governor and the General Assembly. The report shall contain:

- (1) An itemized list of the source and amount of funds of the Illinois Health Policy Center.
- (2) An itemized list of expenditures made by the Illinois Health Policy Center.
- (3) A summary of research activities undertaken since the submission of the preceding report.
- (4) A description of advocacy activities undertaken since the submission of the preceding report."

Representative Lang submitted the following written motion, which was placed in the Committee on Rules:

**MOTION #2**

I move to accept the specific recommendations of the Governor as to HOUSE BILL 953 in manner and form as follows:

**MOTION 2 TO HOUSE BILL 953  
IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS**

Amend House Bill 953 as follows:  
on page 1, below line 3, by inserting the following:

"Section 2. The State Employees Group Insurance Act of 1971 is amended by changing Section 6.11 as follows:

(5 ILCS 375/6.11)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of health benefits shall provide the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.8, and 356z.9, 356z.10 and 356z.13 ~~356z.9~~ of the Illinois Insurance Code. The program of health benefits must comply with Section 155.37 of the Illinois Insurance Code.

(Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; revised 12-4-07.)

Section 2.5. The Counties Code is amended by changing Section 5-1069.3 as follows:

(55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.8, and 356z.9, 356z.10, and 356z.13 ~~356z.9~~ of the Illinois Insurance Code. The requirement that health benefits be covered as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule county to which this Section applies must comply with every provision of this Section.

(Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; revised 12-4-07.)

Section 3. The Illinois Municipal Code is amended by changing Section 10-4-2.3 as follows:

(65 ILCS 5/10-4-2.3)

Sec. 10-4-2.3. Required health benefits. If a municipality, including a home rule municipality, is a

self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.8, ~~and 356z.9~~, 356z.10, and 356z.13 ~~356z.9~~ of the Illinois Insurance Code. The requirement that health benefits be covered as provided in this is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule municipality to which this Section applies must comply with every provision of this Section.

(Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; revised 12-4-07.)

Section 4. The School Code is amended by changing Section 10-22.3f as follows:

(105 ILCS 5/10-22.3f)

Sec. 10-22.3f. Required health benefits. Insurance protection and benefits for employees shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.8, ~~and 356z.9~~, and 356z.13 of the Illinois Insurance Code.

(Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07; revised 12-4-07.); and on page 1, line 5, after "Section 370c", by inserting "and adding Section 356z.13"; and on page 1, immediately below line 5, by inserting the following:

"(215 ILCS 5/356z.13 new)

Sec. 356z.13. Autism spectrum disorders.

(a) A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 95th General Assembly must provide individuals under 21 years of age coverage for the diagnosis of autism spectrum disorders and for the treatment of autism spectrum disorders to the extent that the diagnosis and treatment of autism spectrum disorders are not already covered by the policy of accident and health insurance or managed care plan.

(b) Coverage provided under this Section shall be subject to a maximum benefit of \$36,000 per year, but shall not be subject to any limits on the number of visits to a service provider. After December 30, 2009, the Director of the Division of Insurance shall, on an annual basis, adjust the maximum benefit for inflation using the Medical Care Component of the United States Department of Labor Consumer Price Index for All Urban Consumers. Payments made by an insurer on behalf of a covered individual for any care, treatment, intervention, service, or item, the provision of which was for the treatment of a health condition not diagnosed as an autism spectrum disorder, shall not be applied toward any maximum benefit established under this subsection.

(c) Coverage under this Section shall be subject to co-payment, deductible, and coinsurance provisions of a policy of accident and health insurance or managed care plan to the extent that other medical services covered by the policy of accident and health insurance or managed care plan are subject to these provisions.

(d) This Section shall not be construed as limiting benefits that are otherwise available to an individual under a policy of accident and health insurance or managed care plan and benefits provided under this Section may not be subject to dollar limits, deductibles, copayments, or coinsurance provisions that are less favorable to the insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illness generally.

(e) An insurer may not deny or refuse to provide otherwise covered services, or refuse to renew, refuse to reissue, or otherwise terminate or restrict coverage under an individual contract to provide services to an individual because the individual or their dependent is diagnosed with an autism spectrum disorder or due to the individual utilizing benefits in this Section.

