



Sen. Heather A. Steans

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1 AMENDMENT TO HOUSE BILL 356

2 AMENDMENT NO. _____. Amend House Bill 356 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Nursing Home Care Act is amended by
5 changing Section 3-206 as follows:

6 (210 ILCS 45/3-206) (from Ch. 111 1/2, par. 4153-206)

7 Sec. 3-206. The Department shall prescribe a curriculum for
8 training nursing assistants, habilitation aides, and child
9 care aides.

10 (a) No person, except a volunteer who receives no
11 compensation from a facility and is not included for the
12 purpose of meeting any staffing requirements set forth by the
13 Department, shall act as a nursing assistant, habilitation
14 aide, or child care aide in a facility, nor shall any person,
15 under any other title, not licensed, certified, or registered
16 to render medical care by the Department of Financial and

1 Professional Regulation, assist with the personal, medical, or
2 nursing care of residents in a facility, unless such person
3 meets the following requirements:

4 (1) Be at least 16 years of age, of temperate habits
5 and good moral character, honest, reliable and
6 trustworthy.

7 (2) Be able to speak and understand the English
8 language or a language understood by a substantial
9 percentage of the facility's residents.

10 (3) Provide evidence of employment or occupation, if
11 any, and residence for 2 years prior to his present
12 employment.

13 (4) Have completed at least 8 years of grade school or
14 provide proof of equivalent knowledge.

15 (5) Begin a current course of training for nursing
16 assistants, habilitation aides, or child care aides,
17 approved by the Department, within 45 days of initial
18 employment in the capacity of a nursing assistant,
19 habilitation aide, or child care aide at any facility. Such
20 courses of training shall be successfully completed within
21 120 days of initial employment in the capacity of nursing
22 assistant, habilitation aide, or child care aide at a
23 facility. Nursing assistants, habilitation aides, and
24 child care aides who are enrolled in approved courses in
25 community colleges or other educational institutions on a
26 term, semester or trimester basis, shall be exempt from the

1 120-day completion time limit. The Department shall adopt
2 rules for such courses of training. These rules shall
3 include procedures for facilities to carry on an approved
4 course of training within the facility. The Department
5 shall allow an individual to satisfy the supervised
6 clinical experience requirement for placement on the
7 Health Care Worker Registry under 77 Ill. Adm. Code 300.663
8 through supervised clinical experience at an assisted
9 living establishment licensed under the Assisted Living
10 and Shared Housing Act. The Department shall adopt rules
11 requiring that the Health Care Worker Registry include
12 information identifying where an individual on the Health
13 Care Worker Registry received his or her clinical training.

14 The Department may accept comparable training in lieu
15 of the 120-hour course for student nurses, foreign nurses,
16 military personnel, or employees of the Department of Human
17 Services.

18 The Department shall accept on-the-job experience in
19 lieu of clinical training from any individual who
20 participated in the temporary nursing assistant program
21 and left the program in good standing, and the Department
22 shall notify all approved certified nurse assistant
23 training programs in the State of this requirement. The
24 individual shall receive one hour of credit for every hour
25 employed as a temporary nursing assistant, up to 40 total
26 hours, and shall be permitted 90 days after the date of

1 employment as a certified nurse trainee to enroll in an
2 approved certified nursing assistant training program and
3 240 days to successfully complete the program. As used in
4 this Section, "temporary nursing assistant program" means
5 the program implemented by the Department of Public Health
6 by emergency rule, as listed in 44 Ill. Reg. 7936,
7 effective April 21, 2020.

8 The facility shall develop and implement procedures,
9 which shall be approved by the Department, for an ongoing
10 review process, which shall take place within the facility,
11 for nursing assistants, habilitation aides, and child care
12 aides.

