



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 during the COVID-19 pandemic before the end date of the  
22 temporary nursing assistant program and left the program in  
23 good standing, and the Department shall notify all approved  
24 certified nurse assistant training programs in the State of  
25 this requirement. The individual shall receive one hour of  
26 credit for every hour employed as a temporary nursing

1       assistant, up to 40 total hours, and shall be permitted 90  
2       days after the end date of the temporary nursing assistant  
3       program to enroll in an approved certified nursing  
4       assistant training program and 240 days to successfully  
5       complete the certified nursing assistant training program.  
6       Temporary nursing assistants who enroll in a certified  
7       nursing assistant training program within 90 days of the  
8       end of the temporary nursing assistant program may continue  
9       to work as a nursing assistant for up to 240 days after  
10       enrollment in the certified nursing assistant training  
11       program. As used in this Section, "temporary nursing  
12       assistant program" means the program implemented by the  
13       Department of Public Health by emergency rule, as listed in  
14       44 Ill. Reg. 7936, effective April 21, 2020.

15               The facility shall develop and implement procedures,  
16       which shall be approved by the Department, for an ongoing  
17       review process, which shall take place within the facility,  
18       for nursing assistants, habilitation aides, and child care  
19       aides.

20               At the time of each regularly scheduled licensure  
21       survey, or at the time of a complaint investigation, the  
22       Department may require any nursing assistant, habilitation  
23       aide, or child care aide to demonstrate, either through  
24       written examination or action, or both, sufficient  
25       knowledge in all areas of required training. If such  
26       knowledge is inadequate the Department shall require the

1 nursing assistant, habilitation aide, or child care aide to  
2 complete inservice training and review in the facility  
3 until the nursing assistant, habilitation aide, or child  
4 care aide demonstrates to the Department, either through  
5 written examination or action, or both, sufficient  
6 knowledge in all areas of required training.

7 (6) Be familiar with and have general skills related to  
8 resident care.

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

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

1 conducted with respect to the individual.

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

4 (c) It is unlawful for any facility to employ any person in  
5 the capacity of nursing assistant, habilitation aide, or child  
6 care aide, or under any other title, not licensed by the State  
7 of Illinois to assist in the personal, medical, or nursing care  
8 of residents in such facility unless such person has complied  
9 with this Section.

10 (d) Proof of compliance by each employee with the  
11 requirements set out in this Section shall be maintained for  
12 each such employee by each facility in the individual personnel  
13 folder of the employee. Proof of training shall be obtained  
14 only from the Health Care Worker Registry.

15 (e) Each facility shall obtain access to the Health Care  
16 Worker Registry's web application, maintain the employment and  
17 demographic information relating to each employee, and verify  
18 by the category and type of employment that each employee  
19 subject to this Section meets all the requirements of this  
20 Section.

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

23 (g) Each skilled nursing and intermediate care facility  
24 that admits persons who are diagnosed as having Alzheimer's  
25 disease or related dementias shall require all nursing  
26 assistants, habilitation aides, or child care aides, who did

1 not receive 12 hours of training in the care and treatment of  
2 such residents during the training required under paragraph (5)  
3 of subsection (a), to obtain 12 hours of in-house training in  
4 the care and treatment of such residents. If the facility does  
5 not provide the training in-house, the training shall be  
6 obtained from other facilities, community colleges or other  
7 educational institutions that have a recognized course for such  
8 training. The Department shall, by rule, establish a recognized  
9 course for such training. The Department's rules shall provide  
10 that such training may be conducted in-house at each facility  
11 subject to the requirements of this subsection, in which case  
12 such training shall be monitored by the Department.

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

26 An individual employed during the COVID-19 pandemic as a

1 nursing assistant in accordance with any Executive Orders,  
2 emergency rules, or policy memoranda related to COVID-19 shall  
3 be assumed to meet competency standards and may continue to be  
4 employed as a certified nurse assistant when the pandemic ends  
5 and the Executive Orders or emergency rules lapse. Such  
6 individuals shall be listed on the Department's Health Care  
7 Worker Registry website as "active".

8 (Source: P.A. 100-297, eff. 8-24-17; 100-432, eff. 8-25-17;  
9 100-863, eff. 8-14-18.)

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

12 (305 ILCS 5/5A-2.1 new)

13 Sec. 5A-2.1. Continuation of Section 5A-2 of this Code;  
14 validation.

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

16 (1) Public Act 101-650, which took effect on July 7,  
17 2020, contained provisions that would have changed the  
18 repeal date for Section 5A-2 of this Act from July 1, 2020  
19 to December 31, 2022.