(f) Upon request of the reimbursing insurer, a provider of treatment for autism spectrum disorders shall furnish medical records, clinical notes, or other necessary data that substantiate that initial or continued medical treatment is medically necessary and is resulting in improved clinical status. When treatment is anticipated to require continued services to achieve demonstrable progress, the insurer may request a treatment plan consisting of diagnosis, proposed treatment by type, frequency, anticipated duration of treatment, the anticipated outcomes stated as goals, and the frequency by which the treatment plan will be updated.

(g) When making a determination of medical necessity for a treatment modality for autism spectrum disorders, an insurer must make the determination in a manner that is consistent with the manner used to make that determination with respect to other diseases or illnesses covered under the policy, including an appeals process. During the appeals process, any challenge to medical necessity must be viewed as reasonable only if the review includes a physician with expertise in the most current and effective treatment

modalities for autism spectrum disorders.

(h) Coverage for medically necessary early intervention services must be delivered by certified early intervention specialists, as defined in the early intervention operational standards by the Department of Human Services and in accordance with applicable certification requirements.

(i) As used in this Section:

"Autism spectrum disorders" means pervasive developmental disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including autism, Asperger's disorder, and pervasive developmental disorder not otherwise specified.

"Diagnosis of autism spectrum disorders" means a diagnosis of an individual with an autism spectrum disorder by (A) a physician licensed to practice medicine in all its branches or (B) a licensed clinical psychologist with expertise in diagnosing autism spectrum disorders.

"Medically necessary" means any care, treatment, intervention, service or item which will or is reasonably expected to do any of the following: (i) prevent the onset of an illness, condition, injury, disease or disability; (ii) reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury, disease or disability; or (iii) assist to achieve or maintain maximum functional activity in performing daily activities.

"Treatment for autism spectrum disorders" shall include the following care prescribed, provided, or ordered for an individual diagnosed with an autism spectrum disorder by (A) a physician licensed to practice medicine in all its branches or (B) a certified, registered, or licensed health care professional with expertise in treating effects of autism spectrum disorders when the care is determined to be medically necessary and ordered by a physician licensed to practice medicine in all its branches:

(1) Psychiatric care, including diagnostic services.

(2) Psychological assessments and treatments.

(3) Rehabilitative treatments.

(4) Therapeutic care, including behavioral speech, occupational, and physical therapies that provide treatment in the following areas: (i) self care and feeding, (ii) pragmatic, receptive, and expressive language, (iii) cognitive functioning, (iv) applied behavior analysis, intervention, and modification, (v) motor planning, and (vi) sensory processing."; and

on page 7, below line 1, by inserting the following:

"Section 10. The Health Maintenance Organization Act is amended by changing Section 5-3 as follows:

(215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

Sec. 5-3. Insurance Code provisions.

(a) Health Maintenance Organizations shall be subject to the provisions of Sections 133, 134, 137, 140, 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10 ~~356z.9~~, 356z.13, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

(b) For purposes of the Illinois Insurance Code, except for Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health Maintenance Organizations in the following categories are deemed to be "domestic companies":

(1) a corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act;

(2) a corporation organized under the laws of this State; or

(3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject to substantially the same requirements in its state of organization as is a "domestic company" under Article VIII 1/2 of the Illinois Insurance Code.

(c) In considering the merger, consolidation, or other acquisition of control of a Health Maintenance Organization pursuant to Article VIII 1/2 of the Illinois Insurance Code,

(1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;

(2)(i) the criteria specified in subsection (1)(b) of Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;



(3) the Director shall have the power to require the following information:

- (A) certification by an independent actuary of the adequacy of the reserves of the Health Maintenance Organization sought to be acquired;
- (B) pro forma financial statements reflecting the combined balance sheets of the acquiring company and the Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of a date 90 days prior to the acquisition, as well as pro forma financial statements reflecting projected combined operation for a period of 2 years;
- (C) a pro forma business plan detailing an acquiring party's plans with respect to the operation of the Health Maintenance Organization sought to be acquired for a period of not less than 3 years; and
- (D) such other information as the Director shall require.