13 At the time of each regularly scheduled licensure
14 survey, or at the time of a complaint investigation, the
15 Department may require any nursing assistant, habilitation
16 aide, or child care aide to demonstrate, either through
17 written examination or action, or both, sufficient
18 knowledge in all areas of required training. If such
19 knowledge is inadequate the Department shall require the
20 nursing assistant, habilitation aide, or child care aide to
21 complete inservice training and review in the facility
22 until the nursing assistant, habilitation aide, or child
23 care aide demonstrates to the Department, either through
24 written examination or action, or both, sufficient
25 knowledge in all areas of required training.

26 (6) Be familiar with and have general skills related to

1 resident care.

2 (a-0.5) An educational entity, other than a secondary
3 school, conducting a nursing assistant, habilitation aide, or
4 child care aide training program shall initiate a criminal
5 history record check in accordance with the Health Care Worker
6 Background Check Act prior to entry of an individual into the
7 training program. A secondary school may initiate a criminal
8 history record check in accordance with the Health Care Worker
9 Background Check Act at any time during or after a training
10 program.

11 (a-1) Nursing assistants, habilitation aides, or child
12 care aides seeking to be included on the Health Care Worker
13 Registry under the Health Care Worker Background Check Act on
14 or after January 1, 1996 must authorize the Department of
15 Public Health or its designee to request a criminal history
16 record check in accordance with the Health Care Worker
17 Background Check Act and submit all necessary information. An
18 individual may not newly be included on the Health Care Worker
19 Registry unless a criminal history record check has been
20 conducted with respect to the individual.

21 (b) Persons subject to this Section shall perform their
22 duties under the supervision of a licensed nurse.

23 (c) It is unlawful for any facility to employ any person in
24 the capacity of nursing assistant, habilitation aide, or child
25 care aide, or under any other title, not licensed by the State
26 of Illinois to assist in the personal, medical, or nursing care

1 of residents in such facility unless such person has complied
2 with this Section.

3 (d) Proof of compliance by each employee with the
4 requirements set out in this Section shall be maintained for
5 each such employee by each facility in the individual personnel
6 folder of the employee. Proof of training shall be obtained
7 only from the Health Care Worker Registry.

8 (e) Each facility shall obtain access to the Health Care
9 Worker Registry's web application, maintain the employment and
10 demographic information relating to each employee, and verify
11 by the category and type of employment that each employee
12 subject to this Section meets all the requirements of this
13 Section.

14 (f) Any facility that is operated under Section 3-803 shall
15 be exempt from the requirements of this Section.

16 (g) Each skilled nursing and intermediate care facility
17 that admits persons who are diagnosed as having Alzheimer's
18 disease or related dementias shall require all nursing
19 assistants, habilitation aides, or child care aides, who did
20 not receive 12 hours of training in the care and treatment of
21 such residents during the training required under paragraph (5)
22 of subsection (a), to obtain 12 hours of in-house training in
23 the care and treatment of such residents. If the facility does
24 not provide the training in-house, the training shall be
25 obtained from other facilities, community colleges or other
26 educational institutions that have a recognized course for such

1 training. The Department shall, by rule, establish a recognized
2 course for such training. The Department's rules shall provide
3 that such training may be conducted in-house at each facility
4 subject to the requirements of this subsection, in which case
5 such training shall be monitored by the Department.

6 The Department's rules shall also provide for
7 circumstances and procedures whereby any person who has
8 received training that meets the requirements of this
9 subsection shall not be required to undergo additional training
10 if he or she is transferred to or obtains employment at a
11 different facility or a facility other than a long-term care
12 facility but remains continuously employed for pay as a nursing
13 assistant, habilitation aide, or child care aide. Individuals
14 who have performed no nursing or nursing-related services for a
15 period of 24 consecutive months shall be listed as "inactive"
16 and as such do not meet the requirements of this Section.
17 Licensed sheltered care facilities shall be exempt from the
18 requirements of this Section.

