



# **SENATE JOURNAL**

**STATE OF ILLINOIS**

**ONE HUNDREDTH GENERAL ASSEMBLY**

**132ND LEGISLATIVE DAY**

**MONDAY, MAY 28, 2018**

**4:01 O'CLOCK P.M.**

**SENATE**  
**Daily Journal Index**  
**132nd Legislative Day**

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The Senate met pursuant to adjournment.  
Senator Terry Link, Waukegan, Illinois, presiding.  
Prayer by Pastor Shaun Lewis, Civil Servant Ministries, Springfield, Illinois.  
Senator Cunningham led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Friday, May 25, 2018, be postponed, pending arrival of the printed Journal.  
The motion prevailed.

**MESSAGE FROM THE PRESIDENT**

**OFFICE OF THE SENATE PRESIDENT  
STATE OF ILLINOIS**

JOHN J. CULLERTON  
SENATE PRESIDENT

327 STATE CAPITOL  
SPRINGFIELD, IL 62706  
217-782-2728

May 28, 2018

Mr. Tim Anderson  
Secretary of the Senate  
Room 401 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Mattie Hunter to temporarily replace Senator Daniel Biss as a member of the Senate Executive Appointments Committee. This appointment is effective immediately and will automatically expire upon adjournment of the Senate Executive Appointments Committee.

Sincerely,  
s/John J. Cullerton  
John J. Cullerton  
Senate President

cc: Senate Minority Leader William Brady

**MESSAGES FROM THE GOVERNOR**

**STATE OF ILLINOIS  
OFFICE OF THE GOVERNOR  
CAPITOL BUILDING, 207 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706**

**BRUCE RAUNER  
GOVERNOR**

May 25, 2018

To the Honorable  
Members of the Senate  
One-Hundredth General Assembly

Mr. President:

[May 28, 2018]

On July 21, 2017, appointment message AM1000219 nominating John Baldwin as Director of the Illinois Department of Corrections was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

Please be advised that, the Appointment Message, for which concurrence in and confirmation of your Honorable Body was sought, is hereby withdrawn, effective at 4:00 PM on May 25, 2018.

Sincerely,  
s/Bruce Rauner  
Governor

**STATE OF ILLINOIS  
OFFICE OF THE GOVERNOR  
CAPITOL BUILDING, 207 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706**

**BRUCE RAUNER  
GOVERNOR**

May 25, 2018

To the Honorable  
Members of the Senate  
One-Hundredth General Assembly

Mr. President:

On July 21, 2017, appointment message AM1000223 nominating Gregory Smith as Superintendent of the Illinois Lottery was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

Please be advised that, the Appointment Message, for which concurrence in and confirmation of your Honorable Body was sought, is hereby withdrawn, effective at 4:00 PM on May 25, 2018.

Sincerely,  
s/Bruce Rauner  
Governor

**STATE OF ILLINOIS  
OFFICE OF THE GOVERNOR  
CAPITOL BUILDING, 207 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706**

**BRUCE RAUNER  
GOVERNOR**

May 25, 2018

To the Honorable  
Members of the Senate  
One-Hundredth General Assembly

Mr. President:

On July 21, 2017, appointment message AM1000231 nominating Beverly Walker as Director of the Illinois Department of Children and Family Services was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

[May 28, 2018]

Please be advised that, the Appointment Message, for which concurrence in and confirmation of your Honorable Body was sought, is hereby withdrawn, effective at 4:00 PM on May 25, 2018.

Sincerely,  
s/Bruce Rauner  
Governor

**STATE OF ILLINOIS  
OFFICE OF THE GOVERNOR  
CAPITOL BUILDING, 207 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706**

**BRUCE RAUNER  
GOVERNOR**

May 25, 2018

To the Honorable  
Members of the Senate  
One-Hundredth General Assembly

Mr. President:

On February 6, 2018, appointment message AM1000340 nominating Charlene Foss-Eggemann as member of the Human Rights Commission was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

Please be advised that, the Appointment Message, for which concurrence in and confirmation of your Honorable Body was sought, is hereby withdrawn, effective immediately on May 25, 2018.

**PRESENTATION OF RESOLUTIONS**

**SENATE RESOLUTION NO. 1791**

Offered by Senator Link and all Senators:  
Mourns the death of Thomas A. "Tom" Briscoe of Waukegan.

**SENATE RESOLUTION NO. 1792**

Offered by Senator Link and all Senators:  
Mourns the death of Francisco "Frank" Diaz of Waukegan.

**SENATE RESOLUTION NO. 1793**

Offered by Senator Link and all Senators:  
Mourns the death of Stephen Michael "Steve" Kelly of Park City.

**SENATE RESOLUTION NO. 1794**

Offered by Senator Link and all Senators:  
Mourns the death of Thomas F. "Tom" Leahy.

**SENATE RESOLUTION NO. 1795**

Offered by Senator Link and all Senators:  
Mourns the death of William C. "Bill" Poulsen of Beach Park.

By unanimous consent, the foregoing resolutions were referred to the Resolutions Consent Calendar.

**REPORT FROM STANDING COMMITTEE**

[May 28, 2018]

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred **Appointment Messages Numbered 1000220, 1000221, 1000224, 1000226, 1000228, 1000229, 1000230, 1000232, 1000234, 1000239, 1000277, 1000281, 1000328, 1000329, 1000346, 1000354, 1000355, 1000361, 1000363, 1000364, 1000378, 1000383, 1000384 and 1000387**, reported the same back with the recommendation that the Senate do advise and consent.

Under the rules, the foregoing appointment messages are eligible for consideration by the Senate.

### MESSAGES FROM THE HOUSE

A message from the House by

Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has passed a bill of the following title, in the passage of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE BILL NO. 5593

A bill for AN ACT concerning education.

Passed the House, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

The foregoing **House Bill No. 5593** was taken up, ordered printed and placed on first reading.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 263

A bill for AN ACT concerning State government.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 2 to SENATE BILL NO. 263

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

### AMENDMENT NO. 2 TO SENATE BILL 263

AMENDMENT NO. 2. Amend Senate Bill 263 by replacing everything after the enacting clause with the following:

"Section 5. The Secretary of State Act is amended by adding Section 30 as follows:

(15 ILCS 305/30 new)

Sec. 30. Dutch Reach door opening method. The Secretary of State shall include in the Illinois Rules of the Road publication information advising drivers to use the Dutch Reach method when opening a vehicle door after parallel parking on a street. The Dutch Reach method includes: (1) checking the rear-view mirror; (2) checking the side-view mirror; and (3) opening the door with the right hand, or the hand farthest from the driver's-side door, thereby reducing the risk of injuring a bicyclist or opening the door in the path a vehicle approaching from behind.

Section 10. The Illinois Vehicle Code is amended by changing Section 6-109 as follows:

(625 ILCS 5/6-109)

Sec. 6-109. Examination of Applicants.

(a) The Secretary of State shall examine every applicant for a driver's license or permit who has not been previously licensed as a driver under the laws of this State or any other state or country, or any applicant for renewal of such driver's license or permit when such license or permit has been expired for more than one year. The Secretary of State shall, subject to the provisions of paragraph (c), examine every licensed driver at least every 8 years, and may examine or re-examine any other applicant or licensed

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driver, provided that during the years 1984 through 1991 those drivers issued a license for 3 years may be re-examined not less than every 7 years or more than every 10 years.

The Secretary of State shall require the testing of the eyesight of any driver's license or permit applicant who has not been previously licensed as a driver under the laws of this State and shall promulgate rules and regulations to provide for the orderly administration of all the provisions of this Section.

The Secretary of State shall include at least one test question that concerns the provisions of the Pedestrians with Disabilities Safety Act in the question pool used for the written portion of the drivers license examination within one year after July 22, 2010 (the effective date of Public Act 96-1167).

The Secretary of State shall include, in the question pool used for the written portion of the driver's license examination, test questions concerning safe driving in the presence of bicycles, which may include, but not be limited to, questions concerning the Dutch Reach method as described in Section 30 of the Secretary of State Act.

(b) Except as provided for those applicants in paragraph (c), such examination shall include a test of the applicant's eyesight, his ability to read and understand official traffic control devices, his knowledge of safe driving practices and the traffic laws of this State, and may include an actual demonstration of the applicant's ability to exercise ordinary and reasonable control of the operation of a motor vehicle, and such further physical and mental examination as the Secretary of State finds necessary to determine the applicant's fitness to operate a motor vehicle safely on the highways, except the examination of an applicant 75 years of age or older shall include an actual demonstration of the applicant's ability to exercise ordinary and reasonable control of the operation of a motor vehicle. All portions of written and verbal examinations under this Section, excepting where the English language appears on facsimiles of road signs, may be given in the Spanish language and, at the discretion of the Secretary of State, in any other language as well as in English upon request of the examinee. Deaf persons who are otherwise qualified are not prohibited from being issued a license, other than a commercial driver's license, under this Code.

(c) Re-examination for those applicants who at the time of renewing their driver's license possess a driving record devoid of any convictions of traffic violations or evidence of committing an offense for which mandatory revocation would be required upon conviction pursuant to Section 6-205 at the time of renewal shall be in a manner prescribed by the Secretary in order to determine an applicant's ability to safely operate a motor vehicle, except that every applicant for the renewal of a driver's license who is 75 years of age or older must prove, by an actual demonstration, the applicant's ability to exercise reasonable care in the safe operation of a motor vehicle.

(d) In the event the applicant is not ineligible under the provisions of Section 6-103 to receive a driver's license, the Secretary of State shall make provision for giving an examination, either in the county where the applicant resides or at a place adjacent thereto reasonably convenient to the applicant, within not more than 30 days from the date said application is received.

(e) The Secretary of State may adopt rules regarding the use of foreign language interpreters during the application and examination process.

(Source: P.A. 96-1167, eff. 7-22-10; 96-1231, eff. 7-23-10; 97-333, eff. 8-12-11.)".

Under the rules, the foregoing **Senate Bill No. 263**, with House Amendment No. 2, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 1628

A bill for AN ACT concerning State government.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 1628

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 1628**

AMENDMENT NO. 1. Amend Senate Bill 1628 by replacing everything after the enacting clause with the following:

[May 28, 2018]

"Section 5. The Illinois Act on the Aging is amended by changing Section 4.02 as follows:  
(20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

Sec. 4.02. Community Care Program. The Department shall establish a program of services to prevent unnecessary institutionalization of persons age 60 and older in need of long term care or who are established as persons who suffer from Alzheimer's disease or a related disorder under the Alzheimer's Disease Assistance Act, thereby enabling them to remain in their own homes or in other living arrangements. Such preventive services, which may be coordinated with other programs for the aged and monitored by area agencies on aging in cooperation with the Department, may include, but are not limited to, any or all of the following:

- (a) (blank);
- (b) (blank);
- (c) home care aide services;
- (d) personal assistant services;
- (e) adult day services;
- (f) home-delivered meals;
- (g) education in self-care;
- (h) personal care services;
- (i) adult day health services;
- (j) habilitation services;
- (k) respite care;
- (k-5) community reintegration services;
- (k-6) flexible senior services;
- (k-7) medication management;
- (k-8) emergency home response;
- (l) other nonmedical social services that may enable the person to become self-supporting; or
- (m) clearinghouse for information provided by senior citizen home owners who want to rent rooms to or share living space with other senior citizens.

The Department shall establish eligibility standards for such services. In determining the amount and nature of services for which a person may qualify, consideration shall not be given to the value of cash, property or other assets held in the name of the person's spouse pursuant to a written agreement dividing marital property into equal but separate shares or pursuant to a transfer of the person's interest in a home to his spouse, provided that the spouse's share of the marital property is not made available to the person seeking such services.

Beginning January 1, 2008, the Department shall require as a condition of eligibility that all new financially eligible applicants apply for and enroll in medical assistance under Article V of the Illinois Public Aid Code in accordance with rules promulgated by the Department.

The Department shall, in conjunction with the Department of Public Aid (now Department of Healthcare and Family Services), seek appropriate amendments under Sections 1915 and 1924 of the Social Security Act. The purpose of the amendments shall be to extend eligibility for home and community based services under Sections 1915 and 1924 of the Social Security Act to persons who transfer to or for the benefit of a spouse those amounts of income and resources allowed under Section 1924 of the Social Security Act. Subject to the approval of such amendments, the Department shall extend the provisions of Section 5-4 of the Illinois Public Aid Code to persons who, but for the provision of home or community-based services, would require the level of care provided in an institution, as is provided for in federal law. Those persons no longer found to be eligible for receiving noninstitutional services due to changes in the eligibility criteria shall be given 45 days notice prior to actual termination. Those persons receiving notice of termination may contact the Department and request the determination be appealed at any time during the 45 day notice period. The target population identified for the purposes of this Section are persons age 60 and older with an identified service need. Priority shall be given to those who are at imminent risk of institutionalization. The services shall be provided to eligible persons age 60 and older to the extent that the cost of the services together with the other personal maintenance expenses of the persons are reasonably related to the standards established for care in a group facility appropriate to the person's condition. These non-institutional services, pilot projects or experimental facilities may be provided as part of or in addition to those authorized by federal law or those funded and administered by the Department of Human Services. The Departments of Human Services, Healthcare and Family Services, Public Health, Veterans' Affairs, and Commerce and Economic Opportunity and other appropriate agencies of State, federal and local governments shall cooperate with the Department on Aging in the establishment and development of the non-institutional services. The Department shall require an annual

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audit from all personal assistant and home care aide vendors contracting with the Department under this Section. The annual audit shall assure that each audited vendor's procedures are in compliance with Department's financial reporting guidelines requiring an administrative and employee wage and benefits cost split as defined in administrative rules. The audit is a public record under the Freedom of Information Act. The Department shall execute, relative to the nursing home prescreening project, written inter-agency agreements with the Department of Human Services and the Department of Healthcare and Family Services, to effect the following: (1) intake procedures and common eligibility criteria for those persons who are receiving non-institutional services; and (2) the establishment and development of non-institutional services in areas of the State where they are not currently available or are undeveloped. On and after July 1, 1996, all nursing home prescreenings for individuals 60 years of age or older shall be conducted by the Department.

As part of the Department on Aging's routine training of case managers and case manager supervisors, the Department may include information on family futures planning for persons who are age 60 or older and who are caregivers of their adult children with developmental disabilities. The content of the training shall be at the Department's discretion.