(d) The provisions of Article VIII 1/2 of the Illinois Insurance Code and this Section 5-3 shall apply to the sale by any health maintenance organization of greater than 10% of its enrollee population (including without limitation the health maintenance organization's right, title, and interest in and to its health care certificates).

(e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service agreement on the continuation of benefits to enrollees and the financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on competition.

(f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional premiums under the following terms and conditions:

(i) the amount of, and other terms and conditions with respect to, the refund or additional premium are set forth in the group or enrollment unit contract agreed in advance of the period for which a refund is to be paid or additional premium is to be charged (which period shall not be less than one year); and

(ii) the amount of the refund or additional premium shall not exceed 20% of the Health Maintenance Organization's profitable or unprofitable experience with respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the Health Maintenance Organization's administrative and marketing expenses, but shall not include any refund to be made or additional premium to be paid pursuant to this subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into account the refund period and the immediately preceding 2 plan years.

The Health Maintenance Organization shall include a statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used to calculate (1) the Health Maintenance Organization's profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or enrollment unit.

In no event shall the Illinois Health Maintenance Organization Guaranty Association be liable to pay any contractual obligation of an insolvent organization to pay any refund authorized under this Section.

(Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06; 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; revised 12-4-07.)

Section 15. The Voluntary Health Services Plans Act is amended by changing Section 10 as follows:  
(215 ILCS 165/10) (from Ch. 32, par. 604)

Sec. 10. Application of Insurance Code provisions. Health services plan corporations and all persons interested therein or dealing therewith shall be subject to the provisions of Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c, 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, ~~356z.10~~ ~~356z.9~~, ~~356z.13~~, 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of Section 367 of the Illinois Insurance Code.

(Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07; 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; revised 12-5-07.)".

### MESSAGES FROM THE SENATE

A message from the Senate by

Ms. Shipley, Secretary:

Mr. Speaker -- I am directed to inform the House of Representatives that the Senate has refused to concur with the House in acceptance of the Governor's specific recommendations for change, which are attached, to a bill of the following title, to-wit:

HOUSE BILL NO. 4201

A bill for AN ACT concerning local government.

Action taken by the Senate, August 19, 2008.

Deborah Shipley, Secretary of the Senate

I move to accept the specific recommendations of the Governor as to House Bill 4201 in manner and form as follows:

#### MOTION 1 TO HOUSE BILL 4201

#### IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 4201 on page 1, immediately above line 4, by inserting the following:

"Section 3. The Property Tax Code is amended by changing Sections 14-20, 15-169, and 20-15 as follows:

(35 ILCS 200/14-20)

Sec. 14-20. Certificate of error; counties of less than 3,000,000. In any county with less than 3,000,000 inhabitants, if, at any time before judgment or order of sale is entered in any proceeding to collect or to enjoin the collection of taxes based upon any assessment of any property, the chief county assessment officer discovers an error or mistake in the assessment (other than errors of judgment as to the valuation of the property), he or she shall issue to the person erroneously assessed a certificate setting forth the nature of the error and the cause or causes of the error. In any county with less than 3,000,000 inhabitants, if an owner fails to file an application for the Senior Citizens Assessment Freeze Homestead Exemption provided in Section 15-172 during the previous assessment year and qualifies for the exemption, or if a disabled veteran's service-connected disability was certified by the United States Department of Veterans Affairs after the county's application period under Section 15-169, the Chief County Assessment Officer pursuant to this Section, or the Board of Review pursuant to Section 16-75, shall issue a certificate of error setting forth the correct taxable valuation of the property. The certificate, when properly endorsed by the majority of the board of review, showing their concurrence, and not otherwise, may be used in evidence in any court of competent jurisdiction, and when so introduced in evidence, shall become a part of the court record and shall not be removed from the files except on an order of the court.

(Source: P.A. 90-552, eff. 12-12-97; 91-377, eff. 7-30-99.)