20 (2) The Statute on Statutes sets forth general rules on  
21 the repeal of statutes and the construction of multiple  
22 amendments, but Section 1 of that Act also states that  
23 these rules will not be observed when the result would be  
24 "inconsistent with the manifest intent of the General



1 Assembly or repugnant to the context of the statute".

2 (3) This amendatory Act of the 101st General Assembly  
3 manifests the intention of the General Assembly to extend  
4 the repeal date for Section 5A-2 of this Code and have  
5 Section 5A-2 of this Code, as amended by Public Act  
6 101-650, continue in effect until December 31, 2022.

7 (b) Any construction of this Code that results in the  
8 repeal of Section 5A-2 of this Code on July 1, 2020 would be  
9 inconsistent with the manifest intent of the General Assembly  
10 and repugnant to the context of this Code.

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

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

21 (e) In order to ensure the continuing effectiveness of  
22 Section 5A-2 of this Code, that Section is set forth in full  
23 and reenacted by this amendatory Act of the 101st General  
24 Assembly. In this amendatory Act of the 101st General Assembly,  
25 the base text of the reenacted Section is set forth as amended  
26 by Public Act 101-650.

1       (f) All actions of the Illinois Department or any other  
2       person or entity taken in reliance on or pursuant to Section  
3       5A-2 of this Code are hereby validated.

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

6           (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

7           Sec. 5A-2. Assessment.

8           (a) (1) Subject to Sections 5A-3 and 5A-10, for State fiscal  
9       years 2009 through 2018, or as long as continued under Section  
10       5A-16, an annual assessment on inpatient services is imposed on  
11       each hospital provider in an amount equal to \$218.38 multiplied  
12       by the difference of the hospital's occupied bed days less the  
13       hospital's Medicare bed days, provided, however, that the  
14       amount of \$218.38 shall be increased by a uniform percentage to  
15       generate an amount equal to 75% of the State share of the  
16       payments authorized under Section 5A-12.5, with such increase  
17       only taking effect upon the date that a State share for such  
18       payments is required under federal law. For the period of April  
19       through June 2015, the amount of \$218.38 used to calculate the  
20       assessment under this paragraph shall, by emergency rule under  
21       subsection (s) of Section 5-45 of the Illinois Administrative  
22       Procedure Act, be increased by a uniform percentage to generate  
23       \$20,250,000 in the aggregate for that period from all hospitals  
24       subject to the annual assessment under this paragraph.

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

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

24           (3) Subject to Sections 5A-3, 5A-10, and 5A-16, for State  
25 fiscal years 2019 and 2020, an annual assessment on inpatient  
26 services is imposed on each hospital provider in an amount

1 equal to \$197.19 multiplied by the difference of the hospital's  
2 occupied bed days less the hospital's Medicare bed days. For  
3 State fiscal years 2019 and 2020, a hospital's occupied bed  
4 days and Medicare bed days shall be determined using the most  
5 recent data available from each hospital's 2015 Medicare cost  
6 report as contained in the Healthcare Cost Report Information  
7 System file, for the quarter ending on March 31, 2017, without  
8 regard to any subsequent adjustments or changes to such data.  
9 If a hospital's 2015 Medicare cost report is not contained in  
10 the Healthcare Cost Report Information System, then the  
11 Illinois Department may obtain the hospital provider's  
12 occupied bed days and Medicare bed days from any source  
13 available, including, but not limited to, records maintained by  
14 the hospital provider, which may be inspected at all times  
15 during business hours of the day by the Illinois Department or  
16 its duly authorized agents and employees. Notwithstanding any  
17 other provision in this Article, for a hospital provider that  
18 did not have a 2015 Medicare cost report, but paid an  
19 assessment in State fiscal year 2018 on the basis of  
20 hypothetical data, that assessment amount shall be used for  
21 State fiscal years 2019 and 2020.