19 An individual employed during the COVID-19 pandemic as a
20 nursing assistant in accordance with any Executive Orders,
21 emergency rules, or policy memoranda related to COVID-19 shall
22 be assumed to meet competency standards and may continue to be
23 employed as a certified nurse assistant when the pandemic ends
24 and the Executive Orders or emergency rules lapse. Such
25 individuals shall be listed on the Department's Health Care
26 Worker Registry website as "active".

1 (Source: P.A. 100-297, eff. 8-24-17; 100-432, eff. 8-25-17;
2 100-863, eff. 8-14-18.)

3 Section 10. The Illinois Public Aid Code is amended by
4 adding Section 5A-2.1 as follows:

5 (305 ILCS 5/5A-2.1 new)

6 Sec. 5A-2.1. Continuation of Section 5A-2 of this Code;
7 validation.

8 (a) The General Assembly finds and declares that:

9 (1) Public Act 101-650, which took effect on July 7,
10 2020, contained provisions that would have changed the
11 repeal date for Section 5A-2 of this Act from July 1, 2020
12 to December 31, 2022.

13 (2) The Statute on Statutes sets forth general rules on
14 the repeal of statutes and the construction of multiple
15 amendments, but Section 1 of that Act also states that
16 these rules will not be observed when the result would be
17 "inconsistent with the manifest intent of the General
18 Assembly or repugnant to the context of the statute".

19 (3) This amendatory Act of the 101st General Assembly
20 manifests the intention of the General Assembly to extend
21 the repeal date for Section 5A-2 of this Code and have
22 Section 5A-2 of this Code, as amended by Public Act
23 101-650, continue in effect until December 31, 2022.

24 (b) Any construction of this Code that results in the

1 repeal of Section 5A-2 of this Code on July 1, 2020 would be
2 inconsistent with the manifest intent of the General Assembly
3 and repugnant to the context of this Code.

4 (c) It is hereby declared to have been the intent of the
5 General Assembly that Section 5A-2 of this Code shall not be
6 subject to repeal on July 1, 2020.

7 (d) Section 5A-2 of this Code shall be deemed to have been
8 in continuous effect since July 8, 1992 (the effective date of
9 Public Act 87-861), and it shall continue to be in effect, as
10 amended by Public Act 101-650, until it is otherwise lawfully
11 amended or repealed. All previously enacted amendments to the
12 Section taking effect on or after July 8, 1992, are hereby
13 validated.

14 (e) In order to ensure the continuing effectiveness of
15 Section 5A-2 of this Code, that Section is set forth in full
16 and reenacted by this amendatory Act of the 101st General
17 Assembly. In this amendatory Act of the 101st General Assembly,
18 the base text of the reenacted Section is set forth as amended
19 by Public Act 101-650.

20 (f) All actions of the Illinois Department or any other
21 person or entity taken in reliance on or pursuant to Section
22 5A-2 of this Code are hereby validated.

23 Section 15. The Illinois Public Aid Code is amended by
24 reenacting Section 5A-2 as follows:

1 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

2 Sec. 5A-2. Assessment.

3 (a) (1) Subject to Sections 5A-3 and 5A-10, for State fiscal
4 years 2009 through 2018, or as long as continued under Section
5 5A-16, an annual assessment on inpatient services is imposed on
6 each hospital provider in an amount equal to \$218.38 multiplied
7 by the difference of the hospital's occupied bed days less the
8 hospital's Medicare bed days, provided, however, that the
9 amount of \$218.38 shall be increased by a uniform percentage to
10 generate an amount equal to 75% of the State share of the
11 payments authorized under Section 5A-12.5, with such increase
12 only taking effect upon the date that a State share for such
13 payments is required under federal law. For the period of April
14 through June 2015, the amount of \$218.38 used to calculate the
15 assessment under this paragraph shall, by emergency rule under
16 subsection (s) of Section 5-45 of the Illinois Administrative
17 Procedure Act, be increased by a uniform percentage to generate
18 \$20,250,000 in the aggregate for that period from all hospitals
19 subject to the annual assessment under this paragraph.

