

1 AMENDMENT TO HOUSE BILL 700

2 AMENDMENT NO. _____. Amend House Bill 700 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Sections 5A-1, 5A-2, 5A-3, 5A-4, 5A-5, 5A-7, 5A-8,
6 and 5A-10 and adding Sections 5A-12 and 5A-13 as follows:

7 (305 ILCS 5/5A-1) (from Ch. 23, par. 5A-1)

8 Sec. 5A-1. Definitions. As used in this Article, unless
9 the context requires otherwise:

10 "Fund" means the Hospital Provider Fund.

11 "Hospital" means an institution, place, building, or
12 agency located in this State that is subject to licensure by
13 the Illinois Department of Public Health under the Hospital
14 Licensing Act, whether public or private and whether
15 organized for profit or not-for-profit.

16 "Hospital provider" means a person licensed by the
17 Department of Public Health to conduct, operate, or maintain
18 a hospital, regardless of whether the person is a Medicaid
19 provider. For purposes of this paragraph, "person" means any
20 political subdivision of the State, municipal corporation,
21 individual, firm, partnership, corporation, company, limited
22 liability company, association, joint stock association, or

1 trust, or a receiver, executor, trustee, guardian, or other
2 representative appointed by order of any court.

3 "Adjusted gross hospital inpatient revenue" shall be
4 determined separately for each hospital conducted, operated,
5 or maintained by a hospital provider, and means the hospital
6 provider's total gross inpatient patient revenues less
7 Medicare contractual allowances, but does not include gross
8 inpatient patient revenue (and the portion of any Medicare
9 contractual allowance related thereto) from skilled or
10 intermediate long-term care services within the meaning of
11 Title XVIII or XIX of the Social Security Act.

12 "Adjusted gross hospital outpatient revenue" shall be
13 determined separately for each hospital conducted, operated,
14 or maintained by a hospital provider, and means the hospital
15 provider's total gross hospital outpatient revenues less
16 contractual allowances.

17 "Intergovernmental transfer payment" means the payments
18 established under Section 15-3 of this Code, and includes
19 without limitation payments payable under that Section for
20 July, August, and September of 1992.

21 (Source: P.A. 87-861; 88-88.)

22 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

23 Sec. 5A-2. Assessment; no local authorization to tax.

24 (a) Subject to subsection (a) of Section 5A-10, for the
25 privilege of engaging in the occupation of hospital provider,
26 an assessment is imposed upon each hospital provider for the
27 State fiscal year beginning on July 1, 2003 ~~1993-and-ending~~
28 ~~on-June-30-~~1994, in an amount equal to the sum of (i) 1.88%
29 of the provider's adjusted gross hospital inpatient revenue
30 multiplied by a factor to be determined by the Department but
31 not to exceed 2.50% plus (ii) the provider's adjusted gross
32 hospital outpatient revenue multiplied by a factor to be
33 determined by the Department but not to exceed 5.50%, each

1 for the most recent calendar year 2000 ending before the
 2 beginning of that State fiscal year. In no event shall the
 3 revenue generated by this assessment exceed \$565,000,000 for
 4 the State fiscal year 2004.

5 Effective July 1, 1994 through June 30, 1996, an annual
 6 assessment is imposed upon each hospital provider in an
 7 amount equal to the provider's adjusted gross hospital
 8 revenue for the most recent calendar year ending before the
 9 beginning of that State fiscal year multiplied by the
 10 Provider's Savings Rate.

11 Effective July 1, 1996 through March 31, 1997, an
 12 assessment is imposed upon each hospital provider in an
 13 amount equal to three-fourths of the provider's adjusted
 14 gross hospital revenue for calendar year 1995 multiplied by
 15 the Provider's Savings Rate. No assessment shall be imposed
 16 on or after April 1, 1997.