The Department is authorized to establish a system of recipient copayment for services provided under this Section, such copayment to be based upon the recipient's ability to pay but in no case to exceed the actual cost of the services provided. Additionally, any portion of a person's income which is equal to or less than the federal poverty standard shall not be considered by the Department in determining the copayment. The level of such copayment shall be adjusted whenever necessary to reflect any change in the officially designated federal poverty standard.

The Department, or the Department's authorized representative, may recover the amount of moneys expended for services provided to or in behalf of a person under this Section by a claim against the person's estate or against the estate of the person's surviving spouse, but no recovery may be had until after the death of the surviving spouse, if any, and then only at such time when there is no surviving child who is under age 21 or blind or who has a permanent and total disability. This paragraph, however, shall not bar recovery, at the death of the person, of moneys for services provided to the person or in behalf of the person under this Section to which the person was not entitled; provided that such recovery shall not be enforced against any real estate while it is occupied as a homestead by the surviving spouse or other dependent, if no claims by other creditors have been filed against the estate, or, if such claims have been filed, they remain dormant for failure of prosecution or failure of the claimant to compel administration of the estate for the purpose of payment. This paragraph shall not bar recovery from the estate of a spouse, under Sections 1915 and 1924 of the Social Security Act and Section 5-4 of the Illinois Public Aid Code, who precedes a person receiving services under this Section in death. All moneys for services paid to or in behalf of the person under this Section shall be claimed for recovery from the deceased spouse's estate. "Homestead", as used in this paragraph, means the dwelling house and contiguous real estate occupied by a surviving spouse or relative, as defined by the rules and regulations of the Department of Healthcare and Family Services, regardless of the value of the property.

The Department shall increase the effectiveness of the existing Community Care Program by:

- (1) ensuring that in-home services included in the care plan are available on evenings and weekends;
- (2) ensuring that care plans contain the services that eligible participants need based on the number of days in a month, not limited to specific blocks of time, as identified by the comprehensive assessment tool selected by the Department for use statewide, not to exceed the total monthly service cost maximum allowed for each service; the Department shall develop administrative rules to implement this item (2);
- (3) ensuring that the participants have the right to choose the services contained in their care plan and to direct how those services are provided, based on administrative rules established by the Department;
- (4) ensuring that the determination of need tool is accurate in determining the participants' level of need; to achieve this, the Department, in conjunction with the Older Adult Services Advisory Committee, shall institute a study of the relationship between the Determination of Need scores, level of need, service cost maximums, and the development and utilization of service plans no later than May 1, 2008; findings and recommendations shall be presented to the Governor and the General Assembly no later than January 1, 2009; recommendations shall include all needed changes to the service cost maximums schedule and additional covered services;
- (5) ensuring that homemakers can provide personal care services that may or may not involve contact with clients, including but not limited to:
  - (A) bathing;

- (B) grooming;
- (C) toileting;
- (D) nail care;
- (E) transferring;
- (F) respiratory services;
- (G) exercise; or
- (H) positioning;

(6) ensuring that homemaker program vendors are not restricted from hiring homemakers who are family members of clients or recommended by clients; the Department may not, by rule or policy, require homemakers who are family members of clients or recommended by clients to accept assignments in homes other than the client;

(7) ensuring that the State may access maximum federal matching funds by seeking approval for the Centers for Medicare and Medicaid Services for modifications to the State's home and community based services waiver and additional waiver opportunities, including applying for enrollment in the Balance Incentive Payment Program by May 1, 2013, in order to maximize federal matching funds; this shall include, but not be limited to, modification that reflects all changes in the Community Care Program services and all increases in the services cost maximum;

(8) ensuring that the determination of need tool accurately reflects the service needs of individuals with Alzheimer's disease and related dementia disorders;

(9) ensuring that services are authorized accurately and consistently for the Community Care Program (CCP); the Department shall implement a Service Authorization policy directive; the purpose shall be to ensure that eligibility and services are authorized accurately and consistently in the CCP program; the policy directive shall clarify service authorization guidelines to Care Coordination Units and Community Care Program providers no later than May 1, 2013;

(10) working in conjunction with Care Coordination Units, the Department of Healthcare and Family Services, the Department of Human Services, Community Care Program providers, and other stakeholders to make improvements to the Medicaid claiming processes and the Medicaid enrollment procedures or requirements as needed, including, but not limited to, specific policy changes or rules to improve the up-front enrollment of participants in the Medicaid program and specific policy changes or rules to insure more prompt submission of bills to the federal government to secure maximum federal matching dollars as promptly as possible; the Department on Aging shall have at least 3 meetings with stakeholders by January 1, 2014 in order to address these improvements;

(11) requiring home care service providers to comply with the rounding of hours worked provisions under the federal Fair Labor Standards Act (FLSA) and as set forth in 29 CFR 785.48(b) by May 1, 2013;

(12) implementing any necessary policy changes or promulgating any rules, no later than January 1, 2014, to assist the Department of Healthcare and Family Services in moving as many participants as possible, consistent with federal regulations, into coordinated care plans if a care coordination plan that covers long term care is available in the recipient's area; and

(13) maintaining fiscal year 2014 rates at the same level established on January 1, 2013.

By January 1, 2009 or as soon after the end of the Cash and Counseling Demonstration Project as is practicable, the Department may, based on its evaluation of the demonstration project, promulgate rules concerning personal assistant services, to include, but need not be limited to, qualifications, employment screening, rights under fair labor standards, training, fiduciary agent, and supervision requirements. All applicants shall be subject to the provisions of the Health Care Worker Background Check Act.

The Department shall develop procedures to enhance availability of services on evenings, weekends, and on an emergency basis to meet the respite needs of caregivers. Procedures shall be developed to permit the utilization of services in successive blocks of 24 hours up to the monthly maximum established by the Department. Workers providing these services shall be appropriately trained.

Beginning on the effective date of this amendatory Act of 1991, no person may perform chore/housekeeping and home care aide services under a program authorized by this Section unless that person has been issued a certificate of pre-service to do so by his or her employing agency. Information gathered to effect such certification shall include (i) the person's name, (ii) the date the person was hired by his or her current employer, and (iii) the training, including dates and levels. Persons engaged in the program authorized by this Section before the effective date of this amendatory Act of 1991 shall be issued a certificate of all pre- and in-service training from his or her employer upon submitting the necessary information. The employing agency shall be required to retain records of all staff pre- and in-service training, and shall provide such records to the Department upon request and upon termination of the

employer's contract with the Department. In addition, the employing agency is responsible for the issuance of certifications of in-service training completed to their employees.

The Department is required to develop a system to ensure that persons working as home care aides and personal assistants receive increases in their wages when the federal minimum wage is increased by requiring vendors to certify that they are meeting the federal minimum wage statute for home care aides and personal assistants. An employer that cannot ensure that the minimum wage increase is being given to home care aides and personal assistants shall be denied any increase in reimbursement costs.

The Community Care Program Advisory Committee is created in the Department on Aging. The Director shall appoint individuals to serve in the Committee, who shall serve at their own expense. Members of the Committee must abide by all applicable ethics laws. The Committee shall advise the Department on issues related to the Department's program of services to prevent unnecessary institutionalization. The Committee shall meet on a bi-monthly basis and shall serve to identify and advise the Department on present and potential issues affecting the service delivery network, the program's clients, and the Department and to recommend solution strategies. Persons appointed to the Committee shall be appointed on, but not limited to, their own and their agency's experience with the program, geographic representation, and willingness to serve. The Director shall appoint members to the Committee to represent provider, advocacy, policy research, and other constituencies committed to the delivery of high quality home and community-based services to older adults. Representatives shall be appointed to ensure representation from community care providers including, but not limited to, adult day service providers, homemaker providers, case coordination and case management units, emergency home response providers, statewide trade or labor unions that represent home care aides and direct care staff, area agencies on aging, adults over age 60, membership organizations representing older adults, and other organizational entities, providers of care, or individuals with demonstrated interest and expertise in the field of home and community care as determined by the Director.

Nominations may be presented from any agency or State association with interest in the program. The Director, or his or her designee, shall serve as the permanent co-chair of the advisory committee. One other co-chair shall be nominated and approved by the members of the committee on an annual basis. Committee members' terms of appointment shall be for 4 years with one-quarter of the appointees' terms expiring each year. A member shall continue to serve until his or her replacement is named. The Department shall fill vacancies that have a remaining term of over one year, and this replacement shall occur through the annual replacement of expiring terms. The Director shall designate Department staff to provide technical assistance and staff support to the committee. Department representation shall not constitute membership of the committee. All Committee papers, issues, recommendations, reports, and meeting memoranda are advisory only. The Director, or his or her designee, shall make a written report, as requested by the Committee, regarding issues before the Committee.

The Department on Aging and the Department of Human Services shall cooperate in the development and submission of an annual report on programs and services provided under this Section. Such joint report shall be filed with the Governor and the General Assembly on or before September 30 each year.

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report with the Speaker, the Minority Leader and the Clerk of the House of Representatives and the President, the Minority Leader and the Secretary of the Senate and the Legislative Research Unit, as required by Section 3.1 of the General Assembly Organization Act and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

Those persons previously found eligible for receiving non-institutional services whose services were discontinued under the Emergency Budget Act of Fiscal Year 1992, and who do not meet the eligibility standards in effect on or after July 1, 1992, shall remain ineligible on and after July 1, 1992. Those persons previously not required to cost-share and who were required to cost-share effective March 1, 1992, shall continue to meet cost-share requirements on and after July 1, 1992. Beginning July 1, 1992, all clients will be required to meet eligibility, cost-share, and other requirements and will have services discontinued or altered when they fail to meet these requirements.

For the purposes of this Section, "flexible senior services" refers to services that require one-time or periodic expenditures including, but not limited to, respite care, home modification, assistive technology, housing assistance, and transportation.

The Department shall implement an electronic service verification based on global positioning systems or other cost-effective technology for the Community Care Program no later than January 1, 2014.

The Department shall require, as a condition of eligibility, enrollment in the medical assistance program under Article V of the Illinois Public Aid Code (i) beginning August 1, 2013, if the Auditor General has reported that the Department has failed to comply with the reporting requirements of Section 2-27 of the

Illinois State Auditing Act; or (ii) beginning June 1, 2014, if the Auditor General has reported that the Department has not undertaken the required actions listed in the report required by subsection (a) of Section 2-27 of the Illinois State Auditing Act.

The Department shall delay Community Care Program services until an applicant is determined eligible for medical assistance under Article V of the Illinois Public Aid Code (i) beginning August 1, 2013, if the Auditor General has reported that the Department has failed to comply with the reporting requirements of Section 2-27 of the Illinois State Auditing Act; or (ii) beginning June 1, 2014, if the Auditor General has reported that the Department has not undertaken the required actions listed in the report required by subsection (a) of Section 2-27 of the Illinois State Auditing Act.

The Department shall implement co-payments for the Community Care Program at the federally allowable maximum level (i) beginning August 1, 2013, if the Auditor General has reported that the Department has failed to comply with the reporting requirements of Section 2-27 of the Illinois State Auditing Act; or (ii) beginning June 1, 2014, if the Auditor General has reported that the Department has not undertaken the required actions listed in the report required by subsection (a) of Section 2-27 of the Illinois State Auditing Act.

The Department shall provide a bi-monthly report on the progress of the Community Care Program reforms set forth in this amendatory Act of the 98th General Assembly to the Governor, the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, and the Minority Leader of the Senate.

The Department shall conduct a quarterly review of Care Coordination Unit performance and adherence to service guidelines. The quarterly review shall be reported to the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, and the Minority Leader of the Senate. The Department shall collect and report longitudinal data on the performance of each care coordination unit. Nothing in this paragraph shall be construed to require the Department to identify specific care coordination units.

In regard to community care providers, failure to comply with Department on Aging policies shall be cause for disciplinary action, including, but not limited to, disqualification from serving Community Care Program clients. Each provider, upon submission of any bill or invoice to the Department for payment for services rendered, shall include a notarized statement, under penalty of perjury pursuant to Section 1-109 of the Code of Civil Procedure, that the provider has complied with all Department policies.

The Director of the Department on Aging shall make information available to the State Board of Elections as may be required by an agreement the State Board of Elections has entered into with a multi-state voter registration list maintenance system.

Within 30 days after the effective date of this amendatory Act of the 100th General Assembly, rates shall be increased to \$18.29 per hour, for the purpose of increasing, by at least \$.72 per hour, the wages paid by those vendors to their employees who provide homemaker services. The Department shall pay an enhanced rate under the Community Care Program to those in-home service provider agencies that offer health insurance coverage as a benefit to their direct service worker employees consistent with the mandates of Public Act 95-713. For State fiscal year 2018, the enhanced rate shall be \$1.77 per hour. The rate shall be adjusted using actuarial analysis based on the cost of care, but shall not be set below \$1.77 per hour. The Department shall adopt rules, including emergency rules under subsection (y) of Section 5-45 of the Illinois Administrative Procedure Act, to implement the provisions of this paragraph.

The General Assembly finds it necessary to authorize an aggressive Medicaid enrollment initiative designed to maximize federal Medicaid funding for the Community Care Program which produces significant savings for the State of Illinois. The Department on Aging shall establish and implement a Community Care Program Medicaid Initiative. Under the Initiative, the Department on Aging shall, at a minimum: (i) provide an enhanced rate to adequately compensate care coordination units to enroll eligible Community Care Program clients into Medicaid; (ii) use recommendations from a stakeholder committee on how best to implement the Initiative; and (iii) establish requirements for State agencies to make enrollment in the State's Medical Assistance program easier for seniors.

The Community Care Program Medicaid Enrollment Oversight Subcommittee is created as a subcommittee of the Older Adult Services Advisory Committee established in Section 35 of the Older Adult Services Act to make recommendations on how best to increase the number of medical assistance recipients who are enrolled in the Community Care Program. The Subcommittee shall consist of all of the following persons who must be appointed within 30 days after the effective date of this amendatory Act of the 100th General Assembly:

(1) The Director of Aging, or his or her designee, who shall serve as the chairperson of the Subcommittee.

(2) One representative of the Department of Healthcare and Family Services, appointed by the Director of Healthcare and Family Services.

(3) One representative of the Department of Human Services, appointed by the Secretary of Human Services.