20 (2) In addition to any other assessments imposed under this
21 Article, effective July 1, 2016 and semi-annually thereafter
22 through June 2018, or as provided in Section 5A-16, in addition
23 to any federally required State share as authorized under
24 paragraph (1), the amount of \$218.38 shall be increased by a
25 uniform percentage to generate an amount equal to 75% of the
26 ACA Assessment Adjustment, as defined in subsection (b-6) of

1 this Section.

2 For State fiscal years 2009 through 2018, or as provided in
3 Section 5A-16, a hospital's occupied bed days and Medicare bed
4 days shall be determined using the most recent data available
5 from each hospital's 2005 Medicare cost report as contained in
6 the Healthcare Cost Report Information System file, for the
7 quarter ending on December 31, 2006, without regard to any
8 subsequent adjustments or changes to such data. If a hospital's
9 2005 Medicare cost report is not contained in the Healthcare
10 Cost Report Information System, then the Illinois Department
11 may obtain the hospital provider's occupied bed days and
12 Medicare bed days from any source available, including, but not
13 limited to, records maintained by the hospital provider, which
14 may be inspected at all times during business hours of the day
15 by the Illinois Department or its duly authorized agents and
16 employees.

17 (3) Subject to Sections 5A-3, 5A-10, and 5A-16, for State
18 fiscal years 2019 and 2020, an annual assessment on inpatient
19 services is imposed on each hospital provider in an amount
20 equal to \$197.19 multiplied by the difference of the hospital's
21 occupied bed days less the hospital's Medicare bed days. For
22 State fiscal years 2019 and 2020, a hospital's occupied bed
23 days and Medicare bed days shall be determined using the most
24 recent data available from each hospital's 2015 Medicare cost
25 report as contained in the Healthcare Cost Report Information
26 System file, for the quarter ending on March 31, 2017, without

1 regard to any subsequent adjustments or changes to such data.
2 If a hospital's 2015 Medicare cost report is not contained in
3 the Healthcare Cost Report Information System, then the
4 Illinois Department may obtain the hospital provider's
5 occupied bed days and Medicare bed days from any source
6 available, including, but not limited to, records maintained by
7 the hospital provider, which may be inspected at all times
8 during business hours of the day by the Illinois Department or
9 its duly authorized agents and employees. Notwithstanding any
10 other provision in this Article, for a hospital provider that
11 did not have a 2015 Medicare cost report, but paid an
12 assessment in State fiscal year 2018 on the basis of
13 hypothetical data, that assessment amount shall be used for
14 State fiscal years 2019 and 2020.

15 (4) Subject to Sections 5A-3 and 5A-10, for the period of
16 July 1, 2020 through December 31, 2020 and calendar years 2021
17 and 2022, an annual assessment on inpatient services is imposed
18 on each hospital provider in an amount equal to \$221.50
19 multiplied by the difference of the hospital's occupied bed
20 days less the hospital's Medicare bed days, provided however:
21 for the period of July 1, 2020 through December 31, 2020, (i)
22 the assessment shall be equal to 50% of the annual amount; and
23 (ii) the amount of \$221.50 shall be retroactively adjusted by a
24 uniform percentage to generate an amount equal to 50% of the
25 Assessment Adjustment, as defined in subsection (b-7). For the
26 period of July 1, 2020 through December 31, 2020 and calendar