17 Before July 1, 1995, the Provider's Savings Rate is 1.88%
 18 multiplied by a fraction, the numerator of which is the
 19 Maximum Section 5A-2 Contribution minus the Cigarette Tax
 20 Contribution, and the denominator of which is the Maximum
 21 Section 5A-2 Contribution. Effective July 1, 1995, the
 22 Provider's Savings Rate is 1.25% multiplied by a fraction,
 23 the numerator of which is the Maximum Section 5A-2
 24 Contribution minus the Cigarette Tax Contribution, and the
 25 denominator of which is the Maximum Section 5A-2
 26 Contribution.

27 The Cigarette Tax Contribution is the sum of the total
 28 amount deposited in the Hospital Provider Fund in the
 29 previous State fiscal year pursuant to Section 2(a) of the
 30 Cigarette Tax Act, plus the total amount deposited in the
 31 Hospital Provider Fund in the previous State fiscal year
 32 pursuant to Section 5A-3(e) of this Code.

33 The Maximum Section 5A-2 Contribution is the total amount
 34 of tax imposed by this Section in the previous State fiscal

1 year-on-providers--subject--to--this--Act,--multiplied--by--a
 2 fraction--the--numerator--of--which--is--adjusted--gross--hospital
 3 revenues--reported--to--the--Department--by--providers--subject--to
 4 this---Act--for--the--previous--State--fiscal--year--and--the
 5 denominator--of--which--is--adjusted--gross--hospital--revenues
 6 reported--to--the--Department--by--providers--subject--to--this--Act
 7 for--the--State--fiscal--year--immediately--preceding--the--previous
 8 State--fiscal--year.

9 The--Department--shall--notify--hospital-providers--of--the
 10 Provider's--Savings--Rate--by--mailing--a--notice---to---each
 11 provider's--last-known-address--as--reflected--by--the--records--of
 12 the--Illinois--Department.

13 (b) Nothing in this amendatory Act of 1995 or this
 14 amendatory Act of the 93rd General Assembly shall be
 15 construed to authorize any home rule unit or other unit of
 16 local government to license for revenue or to impose a tax or
 17 assessment upon hospital providers or the occupation of
 18 hospital provider, or a tax or assessment measured by the
 19 income or earnings of a hospital provider.

20 (Source: P.A. 88-88; 89-21, eff. 7-1-95; 89-499, eff.
 21 6-28-96.)

22 (305 ILCS 5/5A-3) (from Ch. 23, par. 5A-3)
 23 Sec. 5A-3. Exemptions; intergovernmental transfers.

24 (a) A hospital provider which is a county with a
 25 population of more than 3,000,000 that makes
 26 intergovernmental transfer payments as provided in Section
 27 15-3 of this Code shall be exempt from the assessment imposed
 28 by Section 5A-2, unless the exemption is adjudged to be
 29 unconstitutional or otherwise invalid, in which case the
 30 county shall pay the assessment imposed by Section 5A-2 for
 31 ~~all-assessment-periods-beginning-on-or-after--July--17--1992,~~
 32 and the assessment so paid shall be creditable against the
 33 intergovernmental transfer payments.

1 (b) A hospital organized under the University of
2 Illinois Hospital Act and exempt from the assessment imposed
3 by Section 5A-2 is hereby authorized to enter into an
4 interagency agreement with the Illinois Department to make
5 intergovernmental transfer payments to the Illinois
6 Department. These payments shall be deposited into the
7 University of Illinois Hospital Services Fund or, if that
8 Fund ceases to exist, into the General Revenue Fund.

9 (b-2) A hospital provider that is not included in
10 subsection (a) or subsection (b) and that is owned or
11 operated by a county, township, municipality, hospital
12 district, or any other local governmental unit is exempt from
13 the assessment imposed by Section 5A-2.

14 (b-5) A hospital operated by the Department of Human
15 Services in the course of performing its mental health and
16 developmental disabilities functions is exempt from the
17 assessment imposed by Section 5A-2.