(4) One individual representing a care coordination unit, appointed by the Director of Aging.

(5) One individual from a non-governmental statewide organization that advocates for seniors, appointed by the Director of Aging.

(6) One individual representing Area Agencies on Aging, appointed by the Director of Aging.

(7) One individual from a statewide association dedicated to Alzheimer's care, support, and research, appointed by the Director of Aging.

(8) One individual from an organization that employs persons who provide services under the Community Care Program, appointed by the Director of Aging.

(9) One member of a trade or labor union representing persons who provide services under the Community Care Program, appointed by the Director of Aging.

(10) One member of the Senate, who shall serve as co-chairperson, appointed by the President of the Senate.

(11) One member of the Senate, who shall serve as co-chairperson, appointed by the Minority Leader of the Senate.

(12) One member of the House of Representatives, who shall serve as co-chairperson, appointed by the Speaker of the House of Representatives.

(13) One member of the House of Representatives, who shall serve as co-chairperson, appointed by the Minority Leader of the House of Representatives.

(14) One individual appointed by a labor organization representing frontline employees at the Department of Human Services.

The Subcommittee shall provide oversight to the Community Care Program Medicaid Initiative and shall meet quarterly. At each Subcommittee meeting the Department on Aging shall provide the following data sets to the Subcommittee: (A) the number of Illinois residents, categorized by planning and service area, who are receiving services under the Community Care Program and are enrolled in the State's Medical Assistance Program; (B) the number of Illinois residents, categorized by planning and service area, who are receiving services under the Community Care Program, but are not enrolled in the State's Medical Assistance Program; and (C) the number of Illinois residents, categorized by planning and service area, who are receiving services under the Community Care Program and are eligible for benefits under the State's Medical Assistance Program, but are not enrolled in the State's Medical Assistance Program. In addition to this data, the Department on Aging shall provide the Subcommittee with plans on how the Department on Aging will reduce the number of Illinois residents who are not enrolled in the State's Medical Assistance Program but who are eligible for medical assistance benefits. The Department on Aging shall enroll in the State's Medical Assistance Program those Illinois residents who receive services under the Community Care Program and are eligible for medical assistance benefits but are not enrolled in the State's Medicaid Assistance Program. The data provided to the Subcommittee shall be made available to the public via the Department on Aging's website.

The Department on Aging, with the involvement of the Subcommittee, shall collaborate with the Department of Human Services and the Department of Healthcare and Family Services on how best to achieve the responsibilities of the Community Care Program Medicaid Initiative.

The Department on Aging, the Department of Human Services, and the Department of Healthcare and Family Services shall coordinate and implement a streamlined process for seniors to access benefits under the State's Medical Assistance Program.

The Subcommittee shall collaborate with the Department of Human Services on the adoption of a uniform application submission process. The Department of Human Services and any other State agency involved with processing the medical assistance application of any person enrolled in the Community Care Program shall include the appropriate care coordination unit in all communications related to the determination or status of the application.

The Community Care Program Medicaid Initiative shall provide targeted funding to care coordination units to help seniors complete their applications for medical assistance benefits. Care coordination units shall receive payment for each completed application. The rate of payment shall be no less than \$200 per completed application.

The Community Care Program Medicaid Initiative shall cease operation 5 years after the effective date of this amendatory Act of the 100th General Assembly, after which the Subcommittee shall dissolve.

(Source: P.A. 99-143, eff. 7-27-15; 100-23, eff. 7-6-17.)

Section 10. The Older Adult Services Act is amended by changing Section 35 as follows:  
(320 ILCS 42/35)

Sec. 35. Older Adult Services Advisory Committee.

(a) The Older Adult Services Advisory Committee is created to advise the directors of Aging, Healthcare and Family Services, and Public Health on all matters related to this Act and the delivery of services to older adults in general.

(b) The Advisory Committee shall be comprised of the following:

(1) The Director of Aging or his or her designee, who shall serve as chair and shall be an ex officio and nonvoting member.

(2) The Director of Healthcare and Family Services and the Director of Public Health or their designees, who shall serve as vice-chairs and shall be ex officio and nonvoting members.

(3) One representative each of the Governor's Office, the Department of Healthcare and Family Services, the Department of Public Health, the Department of Veterans' Affairs, the Department of Human Services, the Department of Insurance, the Department of Commerce and Economic Opportunity, the Department on Aging, the Department on Aging's State Long Term Care Ombudsman, the Illinois Housing Finance Authority, and the Illinois Housing Development Authority, each of whom shall be selected by his or her respective director and shall be an ex officio and nonvoting member.

(4) Thirty members appointed by the Director of Aging in collaboration with the directors of Public Health and Healthcare and Family Services, and selected from the recommendations of statewide associations and organizations, as follows:

(A) One member representing the Area Agencies on Aging;

(B) Four members representing nursing homes or licensed assisted living establishments;

(C) One member representing home health agencies;

(D) One member representing case management services;

(E) One member representing statewide senior center associations;

(F) One member representing Community Care Program homemaker services;

(G) One member representing Community Care Program adult day services;

(H) One member representing nutrition project directors;

(I) One member representing hospice programs;

(J) One member representing individuals with Alzheimer's disease and related dementias;

(K) Two members representing statewide trade or labor unions;

(L) One advanced practice registered nurse with experience in gerontological nursing;

(M) One physician specializing in gerontology;

(N) One member representing regional long-term care ombudsmen;

(O) One member representing municipal, township, or county officials;

(P) (Blank);

(Q) (Blank);

(R) One member representing the parish nurse movement;

(S) One member representing pharmacists;

(T) Two members representing statewide organizations engaging in advocacy or legal representation on behalf of the senior population;

(U) Two family caregivers;

(V) Two citizen members over the age of 60;

(W) One citizen with knowledge in the area of gerontology research or health care law;

(X) One representative of health care facilities licensed under the Hospital Licensing Act; and

(Y) One representative of primary care service providers.

The Director of Aging, in collaboration with the Directors of Public Health and Healthcare and Family Services, may appoint additional citizen members to the Older Adult Services Advisory Committee. Each such additional member must be either an individual age 60 or older or an uncompensated caregiver for a family member or friend who is age 60 or older.

(c) Voting members of the Advisory Committee shall serve for a term of 3 years or until a replacement is named. All members shall be appointed no later than January 1, 2005. Of the initial appointees, as determined by lot, 10 members shall serve a term of one year; 10 shall serve for a term of 2 years; and 12 shall serve for a term of 3 years. Any member appointed to fill a vacancy occurring prior to the expiration

of the term for which his or her predecessor was appointed shall be appointed for the remainder of that term. The Advisory Committee shall meet at least quarterly and may meet more frequently at the call of the Chair. A simple majority of those appointed shall constitute a quorum. The affirmative vote of a majority of those present and voting shall be necessary for Advisory Committee action. Members of the Advisory Committee shall receive no compensation for their services.

(d) The Advisory Committee shall have an Executive Committee comprised of the Chair, the Vice Chairs, and up to 15 members of the Advisory Committee appointed by the Chair who have demonstrated expertise in developing, implementing, or coordinating the system restructuring initiatives defined in Section 25. The Executive Committee shall have responsibility to oversee and structure the operations of the Advisory Committee and to create and appoint necessary subcommittees and subcommittee members. The Advisory Committee's Community Care Program Medicaid Enrollment Oversight Subcommittee shall have the membership and powers and duties set forth in Section 4.02 of the Illinois Act on the Aging.

(e) The Advisory Committee shall study and make recommendations related to the implementation of this Act, including but not limited to system restructuring initiatives as defined in Section 25 or otherwise related to this Act.

(Source: P.A. 100-513, eff. 1-1-18.)".

Under the rules, the foregoing **Senate Bill No. 1628**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2493

A bill for AN ACT concerning wildlife.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 2 to SENATE BILL NO. 2493

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

#### **AMENDMENT NO. 2 TO SENATE BILL 2493**

AMENDMENT NO. 2. Amend Senate Bill 2493 by replacing everything after the enacting clause with the following:

"Section 5. The University of Illinois Act is amended by adding Section 12.10 as follows:

(110 ILCS 305/12.10 new)

Sec. 12.10. Supplemental deer food; study. The University of Illinois Prairie Research Institute shall, subject to appropriation and in consultation with the Department of Natural Resources and the University of Illinois College of Veterinary Medicine, conduct a study for a period of at least 5 years on the health and social effects of supplemental deer feeding on the wild deer population outside of any Illinois deer hunting season and whether supplemental deer feeding affects the risk of disease transmission in the deer population. Supplemental deer feeding may not occur during the initial year of the study. For each subsequent year of the study, supplemental deer feeding may occur from February 1 to August 15 of that year. For the purpose of this study, supplemental deer feeding shall include any supplemental food source. The study must be conducted statewide. During the study, supplemental deer feeding is permitted on private lands through voluntary participation by landowners. Public lands of this State may not be utilized as supplemental deer feeding areas and must be utilized to obtain non-supplemental feeding specimens throughout the study. The University of Illinois Prairie Research Institute and the University of Illinois College of Veterinary Medicine shall submit the study's findings and any recommendations to the Department of Natural Resources, to be posted on its Internet website, and the General Assembly in a report no more than 180 days after the completion of the study. The report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and Secretary shall direct."

Under the rules, the foregoing **Senate Bill No. 2493**, with House Amendment No. 2, was referred to the Secretary's Desk.

[May 28, 2018]

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2851

A bill for AN ACT concerning regulation.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 2851

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 2851**

AMENDMENT NO. 1. Amend Senate Bill 2851 by replacing everything after the enacting clause with the following:

"Section 5. The Uniform Health Care Service Benefits Information Card Act is amended by changing Sections 10 and 15 as follows:

(215 ILCS 139/10)

Sec. 10. Definitions. As used in this Act, the following terms have the meanings given in this Section.

"Dental plan" means an entity that provides coverage for dental care services, including an entity subject to the Dental Service Plan Act.

"Department" means the Department of Insurance.

"Director" means the Director of Insurance.

"Health benefit plan" means an accident and health insurance policy or certificate subject to the Illinois Insurance Code, a voluntary health services plan subject to the Voluntary Health Services Plans Act, a health maintenance organization subscriber contract subject to the Health Maintenance Organization Act, a plan provided by a multiple employer welfare arrangement, or a plan provided by another benefit arrangement. Without limitation, "health benefit plan" does not mean any of the following types of insurance:

- (1) accident;
- (2) credit;
- (3) disability income;
- (4) long-term or nursing home care;
- (5) specified disease;
- (6) dental or vision;
- (7) coverage issued as a supplement to liability insurance;
- (8) medical payments under automobile or homeowners;
- (9) insurance under which benefits are payable with or without regard to fault as statutorily required to be contained in any liability policy or equivalent self-insurance;
- (10) hospital income or indemnity; and
- (11) self-insured health benefit plans under the federal Employee Retirement Income Security Act of 1974.

(Source: P.A. 92-106, eff. 1-1-02.)

(215 ILCS 139/15)

Sec. 15. Uniform health care benefit information cards required.

(a) A health benefit plan or a dental plan that issues a card or other technology and provides coverage for health care services including prescription drugs or devices also referred to as health care benefits and an administrator of such a plan including, but not limited to, third-party administrators for self-insured plans and state-administered plans shall issue to its insureds a card or other technology containing uniform health care benefit information. The health care benefit information card or other technology shall specifically identify and display the following mandatory data elements on the card:

- (1) processor control number, if required for claims adjudication;
- (2) group number;
- (3) card issuer identifier;
- (4) cardholder ID number; and
- (5) cardholder name.

[May 28, 2018]



(b) The uniform health care benefit information card or other technology shall specifically identify and display the following mandatory data elements on the back of the card:

- (1) claims submission names and addresses; and
- (2) help desk telephone numbers and names.

(b-5) A uniform health care benefit information card or other technology for a health benefit plan offering dental coverage or dental plan shall include a statement indicating whether the health benefit plan offering dental coverage or dental plan is subject to regulation by the Department of Insurance.

(c) A new uniform health care benefit information card or other technology shall be issued by a health benefit plan or dental plan upon enrollment and reissued upon any change in the insured's coverage that affects mandatory data elements contained on the card.

(d) Notwithstanding subsections (a), (b), and (c) of this Section, a discounted health care services plan administrator shall issue to its beneficiaries a card containing the following mandatory data elements:

- (1) an Internet website for beneficiaries to access up-to-date lists of preferred providers;
- (2) a toll-free help desk number for beneficiaries and providers to access up-to-date lists of preferred providers and additional information about the discounted health care services plan;
- (3) the name or logo of the provider network;
- (4) a group number, if necessary for the processing of benefits;
- (5) a cardholder ID number;
- (6) the cardholder's name or a space to permit the cardholder to print his or her name, if the cardholder pays a periodic charge for use of the card;
- (7) a processor control number, if required for claims adjudication; and
- (8) a statement that the plan is not insurance.

(e) As used in this Section, "discounted health care services plan administrator" means any person, partnership, or corporation, other than an insurer, health service corporation, limited health service organization holding a certificate of authority under the Limited Health Service Organization Act, or health maintenance organization holding a certificate of authority under the Health Maintenance Organization Act that arranges, contracts with, or administers contracts with a provider whereby insureds or beneficiaries are provided an incentive to use health care services provided by health care services providers under a discounted health care services plan in which there are no other incentives, such as copayment, coinsurance, or any other reimbursement differential, for beneficiaries to utilize the provider. "Discounted health care services plan administrator" also includes any person, partnership, or corporation, other than an insurer, health service corporation, limited health service organization holding a certificate of authority under the Limited Health Service Organization Act, or health maintenance organization holding a certificate of authority under the Health Maintenance Organization Act that enters into a contract with another administrator to enroll beneficiaries or insureds in a preferred provider program marketed as an independently identifiable program based on marketing materials or member benefit identification cards.

(Source: P.A. 96-1326, eff. 1-1-11.)"