22 (4) Subject to Sections 5A-3 and 5A-10, for the period of  
23 July 1, 2020 through December 31, 2020 and calendar years 2021  
24 and 2022, an annual assessment on inpatient services is imposed  
25 on each hospital provider in an amount equal to \$221.50  
26 multiplied by the difference of the hospital's occupied bed

1 days less the hospital's Medicare bed days, provided however:  
2 for the period of July 1, 2020 through December 31, 2020, (i)  
3 the assessment shall be equal to 50% of the annual amount; and  
4 (ii) the amount of \$221.50 shall be retroactively adjusted by a  
5 uniform percentage to generate an amount equal to 50% of the  
6 Assessment Adjustment, as defined in subsection (b-7). For the  
7 period of July 1, 2020 through December 31, 2020 and calendar  
8 years 2021 and 2022, a hospital's occupied bed days and  
9 Medicare bed days shall be determined using the most recent  
10 data available from each hospital's 2015 Medicare cost report  
11 as contained in the Healthcare Cost Report Information System  
12 file, for the quarter ending on March 31, 2017, without regard  
13 to any subsequent adjustments or changes to such data. If a  
14 hospital's 2015 Medicare cost report is not contained in the  
15 Healthcare Cost Report Information System, then the Illinois  
16 Department may obtain the hospital provider's occupied bed days  
17 and Medicare bed days from any source available, including, but  
18 not limited to, records maintained by the hospital provider,  
19 which may be inspected at all times during business hours of  
20 the day by the Illinois Department or its duly authorized  
21 agents and employees. Should the change in the assessment  
22 methodology for fiscal years 2021 through December 31, 2022 not  
23 be approved on or before June 30, 2020, the assessment and  
24 payments under this Article in effect for fiscal year 2020  
25 shall remain in place until the new assessment is approved. If  
26 the assessment methodology for July 1, 2020 through December

1 31, 2022, is approved on or after July 1, 2020, it shall be  
2 retroactive to July 1, 2020, subject to federal approval and  
3 provided that the payments authorized under Section 5A-12.7  
4 have the same effective date as the new assessment methodology.  
5 In giving retroactive effect to the assessment approved after  
6 June 30, 2020, credit toward the new assessment shall be given  
7 for any payments of the previous assessment for periods after  
8 June 30, 2020. Notwithstanding any other provision of this  
9 Article, for a hospital provider that did not have a 2015  
10 Medicare cost report, but paid an assessment in State Fiscal  
11 Year 2020 on the basis of hypothetical data, the data that was  
12 the basis for the 2020 assessment shall be used to calculate  
13 the assessment under this paragraph.

14 (b) (Blank).

15 (b-5)(1) Subject to Sections 5A-3 and 5A-10, for the  
16 portion of State fiscal year 2012, beginning June 10, 2012  
17 through June 30, 2012, and for State fiscal years 2013 through  
18 2018, or as provided in Section 5A-16, an annual assessment on  
19 outpatient services is imposed on each hospital provider in an  
20 amount equal to .008766 multiplied by the hospital's outpatient  
21 gross revenue, provided, however, that the amount of .008766  
22 shall be increased by a uniform percentage to generate an  
23 amount equal to 25% of the State share of the payments  
24 authorized under Section 5A-12.5, with such increase only  
25 taking effect upon the date that a State share for such  
26 payments is required under federal law. For the period

1 beginning June 10, 2012 through June 30, 2012, the annual  
2 assessment on outpatient services shall be prorated by  
3 multiplying the assessment amount by a fraction, the numerator  
4 of which is 21 days and the denominator of which is 365 days.  
5 For the period of April through June 2015, the amount of  
6 .008766 used to calculate the assessment under this paragraph  
7 shall, by emergency rule under subsection (s) of Section 5-45  
8 of the Illinois Administrative Procedure Act, be increased by a  
9 uniform percentage to generate \$6,750,000 in the aggregate for  
10 that period from all hospitals subject to the annual assessment  
11 under this paragraph.

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

19 For the portion of State fiscal year 2012, beginning June  
20 10, 2012 through June 30, 2012, and State fiscal years 2013  
21 through 2018, or as provided in Section 5A-16, a hospital's  
22 outpatient gross revenue shall be determined using the most  
23 recent data available from each hospital's 2009 Medicare cost  
24 report as contained in the Healthcare Cost Report Information  
25 System file, for the quarter ending on June 30, 2011, without  
26 regard to any subsequent adjustments or changes to such data.

1 If a hospital's 2009 Medicare cost report is not contained in  
2 the Healthcare Cost Report Information System, then the  
3 Department may obtain the hospital provider's outpatient gross  
4 revenue from any source available, including, but not limited  
5 to, records maintained by the hospital provider, which may be  
6 inspected at all times during business hours of the day by the  
7 Department or its duly authorized agents and employees.