1 years 2021 and 2022, a hospital's occupied bed days and
2 Medicare bed days shall be determined using the most recent
3 data available from each hospital's 2015 Medicare cost report
4 as contained in the Healthcare Cost Report Information System
5 file, for the quarter ending on March 31, 2017, without regard
6 to any subsequent adjustments or changes to such data. If a
7 hospital's 2015 Medicare cost report is not contained in the
8 Healthcare Cost Report Information System, then the Illinois
9 Department may obtain the hospital provider's occupied bed days
10 and Medicare bed days from any source available, including, but
11 not limited to, records maintained by the hospital provider,
12 which may be inspected at all times during business hours of
13 the day by the Illinois Department or its duly authorized
14 agents and employees. Should the change in the assessment
15 methodology for fiscal years 2021 through December 31, 2022 not
16 be approved on or before June 30, 2020, the assessment and
17 payments under this Article in effect for fiscal year 2020
18 shall remain in place until the new assessment is approved. If
19 the assessment methodology for July 1, 2020 through December
20 31, 2022, is approved on or after July 1, 2020, it shall be
21 retroactive to July 1, 2020, subject to federal approval and
22 provided that the payments authorized under Section 5A-12.7
23 have the same effective date as the new assessment methodology.
24 In giving retroactive effect to the assessment approved after
25 June 30, 2020, credit toward the new assessment shall be given
26 for any payments of the previous assessment for periods after

1 June 30, 2020. Notwithstanding any other provision of this
2 Article, for a hospital provider that did not have a 2015
3 Medicare cost report, but paid an assessment in State Fiscal
4 Year 2020 on the basis of hypothetical data, the data that was
5 the basis for the 2020 assessment shall be used to calculate
6 the assessment under this paragraph.

7 (b) (Blank).

8 (b-5) (1) Subject to Sections 5A-3 and 5A-10, for the
9 portion of State fiscal year 2012, beginning June 10, 2012
10 through June 30, 2012, and for State fiscal years 2013 through
11 2018, or as provided in Section 5A-16, an annual assessment on
12 outpatient services is imposed on each hospital provider in an
13 amount equal to .008766 multiplied by the hospital's outpatient
14 gross revenue, provided, however, that the amount of .008766
15 shall be increased by a uniform percentage to generate an
16 amount equal to 25% of the State share of the payments
17 authorized under Section 5A-12.5, with such increase only
18 taking effect upon the date that a State share for such
19 payments is required under federal law. For the period
20 beginning June 10, 2012 through June 30, 2012, the annual
21 assessment on outpatient services shall be prorated by
22 multiplying the assessment amount by a fraction, the numerator
23 of which is 21 days and the denominator of which is 365 days.
24 For the period of April through June 2015, the amount of
25 .008766 used to calculate the assessment under this paragraph
26 shall, by emergency rule under subsection (s) of Section 5-45

1 of the Illinois Administrative Procedure Act, be increased by a
2 uniform percentage to generate \$6,750,000 in the aggregate for
3 that period from all hospitals subject to the annual assessment
4 under this paragraph.

5 (2) In addition to any other assessments imposed under this
6 Article, effective July 1, 2016 and semi-annually thereafter
7 through June 2018, in addition to any federally required State
8 share as authorized under paragraph (1), the amount of .008766
9 shall be increased by a uniform percentage to generate an
10 amount equal to 25% of the ACA Assessment Adjustment, as
11 defined in subsection (b-6) of this Section.

12 For the portion of State fiscal year 2012, beginning June
13 10, 2012 through June 30, 2012, and State fiscal years 2013
14 through 2018, or as provided in Section 5A-16, a hospital's
15 outpatient gross revenue shall be determined using the most
16 recent data available from each hospital's 2009 Medicare cost
17 report as contained in the Healthcare Cost Report Information
18 System file, for the quarter ending on June 30, 2011, without
19 regard to any subsequent adjustments or changes to such data.
20 If a hospital's 2009 Medicare cost report is not contained in
21 the Healthcare Cost Report Information System, then the
22 Department may obtain the hospital provider's outpatient gross
23 revenue from any source available, including, but not limited
24 to, records maintained by the hospital provider, which may be
25 inspected at all times during business hours of the day by the
26 Department or its duly authorized agents and employees.