Under the rules, the foregoing **Senate Bill No. 2851**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2899

A bill for AN ACT concerning State government.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 2899

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 2899**

AMENDMENT NO. 1. Amend Senate Bill 2899 by replacing everything after the enacting clause with the following:

[May 28, 2018]

"Section 5. The Surface Coal Mining Land Conservation and Reclamation Act is amended by changing Section 1.06 as follows:

(225 ILCS 720/1.06) (from Ch. 96 1/2, par. 7901.06)

Sec. 1.06. Scope of the Act. This Act shall apply to all mining operations, except

(a) the private non-commercial extraction of coal by a landowner or lessee where 250 tons or less of coal are removed in any 12 consecutive months;

(b) the extraction of coal incidental to the extraction of other minerals where the coal does not exceed 16 2/3% of the total mineral tonnage mined;

(c) coal exploration on Federal lands; ~~and~~

(d) the extraction of coal on Federal lands except to the extent provided under a cooperative agreement with the United States in accordance with Section 9.03; ~~and~~ -

(e) the extraction of coal as an incidental part of a federal, State, or local government-financed highway or other construction under rules adopted by the Department.

(Source: P.A. 81-1015.)

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

Under the rules, the foregoing **Senate Bill No. 2899**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2905

A bill for AN ACT concerning education.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 2905

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 2905**

AMENDMENT NO. 1. Amend Senate Bill 2905 as follows:

On page 7, line 26, after "Act.", by inserting the following:

"Nothing in this subsection (i) shall be interpreted as applying to collective bargaining agreements with any labor organization."

Under the rules, the foregoing **Senate Bill No. 2905**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2941

A bill for AN ACT concerning education.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 2941

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 2941**

AMENDMENT NO. 1. Amend Senate Bill 2941 as follows:

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on page 1, line 5, by replacing "20 and 25" with "20, 25, 45, 50, 55, and 60"; and

on page 12, immediately below line 2, by inserting the following:

"(110 ILCS 148/45)

Sec. 45. Statewide panel to define transitional mathematics instruction recommendations.

(a) Subject to the availability of public or private resources for its administration, ISBE, ICCB, and IBHE shall jointly establish a statewide panel to recommend competencies and other requirements for transitional mathematics instruction that lead to various postsecondary institution mathematics pathways. ISBE, ICCB, and IBHE shall consult with the IMACC on the establishment and administration of the statewide panel. The statewide panel shall include high school educators and administrators and community college and university faculty and administrators, including broad representation from general education and career and technical education. The statewide panel shall also consult with representations of private sector employers on the definition of competencies for postsecondary institution mathematics pathways and consider mathematics utilized in pre-employment screenings for entry-level careers. Following the delivery of the statewide panel's recommendations, ISBE, ICCB, and IBHE shall, in consultation with IMACC and the statewide panel, jointly adopt competencies and requirements for transitional mathematics instruction and related postsecondary institution mathematics pathways.

(b) The statewide panel shall define transitional mathematics competencies aligned to ISBE-adopted learning standards and requirements associated with, at minimum, the following postsecondary institution mathematics pathways:

(1) STEM Pathway. The STEM Pathway is for students with career goals involving occupations that require the application of calculus or advanced algebraic skills. In accordance with and subject to this Act, successful attainment of transitional mathematics competencies in the STEM Pathway guarantees student placement into a community college mathematics course in a calculus-based mathematics course sequence.

(2) Technical Pathway. The Technical Pathway is for students with career goals involving occupations in technical fields that do not require the application of calculus, advanced algebraic, or advanced statistical skills. Mathematics in the Technical Pathway emphasizes the application of mathematics within career settings. In accordance with and subject to this Act, successful attainment of transitional mathematics competencies in the Technical Pathway guarantees student placement into a credit-bearing postsecondary mathematics course required for a community college career and technical education program.

(3) Quantitative Literacy and Statistics Pathway. The Quantitative Literacy and Statistics Pathway is for students focused on attaining competency in general statistics, data analysis, quantitative literacy, and problem solving. The Quantitative Literacy and Statistics Pathway is intended for students whose career goals do not involve occupations relating to either the STEM or Technical Pathway or those who have not yet selected a career goal. In accordance with and subject to this Act, successful attainment of transitional mathematics competencies in the Quantitative Literacy and Statistics Pathway guarantees student placement into a community college GECC mathematics course not in a calculus-based course sequence.

~~(c) The statewide panel shall make recommendations on whether separate transitional mathematics competencies should be defined for students with career goals involving occupations that require the application of advanced statistics, such as occupations in certain social science fields. The statewide panel shall also provide recommendations for methods to incorporate transitional mathematics competencies into integrated courses.~~

(d) The statewide panel shall recommend statewide criteria for determining the projected readiness of 11th grade students for college-level mathematics courses in each of the postsecondary education mathematics pathways for purposes of placement into transitional mathematics instruction in 12th grade. The statewide criteria shall include standardized assessment results, grade point average, and course completions. The statewide criteria shall also define a minimal level of mathematical competency necessary for student placement into transitional mathematics instruction. Following the delivery of such recommendations, ISBE and ICCB shall jointly adopt statewide criteria for determining projected readiness for college-level mathematics courses in each of the postsecondary institution mathematics pathways for purposes of placement into transitional mathematics instruction in 12th grade.

~~(e) (Blank). Notwithstanding anything to the contrary contained in this Act, in the event the statewide panel is not established due to the unavailability of public and private resources and ISBE, ICCB, and IBHE are therefore unable to jointly adopt competencies and requirements for transitional mathematics instruction and related postsecondary institution mathematics pathways, then no transitional mathematics~~

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instruction is required to be delivered by school districts or accepted for placement by community colleges in accordance with this Act.

(f) Subject to the availability of public or private resources for its administration, ISBE, ICCB, and IBHE shall, in consultation with the members of the statewide panel, establish and administer procedures for approving transitional mathematics instruction for statewide portability.

(g) In accordance with timelines and publication requirements established by IBHE, each public university must adopt and publicize transparent criteria adopted by the university for student placement into college-level mathematics courses. IBHE must publicly report on the adoption of such criteria and the extent to which public universities are utilizing strategies to minimize placements into non-credit-bearing remedial mathematics course sequences.

(Source: P.A. 99-674, eff. 7-29-16.)

(110 ILCS 148/50)

Sec. 50. Transitional mathematics instruction placement and delivery.

(a) A school district electing or required to deliver transitional mathematics instruction in accordance with Section 65 of this Act shall use the statewide criteria established pursuant to subsection (d) of Section 45 of this Act to determine each student's projected readiness for college-level mathematics courses upon high school graduation in that student's selected postsecondary institution mathematics pathway. The school district shall make a pre-determination of student readiness at the end of the first semester of 11th grade and may adjust readiness determinations at the end of 11th grade. The readiness of a student who has not selected a postsecondary institution mathematics pathway shall be determined in accordance with the criteria for the Quantitative Literacy and Statistics Pathways. Notwithstanding the readiness determinations, instructional requirements for students with disabilities shall be subject to the individualized goals set forth within the student's individualized education program required by State and federal law.

(b) Public high school graduates of school districts implementing transitional mathematics instruction in accordance with this Act may demonstrate readiness for college-level mathematics courses at applicable postsecondary institutions through any of the following methods:

(1) At the end of 11th grade, the student does not meet the statewide criteria for demonstrating projected readiness for college-level mathematics courses upon high school graduation in the student's postsecondary education mathematics pathway, but the student subsequently achieves successful completion of transitional mathematics instruction for the postsecondary education mathematics pathway. Students who achieve successful completion shall receive transcribed credit for the transitional mathematics instruction from the ~~school district~~ ~~community college partner~~ and, subject to subsections (c) and (d) of this Section, shall be placed by applicable postsecondary institutions recognizing the transcribed credit in accordance with this Act into an appropriate college-level mathematics course in the student's postsecondary institution mathematics pathway. Students who do not achieve successful completion shall be subject to generally applicable postsecondary institution mathematics placement processes. For the purposes of this paragraph (1), successful completion means the student successfully demonstrates attainment of transitional mathematics competencies either through an overall grade for the mathematics-related portion of a course or demonstrated mastery of all transitional mathematics competencies delivered through a competency-based learning system.

(2) At the end of 11th grade, the student meets the statewide criteria for demonstrating projected readiness for college-level mathematics courses upon high school graduation in the student's postsecondary education mathematics pathway, and the student subsequently successfully completes rigorous mathematics instruction in accordance with criteria jointly adopted by ISBE and ICCB.

(3) The student meets applicable postsecondary institution criteria for demonstrating readiness for college-level mathematics courses in the student's postsecondary education mathematics pathway.

(c) All postsecondary institutions that have entered into a partnership agreement pursuant to Section 55 of this Act shall recognize ~~community college~~ transcribed credit from transitional mathematics instruction delivered by school districts participating in the partnership agreement for student placement into appropriate college-level mathematics courses. If statewide portability approval procedures have been established pursuant to subsection (f) of Section 45 of this Act, then all community colleges shall recognize ~~community college~~ transcribed credit from transitional mathematics instruction that has been approved in accordance with the statewide portability procedures. A public university is not required to recognize transcribed credit from transitional mathematics instruction for placement purpose unless the public university voluntarily agrees to do so through entering into a partnership agreement in accordance with Section 55 of this Act. The placement determinations described in this Section are valid for 18 months after high school graduation, provided a postsecondary institution may require a short-term, skill-based

review or a corequisite remediation course for a student who does not enroll in a college-level mathematics course in the fall semester after high school graduation.

(Source: P.A. 99-674, eff. 7-29-16.)

(110 ILCS 148/55)

Sec. 55. High school and community college partnership agreements for transitional mathematics instruction.

(a) Transitional mathematics instruction shall be delivered by high school faculty with community college collaboration as defined through a partnership agreement meeting the requirements of this Section. While transitional mathematics instruction may be delivered through stand-alone mathematics courses, school districts and community colleges may use integrated courses or competency-based learning systems for the delivery of transitional mathematics instruction.

(b) School districts serving grades 9 through 12 electing or required to deliver transitional mathematics instruction in accordance with Section 65 of this Act shall enter into a partnership agreement for transitional mathematics courses with at least one community college. All partnership agreements shall address the following:

(1) The co-development by the school district and community college of transitional mathematics courses or a defined mathematics competency set or the adaptation of the State model transitional instructional units that align to the statewide competencies for particular postsecondary institution mathematics pathways, which shall also include the design of local performance indicators and evidence associated with those indicators.

(2) The community college courses for which the successful completion of transitional mathematics instruction will guarantee placement, subject to subsection (b) of Section 50 of this Act.

(3) The availability of dual enrollment and dual credit courses for high school students demonstrating current readiness for college-level mathematics courses.

(4) Training and professional development to be provided to the high school instructors of transitional mathematics instruction.

(5) The utilization of integrated courses or competency-based learning systems for transitional mathematics instruction.

(c) A community college must enter into a partnership agreement when requested to do so by a local school district that has elected or is required to deliver transitional mathematics instruction in accordance with Section 65 of this Act, provided the community college receives an implementation grant in an amount determined by ICCB to compensate for its related instructional development and implementation activities. A community college may require standardized terms for all of its partner school districts. ISBE and ICCB shall jointly resolve any disputes between a school district and community college regarding the proposed terms of a partnership agreement.

(d) When developing partnership agreements, community colleges and school districts shall consult with a public university that has requested consultation through submission of a written request to a community college in accordance with requirements established by ICCB and IBHE. A public university may, in its sole discretion, elect to become a party to a partnership agreement.

(e) Regional offices of education may, with the consent of participating school districts, establish multi-district partnership agreements with one or more postsecondary institutions.

(Source: P.A. 99-674, eff. 7-29-16.)

(110 ILCS 148/60)

Sec. 60. Transitional mathematics instruction statewide supports.

(a) Beginning with the 2019-2020 academic year, ICCB shall permit transitional mathematics instruction that has been approved for statewide portability transcribed by a community college in accordance with the requirements of this Act to be funded, subject to appropriation, in a manner consistent with claimed for reimbursement rates for developmental education courses offered at a community college funding purposes. Such funding must be used by a community college for costs associated with transitional mathematics or English partnerships with school districts.

(b) Subject to the availability of public or private resources, ISBE, ICCB, and IBHE, in collaboration with IMACC, shall support ~~at least 2~~ collaborative efforts among school districts and postsecondary institutions to develop model transitional mathematics instructional units. All State-supported models shall include real-world application projects that can be delivered to particular students based on career interests and shall enable transitional mathematics instructional resources to be included within integrated courses or competency-based learning systems. At least one of the State-supported transitional mathematics models must be highly modularized for blended learning delivery, with:

(1) ~~a pre-assessment system to ensure that completion of modules are required only when the competencies have not been sufficiently mastered;~~

(2) the ability for students to complete coursework in areas of need at their own pace;  
 (3) the ability for transitional mathematics modules to be included within integrated courses or competency-based learning systems; and

(4) the ability for students to complete dual credit modules upon completion of the transitional mathematics modules.

(c) Provided that statewide portability procedures have been established pursuant to subsection (f) of Section 45 of this Act, ISBE and ICCB shall identify and publicize courses for transitional mathematics instruction that meet the statewide portability requirements and that can be delivered fully online or through blended-learning models without the requirement for in-person mathematics instruction at the high school.

(d) ISBE and ICCB shall jointly develop and provide a model partnership agreement for school districts and community colleges.

(e) ISBE and ICCB shall provide standardized reports to school districts and community colleges, including, but not limited to:

(1) reports that school districts and community colleges can use for determining students 11th grade projected readiness for college-level mathematics courses upon high school graduation; and

(2) reports that compare participating students' postsecondary outcomes with other students, particularly those in traditional developmental education course sequences.

(Source: P.A. 99-674, eff. 7-29-16.)".

Under the rules, the foregoing **Senate Bill No. 2941**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2952

A bill for AN ACT concerning criminal law.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 2 to SENATE BILL NO. 2952

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

#### AMENDMENT NO. 2 TO SENATE BILL 2952

AMENDMENT NO. 2. Amend Senate Bill 2952 on page 16, by replacing lines 5 through 15 with the following:

"(b) The Prescription Monitoring Program Advisory Committee shall consist of 16 members appointed by the Clinical Director of the Prescription Monitoring Program ~~The Clinical Director of the Prescription Monitoring Program shall appoint members to serve on the advisory committee. The advisory committee shall be composed of prescribers and dispensers licensed to practice in his or her respective profession as follows: one family or primary care physician; one pain specialist physician; 4 other physicians, one of whom may be an ophthalmologist licensed to practice medicine in all its branches; 2 one advanced practice registered nurses nurse; one physician assistant; one optometrist; one dentist; one podiatric physician; one veterinarian; one clinical representative from a statewide organization representing hospitals; and 3 pharmacists. The Advisory"; and~~

on page 17, by replacing lines 1 and 2 with the following:

"2019 members shall draw lots for initial terms and 6 members shall serve 3 years, 5 members shall serve 2 years, and 5"; and

on page 17, by replacing lines 5 through 8 with the following:

"than 3 terms. The Clinical Director of the Prescription Monitoring Program may appoint a representative of an organization representing a profession required to be appointed. The Clinical Director of the Prescription"; and

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on page 19, line 17, by deleting "or ophthalmologist".