18 (b-10) A hospital provider whose hospital does not
19 charge for its services is exempt from the assessment imposed
20 by Section 5A-2.

21 (b-15) A hospital provider whose hospital is licensed by
22 the Department of Public Health as a psychiatric hospital is
23 exempt from the assessment imposed by Section 5A-2.

24 (c) The Illinois Department is hereby authorized to
25 enter into agreements with publicly owned or operated
26 hospitals to make intergovernmental transfer payments to the
27 Illinois Department. These payments shall be deposited into
28 the Hospital Provider Fund, except that any payments arising
29 under an agreement with a hospital organized under the
30 University of Illinois Hospital Act shall be deposited into
31 the University of Illinois Hospital Services Fund, if that
32 Fund exists.

33 (Source: P.A. 88-88; 88-554, eff. 7-26-94; 89-21, eff.
34 7-1-95; 89-507, eff. 7-1-97.)

(305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

Sec. 5A-4. Payment of assessment; penalty.

(a) The assessment imposed by Section 5A-2 for a State fiscal year shall be due and payable in quarterly installments, each equalling one-fourth of the assessment for the year, on August 31, November 30, February 28, September 30, December 31, March 31, and May 31 of the year;--except that--for-the-period-July-1, 1996-through-March-31, 1997, the assessment imposed by Section 5A-2 for that period--shall--be due--and--payable--in--3--equal--installments--on--September-30, December-31, and-March-31--of--that--period.

(b) The Illinois Department is authorized to establish delayed payment schedules for hospital providers that are unable to make installment payments when due under this Section due to financial difficulties, as determined by the Illinois Department.

(c) If a hospital provider fails to pay the full amount of an installment when due (including any extensions granted under subsection (b)), there shall, unless waived by the Illinois Department for reasonable cause, be added to the assessment imposed by Section 5A-2 a penalty assessment equal to the lesser of (i) 5% of the amount of the installment not paid on or before the due date plus 5% of the portion thereof remaining unpaid on the last day of each month thereafter or (ii) 100% of the installment amount not paid on or before the due date. For purposes of this subsection, payments will be credited first to unpaid installment amounts (rather than to penalty or interest), beginning with the most delinquent installments.

(Source: P.A. 88-88; 89-499, eff. 6-28-96.)

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

Sec. 5A-5. Reporting; penalty; maintenance of records.

(a) After December 31 of each year, and on or before

1 March 31 of the succeeding year, every hospital provider
 2 subject to assessment under this Article shall file a return
 3 with the Illinois Department. The return shall report the
 4 adjusted gross hospital inpatient and outpatient revenues
 5 revenue from the calendar year just ended, and--shall--be
 6 utilized---by---the--Illinois--Department--to--calculate--the
 7 assessment--for--the--State--fiscal--year--commencing--on--the--next
 8 July--1,--except--that The return for the State fiscal year
 9 commencing July 1, 2003, consisting of calendar year 2000
 10 financial information, 1992--and--the--report--of--revenue--for
 11 calendar-year-1991 shall be filed on or before July 31, 2003
 12 September--30,--1992. The return shall be on a form prepared
 13 by the Illinois Department, and all financial information
 14 shall be audited and certified by an independent auditor.
 15 The return shall state the following:

- 16 (1) The name of the hospital provider.
- 17 (2) The address of the hospital provider's
 18 principal place of business from which the provider
 19 engages in the occupation of hospital provider in this
 20 State, and the name and address of each hospital
 21 operated, conducted, or maintained by the provider in
 22 this State.
- 23 (3) The contractual allowances, the gross and
 24 adjusted gross hospital inpatient and outpatient revenues
 25 revenue of the hospital provider for the calendar year
 26 just ended, the amount of assessment imposed under
 27 Section 5A-2 for the State fiscal year for which the
 28 return is filed, and the amount of each quarterly
 29 installment to be paid during the State fiscal year.
- 30 (4) The amount of penalty due, if any.
- 31 (5) Other reasonable information the Illinois
 32 Department requires.
- 33 (b) If a hospital provider conducts, operates, or
 34 maintains more than one hospital licensed by the Illinois

1 Department of Public Health, the provider may not file a
2 single return covering all those hospitals, but shall file a
3 separate return for each hospital and shall compute and pay
4 the assessment for each hospital separately.