(35 ILCS 200/15-169)

Sec. 15-169. Disabled veterans standard homestead exemption.

(a) Beginning with taxable year ~~2008~~ ~~2007~~, an annual homestead exemption, limited to the amounts set forth in subsection (b), is granted for property that is used as a qualified residence by a disabled veteran.

(b) The amount of the exemption under this Section is as follows:

(1) for veterans with a service-connected disability of at least 50%, as certified by the United States Department of Veterans Affairs, the annual exemption is \$1,000,000. ~~for veterans with a service-connected disability of at least 75%, as certified by the United States Department of Veterans Affairs, the annual exemption is \$5,000; and~~

~~(2) for veterans with a service-connected disability of at least 50%, but less than 75%, as certified by the United States Department of Veterans Affairs, the annual exemption is \$2,500.~~

(c) The tax exemption under this Section carries over to the benefit of the veteran's

surviving spouse as long as the spouse holds the legal or beneficial title to the homestead, permanently resides thereon, and does not remarry. If the surviving spouse sells the property, an exemption not to exceed the amount granted from the most recent ad valorem tax roll may be transferred to his or her new

residence as long as it is used as his or her primary residence and he or she does not remarry.

(d) The exemption under this Section applies for taxable year 2008 ~~2007~~ and thereafter. A taxpayer who claims an exemption under Section 15-165 or 15-168 may not claim an exemption under this Section.

(e) Application must be made during the application period in effect for the county of his or her residence. If the service-connected disability is certified after the application period, a certificate of error shall be issued as provided in Section 14-15 or Section 14-20. The assessor or chief county assessment officer may determine the eligibility of residential property to receive the homestead exemption provided by this Section by application, visual inspection, questionnaire, or other reasonable methods. The determination must be made in accordance with guidelines established by the Department. If a homestead exemption has been granted under this Section and the veteran awarded the exemption becomes a resident of a facility licensed under the Nursing Home Care Act, then the exemption shall continue (i) so long as the qualified residence continues to be occupied by the veteran's spouse or (ii) if the residence is unoccupied, until the veteran or the veteran's spouse is not the owner of record.

(f) For the purposes of this Section:

"Qualified residence" means real property, but less any portion of that property that is used for commercial purposes, ~~with an equalized assessed value of less than \$250,000~~ that is the disabled veteran's primary residence. Property rented for more than 6 months is presumed to be used for commercial purposes.

"Veteran" means an Illinois resident who has served as a member of the United States Armed Forces on active duty or State active duty, a member of the Illinois National Guard, or a member of the United States Reserve Forces and who has received an honorable discharge.

(g) For land improved with (i) an apartment building owned and operated as a cooperative or (ii) a life care facility as defined under Section 2 of the Life Care Facilities Act that is considered to be a cooperative, the maximum reduction from the value of the property, as equalized or assessed by the Department, shall be multiplied by the number of apartments or units occupied by a disabled veteran. The disabled veteran shall receive the homestead exemption upon meeting the following requirements:

(1) The property must be occupied as the primary residence by the disabled veteran.

(2) The disabled veteran must be liable by contract with the owner or owners of record for paying the apportioned property taxes on the property of the cooperative or life care facility. In the case of a life care facility, the disabled veteran must be liable for paying the apportioned property taxes under a life care contract as defined in Section 2 of the Life Care Facilities Act.

(3) The disabled veteran must be an owner of record of a legal or equitable interest in the cooperative apartment building. A leasehold interest does not meet this requirement.

If a homestead exemption is granted under this Section, the cooperative association or management firm shall credit the savings resulting from the exemption to the apportioned tax liability of the qualifying disabled veteran. The chief county assessment officer may request reasonable proof that the association or firm has properly credited the exemption. A person who willfully refuses to credit an exemption to the qualified disabled veteran is guilty of a Class B misdemeanor.