Under the rules, the foregoing **Senate Bill No. 2952**, with House Amendment No. 2, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 2954

A bill for AN ACT concerning public employee benefits.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 2954

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 2954**

AMENDMENT NO. 1. Amend Senate Bill 2954 on page 1, line 5, by replacing "Section 15-155" with "Sections 15-155 and 16-158"; and

on page 17, immediately below line 15, by inserting the following:

"(40 ILCS 5/16-158) (from Ch. 108 1/2, par. 16-158)

Sec. 16-158. Contributions by State and other employing units.

(a) The State shall make contributions to the System by means of appropriations from the Common School Fund and other State funds of amounts which, together with other employer contributions, employee contributions, investment income, and other income, will be sufficient to meet the cost of maintaining and administering the System on a 90% funded basis in accordance with actuarial recommendations.

The Board shall determine the amount of State contributions required for each fiscal year on the basis of the actuarial tables and other assumptions adopted by the Board and the recommendations of the actuary, using the formula in subsection (b-3).

(a-1) Annually, on or before November 15 until November 15, 2011, the Board shall certify to the Governor the amount of the required State contribution for the coming fiscal year. The certification under this subsection (a-1) shall include a copy of the actuarial recommendations upon which it is based and shall specifically identify the System's projected State normal cost for that fiscal year.

On or before May 1, 2004, the Board shall recalculate and recertify to the Governor the amount of the required State contribution to the System for State fiscal year 2005, taking into account the amounts appropriated to and received by the System under subsection (d) of Section 7.2 of the General Obligation Bond Act.

On or before July 1, 2005, the Board shall recalculate and recertify to the Governor the amount of the required State contribution to the System for State fiscal year 2006, taking into account the changes in required State contributions made by Public Act 94-4 ~~this amendatory Act of the 94th General Assembly~~.

On or before April 1, 2011, the Board shall recalculate and recertify to the Governor the amount of the required State contribution to the System for State fiscal year 2011, applying the changes made by Public Act 96-889 to the System's assets and liabilities as of June 30, 2009 as though Public Act 96-889 was approved on that date.

(a-5) On or before November 1 of each year, beginning November 1, 2012, the Board shall submit to the State Actuary, the Governor, and the General Assembly a proposed certification of the amount of the required State contribution to the System for the next fiscal year, along with all of the actuarial assumptions, calculations, and data upon which that proposed certification is based. On or before January 1 of each year, beginning January 1, 2013, the State Actuary shall issue a preliminary report concerning the proposed certification and identifying, if necessary, recommended changes in actuarial assumptions that the Board must consider before finalizing its certification of the required State contributions. On or before January 15, 2013 and each January 15 thereafter, the Board shall certify to the Governor and the General Assembly the amount of the required State contribution for the next fiscal year. The Board's certification must note any deviations from the State Actuary's recommended changes, the reason or

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reasons for not following the State Actuary's recommended changes, and the fiscal impact of not following the State Actuary's recommended changes on the required State contribution.

(a-10) By November 1, 2017, the Board shall recalculate and recertify to the State Actuary, the Governor, and the General Assembly the amount of the State contribution to the System for State fiscal year 2018, taking into account the changes in required State contributions made by Public Act 100-23 ~~this amendatory Act of the 100th General Assembly~~. The State Actuary shall review the assumptions and valuations underlying the Board's revised certification and issue a preliminary report concerning the proposed recertification and identifying, if necessary, recommended changes in actuarial assumptions that the Board must consider before finalizing its certification of the required State contributions. The Board's final certification must note any deviations from the State Actuary's recommended changes, the reason or reasons for not following the State Actuary's recommended changes, and the fiscal impact of not following the State Actuary's recommended changes on the required State contribution.

(b) Through State fiscal year 1995, the State contributions shall be paid to the System in accordance with Section 18-7 of the School Code.

(b-1) Beginning in State fiscal year 1996, on the 15th day of each month, or as soon thereafter as may be practicable, the Board shall submit vouchers for payment of State contributions to the System, in a total monthly amount of one-twelfth of the required annual State contribution certified under subsection (a-1). From March 5, 2004 (the effective date of Public Act 93-665) ~~this amendatory Act of the 93rd General Assembly~~ through June 30, 2004, the Board shall not submit vouchers for the remainder of fiscal year 2004 in excess of the fiscal year 2004 certified contribution amount determined under this Section after taking into consideration the transfer to the System under subsection (a) of Section 6z-61 of the State Finance Act. These vouchers shall be paid by the State Comptroller and Treasurer by warrants drawn on the funds appropriated to the System for that fiscal year.

If in any month the amount remaining unexpended from all other appropriations to the System for the applicable fiscal year (including the appropriations to the System under Section 8.12 of the State Finance Act and Section 1 of the State Pension Funds Continuing Appropriation Act) is less than the amount lawfully vouchered under this subsection, the difference shall be paid from the Common School Fund under the continuing appropriation authority provided in Section 1.1 of the State Pension Funds Continuing Appropriation Act.

(b-2) Allocations from the Common School Fund apportioned to school districts not coming under this System shall not be diminished or affected by the provisions of this Article.

(b-3) For State fiscal years 2012 through 2045, the minimum contribution to the System to be made by the State for each fiscal year shall be an amount determined by the System to be sufficient to bring the total assets of the System up to 90% of the total actuarial liabilities of the System by the end of State fiscal year 2045. In making these determinations, the required State contribution shall be calculated each year as a level percentage of payroll over the years remaining to and including fiscal year 2045 and shall be determined under the projected unit credit actuarial cost method.

For each of State fiscal years 2018, 2019, and 2020, the State shall make an additional contribution to the System equal to 2% of the total payroll of each employee who is deemed to have elected the benefits under Section 1-161 or who has made the election under subsection (c) of Section 1-161.

A change in an actuarial or investment assumption that increases or decreases the required State contribution and first applies in State fiscal year 2018 or thereafter shall be implemented in equal annual amounts over a 5-year period beginning in the State fiscal year in which the actuarial change first applies to the required State contribution.

A change in an actuarial or investment assumption that increases or decreases the required State contribution and first applied to the State contribution in fiscal year 2014, 2015, 2016, or 2017 shall be implemented:

(i) as already applied in State fiscal years before 2018; and

(ii) in the portion of the 5-year period beginning in the State fiscal year in which the actuarial change first applied that occurs in State fiscal year 2018 or thereafter, by calculating the change in equal annual amounts over that 5-year period and then implementing it at the resulting annual rate in each of the remaining fiscal years in that 5-year period.

For State fiscal years 1996 through 2005, the State contribution to the System, as a percentage of the applicable employee payroll, shall be increased in equal annual increments so that by State fiscal year 2011, the State is contributing at the rate required under this Section; except that in the following specified State fiscal years, the State contribution to the System shall not be less than the following indicated percentages of the applicable employee payroll, even if the indicated percentage will produce a State contribution in excess of the amount otherwise required under this subsection and subsection (a), and notwithstanding any contrary certification made under subsection (a-1) before May 27, 1998 (the effective

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date of ~~Public Act 90-582~~ this amendatory Act of 1998: 10.02% in FY 1999; 10.77% in FY 2000; 11.47% in FY 2001; 12.16% in FY 2002; 12.86% in FY 2003; and 13.56% in FY 2004.

Notwithstanding any other provision of this Article, the total required State contribution for State fiscal year 2006 is \$534,627,700.

Notwithstanding any other provision of this Article, the total required State contribution for State fiscal year 2007 is \$738,014,500.

For each of State fiscal years 2008 through 2009, the State contribution to the System, as a percentage of the applicable employee payroll, shall be increased in equal annual increments from the required State contribution for State fiscal year 2007, so that by State fiscal year 2011, the State is contributing at the rate otherwise required under this Section.

Notwithstanding any other provision of this Article, the total required State contribution for State fiscal year 2010 is \$2,089,268,000 and shall be made from the proceeds of bonds sold in fiscal year 2010 pursuant to Section 7.2 of the General Obligation Bond Act, less (i) the pro rata share of bond sale expenses determined by the System's share of total bond proceeds, (ii) any amounts received from the Common School Fund in fiscal year 2010, and (iii) any reduction in bond proceeds due to the issuance of discounted bonds, if applicable.

Notwithstanding any other provision of this Article, the total required State contribution for State fiscal year 2011 is the amount recertified by the System on or before April 1, 2011 pursuant to subsection (a-1) of this Section and shall be made from the proceeds of bonds sold in fiscal year 2011 pursuant to Section 7.2 of the General Obligation Bond Act, less (i) the pro rata share of bond sale expenses determined by the System's share of total bond proceeds, (ii) any amounts received from the Common School Fund in fiscal year 2011, and (iii) any reduction in bond proceeds due to the issuance of discounted bonds, if applicable. This amount shall include, in addition to the amount certified by the System, an amount necessary to meet employer contributions required by the State as an employer under paragraph (e) of this Section, which may also be used by the System for contributions required by paragraph (a) of Section 16-127.

Beginning in State fiscal year 2046, the minimum State contribution for each fiscal year shall be the amount needed to maintain the total assets of the System at 90% of the total actuarial liabilities of the System.

Amounts received by the System pursuant to Section 25 of the Budget Stabilization Act or Section 8.12 of the State Finance Act in any fiscal year do not reduce and do not constitute payment of any portion of the minimum State contribution required under this Article in that fiscal year. Such amounts shall not reduce, and shall not be included in the calculation of, the required State contributions under this Article in any future year until the System has reached a funding ratio of at least 90%. A reference in this Article to the "required State contribution" or any substantially similar term does not include or apply to any amounts payable to the System under Section 25 of the Budget Stabilization Act.

Notwithstanding any other provision of this Section, the required State contribution for State fiscal year 2005 and for fiscal year 2008 and each fiscal year thereafter, as calculated under this Section and certified under subsection (a-1), shall not exceed an amount equal to (i) the amount of the required State contribution that would have been calculated under this Section for that fiscal year if the System had not received any payments under subsection (d) of Section 7.2 of the General Obligation Bond Act, minus (ii) the portion of the State's total debt service payments for that fiscal year on the bonds issued in fiscal year 2003 for the purposes of that Section 7.2, as determined and certified by the Comptroller, that is the same as the System's portion of the total moneys distributed under subsection (d) of Section 7.2 of the General Obligation Bond Act. In determining this maximum for State fiscal years 2008 through 2010, however, the amount referred to in item (i) shall be increased, as a percentage of the applicable employee payroll, in equal increments calculated from the sum of the required State contribution for State fiscal year 2007 plus the applicable portion of the State's total debt service payments for fiscal year 2007 on the bonds issued in fiscal year 2003 for the purposes of Section 7.2 of the General Obligation Bond Act, so that, by State fiscal year 2011, the State is contributing at the rate otherwise required under this Section.

(b-4) Beginning in fiscal year 2018, each employer under this Article shall pay to the System a required contribution determined as a percentage of projected payroll and sufficient to produce an annual amount equal to:

- (i) for each of fiscal years 2018, 2019, and 2020, the defined benefit normal cost of the defined benefit plan, less the employee contribution, for each employee of that employer who has elected or who is deemed to have elected the benefits under Section 1-161 or who has made the election under subsection (b) of Section 1-161; for fiscal year 2021 and each fiscal year thereafter, the defined benefit normal cost of the defined benefit plan, less the employee contribution, plus 2%, for each

employee of that employer who has elected or who is deemed to have elected the benefits under Section 1-161 or who has made the election under subsection (b) of Section 1-161; plus

(ii) the amount required for that fiscal year to amortize any unfunded actuarial accrued liability associated with the present value of liabilities attributable to the employer's account under Section 16-158.3, determined as a level percentage of payroll over a 30-year rolling amortization period. In determining contributions required under item (i) of this subsection, the System shall determine an aggregate rate for all employers, expressed as a percentage of projected payroll.

In determining the contributions required under item (ii) of this subsection, the amount shall be computed by the System on the basis of the actuarial assumptions and tables used in the most recent actuarial valuation of the System that is available at the time of the computation.

The contributions required under this subsection (b-4) shall be paid by an employer concurrently with that employer's payroll payment period. The State, as the actual employer of an employee, shall make the required contributions under this subsection.

(c) Payment of the required State contributions and of all pensions, retirement annuities, death benefits, refunds, and other benefits granted under or assumed by this System, and all expenses in connection with the administration and operation thereof, are obligations of the State.

If members are paid from special trust or federal funds which are administered by the employing unit, whether school district or other unit, the employing unit shall pay to the System from such funds the full accruing retirement costs based upon that service, which, beginning July 1, 2017, shall be at a rate, expressed as a percentage of salary, equal to the total employer's normal cost, expressed as a percentage of payroll, as determined by the System. Employer contributions, based on salary paid to members from federal funds, may be forwarded by the distributing agency of the State of Illinois to the System prior to allocation, in an amount determined in accordance with guidelines established by such agency and the System. Any contribution for fiscal year 2015 collected as a result of the change made by Public Act 98-674 ~~this amendatory Act of the 98th General Assembly~~ shall be considered a State contribution under subsection (b-3) of this Section.

(d) Effective July 1, 1986, any employer of a teacher as defined in paragraph (8) of Section 16-106 shall pay the employer's normal cost of benefits based upon the teacher's service, in addition to employee contributions, as determined by the System. Such employer contributions shall be forwarded monthly in accordance with guidelines established by the System.

However, with respect to benefits granted under Section 16-133.4 or 16-133.5 to a teacher as defined in paragraph (8) of Section 16-106, the employer's contribution shall be 12% (rather than 20%) of the member's highest annual salary rate for each year of creditable service granted, and the employer shall also pay the required employee contribution on behalf of the teacher. For the purposes of Sections 16-133.4 and 16-133.5, a teacher as defined in paragraph (8) of Section 16-106 who is serving in that capacity while on leave of absence from another employer under this Article shall not be considered an employee of the employer from which the teacher is on leave.