5 (c) Notwithstanding any other provision in this Article,
6 in the case of a person who ceases to conduct, operate, or
7 maintain a hospital in respect of which the person is subject
8 to assessment under this Article as a hospital provider, the
9 assessment for the State fiscal year in which the cessation
10 occurs shall be adjusted by multiplying the assessment
11 computed under Section 5A-2 by a fraction, the numerator of
12 which is the number of days ~~months~~ in the year during which
13 the provider conducts, operates, or maintains the hospital
14 and the denominator of which is 366 ~~12~~. The person shall
15 file a final, amended return with the Illinois Department not
16 more than 90 days after the cessation reflecting the
17 adjustment and shall pay with the final return the assessment
18 for the year as so adjusted (to the extent not previously
19 paid).

20 (d) Notwithstanding any other provision in this Article,
21 a provider who commences conducting, operating, or
22 maintaining a hospital shall file an initial return for the
23 State fiscal year in which the commencement occurs within 90
24 days thereafter and shall pay the assessment computed under
25 Section 5A-2 and subsection (e) in equal installments on the
26 due date of the return and on the regular installment due
27 dates for the State fiscal year occurring after the due date
28 of the initial return.

29 (e) Notwithstanding any other provision in this Article,
30 in the case of a hospital provider that did not conduct,
31 operate, or maintain a hospital throughout the calendar year
32 preceding a State fiscal year, the assessment for that State
33 fiscal year shall be computed on the basis of hypothetical
34 adjusted gross hospital inpatient and outpatient revenues

1 revenue for the full calendar year as determined by rules
2 adopted by the Illinois Department (which may be based on
3 annualization of the provider's actual revenues for a portion
4 of the calendar year, or revenues of a comparable hospital
5 for the year, including revenues realized by a prior provider
6 from the same hospital during the year).

7 (f) In the case of a hospital provider existing as a
8 corporation or legal entity other than an individual, the
9 return filed by it shall be signed by its president,
10 vice-president, secretary, or treasurer or by its properly
11 authorized agent.

12 (g) If a hospital provider fails to file its return for
13 a State fiscal year on or before the due date of the return,
14 there shall, unless waived by the Illinois Department for
15 reasonable cause, be added to the assessment imposed by
16 Section 5A-2 for the State fiscal year a penalty assessment
17 equal to 25% of the assessment imposed for the year.

18 (h) Every hospital provider subject to assessment under
19 this Article shall keep sufficient records to permit the
20 determination of contractual allowances and adjusted gross
21 hospital inpatient and outpatient revenues revenue on a
22 calendar year basis. All such records shall be kept in the
23 English language and shall, at all times during business
24 hours of the day, be subject to inspection by the Illinois
25 Department or its duly authorized agents and employees.

26 (Source: P.A. 87-861.)

27 (305 ILCS 5/5A-7) (from Ch. 23, par. 5A-7)

28 Sec. 5A-7. Administration; enforcement provisions.

29 (a) To the extent practicable, the Illinois Department
30 shall administer and enforce this Article and collect the
31 assessments, interest, and penalty assessments imposed under
32 this Article using procedures employed in its administration
33 of this Code generally and, as it deems appropriate, in a

