

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by
5 changing Sections 5-4.2 and 5-5 as follows:

6 (305 ILCS 5/5-4.2) (from Ch. 23, par. 5-4.2)

7 Sec. 5-4.2. Ground ambulance ~~Ambulance~~ services payments.

8 (a) For purposes of this Section, the following terms have
9 the following meanings:

10 "Department" means the Illinois Department of Healthcare
11 and Family Services.

12 "Ground ambulance services" means medical transportation
13 services that are described as ground ambulance services by the
14 Centers for Medicare and Medicaid Services and provided in a
15 vehicle that is licensed as an ambulance by the Illinois
16 Department of Public Health pursuant to the Emergency Medical
17 Services (EMS) Systems Act.

18 "Ground ambulance services provider" means a vehicle
19 service provider as described in the Emergency Medical Services
20 (EMS) Systems Act that operates licensed ambulances for the
21 purpose of providing emergency ambulance services, or
22 non-emergency ambulance services, or both. For purposes of this
23 Section, this includes both ambulance providers and ambulance

1 suppliers as described by the Centers for Medicare and Medicaid
2 Services.

3 "Rural county" means: any county not located in a U.S.
4 Bureau of the Census Metropolitan Statistical Area (MSA); or
5 any county located within a U.S. Bureau of the Census
6 Metropolitan Statistical Area but having a population of 60,000
7 or less.

8 (b) It is the intent of the General Assembly to provide for
9 the payment for ground ambulance services as part of the State
10 Medicaid plan and to provide adequate payment for ground
11 ambulance services under the State Medicaid plan so as to
12 ensure adequate access to ground ambulance services for both
13 recipients of aid under this Article and for the general
14 population of Illinois. Unless otherwise indicated in this
15 Section, the practices of the Department concerning payments
16 for ground ambulance services provided to recipients of aid
17 under this Article shall be consistent with the payment
18 principles of Medicare, including the statutes, regulations,
19 policies, procedures, principles, definitions, guidelines,
20 coding systems, including the ambulance condition coding
21 system, and manuals used by the Centers for Medicare and
22 Medicaid Services and the Medicare Part B Carrier or the
23 Medicare Administrative Contractor for the State of Illinois to
24 determine the payment system to ground ambulance services
25 providers under Title XVIII of the Social Security Act.

26 (c) For ground ambulance services provided to a recipient

1 of aid under this Article on or after July 1, 2009, the
2 Department shall provide payment to ground ambulance services
3 providers for base charges and mileage charges based upon the
4 lesser of the provider's charge, as reflected on the provider's
5 claim form, or the Illinois Medicaid Ambulance Fee Schedule
6 rates calculated in accordance with this Section.

7 Effective July 1, 2009, the Illinois Medicaid Ambulance Fee
8 Schedule shall be established and shall include only the ground
9 ambulance services rates outlined in the Medicare Ambulance Fee
10 Schedule as promulgated by the Centers for Medicare and
11 Medicaid Services and adjusted for the 4 Medicare Localities in
12 Illinois, with an adjustment of 100% of the Medicare Ambulance
13 Fee Schedule rates, by Medicare Locality, for both base rates
14 and mileage for rural counties, and an adjustment of 80% of the
15 Medicare Ambulance Fee Schedule rates, by Medicare Locality,
16 for both base rates and mileage for all other counties. The
17 transition from the current payment system to the Illinois
18 Medicaid Ambulance Fee Schedule shall be by a 2-year phase-in
19 as follows:

20 (1) Effective for dates of service from July 1, 2009
21 through June 30, 2010, for each individual base rate and
22 mileage rate, the payment rate for ground ambulance
23 services shall be based on 50% of the Medicaid rate in
24 effect as of January 1, 2009 and 50% of the Illinois
25 Medicaid Ambulance Fee Schedule amount in effect on July 1,
26 2009 for the designated Medicare Locality, except that any

1 rate that was previously approved by the Department that
2 exceeds this amount shall remain in force.

3 (2) Effective for dates of service on or after July 1,
4 2010, for each individual base rate and mileage rate, the
5 payment rate for ground ambulance services shall be based
6 on 100% of the Illinois Medicaid Ambulance Fee Schedule
7 amount in effect on July 1, 2010 for the designated
8 Medicare Locality, except that any rate that was previously
9 approved by the Department that exceeds this amount shall
10 remain in force.