(e) Beginning July 1, 1998, every employer of a teacher shall pay to the System an employer contribution computed as follows:

(1) Beginning July 1, 1998 through June 30, 1999, the employer contribution shall be equal to 0.3% of each teacher's salary.

(2) Beginning July 1, 1999 and thereafter, the employer contribution shall be equal to 0.58% of each teacher's salary.

The school district or other employing unit may pay these employer contributions out of any source of funding available for that purpose and shall forward the contributions to the System on the schedule established for the payment of member contributions.

These employer contributions are intended to offset a portion of the cost to the System of the increases in retirement benefits resulting from Public Act 90-582 ~~this amendatory Act of 1998~~.

Each employer of teachers is entitled to a credit against the contributions required under this subsection (e) with respect to salaries paid to teachers for the period January 1, 2002 through June 30, 2003, equal to the amount paid by that employer under subsection (a-5) of Section 6.6 of the State Employees Group Insurance Act of 1971 with respect to salaries paid to teachers for that period.

The additional 1% employee contribution required under Section 16-152 by Public Act 90-582 ~~this amendatory Act of 1998~~ is the responsibility of the teacher and not the teacher's employer, unless the employer agrees, through collective bargaining or otherwise, to make the contribution on behalf of the teacher.

If an employer is required by a contract in effect on May 1, 1998 between the employer and an employee organization to pay, on behalf of all its full-time employees covered by this Article, all mandatory employee contributions required under this Article, then the employer shall be excused from paying the

employer contribution required under this subsection (e) for the balance of the term of that contract. The employer and the employee organization shall jointly certify to the System the existence of the contractual requirement, in such form as the System may prescribe. This exclusion shall cease upon the termination, extension, or renewal of the contract at any time after May 1, 1998.

(f) If the amount of a teacher's salary for any school year used to determine final average salary exceeds the member's annual full-time salary rate with the same employer for the previous school year by more than 6%, the teacher's employer shall pay to the System, in addition to all other payments required under this Section and in accordance with guidelines established by the System, the present value of the increase in benefits resulting from the portion of the increase in salary that is in excess of 6%. This present value shall be computed by the System on the basis of the actuarial assumptions and tables used in the most recent actuarial valuation of the System that is available at the time of the computation. If a teacher's salary for the 2005-2006 school year is used to determine final average salary under this subsection (f), then the changes made to this subsection (f) by Public Act 94-1057 shall apply in calculating whether the increase in his or her salary is in excess of 6%. For the purposes of this Section, change in employment under Section 10-21.12 of the School Code on or after June 1, 2005 shall constitute a change in employer. The System may require the employer to provide any pertinent information or documentation. The changes made to this subsection (f) by Public Act 94-1111 ~~this amendatory Act of the 94th General Assembly~~ apply without regard to whether the teacher was in service on or after its effective date.

Whenever it determines that a payment is or may be required under this subsection, the System shall calculate the amount of the payment and bill the employer for that amount. The bill shall specify the calculations used to determine the amount due. If the employer disputes the amount of the bill, it may, within 30 days after receipt of the bill, apply to the System in writing for a recalculation. The application must specify in detail the grounds of the dispute and, if the employer asserts that the calculation is subject to subsection (g) or (h) of this Section, must include an affidavit setting forth and attesting to all facts within the employer's knowledge that are pertinent to the applicability of that subsection. Upon receiving a timely application for recalculation, the System shall review the application and, if appropriate, recalculate the amount due.

The employer contributions required under this subsection (f) may be paid in the form of a lump sum within 90 days after receipt of the bill. If the employer contributions are not paid within 90 days after receipt of the bill, then interest will be charged at a rate equal to the System's annual actuarially assumed rate of return on investment compounded annually from the 91st day after receipt of the bill. Payments must be concluded within 3 years after the employer's receipt of the bill.

(g) This subsection (g) applies only to payments made or salary increases given on or after June 1, 2005 but before July 1, 2011. The changes made by Public Act 94-1057 shall not require the System to refund any payments received before July 31, 2006 (the effective date of Public Act 94-1057).

When assessing payment for any amount due under subsection (f), the System shall exclude salary increases paid to teachers under contracts or collective bargaining agreements entered into, amended, or renewed before June 1, 2005.

When assessing payment for any amount due under subsection (f), the System shall exclude salary increases paid to a teacher at a time when the teacher is 10 or more years from retirement eligibility under Section 16-132 or 16-133.2.

When assessing payment for any amount due under subsection (f), the System shall exclude salary increases resulting from overload work, including summer school, when the school district has certified to the System, and the System has approved the certification, that (i) the overload work is for the sole purpose of classroom instruction in excess of the standard number of classes for a full-time teacher in a school district during a school year and (ii) the salary increases are equal to or less than the rate of pay for classroom instruction computed on the teacher's current salary and work schedule.

When assessing payment for any amount due under subsection (f), the System shall exclude a salary increase resulting from a promotion (i) for which the employee is required to hold a certificate or supervisory endorsement issued by the State Teacher Certification Board that is a different certification or supervisory endorsement than is required for the teacher's previous position and (ii) to a position that has existed and been filled by a member for no less than one complete academic year and the salary increase from the promotion is an increase that results in an amount no greater than the lesser of the average salary paid for other similar positions in the district requiring the same certification or the amount stipulated in the collective bargaining agreement for a similar position requiring the same certification.

When assessing payment for any amount due under subsection (f), the System shall exclude any payment to the teacher from the State of Illinois or the State Board of Education over which the employer does not have discretion, notwithstanding that the payment is included in the computation of final average salary.

(h) When assessing payment for any amount due under subsection (f), the System shall exclude any salary increase described in subsection (g) of this Section given on or after July 1, 2011 but before July 1, 2014 under a contract or collective bargaining agreement entered into, amended, or renewed on or after June 1, 2005 but before July 1, 2011. Notwithstanding any other provision of this Section, any payments made or salary increases given after June 30, 2014 shall be used in assessing payment for any amount due under subsection (f) of this Section.

(i) The System shall prepare a report and file copies of the report with the Governor and the General Assembly by January 1, 2007 that contains all of the following information:

(1) The number of recalculations required by the changes made to this Section by Public Act 94-1057 for each employer.

(2) The dollar amount by which each employer's contribution to the System was changed due to recalculations required by Public Act 94-1057.

(3) The total amount the System received from each employer as a result of the changes made to this Section by Public Act 94-4.

(4) The increase in the required State contribution resulting from the changes made to this Section by Public Act 94-1057.

(i-5) For school years beginning on or after July 1, 2017, if the amount of a participant's salary for any school year, ~~determined on a full-time equivalent basis~~, exceeds the amount of the salary set for the Governor, the participant's employer shall pay to the System, in addition to all other payments required under this Section and in accordance with guidelines established by the System, an amount determined by the System to be equal to the employer normal cost, as established by the System and expressed as a total percentage of payroll, multiplied by the amount of salary in excess of the amount of the salary set for the Governor. This amount shall be computed by the System on the basis of the actuarial assumptions and tables used in the most recent actuarial valuation of the System that is available at the time of the computation. The System may require the employer to provide any pertinent information or documentation.

Whenever it determines that a payment is or may be required under this subsection, the System shall calculate the amount of the payment and bill the employer for that amount. The bill shall specify the calculations used to determine the amount due. If the employer disputes the amount of the bill, it may, within 30 days after receipt of the bill, apply to the System in writing for a recalculation. The application must specify in detail the grounds of the dispute. Upon receiving a timely application for recalculation, the System shall review the application and, if appropriate, recalculate the amount due.

The employer contributions required under this subsection may be paid in the form of a lump sum within 90 days after receipt of the bill. If the employer contributions are not paid within 90 days after receipt of the bill, then interest will be charged at a rate equal to the System's annual actuarially assumed rate of return on investment compounded annually from the 91st day after receipt of the bill. Payments must be concluded within 3 years after the employer's receipt of the bill.

(j) For purposes of determining the required State contribution to the System, the value of the System's assets shall be equal to the actuarial value of the System's assets, which shall be calculated as follows:

As of June 30, 2008, the actuarial value of the System's assets shall be equal to the market value of the assets as of that date. In determining the actuarial value of the System's assets for fiscal years after June 30, 2008, any actuarial gains or losses from investment return incurred in a fiscal year shall be recognized in equal annual amounts over the 5-year period following that fiscal year.

(k) For purposes of determining the required State contribution to the system for a particular year, the actuarial value of assets shall be assumed to earn a rate of return equal to the system's actuarially assumed rate of return.

(Source: P.A. 100-23, eff. 7-6-17; 100-340, eff. 8-25-17; revised 9-25-17.)"

Under the rules, the foregoing **Senate Bill No. 2954**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 3022

A bill for AN ACT concerning liquor.

Together with the following amendments which are attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

[May 28, 2018]

House Amendment No. 1 to SENATE BILL NO. 3022  
 House Amendment No. 2 to SENATE BILL NO. 3022  
 Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 3022**

AMENDMENT NO. 1. Amend Senate Bill 3022 on page 2, line 9, by replacing "3-2, 3-12," with "3-1, 3-2, 3-5, 3-6, 3-7, 3-10, 3-12, 5-1,"; and

on page 2, immediately below line 10, by inserting the following:

"(235 ILCS 5/3-1) (from Ch. 43, par. 97)

Sec. 3-1. There is hereby created an Illinois Liquor Control Commission consisting of 7 members to be appointed by the Governor with the advice and consent of the Senate, no more than 4 of whom shall be members of the same political party. The Executive Director of the Illinois Liquor Control Commission shall be appointed by the Governor with the advice and consent of the Senate.  
 (Source: P.A. 91-798, eff. 7-9-00.); and

on page 4, immediately below line 5, by inserting the following:

"(235 ILCS 5/3-5) (from Ch. 43, par. 101)

Sec. 3-5. Each commissioner, the secretary, the Executive Director, and each person appointed by the commission shall, before entering upon the duties of his or her office, take and subscribe to the constitutional oath of office. The secretary, the Executive Director, and each inspector, clerk, and other employee shall devote his or her entire time to the duties of his or her office.  
 (Source: P.A. 82-783.)

(235 ILCS 5/3-6) (from Ch. 43, par. 102)

Sec. 3-6. No person shall be appointed a commissioner, secretary, Executive Director, or inspector for the commission who is not a citizen of the United States. No commissioner, secretary, Executive Director, inspector, or other employee shall be appointed who has been convicted of any violation of any Federal or State law concerning the manufacture or sale of alcoholic liquor prior or subsequent to the passage of this Act or who has paid a fine or penalty in settlement of any prosecution against him or her for any violation of such laws or shall have forfeited his or her bond to appear in court to answer charges for any such violation, nor shall any person be appointed who has been convicted of a felony. No commissioner, Executive Director, inspector, or other employee, may, directly or indirectly, individually or as a member of a partnership, or as a shareholder of a corporation, have any interest whatsoever in the manufacture, sale or distribution of alcoholic liquor, nor receive any compensation or profit therefrom, nor have any interest whatsoever in the purchases or sales made by the persons authorized by this Act, or to purchase or to sell alcoholic liquor. No provision of this section shall prevent any such commissioner, secretary, Executive Director, inspector, or other employee from purchasing and keeping in his or her possession for the use of himself or herself or members of his or her family or guests any alcoholic liquor which may be purchased or kept by any person by virtue of this Act.  
 (Source: P.A. 83-1254.)

(235 ILCS 5/3-7) (from Ch. 43, par. 103)

Sec. 3-7. No commissioner, secretary, Executive Director, or person appointed or employed by the commission, shall solicit or accept any gift, gratuity, emolument or employment from any person subject to the provisions of this Act, or from any officer, agent or employee thereof, nor solicit, request from or recommend, directly or indirectly, to any such person or to any officer, agent or employee thereof, the appointment of any person to any place or position, and every such person, and every officer, agent or employee thereof, is hereby forbidden to offer to any commissioner, secretary, Executive Director, or to any person appointed or employed by the commission, any gift, gratuity, emolument or employment. If any commissioner, secretary, Executive Director, or any person appointed or employed by the commission shall violate any of the provisions of this Section, he or she shall be removed from the office or employment held by him or her. Every person violating the provisions of this Section shall be guilty of a Class A misdemeanor.  
 (Source: P.A. 82-783.)

(235 ILCS 5/3-10) (from Ch. 43, par. 106)

Sec. 3-10. The commissioners, the secretary, the Executive Director, and all clerks, inspectors, and other employees shall be reimbursed for all actual and necessary traveling and other expenses and disbursements

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incurred or made by them in the discharge of their official duties. The commission may also incur necessary expenses for office furniture and other incidental expenses.  
(Source: P.A. 82-783.); and

on page 21, line 1, after "personnel" by inserting "and the Executive Director"; and

on page 21, line 2, after "personnel" by inserting "and the Executive Director"; and

on page 21, by replacing lines 5 and 6 with "status and rights of the employees and the State of Illinois and its agencies under the Personnel Code, the Illinois Public Labor Relations Act, and applicable collective"; and

on page 23, immediately below line 9, by inserting the following:

"(235 ILCS 5/5-1) (from Ch. 43, par. 115)

Sec. 5-1. Licenses issued by the Illinois Liquor Control Commission shall be of the following classes:

(a) Manufacturer's license - Class 1. Distiller, Class 2. Rectifier, Class 3. Brewer, Class 4. First Class Wine Manufacturer, Class 5. Second Class Wine Manufacturer, Class 6. First Class Winemaker, Class 7. Second Class Winemaker, Class 8. Limited Wine Manufacturer, Class 9. Craft Distiller, Class 10. Class 1 Brewer, Class 11. Class 2 Brewer,

(b) Distributor's license,

(c) Importing Distributor's license,

(d) Retailer's license,

(e) Special Event Retailer's license (not-for-profit),

(f) Railroad license,

(g) Boat license,

(h) Non-Beverage User's license,

(i) Wine-maker's premises license,

(j) Airplane license,

(k) Foreign importer's license,

(l) Broker's license,

(m) Non-resident dealer's license,

(n) Brew Pub license,

(o) Auction liquor license,

(p) Caterer retailer license,

(q) Special use permit license,

(r) Winery shipper's license,

(s) Craft distiller tasting permit.