(h) In counties with fewer than 3,000,000 inhabitants, the chief county assessment officer shall provide to each veteran granted a homestead exemption under this Section a form to designate any other person to receive a duplicate of any notice of delinquency in the payment of taxes assessed and levied under this Code on the veteran's qualifying property. The duplicate notice shall be in addition to the notice required to be provided to the veteran receiving the exemption and shall be given in the manner required by this Code. The veteran filing the request for the duplicate notice shall pay an administrative fee of \$5 to the chief county assessment officer. The assessment officer shall then file the executed designation with the county collector, who shall issue the duplicate notices as indicated by the designation. A designation may be rescinded by the disabled veteran in the manner required by the chief county assessment officer.

(i) Notwithstanding Sections 6 and 8 of the State Mandates Act, no reimbursement by the State is required for the implementation of any mandate created by this Section.

(Source: P.A. 95-644, eff. 10-12-07.)

(35 ILCS 200/20-15)

Sec. 20-15. Information on bill or separate statement. There shall be printed on each bill, or on a separate slip which shall be mailed with the bill:

(a) a statement itemizing the rate at which taxes have been extended for each of the taxing districts in the county in whose district the property is located, and in those counties utilizing electronic data processing equipment the dollar amount of tax due from the person assessed allocable to

each of those taxing districts, including a separate statement of the dollar amount of tax due which is allocable to a tax levied under the Illinois Local Library Act or to any other tax levied by a municipality or township for public library purposes,

(b) a separate statement for each of the taxing districts of the dollar amount of tax due which is allocable to a tax levied under the Illinois Pension Code or to any other tax levied by a municipality or township for public pension or retirement purposes,

(c) the total tax rate,

(c-5) the total amount of tax due prior to application of any exemption due under Section 15-169,

(d) the total amount of tax due, and

(e) the amount by which the total tax and the tax allocable to each taxing district differs from the taxpayer's last prior tax bill.

The county treasurer shall ensure that only those taxing districts in which a parcel of property is located shall be listed on the bill for that property.

In all counties the statement shall also provide:

(1) the property index number or other suitable description,

(2) the assessment of the property,

(3) the equalization factors imposed by the county and by the Department, and

(4) the equalized assessment resulting from the application of the equalization factors to the basic assessment.

In all counties which do not classify property for purposes of taxation, for property on which a single family residence is situated the statement shall also include a statement to reflect the fair cash value determined for the property. In all counties which classify property for purposes of taxation in accordance with Section 4 of Article IX of the Illinois Constitution, for parcels of residential property in the lowest assessment classification the statement shall also include a statement to reflect the fair cash value determined for the property.

In all counties, the statement must include information that certain taxpayers may be eligible for tax exemptions, abatements, and other assistance programs and that, for more information, taxpayers should consult with the office of their township or county assessor and with the Illinois Department of Revenue.

In all counties, the statement shall include information that certain taxpayers may be eligible for the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act and that applications are available from the Illinois Department on Aging.

In counties which use the estimated or accelerated billing methods, these statements shall only be provided with the final installment of taxes due. The provisions of this Section create a mandatory statutory duty. They are not merely directory or discretionary. The failure or neglect of the collector to mail the bill, or the failure of the taxpayer to receive the bill, shall not affect the validity of any tax, or the liability for the payment of any tax.

(Source: P.A. 95-644, eff. 10-12-07.)".

A message from the Senate by  
Ms. Shipley, Secretary:

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

HOUSE BILL NO. 4189

A bill for AN ACT concerning government.

Action taken by the Senate, August 19, 2008, by a three-fifths vote.

Deborah Shipley, Secretary of the Senate

A message from the Senate by  
Ms. Shipley, Secretary:

Mr. Speaker -- I am directed to inform the House of Representatives that the Senate has concurred with the House to accept the Governor's specific recommendations for change, which are attached, to a bill of the following title, to-wit:

## HOUSE BILL NO. 5285

A bill for AN ACT concerning regulation.  
 Concurred in by the Senate, August 19, 2008.