11 Effective for dates of service on or after July 1, 2010,
12 the Department shall update the Illinois Medicaid Ambulance Fee
13 Schedule rates so that they comply with the Medicare Ambulance
14 Fee Schedule rates for ground ambulance services in effect at
15 the time of the update, in the manner prescribed in the second
16 paragraph of this subsection (c).

17 (d) Payment for mileage shall be per loaded mile with no
18 loaded mileage included in the base rate. If a natural
19 disaster, weather, road repairs, traffic congestion, or other
20 conditions necessitate a route other than the most direct
21 route, payment shall be based upon the actual distance
22 traveled. Notwithstanding the payment principles in subsection
23 (b) of this Section, the Department shall develop the Illinois
24 Medicaid Ambulance Fee Schedule using the ground mileage rate,
25 as defined by the Centers for Medicare and Medicaid Services,
26 and no other mileage rates which act as enhancements to the

1 ground mileage rate, whether permanent or temporary, shall be
2 recognized by the Department. When a ground ambulance services
3 provider provides transport pursuant to an emergency call as
4 defined by the Centers for Medicare and Medicaid Services, no
5 reduction in the mileage payment shall be made based upon the
6 fact that a closer facility may have been available, so long as
7 the ground ambulance services provider provided transport to
8 the recipient's facility of choice within the scope of the
9 Illinois Emergency Medical Services (EMS) Systems Act and
10 associated rules and the policies and procedures of the EMS
11 System of which the provider is a member.

12 (e) The Department shall provide payment for emergency
13 ground ambulance services provided to a recipient of aid under
14 this Article according to the requirements provided in
15 subsection (b) of this Section when those services are provided
16 pursuant to a request made through a 9-1-1 or equivalent
17 emergency telephone number for evaluation, treatment, and
18 transport from or on behalf of an individual with a condition
19 of such a nature that a prudent layperson would have reasonably
20 expected that a delay in seeking immediate medical attention
21 would have been hazardous to life or health. This standard is
22 deemed to be met if there is an emergency medical condition
23 manifesting itself by acute symptoms of sufficient severity,
24 including but not limited to severe pain, such that a prudent
25 layperson who possesses an average knowledge of medicine and
26 health can reasonably expect that the absence of immediate

1 medical attention could result in placing the health of the
2 individual or, with respect to a pregnant woman, the health of
3 the woman or her unborn child, in serious jeopardy, cause
4 serious impairment to bodily functions, or cause serious
5 dysfunction of any bodily organ or part.

6 (f) For ground ambulance services provided to a recipient
7 enrolled in a Medicaid managed care plan by a ground ambulance
8 services provider that is not a contracted provider to the
9 Medicaid managed care plan in question, the amount of the
10 payment for ground ambulance services by the Medicaid managed
11 care plan shall be the lesser of the provider's charge, as
12 reflected on the provider's claim form, or the Illinois
13 Medicaid Ambulance Fee Schedule rates calculated in accordance
14 with this Section.

15 (g) Nothing in this Section prohibits the Department from
16 setting payment rates for out-of-State ground ambulance
17 services providers by administrative rule.

18 (h) Effective for dates of service on or after July 1,
19 2009, payments for stretcher van services provided by ground
20 ambulance services providers shall be as follows:

21 (1) For each individual base rate, the amount of the
22 payment shall be the lesser of the provider's charge, as
23 reflected on the provider's claim form, or 80% of the
24 Illinois Medicaid Ambulance Fee Schedule rate for the basic
25 life support non-emergency base rate.

26 (2) For each loaded mile, the amount of the payment

1 shall be the lesser of the provider's charge, as reflected
2 on the provider's claim form, or 80% of the Illinois
3 Medicaid Ambulance Fee Schedule rate for mileage.