No person, firm, partnership, corporation, or other legal business entity that is engaged in the manufacturing of wine may concurrently obtain and hold a wine-maker's license and a wine manufacturer's license.

(a) A manufacturer's license shall allow the manufacture, importation in bulk, storage, distribution and sale of alcoholic liquor to persons without the State, as may be permitted by law and to licensees in this State as follows:

Class 1. A Distiller may make sales and deliveries of alcoholic liquor to distillers, rectifiers, importing distributors, distributors and non-beverage users and to no other licensees.

Class 2. A Rectifier, who is not a distiller, as defined herein, may make sales and deliveries of alcoholic liquor to rectifiers, importing distributors, distributors, retailers and non-beverage users and to no other licensees.

Class 3. A Brewer may make sales and deliveries of beer to importing distributors and distributors and may make sales as authorized under subsection (e) of Section 6-4 of this Act.

Class 4. A first class wine-manufacturer may make sales and deliveries of up to 50,000 gallons of wine to manufacturers, importing distributors and distributors, and to no other licensees.

Class 5. A second class Wine manufacturer may make sales and deliveries of more than 50,000 gallons of wine to manufacturers, importing distributors and distributors and to no other licensees.

Class 6. A first-class wine-maker's license shall allow the manufacture of up to 50,000 gallons of wine per year, and the storage and sale of such wine to distributors in the State and to persons without the State, as may be permitted by law. A person who, prior to June 1, 2008 (the effective date of Public Act 95-634), is a holder of a first-class wine-maker's license and annually produces more than 25,000 gallons of its own

wine and who distributes its wine to licensed retailers shall cease this practice on or before July 1, 2008 in compliance with Public Act 95-634.

Class 7. A second-class wine-maker's license shall allow the manufacture of between 50,000 and 150,000 gallons of wine per year, and the storage and sale of such wine to distributors in this State and to persons without the State, as may be permitted by law. A person who, prior to June 1, 2008 (the effective date of Public Act 95-634), is a holder of a second-class wine-maker's license and annually produces more than 25,000 gallons of its own wine and who distributes its wine to licensed retailers shall cease this practice on or before July 1, 2008 in compliance with Public Act 95-634.

Class 8. A limited wine-manufacturer may make sales and deliveries not to exceed 40,000 gallons of wine per year to distributors, and to non-licensees in accordance with the provisions of this Act.

Class 9. A craft distiller license shall allow the manufacture of up to 100,000 gallons of spirits by distillation per year and the storage of such spirits. If a craft distiller licensee, including a craft distiller licensee who holds more than one craft distiller license, is not affiliated with any other manufacturer of spirits, then the craft distiller licensee may sell such spirits to distributors in this State and up to 2,500 gallons of such spirits to non-licensees to the extent permitted by any exemption approved by the Commission pursuant to Section 6-4 of this Act. A craft distiller license holder may store such spirits at a non-contiguous licensed location, but at no time shall a craft distiller license holder directly or indirectly produce in the aggregate more than 100,000 gallons of spirits per year.

A craft distiller licensee may hold more than one craft distiller's license. However, a craft distiller that holds more than one craft distiller license shall not manufacture, in the aggregate, more than 100,000 gallons of spirits by distillation per year and shall not sell, in the aggregate, more than 2,500 gallons of such spirits to non-licensees in accordance with an exemption approved by the State Commission pursuant to Section 6-4 of this Act.

Any craft distiller licensed under this Act who on July 28, 2010 (the effective date of Public Act 96-1367) was licensed as a distiller and manufactured no more spirits than permitted by this Section shall not be required to pay the initial licensing fee.

Class 10. A class 1 brewer license, which may only be issued to a licensed brewer or licensed non-resident dealer, shall allow the manufacture of up to 930,000 gallons of beer per year provided that the class 1 brewer licensee does not manufacture more than a combined 930,000 gallons of beer per year and is not a member of or affiliated with, directly or indirectly, a manufacturer that produces more than 930,000 gallons of beer per year or any other alcoholic liquor. A class 1 brewer licensee may make sales and deliveries to importing distributors and distributors and to retail licensees in accordance with the conditions set forth in paragraph (18) of subsection (a) of Section 3-12 of this Act.

Class 11. A class 2 brewer license, which may only be issued to a licensed brewer or licensed non-resident dealer, shall allow the manufacture of up to 3,720,000 gallons of beer per year provided that the class 2 brewer licensee does not manufacture more than a combined 3,720,000 gallons of beer per year and is not a member of or affiliated with, directly or indirectly, a manufacturer that produces more than 3,720,000 gallons of beer per year or any other alcoholic liquor. A class 2 brewer licensee may make sales and deliveries to importing distributors and distributors, but shall not make sales or deliveries to any other licensee. If the State Commission provides prior approval, a class 2 brewer licensee may annually transfer up to 3,720,000 gallons of beer manufactured by that class 2 brewer licensee to the premises of a licensed class 2 brewer wholly owned and operated by the same licensee.

(a-1) A manufacturer which is licensed in this State to make sales or deliveries of alcoholic liquor to licensed distributors or importing distributors and which enlists agents, representatives, or individuals acting on its behalf who contact licensed retailers on a regular and continual basis in this State must register those agents, representatives, or persons acting on its behalf with the State Commission.

Registration of agents, representatives, or persons acting on behalf of a manufacturer is fulfilled by submitting a form to the Commission. The form shall be developed by the Commission and shall include the name and address of the applicant, the name and address of the manufacturer he or she represents, the territory or areas assigned to sell to or discuss pricing terms of alcoholic liquor, and any other questions deemed appropriate and necessary. All statements in the forms required to be made by law or by rule shall be deemed material, and any person who knowingly misstates any material fact under oath in an application is guilty of a Class B misdemeanor. Fraud, misrepresentation, false statements, misleading statements, evasions, or suppression of material facts in the securing of a registration are grounds for suspension or revocation of the registration. The State Commission shall post a list of registered agents on the Commission's website.

(b) A distributor's license shall allow the wholesale purchase and storage of alcoholic liquors and sale of alcoholic liquors to licensees in this State and to persons without the State, as may be permitted by law. No person licensed as a distributor shall be granted a non-resident dealer's license.

(c) An importing distributor's license may be issued to and held by those only who are duly licensed distributors, upon the filing of an application by a duly licensed distributor, with the Commission and the Commission shall, without the payment of any fee, immediately issue such importing distributor's license to the applicant, which shall allow the importation of alcoholic liquor by the licensee into this State from any point in the United States outside this State, and the purchase of alcoholic liquor in barrels, casks or other bulk containers and the bottling of such alcoholic liquors before resale thereof, but all bottles or containers so filled shall be sealed, labeled, stamped and otherwise made to comply with all provisions, rules and regulations governing manufacturers in the preparation and bottling of alcoholic liquors. The importing distributor's license shall permit such licensee to purchase alcoholic liquor from Illinois licensed non-resident dealers and foreign importers only. No person licensed as an importing distributor shall be granted a non-resident dealer's license.

(d) A retailer's license shall allow the licensee to sell and offer for sale at retail, only in the premises specified in the license, alcoholic liquor for use or consumption, but not for resale in any form. Nothing in Public Act 95-634 shall deny, limit, remove, or restrict the ability of a holder of a retailer's license to transfer, deliver, or ship alcoholic liquor to the purchaser for use or consumption subject to any applicable local law or ordinance. Any retail license issued to a manufacturer shall only permit the manufacturer to sell beer at retail on the premises actually occupied by the manufacturer. For the purpose of further describing the type of business conducted at a retail licensed premises, a retailer's licensee may be designated by the State Commission as (i) an on premise consumption retailer, (ii) an off premise sale retailer, or (iii) a combined on premise consumption and off premise sale retailer.

Notwithstanding any other provision of this subsection (d), a retail licensee may sell alcoholic liquors to a special event retailer licensee for resale to the extent permitted under subsection (e).

(e) A special event retailer's license (not-for-profit) shall permit the licensee to purchase alcoholic liquors from an Illinois licensed distributor (unless the licensee purchases less than \$500 of alcoholic liquors for the special event, in which case the licensee may purchase the alcoholic liquors from a licensed retailer) and shall allow the licensee to sell and offer for sale, at retail, alcoholic liquors for use or consumption, but not for resale in any form and only at the location and on the specific dates designated for the special event in the license. An applicant for a special event retailer license must (i) furnish with the application: (A) a resale number issued under Section 2c of the Retailers' Occupation Tax Act or evidence that the applicant is registered under Section 2a of the Retailers' Occupation Tax Act, (B) a current, valid exemption identification number issued under Section 1g of the Retailers' Occupation Tax Act, and a certification to the Commission that the purchase of alcoholic liquors will be a tax-exempt purchase, or (C) a statement that the applicant is not registered under Section 2a of the Retailers' Occupation Tax Act, does not hold a resale number under Section 2c of the Retailers' Occupation Tax Act, and does not hold an exemption number under Section 1g of the Retailers' Occupation Tax Act, in which event the Commission shall set forth on the special event retailer's license a statement to that effect; (ii) submit with the application proof satisfactory to the State Commission that the applicant will provide dram shop liability insurance in the maximum limits; and (iii) show proof satisfactory to the State Commission that the applicant has obtained local authority approval.

(f) A railroad license shall permit the licensee to import alcoholic liquors into this State from any point in the United States outside this State and to store such alcoholic liquors in this State; to make wholesale purchases of alcoholic liquors directly from manufacturers, foreign importers, distributors and importing distributors from within or outside this State; and to store such alcoholic liquors in this State; provided that the above powers may be exercised only in connection with the importation, purchase or storage of alcoholic liquors to be sold or dispensed on a club, buffet, lounge or dining car operated on an electric, gas or steam railway in this State; and provided further, that railroad licensees exercising the above powers shall be subject to all provisions of Article VIII of this Act as applied to importing distributors. A railroad license shall also permit the licensee to sell or dispense alcoholic liquors on any club, buffet, lounge or dining car operated on an electric, gas or steam railway regularly operated by a common carrier in this State, but shall not permit the sale for resale of any alcoholic liquors to any licensee within this State. A license shall be obtained for each car in which such sales are made.

(g) A boat license shall allow the sale of alcoholic liquor in individual drinks, on any passenger boat regularly operated as a common carrier on navigable waters in this State or on any riverboat operated under the Riverboat Gambling Act, which boat or riverboat maintains a public dining room or restaurant thereon.

(h) A non-beverage user's license shall allow the licensee to purchase alcoholic liquor from a licensed manufacturer or importing distributor, without the imposition of any tax upon the business of such licensed manufacturer or importing distributor as to such alcoholic liquor to be used by such licensee solely for the non-beverage purposes set forth in subsection (a) of Section 8-1 of this Act, and such licenses shall be



divided and classified and shall permit the purchase, possession and use of limited and stated quantities of alcoholic liquor as follows:

Class 1, not to exceed .....	500 gallons
Class 2, not to exceed .....	1,000 gallons
Class 3, not to exceed .....	5,000 gallons
Class 4, not to exceed .....	10,000 gallons
Class 5, not to exceed .....	50,000 gallons

(i) A wine-maker's premises license shall allow a licensee that concurrently holds a first-class wine-maker's license to sell and offer for sale at retail in the premises specified in such license not more than 50,000 gallons of the first-class wine-maker's wine that is made at the first-class wine-maker's licensed premises per year for use or consumption, but not for resale in any form. A wine-maker's premises license shall allow a licensee who concurrently holds a second-class wine-maker's license to sell and offer for sale at retail in the premises specified in such license up to 100,000 gallons of the second-class wine-maker's wine that is made at the second-class wine-maker's licensed premises per year for use or consumption but not for resale in any form. A wine-maker's premises license shall allow a licensee that concurrently holds a first-class wine-maker's license or a second-class wine-maker's license to sell and offer for sale at retail at the premises specified in the wine-maker's premises license, for use or consumption but not for resale in any form, any beer, wine, and spirits purchased from a licensed distributor. Upon approval from the State Commission, a wine-maker's premises license shall allow the licensee to sell and offer for sale at (i) the wine-maker's licensed premises and (ii) at up to 2 additional locations for use and consumption and not for resale. Each location shall require additional licensing per location as specified in Section 5-3 of this Act. A wine-maker's premises licensee shall secure liquor liability insurance coverage in an amount at least equal to the maximum liability amounts set forth in subsection (a) of Section 6-21 of this Act.

(j) An airplane license shall permit the licensee to import alcoholic liquors into this State from any point in the United States outside this State and to store such alcoholic liquors in this State; to make wholesale purchases of alcoholic liquors directly from manufacturers, foreign importers, distributors and importing distributors from within or outside this State; and to store such alcoholic liquors in this State; provided that the above powers may be exercised only in connection with the importation, purchase or storage of alcoholic liquors to be sold or dispensed on an airplane; and provided further, that airplane licensees exercising the above powers shall be subject to all provisions of Article VIII of this Act as applied to importing distributors. An airplane licensee shall also permit the sale or dispensing of alcoholic liquors on any passenger airplane regularly operated by a common carrier in this State, but shall not permit the sale for resale of any alcoholic liquors to any licensee within this State. A single airplane license shall be required of an airline company if liquor service is provided on board aircraft in this State. The annual fee for such license shall be as determined in Section 5-3.

(k) A foreign importer's license shall permit such licensee to purchase alcoholic liquor from Illinois licensed non-resident dealers only, and to import alcoholic liquor other than in bulk from any point outside the United States and to sell such alcoholic liquor to Illinois licensed importing distributors and to no one else in Illinois; provided that (i) the foreign importer registers with the State Commission every brand of alcoholic liquor that it proposes to sell to Illinois licensees during the license period, (ii) the foreign importer complies with all of the provisions of Section 6-9 of this Act with respect to registration of such Illinois licensees as may be granted the right to sell such brands at wholesale, and (iii) the foreign importer complies with the provisions of Sections 6-5 and 6-6 of this Act to the same extent that these provisions apply to manufacturers.

(l) (i) A broker's license shall be required of all persons who solicit orders for, offer to sell or offer to supply alcoholic liquor to retailers in the State of Illinois, or who offer to retailers to ship or cause to be shipped or to make contact with distillers, rectifiers, brewers or manufacturers or any other party within or without the State of Illinois in order that alcoholic liquors be shipped to a distributor, importing distributor or foreign importer, whether such solicitation or offer is consummated within or without the State of Illinois.