Deborah Shipley, Secretary of the Senate

I move to accept the specific recommendations of the Governor as to House Bill 5285 in manner and form as follows:

AMENDMENT TO HOUSE BILL 5285  
 IN ACCEPTANCE OF GOVERNOR'S RECOMMENDATIONS

Amend House Bill 5285 as follows:

on page 1, line 14, by replacing "and 356z.11" with "356z.11, and 356z.12"; and  
 on page 2, line 8, by replacing "and 356z.11" with "356z.11, and 356z.12"; and  
 on page 3, line 3, by replacing "and 356z.11" with "356z.11, and 356z.12"; and  
 on page 3, line 20, by replacing "and 356z.11" with "356z.11, and 356z.12"; and  
 on page 4, line 1, by replacing "Section 356z.11" with "Section 356z.11 and Section 356z.12"; and  
 on page 4, immediately below line 25, by inserting the following:

"(215 ILCS 5/356z.12 new)

Sec. 356z.12. Dependent coverage.

(a) A group or individual policy of accident and health insurance or managed care plan that provides coverage for dependents and that is amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 95th General Assembly shall not terminate coverage or deny the election of coverage for an unmarried dependent by reason of the dependent's age before the dependent's 26th birthday.

(b) A policy or plan subject to this Section shall, upon amendment, delivery, issuance, or renewal, establish an initial enrollment period of not less than 90 days during which an insured may make a written election for coverage of an unmarried person as a dependent under this Section. After the initial enrollment period, enrollment by a dependent pursuant to this Section shall be consistent with the enrollment terms of the plan or policy.

(c) A policy or plan subject to this Section shall allow for dependent coverage during the annual open enrollment date or the annual renewal date if the dependent, as of the date on which the insured elects dependent coverage under this subsection, has:

(1) a period of continuous creditable coverage of 90 days or more; and

(2) not been without creditable coverage for more than 63 days.

An insured may elect coverage for a dependent who does not meet the continuous creditable coverage requirements of this subsection (c) and that dependent shall not be denied coverage due to age.

For purposes of this subsection (c), "creditable coverage" shall have the meaning provided under subsection (C)(1) of Section 20 of the Illinois Health Insurance Portability and Accountability Act.

(d) Military personnel. A group or individual policy of accident and health insurance or managed care plan that provides coverage for dependents and that is amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 95th General Assembly shall not terminate coverage or deny the election of coverage for an unmarried dependent by reason of the dependent's age before the dependent's 30th birthday if the dependent (i) is an Illinois resident, (ii) served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and (iii) has received a release or discharge other than a dishonorable discharge. To be eligible for coverage under this subsection (d), the eligible dependent shall submit to the insurer a form approved by the Illinois Department of Veterans Affairs stating the date on which the dependent was released from service.

(e) Calculation of the cost of coverage provided to an unmarried dependent under this Section shall be identical.

(f) Nothing in this Section shall prohibit an employer from requiring an employee to pay all or part of the cost of coverage provided under this Section.

(g) No exclusions or limitations may be applied to coverage elected pursuant to this Section that do not apply to all dependents covered under the policy.

(h) A policy or plan subject to this Section shall not condition eligibility for dependent coverage provided pursuant to this Section on enrollment in any educational institution.

(i) Notice regarding coverage for a dependent as provided pursuant to this Section shall be provided to an insured by the insurer:

(1) upon application or enrollment;

(2) in the certificate of coverage or equivalent document prepared for an insured and delivered on or about the date on which the coverage commences; and

(3) in a notice delivered to an insured on a semi-annual basis."; and  
on page 5, line 10, by replacing "356z.11" with "356z.11, 356z.12"; and  
on page 10, line 7, by replacing "356z.11" with "356z.11, 356z.12".

### **CHANGE OF SPONSORSHIP**

With the consent of the affected members, Representative Reboletti was removed as principal sponsor, and Representative Poe became the new principal sponsor of HOUSE BILL 455.

### **INTRODUCTION AND FIRST READING OF BILLS**

The following bills were introduced, read by title a first time, ordered reproduced and placed in the Committee on Rules:

HOUSE BILL 6691. Introduced by Representatives Reboletti - Wait - McAuliffe - Mulligan - Mathias, Durkin, Ramey, Tryon, Sacia, Hassert and Munson, AN ACT concerning revenue.