4 ~~For ambulance services provided to a recipient of aid under~~
5 ~~this Article on or after January 1, 1993, the Illinois~~
6 ~~Department shall reimburse ambulance service providers at~~
7 ~~rates calculated in accordance with this Section. It is the~~
8 ~~intent of the General Assembly to provide adequate~~
9 ~~reimbursement for ambulance services so as to ensure adequate~~
10 ~~access to services for recipients of aid under this Article and~~
11 ~~to provide appropriate incentives to ambulance service~~
12 ~~providers to provide services in an efficient and~~
13 ~~cost-effective manner. Thus, it is the intent of the General~~
14 ~~Assembly that the Illinois Department implement a~~
15 ~~reimbursement system for ambulance services that, to the extent~~
16 ~~practicable and subject to the availability of funds~~
17 ~~appropriated by the General Assembly for this purpose, is~~
18 ~~consistent with the payment principles of Medicare. To ensure~~
19 ~~uniformity between the payment principles of Medicare and~~
20 ~~Medicaid, the Illinois Department shall follow, to the extent~~
21 ~~necessary and practicable and subject to the availability of~~
22 ~~funds appropriated by the General Assembly for this purpose,~~
23 ~~the statutes, laws, regulations, policies, procedures,~~
24 ~~principles, definitions, guidelines, and manuals used to~~
25 ~~determine the amounts paid to ambulance service providers under~~
26 ~~Title XVIII of the Social Security Act (Medicare).~~

1 ~~For ambulance services provided to a recipient of aid under~~
2 ~~this Article on or after January 1, 1996, the Illinois~~
3 ~~Department shall reimburse ambulance service providers based~~
4 ~~upon the actual distance traveled if a natural disaster,~~
5 ~~weather conditions, road repairs, or traffic congestion~~
6 ~~necessitates the use of a route other than the most direct~~
7 ~~route.~~

8 ~~For purposes of this Section, "ambulance services"~~
9 ~~includes medical transportation services provided by means of~~
10 ~~an ambulance, medi car, service car, or taxi.~~

11 ~~This Section does not prohibit separate billing by~~
12 ~~ambulance service providers for oxygen furnished while~~
13 ~~providing advanced life support services.~~

14 (i) Beginning with services rendered on or after July 1,
15 2008, all providers of non-emergency medi-car and service car
16 transportation must certify that the driver and employee
17 attendant, as applicable, have completed a safety program
18 approved by the Department to protect both the patient and the
19 driver, prior to transporting a patient. The provider must
20 maintain this certification in its records. The provider shall
21 produce such documentation upon demand by the Department or its
22 representative. Failure to produce documentation of such
23 training shall result in recovery of any payments made by the
24 Department for services rendered by a non-certified driver or
25 employee attendant. Medi-car and service car providers must
26 maintain legible documentation in their records of the driver

1 and, as applicable, employee attendant that actually
2 transported the patient. Providers must recertify all drivers
3 and employee attendants every 3 years.

4 Notwithstanding the requirements above, any public
5 transportation provider of medi-car and service car
6 transportation that receives federal funding under 49 U.S.C.
7 5307 and 5311 need not certify its drivers and employee
8 attendants under this Section, since safety training is already
9 federally mandated.

10 (Source: P.A. 95-501, eff. 8-28-07.)

11 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

12 Sec. 5-5. Medical services. The Illinois Department, by
13 rule, shall determine the quantity and quality of and the rate
14 of reimbursement for the medical assistance for which payment
15 will be authorized, and the medical services to be provided,
16 which may include all or part of the following: (1) inpatient
17 hospital services; (2) outpatient hospital services; (3) other
18 laboratory and X-ray services; (4) skilled nursing home
19 services; (5) physicians' services whether furnished in the
20 office, the patient's home, a hospital, a skilled nursing home,
21 or elsewhere; (6) medical care, or any other type of remedial
22 care furnished by licensed practitioners; (7) home health care
23 services; (8) private duty nursing service; (9) clinic
24 services; (10) dental services, including prevention and
25 treatment of periodontal disease and dental caries disease for

1 pregnant women; (11) physical therapy and related services;
2 (12) prescribed drugs, dentures, and prosthetic devices; and
3 eyeglasses prescribed by a physician skilled in the diseases of
4 the eye, or by an optometrist, whichever the person may select;
5 (13) other diagnostic, screening, preventive, and
6 rehabilitative services; (14) transportation and such other
7 expenses as may be necessary, provided that payment for ground
8 ambulance services shall be as provided in Section 5-4.2; (15)
9 medical treatment of sexual assault survivors, as defined in
10 Section 1a of the Sexual Assault Survivors Emergency Treatment
11 Act, for injuries sustained as a result of the sexual assault,
12 including examinations and laboratory tests to discover
13 evidence which may be used in criminal proceedings arising from
14 the sexual assault; (16) the diagnosis and treatment of sickle
15 cell anemia; and (17) any other medical care, and any other
16 type of remedial care recognized under the laws of this State,
17 but not including abortions, or induced miscarriages or
18 premature births, unless, in the opinion of a physician, such
19 procedures are necessary for the preservation of the life of
20 the woman seeking such treatment, or except an induced
21 premature birth intended to produce a live viable child and
22 such procedure is necessary for the health of the mother or her
23 unborn child. The Illinois Department, by rule, shall prohibit
24 any physician from providing medical assistance to anyone
25 eligible therefor under this Code where such physician has been
26 found guilty of performing an abortion procedure in a wilful