1 manner similar to that in which the Department of Revenue
2 administers and collects the retailers' occupation tax under
3 the Retailers' Occupation Tax Act ("ROTA"). Instead of
4 certificates of registration, the Illinois Department shall
5 establish and maintain a listing of all hospital providers
6 appearing in the licensing records of the Department of
7 Public Health, which shall show each provider's name,
8 principal place of business, and the name and address of each
9 hospital operated, conducted, or maintained by the provider
10 in this State. In addition, the following specified
11 provisions of the Retailers' Occupation Tax Act are
12 incorporated by reference into this Section except that the
13 Illinois Department and its Director (rather than the
14 Department of Revenue and its Director) and every hospital
15 provider subject to assessment measured by adjusted gross
16 hospital inpatient and outpatient revenues revenue and to the
17 return filing requirements of this Article (rather than
18 persons subject to retailers' occupation tax measured by
19 gross receipts from the sale of tangible personal property at
20 retail and to the return filing requirements of ROTA) shall
21 have the powers, duties, and rights specified in these ROTA
22 provisions, as modified in this Section or by the Illinois
23 Department in a manner consistent with this Article and
24 except as manifestly inconsistent with the other provisions
25 of this Article:

26 (1) ROTA, Section 4 (examination of return; notice
27 of correction; evidence; limitations; protest and
28 hearing), except that (i) the Illinois Department shall
29 issue notices of assessment liability (rather than
30 notices of tax liability as provided in ROTA, Section 4);
31 (ii) in the case of a fraudulent return or in the case of
32 an extended period agreed to by the Illinois Department
33 and the hospital provider before the expiration of the
34 limitation period, no notice of assessment liability

1 shall be issued more than 3 years after the later of the
2 due date of the return required by Section 5A-5 or the
3 date the return (or an amended return) was filed (rather
4 within the period stated in ROTA, Section 4); and (iii)
5 the penalty provisions of ROTA, Section 4 shall not
6 apply.

7 (2) ROTA, Sec. 5 (failure to make return; failure
8 to pay assessment), except that the penalty and interest
9 provisions of ROTA, Section 5 shall not apply.

10 (3) ROTA, Section 5a (lien; attachment;
11 termination; notice; protest; review; release of lien;
12 status of lien).

13 (4) ROTA, Section 5b (State lien notices; State
14 lien index; duties of recorder and registrar of titles).

15 (5) ROTA, Section 5c (liens; certificate of
16 release).

17 (6) ROTA, Section 5d (Department not required to
18 furnish bond; claim to property attached or levied upon).

19 (7) ROTA, Section 5e (foreclosure on liens;
20 enforcement).

21 (8) ROTA, Section 5f (demand for payment; levy and
22 sale of property; limitation).

23 (9) ROTA, Section 5g (sale of property;
24 redemption).

25 (10) ROTA, Section 5j (sales on transfers outside
26 usual course of business; report; payment of assessment;
27 rights and duties of purchaser; penalty).

28 (11) ROTA, Section 6 (erroneous payments; credit or
29 refund), provided that (i) the Illinois Department may
30 only apply an amount otherwise subject to credit or
31 refund to a liability arising under this Article; (ii)
32 except in the case of an extended period agreed to by the
33 Illinois Department and the hospital provider before the
34 expiration of this limitation period, a claim for credit

1 or refund must be filed no more than 3 years after the
2 due date of the return required by Section 5A-5 (rather
3 than the time limitation stated in ROTA, Section 6); and
4 (iii) credits or refunds shall not bear interest.

5 (12) ROTA, Section 6a (claims for credit or
6 refund).

7 (13) ROTA, Section 6b (tentative determination of
8 claim; notice; hearing; review), provided that a hospital
9 provider or its representative shall have 60 days (rather
10 than 20 days) within which to file a protest and request
11 for hearing in response to a tentative determination of
12 claim.

13 (14) ROTA, Section 6c (finality of tentative
14 determinations).

15 (15) ROTA, Section 8 (investigations and
16 hearings).

17 (16) ROTA, Section 9 (witness; immunity).

18 (17) ROTA, Section 10 (issuance of subpoenas;
19 attendance of witnesses; production of books and
20 records).

21 (18) ROTA, Section 11 (information confidential;
22 exceptions).