HOUSE BILL 6692. Introduced by Representatives Mathias - Bost - Sacia - Schmitz - Mitchell, Jerry, Durkin, Ramey and Tryon, AN ACT concerning revenue.

HOUSE BILL 6693. Introduced by Representatives Moffitt - Boland - Brauer - Verschoore - Brady, Poe, Rose, Stephens, Leitch, Sacia, Winters, Watson and Mitchell, Jerry, AN ACT concerning appropriations.

HOUSE BILL 6694. Introduced by Representative Wait, AN ACT concerning ethics.

HOUSE BILL 6695. Introduced by Representative Franks, AN ACT concerning unemployment insurance.

### **HOUSE RESOLUTION**

The following resolution was offered and placed in the Committee on Rules.

#### **HOUSE JOINT RESOLUTION 142**

Offered by Representative Hannig:

WHEREAS, Subsection (b) of Section 25-10 of the State Officials and Employees Ethics Act (5 ILCS 430/25-10) requires that the Legislative Ethics Commission shall diligently search out qualified candidates for the Legislative Inspector General and make recommendations to the General Assembly, which shall appoint a Legislative Inspector General by joint resolution; and

WHEREAS, Subsection (b) of Section 25-10 further states that the Legislative Inspector General shall be selected solely on the basis of integrity and demonstrated ability and sets forth the necessary educational and employment criteria; and

WHEREAS, On July 24, 2004, the General Assembly appointed Mr. Thomas J. Homer to serve as the Legislative Inspector General, with his term to end June 30, 2008; and

WHEREAS, The Legislative Ethics Commission at its last meeting voted to retain Mr. Thomas J. Homer as Legislative Inspector General in a holdover capacity pending his reappointment or the appointment of a new Legislative Inspector General; and

WHEREAS, As the personification of integrity and ability, Mr. Thomas J. Homer has had an exemplary

career of public service that more than qualifies him to serve as the Legislative Inspector General; and

WHEREAS, A native of Illinois, Mr. Homer was admitted to the Illinois bar in 1974 and has devoted his professional life to the law in various capacities that provide him with a thorough and well-rounded understanding of the ethical demands of governmental endeavors; and

WHEREAS, After serving as an Assistant State's Attorney in Lake County and as the Fulton County State's Attorney, Mr. Homer was a member of the Illinois House of Representatives from 1982 to 1994, during which time he also engaged in the private practice of law; and

WHEREAS, Mr. Homer was elected to the Illinois Third District Appellate Court in 1996, thus adding to his skills in interpreting legislative intent and human behavior; and

WHEREAS, Mr. Homer's lengthy resume of experience and accomplishments uniquely qualifies him for the position of Legislative Inspector General, an office that necessitates both keen intellect and insight into the personal and professional motivations of persons acting in the public realm; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-FIFTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we reappoint Mr. Thomas J. Homer as Legislative Inspector General in accordance with subsection (b) of Section 25-10 of the State Officials and Employees Ethics Act, endorsing him wholeheartedly as surpassing all statutory requirements and ensuring that his sterling character and dedication to government service will enhance the office of Legislative Inspector General and benefit the administration of the ethical foundation on which Illinois legislators and legislative employees operate; and be it further

RESOLVED, That, in accordance with subsection (b) of Section 25-10 of the State Officials and Employees Ethics Act, the reappointment of Mr. Thomas J. Homer takes effect upon the adoption of this joint resolution by the affirmative vote of three-fifths of the members elected to each house of the General Assembly, the certification of this joint resolution by the Speaker of the House of Representatives and the President of the Senate, and the filing of this joint resolution with the Secretary of State; and be it further

RESOLVED, That, in accordance with subsection (b) of Section 25-10 of the State Officials and Employees Ethics Act, the term of Legislative Inspector General Homer shall run through June 30, 2012; and be it further

RESOLVED, That copies of this resolution be delivered to Mr. Thomas J. Homer and the Legislative Ethics Commission.

At the hour of 12:39 o'clock p.m., the House Perfunctory Session adjourned until Tuesday, September 9, 2008.