1 and wanton manner upon a woman who was not pregnant at the time
2 such abortion procedure was performed. The term "any other type
3 of remedial care" shall include nursing care and nursing home
4 service for persons who rely on treatment by spiritual means
5 alone through prayer for healing.

6 Notwithstanding any other provision of this Section, a
7 comprehensive tobacco use cessation program that includes
8 purchasing prescription drugs or prescription medical devices
9 approved by the Food and Drug administration shall be covered
10 under the medical assistance program under this Article for
11 persons who are otherwise eligible for assistance under this
12 Article.

13 Notwithstanding any other provision of this Code, the
14 Illinois Department may not require, as a condition of payment
15 for any laboratory test authorized under this Article, that a
16 physician's handwritten signature appear on the laboratory
17 test order form. The Illinois Department may, however, impose
18 other appropriate requirements regarding laboratory test order
19 documentation.

20 The Department of Healthcare and Family Services shall
21 provide the following services to persons eligible for
22 assistance under this Article who are participating in
23 education, training or employment programs operated by the
24 Department of Human Services as successor to the Department of
25 Public Aid:

26 (1) dental services, which shall include but not be

1 limited to prosthodontics; and

2 (2) eyeglasses prescribed by a physician skilled in the
3 diseases of the eye, or by an optometrist, whichever the
4 person may select.

5 The Illinois Department, by rule, may distinguish and
6 classify the medical services to be provided only in accordance
7 with the classes of persons designated in Section 5-2.

8 The Department of Healthcare and Family Services must
9 provide coverage and reimbursement for amino acid-based
10 elemental formulas, regardless of delivery method, for the
11 diagnosis and treatment of (i) eosinophilic disorders and (ii)
12 short bowel syndrome when the prescribing physician has issued
13 a written order stating that the amino acid-based elemental
14 formula is medically necessary.

15 The Illinois Department shall authorize the provision of,
16 and shall authorize payment for, screening by low-dose
17 mammography for the presence of occult breast cancer for women
18 35 years of age or older who are eligible for medical
19 assistance under this Article, as follows: a baseline mammogram
20 for women 35 to 39 years of age and an annual mammogram for
21 women 40 years of age or older. All screenings shall include a
22 physical breast exam, instruction on self-examination and
23 information regarding the frequency of self-examination and
24 its value as a preventative tool. As used in this Section,
25 "low-dose mammography" means the x-ray examination of the
26 breast using equipment dedicated specifically for mammography,

1 including the x-ray tube, filter, compression device, image
2 receptor, and cassettes, with an average radiation exposure
3 delivery of less than one rad mid-breast, with 2 views for each
4 breast.

5 Any medical or health care provider shall immediately
6 recommend, to any pregnant woman who is being provided prenatal
7 services and is suspected of drug abuse or is addicted as
8 defined in the Alcoholism and Other Drug Abuse and Dependency
9 Act, referral to a local substance abuse treatment provider
10 licensed by the Department of Human Services or to a licensed
11 hospital which provides substance abuse treatment services.
12 The Department of Healthcare and Family Services shall assure
13 coverage for the cost of treatment of the drug abuse or
14 addiction for pregnant recipients in accordance with the
15 Illinois Medicaid Program in conjunction with the Department of
16 Human Services.

17 All medical providers providing medical assistance to
18 pregnant women under this Code shall receive information from
19 the Department on the availability of services under the Drug
20 Free Families with a Future or any comparable program providing
21 case management services for addicted women, including
22 information on appropriate referrals for other social services
23 that may be needed by addicted women in addition to treatment
24 for addiction.

25 The Illinois Department, in cooperation with the
26 Departments of Human Services (as successor to the Department

1 of Alcoholism and Substance Abuse) and Public Health, through a
2 public awareness campaign, may provide information concerning
3 treatment for alcoholism and drug abuse and addiction, prenatal
4 health care, and other pertinent programs directed at reducing
5 the number of drug-affected infants born to recipients of
6 medical assistance.