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



1 report, but paid an assessment in State fiscal year 2018 on the  
2 basis of hypothetical data, that assessment amount shall be  
3 used for State fiscal years 2019 and 2020.

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

1 hours of the day by the Illinois Department or its duly  
2 authorized agents and employees. Should the change in the  
3 assessment methodology above for fiscal years 2021 through  
4 calendar year 2022 not be approved prior to July 1, 2020, the  
5 assessment and payments under this Article in effect for fiscal  
6 year 2020 shall remain in place until the new assessment is  
7 approved. If the change in the assessment methodology above for  
8 July 1, 2020 through December 31, 2022, is approved after June  
9 30, 2020, it shall have a retroactive effective date of July 1,  
10 2020, subject to federal approval and provided that the  
11 payments authorized under Section 12A-7 have the same effective  
12 date as the new assessment methodology. In giving retroactive  
13 effect to the assessment approved after June 30, 2020, credit  
14 toward the new assessment shall be given for any payments of  
15 the previous assessment for periods after June 30, 2020.  
16 Notwithstanding any other provision of this Article, for a  
17 hospital provider that did not have a 2015 Medicare cost  
18 report, but paid an assessment in State Fiscal Year 2020 on the  
19 basis of hypothetical data, the data that was the basis for the  
20 2020 assessment shall be used to calculate the assessment under  
21 this paragraph.

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

24 (A) For the period of July 1, 2016 through December 31,  
25 2016, 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 April 2016 multiplied by 6.

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

19 (C) For the period of July 1, 2017 through December 31,  
20 2017, the product of .19125 multiplied by the sum of the  
21 fee-for-service payments to hospitals as authorized under  
22 Section 5A-12.5 and the adjustments authorized under  
23 subsection (t) of Section 5A-12.2 to managed care  
24 organizations for hospital services due and payable in the  
25 month of April 2017 multiplied by 6, except that the amount  
26 calculated under this subparagraph (C) shall be adjusted,

1 either positively or negatively, to account for the  
2 difference between the actual payments issued under  
3 Section 5A-12.5 for the period beginning January 1, 2017  
4 through June 30, 2017 and the estimated payments due and  
5 payable in the month of October 2016 multiplied by 6 as  
6 described in subparagraph (B).

7 (D) For the period of January 1, 2018 through June 30,  
8 2018, the product of .19125 multiplied by the sum of the  
9 fee-for-service payments to hospitals as authorized under  
10 Section 5A-12.5 and the adjustments authorized under  
11 subsection (t) of Section 5A-12.2 to managed care  
12 organizations for hospital services due and payable in the  
13 month of October 2017 multiplied by 6, except that:

14 (i) the amount calculated under this subparagraph

15 (D) shall be adjusted, either positively or  
16 negatively, to account for the difference between the  
17 actual payments issued under Section 5A-12.5 for the  
18 period of July 1, 2017 through December 31, 2017 and  
19 the estimated payments due and payable in the month of  
20 April 2017 multiplied by 6 as described in subparagraph  
21 (C); and

22 (ii) the amount calculated under this subparagraph  
23 (D) shall be adjusted to include the product of .19125  
24 multiplied by the sum of the fee-for-service payments,  
25 if any, estimated to be paid to hospitals under  
26 subsection (b) of Section 5A-12.5.

1           (2) The Department shall complete and apply a final  
2 reconciliation of the ACA Assessment Adjustment prior to June  
3 30, 2018 to account for:

4           (A) any differences between the actual payments issued  
5 or scheduled to be issued prior to June 30, 2018 as  
6 authorized in Section 5A-12.5 for the period of January 1,  
7 2018 through June 30, 2018 and the estimated payments due  
8 and payable in the month of October 2017 multiplied by 6 as  
9 described in subparagraph (D); and

10           (B) any difference between the estimated  
11 fee-for-service payments under subsection (b) of Section  
12 5A-12.5 and the amount of such payments that are actually  
13 scheduled to be paid.

14           The Department shall notify hospitals of any additional  
15 amounts owed or reduction credits to be applied to the June  
16 2018 ACA Assessment Adjustment. This is to be considered the  
17 final reconciliation for the ACA Assessment Adjustment.