1 (3) Subject to Sections 5A-3, 5A-10, and 5A-16, for State
2 fiscal years 2019 and 2020, an annual assessment on outpatient
3 services is imposed on each hospital provider in an amount
4 equal to .01358 multiplied by the hospital's outpatient gross
5 revenue. For State fiscal years 2019 and 2020, a hospital's
6 outpatient gross revenue shall be determined using the most
7 recent data available from each hospital's 2015 Medicare cost
8 report as contained in the Healthcare Cost Report Information
9 System file, for the quarter ending on March 31, 2017, without
10 regard to any subsequent adjustments or changes to such data.
11 If a hospital's 2015 Medicare cost report is not contained in
12 the Healthcare Cost Report Information System, then the
13 Department may obtain the hospital provider's outpatient gross
14 revenue from any source available, including, but not limited
15 to, records maintained by the hospital provider, which may be
16 inspected at all times during business hours of the day by the
17 Department or its duly authorized agents and employees.
18 Notwithstanding any other provision in this Article, for a
19 hospital provider that did not have a 2015 Medicare cost
20 report, but paid an assessment in State fiscal year 2018 on the
21 basis of hypothetical data, that assessment amount shall be
22 used for State fiscal years 2019 and 2020.

23 (4) Subject to Sections 5A-3 and 5A-10, for the period of
24 July 1, 2020 through December 31, 2020 and calendar years 2021
25 and 2022, an annual assessment on outpatient services is
26 imposed on each hospital provider in an amount equal to .01525

1 multiplied by the hospital's outpatient gross revenue,
2 provided however: (i) for the period of July 1, 2020 through
3 December 31, 2020, the assessment shall be equal to 50% of the
4 annual amount; and (ii) the amount of .01525 shall be
5 retroactively adjusted by a uniform percentage to generate an
6 amount equal to 50% of the Assessment Adjustment, as defined in
7 subsection (b-7). For the period of July 1, 2020 through
8 December 31, 2020 and calendar years 2021 and 2022, a
9 hospital's outpatient gross revenue shall be determined using
10 the most recent data available from each hospital's 2015
11 Medicare cost report as contained in the Healthcare Cost Report
12 Information System file, for the quarter ending on March 31,
13 2017, without regard to any subsequent adjustments or changes
14 to such data. If a hospital's 2015 Medicare cost report is not
15 contained in the Healthcare Cost Report Information System,
16 then the Illinois Department may obtain the hospital provider's
17 outpatient revenue data from any source available, including,
18 but not limited to, records maintained by the hospital
19 provider, which may be inspected at all times during business
20 hours of the day by the Illinois Department or its duly
21 authorized agents and employees. Should the change in the
22 assessment methodology above for fiscal years 2021 through
23 calendar year 2022 not be approved prior to July 1, 2020, the
24 assessment and payments under this Article in effect for fiscal
25 year 2020 shall remain in place until the new assessment is
26 approved. If the change in the assessment methodology above for

1 July 1, 2020 through December 31, 2022, is approved after June
2 30, 2020, it shall have a retroactive effective date of July 1,
3 2020, subject to federal approval and provided that the
4 payments authorized under Section 12A-7 have the same effective
5 date as the new assessment methodology. In giving retroactive
6 effect to the assessment approved after June 30, 2020, credit
7 toward the new assessment shall be given for any payments of
8 the previous assessment for periods after June 30, 2020.
9 Notwithstanding any other provision of this Article, for a
10 hospital provider that did not have a 2015 Medicare cost
11 report, but paid an assessment in State Fiscal Year 2020 on the
12 basis of hypothetical data, the data that was the basis for the
13 2020 assessment shall be used to calculate the assessment under
14 this paragraph.

15 (b-6) (1) As used in this Section, "ACA Assessment
16 Adjustment" means:

17 (A) For the period of July 1, 2016 through December 31,
18 2016, the product of .19125 multiplied by the sum of the
19 fee-for-service payments to hospitals as authorized under
20 Section 5A-12.5 and the adjustments authorized under
21 subsection (t) of Section 5A-12.2 to managed care
22 organizations for hospital services due and payable in the
23 month of April 2016 multiplied by 6.