7 Neither the Department of Healthcare and Family Services
8 nor the Department of Human Services shall sanction the
9 recipient solely on the basis of her substance abuse.

10 The Illinois Department shall establish such regulations
11 governing the dispensing of health services under this Article
12 as it shall deem appropriate. The Department should seek the
13 advice of formal professional advisory committees appointed by
14 the Director of the Illinois Department for the purpose of
15 providing regular advice on policy and administrative matters,
16 information dissemination and educational activities for
17 medical and health care providers, and consistency in
18 procedures to the Illinois Department.

19 The Illinois Department may develop and contract with
20 Partnerships of medical providers to arrange medical services
21 for persons eligible under Section 5-2 of this Code.
22 Implementation of this Section may be by demonstration projects
23 in certain geographic areas. The Partnership shall be
24 represented by a sponsor organization. The Department, by rule,
25 shall develop qualifications for sponsors of Partnerships.
26 Nothing in this Section shall be construed to require that the

1 sponsor organization be a medical organization.

2 The sponsor must negotiate formal written contracts with
3 medical providers for physician services, inpatient and
4 outpatient hospital care, home health services, treatment for
5 alcoholism and substance abuse, and other services determined
6 necessary by the Illinois Department by rule for delivery by
7 Partnerships. Physician services must include prenatal and
8 obstetrical care. The Illinois Department shall reimburse
9 medical services delivered by Partnership providers to clients
10 in target areas according to provisions of this Article and the
11 Illinois Health Finance Reform Act, except that:

12 (1) Physicians participating in a Partnership and
13 providing certain services, which shall be determined by
14 the Illinois Department, to persons in areas covered by the
15 Partnership may receive an additional surcharge for such
16 services.

17 (2) The Department may elect to consider and negotiate
18 financial incentives to encourage the development of
19 Partnerships and the efficient delivery of medical care.

20 (3) Persons receiving medical services through
21 Partnerships may receive medical and case management
22 services above the level usually offered through the
23 medical assistance program.

24 Medical providers shall be required to meet certain
25 qualifications to participate in Partnerships to ensure the
26 delivery of high quality medical services. These

1 qualifications shall be determined by rule of the Illinois
2 Department and may be higher than qualifications for
3 participation in the medical assistance program. Partnership
4 sponsors may prescribe reasonable additional qualifications
5 for participation by medical providers, only with the prior
6 written approval of the Illinois Department.

7 Nothing in this Section shall limit the free choice of
8 practitioners, hospitals, and other providers of medical
9 services by clients. In order to ensure patient freedom of
10 choice, the Illinois Department shall immediately promulgate
11 all rules and take all other necessary actions so that provided
12 services may be accessed from therapeutically certified
13 optometrists to the full extent of the Illinois Optometric
14 Practice Act of 1987 without discriminating between service
15 providers.

16 The Department shall apply for a waiver from the United
17 States Health Care Financing Administration to allow for the
18 implementation of Partnerships under this Section.

19 The Illinois Department shall require health care
20 providers to maintain records that document the medical care
21 and services provided to recipients of Medical Assistance under
22 this Article. The Illinois Department shall require health care
23 providers to make available, when authorized by the patient, in
24 writing, the medical records in a timely fashion to other
25 health care providers who are treating or serving persons
26 eligible for Medical Assistance under this Article. All

1 dispensers of medical services shall be required to maintain
2 and retain business and professional records sufficient to
3 fully and accurately document the nature, scope, details and
4 receipt of the health care provided to persons eligible for
5 medical assistance under this Code, in accordance with
6 regulations promulgated by the Illinois Department. The rules
7 and regulations shall require that proof of the receipt of
8 prescription drugs, dentures, prosthetic devices and
9 eyeglasses by eligible persons under this Section accompany
10 each claim for reimbursement submitted by the dispenser of such
11 medical services. No such claims for reimbursement shall be
12 approved for payment by the Illinois Department without such
13 proof of receipt, unless the Illinois Department shall have put
14 into effect and shall be operating a system of post-payment
15 audit and review which shall, on a sampling basis, be deemed
16 adequate by the Illinois Department to assure that such drugs,
17 dentures, prosthetic devices and eyeglasses for which payment
18 is being made are actually being received by eligible
19 recipients. Within 90 days after the effective date of this
20 amendatory Act of 1984, the Illinois Department shall establish
21 a current list of acquisition costs for all prosthetic devices
22 and any other items recognized as medical equipment and
23 supplies reimbursable under this Article and shall update such
24 list on a quarterly basis, except that the acquisition costs of
25 all prescription drugs shall be updated no less frequently than
26 every 30 days as required by Section 5-5.12.