23 (19) ROTA, Section 12 (rules and regulations;
24 hearing; appeals), except that a hospital provider shall
25 not be required to file a bond or be subject to a lien in
26 lieu thereof in order to seek court review under the
27 Administrative Review Law of a final assessment or
28 revised final assessment or the equivalent thereof issued
29 by the Illinois Department under this Article.

30 (b) In addition to any other remedy provided for and
31 without sending a notice of assessment liability, the
32 Illinois Department may collect an unpaid assessment by
33 withholding, as payment of the assessment, reimbursements or
34 other amounts otherwise payable by the Illinois Department to

1 the provider.

2 (Source: P.A. 87-861.)

3 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

4 Sec. 5A-8. Hospital Provider Fund.

5 (a) There is created in the State Treasury the Hospital
6 Provider Fund. Interest earned by the Fund shall be credited
7 to the Fund. The fund shall not be used to replace any moneys
8 appropriated to the Medicaid program by the General Assembly.
9 The Fund shall be used to increase moneys otherwise
10 appropriated for medical assistance under this Code and the
11 Children's Health Insurance Program Act. The assessment
12 imposed by Section 5A-2 shall cease to be imposed, and any
13 remaining assessments shall be refunded to hospital providers
14 in proportion to the amounts paid by them, if:

15 (1) the general funds appropriation for medical
16 assistance in any future fiscal year is less than the
17 level enacted for fiscal year 2004; or

18 (2) the Department of Public Aid changes rules or
19 makes amendments to the State Plan that in aggregate
20 reduce hospital rates paid to non-government owned
21 hospitals below the fiscal year 2003 level.

22 (b) The Fund is created for the purpose of receiving
23 moneys in accordance with Section 5A-6 and disbursing moneys
24 for the following purposes as-fellows:

25 (1) To hospital providers under Article V of this
26 Code and under the Children's Health Insurance Program
27 Act in a total statewide aggregate amount of \$856,000,000
28 per fiscal year, or a lesser amount per fiscal year that
29 is certified by the Director of Public Aid as the maximum
30 allowable total statewide aggregate payment to hospitals
31 supported by the Hospital Provider Fund revenues and
32 resulting federal financial participation for that fiscal
33 year. The certification required under this paragraph (1)

1 shall be filed with the Speaker of the House of
2 Representatives, the President of the Senate, the
3 Minority Leader of the House of Representatives, and the
4 Minority Leader of the Senate by July 15 following the
5 end of the applicable fiscal year. For hospital-inpatient
6 care,--hospital--ambulatory--care,--and--disproportionate
7 share-hospital-distributive-expenditures-made-under-Title
8 XIX-of-the-Social-Security-Act--and--Article--V--of--this
9 Code.

10 (2) For the reimbursement of moneys collected by
11 the Illinois Department from hospitals through error or
12 mistake in performing the activities authorized under
13 this Article and Article V of this Code and--for--making
14 required--payments--under--Section--14-9--of--this--Code--if
15 there-are-no-moneys-available-for-these-payments--in--the
16 Hospital-Services-Trust-Fund.

17 (3) For payment of administrative expenses incurred
18 by the Illinois Department or its agent in performing the
19 activities authorized by this Article.

20 (4) For payments of any amounts which are
21 reimbursable to the federal government for payments from
22 this Fund which are required to be paid by State warrant.

23 (5) For making transfers ~~to the General Obligation~~
24 ~~Bond Retirement and Interest Fund~~, as those transfers are
25 authorized in the proceedings authorizing debt under the
26 Short Term Borrowing Act, but transfers made under this
27 paragraph (5) shall not exceed the principal amount of
28 debt issued in anticipation of the receipt by the State
29 of moneys to be deposited into the Fund.

30 (6) Only if the Department of Public Aid determines
31 that additional moneys are or will be available after the
32 disbursements described in paragraphs (1) through (5),
33 then for any other purpose under Article V of this Code
34 and under the Children's Health Insurance Program Act.