24 (B) For the period of January 1, 2017 through June 30,
25 2017, the product of .19125 multiplied by the sum of the
26 fee-for-service payments to hospitals as authorized under

1 Section 5A-12.5 and the adjustments authorized under
2 subsection (t) of Section 5A-12.2 to managed care
3 organizations for hospital services due and payable in the
4 month of October 2016 multiplied by 6, except that the
5 amount calculated under this subparagraph (B) shall be
6 adjusted, either positively or negatively, to account for
7 the difference between the actual payments issued under
8 Section 5A-12.5 for the period beginning July 1, 2016
9 through December 31, 2016 and the estimated payments due
10 and payable in the month of April 2016 multiplied by 6 as
11 described in subparagraph (A).

12 (C) For the period of July 1, 2017 through December 31,
13 2017, the product of .19125 multiplied by the sum of the
14 fee-for-service payments to hospitals as authorized under
15 Section 5A-12.5 and the adjustments authorized under
16 subsection (t) of Section 5A-12.2 to managed care
17 organizations for hospital services due and payable in the
18 month of April 2017 multiplied by 6, except that the amount
19 calculated under this subparagraph (C) shall be adjusted,
20 either positively or negatively, to account for the
21 difference between the actual payments issued under
22 Section 5A-12.5 for the period beginning January 1, 2017
23 through June 30, 2017 and the estimated payments due and
24 payable in the month of October 2016 multiplied by 6 as
25 described in subparagraph (B).

26 (D) For the period of January 1, 2018 through June 30,

1 2018, the product of .19125 multiplied by the sum of the
2 fee-for-service payments to hospitals as authorized under
3 Section 5A-12.5 and the adjustments authorized under
4 subsection (t) of Section 5A-12.2 to managed care
5 organizations for hospital services due and payable in the
6 month of October 2017 multiplied by 6, except that:

7 (i) the amount calculated under this subparagraph

8 (D) shall be adjusted, either positively or
9 negatively, to account for the difference between the
10 actual payments issued under Section 5A-12.5 for the
11 period of July 1, 2017 through December 31, 2017 and
12 the estimated payments due and payable in the month of
13 April 2017 multiplied by 6 as described in subparagraph
14 (C); and

15 (ii) the amount calculated under this subparagraph

16 (D) shall be adjusted to include the product of .19125
17 multiplied by the sum of the fee-for-service payments,
18 if any, estimated to be paid to hospitals under
19 subsection (b) of Section 5A-12.5.

20 (2) The Department shall complete and apply a final
21 reconciliation of the ACA Assessment Adjustment prior to June
22 30, 2018 to account for:

23 (A) any differences between the actual payments issued
24 or scheduled to be issued prior to June 30, 2018 as
25 authorized in Section 5A-12.5 for the period of January 1,
26 2018 through June 30, 2018 and the estimated payments due

1 and payable in the month of October 2017 multiplied by 6 as
2 described in subparagraph (D); and

3 (B) any difference between the estimated
4 fee-for-service payments under subsection (b) of Section
5 5A-12.5 and the amount of such payments that are actually
6 scheduled to be paid.

7 The Department shall notify hospitals of any additional
8 amounts owed or reduction credits to be applied to the June
9 2018 ACA Assessment Adjustment. This is to be considered the
10 final reconciliation for the ACA Assessment Adjustment.

11 (3) Notwithstanding any other provision of this Section, if
12 for any reason the scheduled payments under subsection (b) of
13 Section 5A-12.5 are not issued in full by the final day of the
14 period authorized under subsection (b) of Section 5A-12.5,
15 funds collected from each hospital pursuant to subparagraph (D)
16 of paragraph (1) and pursuant to paragraph (2), attributable to
17 the scheduled payments authorized under subsection (b) of
18 Section 5A-12.5 that are not issued in full by the final day of
19 the period attributable to each payment authorized under
20 subsection (b) of Section 5A-12.5, shall be refunded.