1 The rules and regulations of the Illinois Department shall
2 require that a written statement including the required opinion
3 of a physician shall accompany any claim for reimbursement for
4 abortions, or induced miscarriages or premature births. This
5 statement shall indicate what procedures were used in providing
6 such medical services.

7 The Illinois Department shall require all dispensers of
8 medical services, other than an individual practitioner or
9 group of practitioners, desiring to participate in the Medical
10 Assistance program established under this Article to disclose
11 all financial, beneficial, ownership, equity, surety or other
12 interests in any and all firms, corporations, partnerships,
13 associations, business enterprises, joint ventures, agencies,
14 institutions or other legal entities providing any form of
15 health care services in this State under this Article.

16 The Illinois Department may require that all dispensers of
17 medical services desiring to participate in the medical
18 assistance program established under this Article disclose,
19 under such terms and conditions as the Illinois Department may
20 by rule establish, all inquiries from clients and attorneys
21 regarding medical bills paid by the Illinois Department, which
22 inquiries could indicate potential existence of claims or liens
23 for the Illinois Department.

24 Enrollment of a vendor that provides non-emergency medical
25 transportation, defined by the Department by rule, shall be
26 conditional for 180 days. During that time, the Department of

1 Healthcare and Family Services may terminate the vendor's
2 eligibility to participate in the medical assistance program
3 without cause. That termination of eligibility is not subject
4 to the Department's hearing process.

5 The Illinois Department shall establish policies,
6 procedures, standards and criteria by rule for the acquisition,
7 repair and replacement of orthotic and prosthetic devices and
8 durable medical equipment. Such rules shall provide, but not be
9 limited to, the following services: (1) immediate repair or
10 replacement of such devices by recipients without medical
11 authorization; and (2) rental, lease, purchase or
12 lease-purchase of durable medical equipment in a
13 cost-effective manner, taking into consideration the
14 recipient's medical prognosis, the extent of the recipient's
15 needs, and the requirements and costs for maintaining such
16 equipment. Such rules shall enable a recipient to temporarily
17 acquire and use alternative or substitute devices or equipment
18 pending repairs or replacements of any device or equipment
19 previously authorized for such recipient by the Department.

20 The Department shall execute, relative to the nursing home
21 prescreening project, written inter-agency agreements with the
22 Department of Human Services and the Department on Aging, to
23 effect the following: (i) intake procedures and common
24 eligibility criteria for those persons who are receiving
25 non-institutional services; and (ii) the establishment and
26 development of non-institutional services in areas of the State

1 where they are not currently available or are undeveloped.

2 The Illinois Department shall develop and operate, in
3 cooperation with other State Departments and agencies and in
4 compliance with applicable federal laws and regulations,
5 appropriate and effective systems of health care evaluation and
6 programs for monitoring of utilization of health care services
7 and facilities, as it affects persons eligible for medical
8 assistance under this Code.

9 The Illinois Department shall report annually to the
10 General Assembly, no later than the second Friday in April of
11 1979 and each year thereafter, in regard to:

12 (a) actual statistics and trends in utilization of
13 medical services by public aid recipients;

14 (b) actual statistics and trends in the provision of
15 the various medical services by medical vendors;

16 (c) current rate structures and proposed changes in
17 those rate structures for the various medical vendors; and

18 (d) efforts at utilization review and control by the
19 Illinois Department.

20 The period covered by each report shall be the 3 years
21 ending on the June 30 prior to the report. The report shall
22 include suggested legislation for consideration by the General
23 Assembly. The filing of one copy of the report with the
24 Speaker, one copy with the Minority Leader and one copy with
25 the Clerk of the House of Representatives, one copy with the
26 President, one copy with the Minority Leader and one copy with

1 the Secretary of the Senate, one copy with the Legislative
2 Research Unit, and such additional copies with the State
3 Government Report Distribution Center for the General Assembly
4 as is required under paragraph (t) of Section 7 of the State
5 Library Act shall be deemed sufficient to comply with this
6 Section.

7 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.