1 Disbursements from the Fund, other than transfers
2 authorized under paragraph (5) of subsection (b) to the
3 General-Obligation-Bond-Retirement-and-Interest--Fund, shall
4 be by warrants drawn by the State Comptroller upon receipt of
5 vouchers duly executed and certified by the Illinois
6 Department.

7 This subsection (b) is subject to subsection (a) of
8 Section 5A-10.

9 (c) The Fund shall consist of the following:

10 (1) All moneys collected or received by the
11 Illinois Department from the hospital provider assessment
12 imposed by this Article.

13 (2) All federal matching funds received by the
14 Illinois Department as a result of expenditures made by
15 the Illinois Department that are attributable to moneys
16 deposited in the Fund.

17 (3) Any interest or penalty levied in conjunction
18 with the administration of this Article.

19 (4) (Blank). ~~Any balance in the Hospital--Services~~
20 ~~Trust--Fund--in the State Treasury.--The balance shall be~~
21 ~~transferred--to--the--Fund--upon--certification--by--the~~
22 ~~Illinois--Department to the State Comptroller that all of~~
23 ~~the disbursements required by--Section--14-2(b)--of--this~~
24 ~~Code have been made.~~

25 (5) All other moneys received for the Fund from any
26 other source, including interest earned thereon.

27 (d) (Blank). ~~The--Fund shall cease to exist on October~~
28 ~~17, 1999.--Any balance in the Fund as of that--date--shall--be~~
29 ~~transferred--to--the--General--Revenue--Fund.--Any moneys that~~
30 ~~otherwise would be paid into the Fund on or after--that--date~~
31 ~~shall--be--deposited--into--the--General--Revenue--Fund.--Any~~
32 ~~disbursements on or after that date that otherwise--would--be~~
33 ~~made--from--the--Fund--may--be--appropriated--by--the General~~
34 ~~Assembly from the General Revenue Fund.~~

1 (Source: P.A. 89-626, eff. 8-9-96; 90-587, eff. 7-1-98.)

2 (305 ILCS 5/5A-10) (from Ch. 23, par. 5A-10)

3 Sec. 5A-10. Applicability.

4 (a) The assessment authorized by Section 5A-2 shall not
5 be effective until the later of June 30, 2003 or the adoption
6 of rules consistent with federal guidelines to implement this
7 Article V-A.

8 (b) Until June 30, 2003, the Department shall study the
9 effectiveness of the assessment program and shall meet with
10 all interested stakeholders in the assessment program.

11 (c) The assessment imposed by Section 5A-2 shall cease
12 to be imposed if the amount of matching federal funds under
13 Title XIX of the Social Security Act is eliminated or
14 significantly reduced on---account---of---the---assessment.
15 Assessments imposed prior thereto shall be disbursed in
16 accordance with Section 5A-8 to the extent federal matching
17 is not reduced by the assessments, and any remaining
18 assessments shall be refunded to hospital providers in
19 proportion to the amounts paid by them.

20 (Source: P.A. 87-861.)

21 (305 ILCS 5/5A-12 new)

22 Sec. 5A-12. Emergency rulemaking. The Department of
23 Public Aid may adopt rules necessary to implement the changes
24 made by this amendatory Act of the 93rd General Assembly
25 through the use of emergency rulemaking in accordance with
26 Section 5-45 of the Illinois Administrative Procedure Act.
27 For purposes of that Act, the General Assembly finds that the
28 adoption of rules to implement the changes made by this
29 amendatory Act of the 93rd General Assembly is deemed an
30 emergency and necessary for the public interest, safety, and
31 welfare.

1 (305 ILCS 5/5A-13 new)

2 Sec. 5A-13. Repeal of assessments and disbursements. The
3 assessment imposed by Section 5A-2 of this Article and the
4 disbursements authorized under subdivision (b)(1) of Section
5 5A-8 of this Article are repealed on July 1, 2004.

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