21 (4) The increases authorized under paragraph (2) of
22 subsection (a) and paragraph (2) of subsection (b-5) shall be
23 limited to the federally required State share of the total
24 payments authorized under Section 5A-12.5 if the sum of such
25 payments yields an annualized amount equal to or less than
26 \$450,000,000, or if the adjustments authorized under

1 subsection (t) of Section 5A-12.2 are found not to be
2 actuarially sound; however, this limitation shall not apply to
3 the fee-for-service payments described in subsection (b) of
4 Section 5A-12.5.

5 (b-7) (1) As used in this Section, "Assessment Adjustment"
6 means:

7 (A) For the period of July 1, 2020 through December 31,
8 2020, the product of .3853 multiplied by the total of the
9 actual payments made under subsections (c) through (k) of
10 Section 5A-12.7 attributable to the period, less the total
11 of the assessment imposed under subsections (a) and (b-5)
12 of this Section for the period.

13 (B) For each calendar quarter beginning on and after
14 January 1, 2021, the product of .3853 multiplied by the
15 total of the actual payments made under subsections (c)
16 through (k) of Section 5A-12.7 attributable to the period,
17 less the total of the assessment imposed under subsections
18 (a) and (b-5) of this Section for the period.

19 (2) The Department shall calculate and notify each hospital
20 of the total Assessment Adjustment and any additional
21 assessment owed by the hospital or refund owed to the hospital
22 on either a semi-annual or annual basis. Such notice shall be
23 issued at least 30 days prior to any period in which the
24 assessment will be adjusted. Any additional assessment owed by
25 the hospital or refund owed to the hospital shall be uniformly
26 applied to the assessment owed by the hospital in monthly

1 installments for the subsequent semi-annual period or calendar
2 year. If no assessment is owed in the subsequent year, any
3 amount owed by the hospital or refund due to the hospital,
4 shall be paid in a lump sum.

5 (3) The Department shall publish all details of the
6 Assessment Adjustment calculation performed each year on its
7 website within 30 days of completing the calculation, and also
8 submit the details of the Assessment Adjustment calculation as
9 part of the Department's annual report to the General Assembly.

10 (c) (Blank).

11 (d) Notwithstanding any of the other provisions of this
12 Section, the Department is authorized to adopt rules to reduce
13 the rate of any annual assessment imposed under this Section,
14 as authorized by Section 5-46.2 of the Illinois Administrative
15 Procedure Act.

16 (e) Notwithstanding any other provision of this Section,
17 any plan providing for an assessment on a hospital provider as
18 a permissible tax under Title XIX of the federal Social
19 Security Act and Medicaid-eligible payments to hospital
20 providers from the revenues derived from that assessment shall
21 be reviewed by the Illinois Department of Healthcare and Family
22 Services, as the Single State Medicaid Agency required by
23 federal law, to determine whether those assessments and
24 hospital provider payments meet federal Medicaid standards. If
25 the Department determines that the elements of the plan may
26 meet federal Medicaid standards and a related State Medicaid

1 Plan Amendment is prepared in a manner and form suitable for
2 submission, that State Plan Amendment shall be submitted in a
3 timely manner for review by the Centers for Medicare and
4 Medicaid Services of the United States Department of Health and
5 Human Services and subject to approval by the Centers for
6 Medicare and Medicaid Services of the United States Department
7 of Health and Human Services. No such plan shall become
8 effective without approval by the Illinois General Assembly by
9 the enactment into law of related legislation. Notwithstanding
10 any other provision of this Section, the Department is
11 authorized to adopt rules to reduce the rate of any annual
12 assessment imposed under this Section. Any such rules may be
13 adopted by the Department under Section 5-50 of the Illinois
14 Administrative Procedure Act.

15 (Source: P.A. 100-581, eff. 3-12-18; 101-10, eff. 6-5-19;
16 101-650, eff. 7-7-20.)

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