18           (3) Notwithstanding any other provision of this Section, if  
19 for any reason the scheduled payments under subsection (b) of  
20 Section 5A-12.5 are not issued in full by the final day of the  
21 period authorized under subsection (b) of Section 5A-12.5,  
22 funds collected from each hospital pursuant to subparagraph (D)  
23 of paragraph (1) and pursuant to paragraph (2), attributable to  
24 the scheduled payments authorized under subsection (b) of  
25 Section 5A-12.5 that are not issued in full by the final day of  
26 the period attributable to each payment authorized under

1 subsection (b) of Section 5A-12.5, shall be refunded.

2 (4) The increases authorized under paragraph (2) of  
3 subsection (a) and paragraph (2) of subsection (b-5) shall be  
4 limited to the federally required State share of the total  
5 payments authorized under Section 5A-12.5 if the sum of such  
6 payments yields an annualized amount equal to or less than  
7 \$450,000,000, or if the adjustments authorized under  
8 subsection (t) of Section 5A-12.2 are found not to be  
9 actuarially sound; however, this limitation shall not apply to  
10 the fee-for-service payments described in subsection (b) of  
11 Section 5A-12.5.

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

14 (A) For the period of July 1, 2020 through December 31,  
15 2020, the product of .3853 multiplied by the total of the  
16 actual payments made under subsections (c) through (k) of  
17 Section 5A-12.7 attributable to the period, less the total  
18 of the assessment imposed under subsections (a) and (b-5)  
19 of this Section for the period.

20 (B) For each calendar quarter beginning on and after  
21 January 1, 2021, the product of .3853 multiplied by the  
22 total of the actual payments made under subsections (c)  
23 through (k) of Section 5A-12.7 attributable to the period,  
24 less the total of the assessment imposed under subsections  
25 (a) and (b-5) of this Section for the period.

26 (2) The Department shall calculate and notify each hospital

1 of the total Assessment Adjustment and any additional  
2 assessment owed by the hospital or refund owed to the hospital  
3 on either a semi-annual or annual basis. Such notice shall be  
4 issued at least 30 days prior to any period in which the  
5 assessment will be adjusted. Any additional assessment owed by  
6 the hospital or refund owed to the hospital shall be uniformly  
7 applied to the assessment owed by the hospital in monthly  
8 installments for the subsequent semi-annual period or calendar  
9 year. If no assessment is owed in the subsequent year, any  
10 amount owed by the hospital or refund due to the hospital,  
11 shall be paid in a lump sum.

12 (3) The Department shall publish all details of the  
13 Assessment Adjustment calculation performed each year on its  
14 website within 30 days of completing the calculation, and also  
15 submit the details of the Assessment Adjustment calculation as  
16 part of the Department's annual report to the General Assembly.

17 (c) (Blank).

18 (d) Notwithstanding any of the other provisions of this  
19 Section, the Department is authorized to adopt rules to reduce  
20 the rate of any annual assessment imposed under this Section,  
21 as authorized by Section 5-46.2 of the Illinois Administrative  
22 Procedure Act.

23 (e) Notwithstanding any other provision of this Section,  
24 any plan providing for an assessment on a hospital provider as  
25 a permissible tax under Title XIX of the federal Social  
26 Security Act and Medicaid-eligible payments to hospital

1 providers from the revenues derived from that assessment shall  
2 be reviewed by the Illinois Department of Healthcare and Family  
3 Services, as the Single State Medicaid Agency required by  
4 federal law, to determine whether those assessments and  
5 hospital provider payments meet federal Medicaid standards. If  
6 the Department determines that the elements of the plan may  
7 meet federal Medicaid standards and a related State Medicaid  
8 Plan Amendment is prepared in a manner and form suitable for  
9 submission, that State Plan Amendment shall be submitted in a  
10 timely manner for review by the Centers for Medicare and  
11 Medicaid Services of the United States Department of Health and  
12 Human Services and subject to approval by the Centers for  
13 Medicare and Medicaid Services of the United States Department  
14 of Health and Human Services. No such plan shall become  
15 effective without approval by the Illinois General Assembly by  
16 the enactment into law of related legislation. Notwithstanding  
17 any other provision of this Section, the Department is  
18 authorized to adopt rules to reduce the rate of any annual  
19 assessment imposed under this Section. Any such rules may be  
20 adopted by the Department under Section 5-50 of the Illinois  
21 Administrative Procedure Act.

22 (Source: P.A. 100-581, eff. 3-12-18; 101-10, eff. 6-5-19;  
23 101-650, eff. 7-7-20.)

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