No holder of a retailer's license issued by the Illinois Liquor Control Commission shall purchase or receive any alcoholic liquor, the order for which was solicited or offered for sale to such retailer by a broker unless the broker is the holder of a valid broker's license.

The broker shall, upon the acceptance by a retailer of the broker's solicitation of an order or offer to sell or supply or deliver or have delivered alcoholic liquors, promptly forward to the Illinois Liquor Control Commission a notification of said transaction in such form as the Commission may by regulations prescribe.

(ii) A broker's license shall be required of a person within this State, other than a retail licensee, who, for a fee or commission, promotes, solicits, or accepts orders for alcoholic liquor, for use or consumption

and not for resale, to be shipped from this State and delivered to residents outside of this State by an express company, common carrier, or contract carrier. This Section does not apply to any person who promotes, solicits, or accepts orders for wine as specifically authorized in Section 6-29 of this Act.

A broker's license under this subsection (l) shall not entitle the holder to buy or sell any alcoholic liquors for his own account or to take or deliver title to such alcoholic liquors.

This subsection (l) shall not apply to distributors, employees of distributors, or employees of a manufacturer who has registered the trademark, brand or name of the alcoholic liquor pursuant to Section 6-9 of this Act, and who regularly sells such alcoholic liquor in the State of Illinois only to its registrants thereunder.

Any agent, representative, or person subject to registration pursuant to subsection (a-1) of this Section shall not be eligible to receive a broker's license.

(m) A non-resident dealer's license shall permit such licensee to ship into and warehouse alcoholic liquor into this State from any point outside of this State, and to sell such alcoholic liquor to Illinois licensed foreign importers and importing distributors and to no one else in this State; provided that (i) said non-resident dealer shall register with the Illinois Liquor Control Commission each and every brand of alcoholic liquor which it proposes to sell to Illinois licensees during the license period, (ii) it shall comply with all of the provisions of Section 6-9 hereof with respect to registration of such Illinois licensees as may be granted the right to sell such brands at wholesale by duly filing such registration statement, thereby authorizing the non-resident dealer to proceed to sell such brands at wholesale, and (iii) the non-resident dealer shall comply with the provisions of Sections 6-5 and 6-6 of this Act to the same extent that these provisions apply to manufacturers. No person licensed as a non-resident dealer shall be granted a distributor's or importing distributor's license.

(n) A brew pub license shall allow the licensee to only (i) manufacture up to 155,000 gallons of beer per year only on the premises specified in the license, (ii) make sales of the beer manufactured on the premises or, with the approval of the Commission, beer manufactured on another brew pub licensed premises that is wholly owned and operated by the same licensee to importing distributors, distributors, and to non-licensees for use and consumption, (iii) store the beer upon the premises, (iv) sell and offer for sale at retail from the licensed premises for off-premises consumption no more than 155,000 gallons per year so long as such sales are only made in-person, (v) sell and offer for sale at retail for use and consumption on the premises specified in the license any form of alcoholic liquor purchased from a licensed distributor or importing distributor, and (vi) with the prior approval of the Commission, annually transfer no more than 155,000 gallons of beer manufactured on the premises to a licensed brew pub wholly owned and operated by the same licensee.

A brew pub licensee shall not under any circumstance sell or offer for sale beer manufactured by the brew pub licensee to retail licensees.

A person who holds a class 2 brewer license may simultaneously hold a brew pub license if the class 2 brewer (i) does not, under any circumstance, sell or offer for sale beer manufactured by the class 2 brewer to retail licensees; (ii) does not hold more than 3 brew pub licenses in this State; (iii) does not manufacture more than a combined 3,720,000 gallons of beer per year, including the beer manufactured at the brew pub; and (iv) is not a member of or affiliated with, directly or indirectly, a manufacturer that produces more than 3,720,000 gallons of beer per year or any other alcoholic liquor.

Notwithstanding any other provision of this Act, a licensed brewer, class 2 brewer, or non-resident dealer who before July 1, 2015 manufactured less than 3,720,000 gallons of beer per year and held a brew pub license on or before July 1, 2015 may (i) continue to qualify for and hold that brew pub license for the licensed premises and (ii) manufacture more than 3,720,000 gallons of beer per year and continue to qualify for and hold that brew pub license if that brewer, class 2 brewer, or non-resident dealer does not simultaneously hold a class 1 brewer license and is not a member of or affiliated with, directly or indirectly, a manufacturer that produces more than 3,720,000 gallons of beer per year or that produces any other alcoholic liquor.

(o) A caterer retailer license shall allow the holder to serve alcoholic liquors as an incidental part of a food service that serves prepared meals which excludes the serving of snacks as the primary meal, either on or off-site whether licensed or unlicensed.

(p) An auction liquor license shall allow the licensee to sell and offer for sale at auction wine and spirits for use or consumption, or for resale by an Illinois liquor licensee in accordance with provisions of this Act. An auction liquor license will be issued to a person and it will permit the auction liquor licensee to hold the auction anywhere in the State. An auction liquor license must be obtained for each auction at least 14 days in advance of the auction date.

(q) A special use permit license shall allow an Illinois licensed retailer to transfer a portion of its alcoholic liquor inventory from its retail licensed premises to the premises specified in the license hereby

created, and to sell or offer for sale at retail, only in the premises specified in the license hereby created, the transferred alcoholic liquor for use or consumption, but not for resale in any form. A special use permit license may be granted for the following time periods: one day or less; 2 or more days to a maximum of 15 days per location in any 12-month period. An applicant for the special use permit license must also submit with the application proof satisfactory to the State Commission that the applicant will provide dram shop liability insurance to the maximum limits and have local authority approval.

(r) A winery shipper's license shall allow a person with a first-class or second-class wine manufacturer's license, a first-class or second-class wine-maker's license, or a limited wine manufacturer's license or who is licensed to make wine under the laws of another state to ship wine made by that licensee directly to a resident of this State who is 21 years of age or older for that resident's personal use and not for resale. Prior to receiving a winery shipper's license, an applicant for the license must provide the Commission with a true copy of its current license in any state in which it is licensed as a manufacturer of wine. An applicant for a winery shipper's license must also complete an application form that provides any other information the Commission deems necessary. The application form shall include all addresses from which the applicant for a winery shipper's license intends to ship wine, including the name and address of any third party, except for a common carrier, authorized to ship wine on behalf of the manufacturer. The application form shall include an acknowledgement consenting to the jurisdiction of the Commission, the Illinois Department of Revenue, and the courts of this State concerning the enforcement of this Act and any related laws, rules, and regulations, including authorizing the Department of Revenue and the Commission to conduct audits for the purpose of ensuring compliance with Public Act 95-634, and an acknowledgement that the wine manufacturer is in compliance with Section 6-2 of this Act. Any third party, except for a common carrier, authorized to ship wine on behalf of a first-class or second-class wine manufacturer's licensee, a first-class or second-class wine-maker's licensee, a limited wine manufacturer's licensee, or a person who is licensed to make wine under the laws of another state shall also be disclosed by the winery shipper's licensee, and a copy of the written appointment of the third-party wine provider, except for a common carrier, to the wine manufacturer shall be filed with the State Commission as a supplement to the winery shipper's license application or any renewal thereof. The winery shipper's license holder shall affirm under penalty of perjury, as part of the winery shipper's license application or renewal, that he or she only ships wine, either directly or indirectly through a third-party provider, from the licensee's own production.

Except for a common carrier, a third-party provider shipping wine on behalf of a winery shipper's license holder is the agent of the winery shipper's license holder and, as such, a winery shipper's license holder is responsible for the acts and omissions of the third-party provider acting on behalf of the license holder. A third-party provider, except for a common carrier, that engages in shipping wine into Illinois on behalf of a winery shipper's license holder shall consent to the jurisdiction of the State Commission and the State. Any third-party, except for a common carrier, holding such an appointment shall, by February 1 of each calendar year and upon request by the State Commission or the Department of Revenue, file with the State Commission a statement detailing each shipment made to an Illinois resident. The statement shall include the name and address of the third-party provider filing the statement, the time period covered by the statement, and the following information:

- (1) the name, address, and license number of the winery shipper on whose behalf the shipment was made;
- (2) the quantity of the products delivered; and
- (3) the date and address of the shipment.

If the Department of Revenue or the State Commission requests a statement under this paragraph, the third-party provider must provide that statement no later than 30 days after the request is made. Any books, records, supporting papers, and documents containing information and data relating to a statement under this paragraph shall be kept and preserved for a period of 3 years, unless their destruction sooner is authorized, in writing, by the Director of Revenue, and shall be open and available to inspection by the Director of Revenue or the State Commission or any duly authorized officer, agent, or employee of the State Commission or the Department of Revenue, at all times during business hours of the day. Any person who violates any provision of this paragraph or any rule of the State Commission for the administration and enforcement of the provisions of this paragraph is guilty of a Class C misdemeanor. In case of a continuing violation, each day's continuance thereof shall be a separate and distinct offense.

The State Commission shall adopt rules as soon as practicable to implement the requirements of Public Act 99-904 and shall adopt rules prohibiting any such third-party appointment of a third-party provider, except for a common carrier, that has been deemed by the State Commission to have violated the provisions of this Act with regard to any winery shipper licensee.

A winery shipper licensee must pay to the Department of Revenue the State liquor gallonage tax under Section 8-1 for all wine that is sold by the licensee and shipped to a person in this State. For the purposes of Section 8-1, a winery shipper licensee shall be taxed in the same manner as a manufacturer of wine. A licensee who is not otherwise required to register under the Retailers' Occupation Tax Act must register under the Use Tax Act to collect and remit use tax to the Department of Revenue for all gallons of wine that are sold by the licensee and shipped to persons in this State. If a licensee fails to remit the tax imposed under this Act in accordance with the provisions of Article VIII of this Act, the winery shipper's license shall be revoked in accordance with the provisions of Article VII of this Act. If a licensee fails to properly register and remit tax under the Use Tax Act or the Retailers' Occupation Tax Act for all wine that is sold by the winery shipper and shipped to persons in this State, the winery shipper's license shall be revoked in accordance with the provisions of Article VII of this Act.

A winery shipper licensee must collect, maintain, and submit to the Commission on a semi-annual basis the total number of cases per resident of wine shipped to residents of this State. A winery shipper licensed under this subsection (r) must comply with the requirements of Section 6-29 of this Act.

Pursuant to paragraph (5.1) or (5.3) of subsection (a) of Section 3-12, the State Commission may receive, respond to, and investigate any complaint and impose any of the remedies specified in paragraph (1) of subsection (a) of Section 3-12.

As used in this subsection, "third-party provider" means any entity that provides fulfillment house services, including warehousing, packaging, distribution, order processing, or shipment of wine, but not the sale of wine, on behalf of a licensed winery shipper.

(s) A craft distiller tasting permit license shall allow an Illinois licensed craft distiller to transfer a portion of its alcoholic liquor inventory from its craft distiller licensed premises to the premises specified in the license hereby created and to conduct a sampling, only in the premises specified in the license hereby created, of the transferred alcoholic liquor in accordance with subsection (c) of Section 6-31 of this Act. The transferred alcoholic liquor may not be sold or resold in any form. An applicant for the craft distiller tasting permit license must also submit with the application proof satisfactory to the State Commission that the applicant will provide dram shop liability insurance to the maximum limits and have local authority approval.

(Source: P.A. 99-448, eff. 8-24-15; 99-642, eff. 7-28-16; 99-800, eff. 8-12-16; 99-902, eff. 8-26-16; 99-904, eff. 1-1-17; 100-17, eff. 6-30-17; 100-201, eff. 8-18-17.)"

#### **AMENDMENT NO. 2 TO SENATE BILL 3022**

AMENDMENT NO. 2. Amend Senate Bill 3022 on page 27, line 10, by replacing "January" with "July"; and

on page 27, line 11, by replacing "Section 3-12" with "Sections 3-12 and 5-1".

Under the rules, the foregoing **Senate Bill No. 3022**, with House Amendments numbered 1 and 2, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 3023

A bill for AN ACT concerning substance use disorder treatment.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 3023

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

#### **AMENDMENT NO. 1 TO SENATE BILL 3023**

AMENDMENT NO. 1. Amend Senate Bill 3023 by replacing line 24 on page 5 through line 5 on page 6 with the following:

"(c-5) Whenever appropriate and available, case management should be provided by a licensed treatment provider or other appropriate provider and may include peer recovery support approaches."; and

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on page 6, line 16, after "(2)", by inserting "of subsection (a)"; and

on page 7, by replacing line 5 with the following:

"(a) The Illinois Criminal Justice Information Authority, in"; and

on page 7, lines 7 and 8, by replacing "Alcoholism and Substance Abuse" with "Substance Use Prevention and Recovery"; and

on page 7, line 17, after the semicolon, by inserting "and"; and

on page 8, by replacing lines 2 through 4 with the following:

"programs in aggregate.

(b) The Illinois Criminal Justice Information Authority shall make statistical data collected under subsection (a) of this Section available to the Department of Human Services,"; and

on page 8, line 5, by replacing "Alcoholism and Substance Abuse" with "Substance Use Prevention and Recovery"; and

on page 8, line 17, by replacing "reimbursing" with "funding"; and

on page 8, by replacing lines 22 through 23 with "distribution of funds for expenses related to deflection programs. Funding shall be made available to support both new and existing deflection programs in a broad spectrum of geographic regions in this State, including urban, suburban, and rural communities. Activities eligible for funding".

Under the rules, the foregoing **Senate Bill No. 3023**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 3046

A bill for AN ACT concerning government.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 3046

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 3046**

AMENDMENT NO. 1. Amend Senate Bill 3046 by replacing everything after the enacting clause with the following:

"Section 5. The State Employees Group Insurance Act of 1971 is amended by changing Sections 6.5 and 6.9 as follows:

(5 ILCS 375/6.5)

Sec. 6.5. Health benefits for TRS benefit recipients and TRS dependent beneficiaries.

(a) Purpose. It is the purpose of this amendatory Act of 1995 to transfer the administration of the program of health benefits established for benefit recipients and their dependent beneficiaries under Article 16 of the Illinois Pension Code to the Department of Central Management Services.

(b) Transition provisions. The Board of Trustees of the Teachers' Retirement System shall continue to administer the health benefit program established under Article 16 of the Illinois Pension Code through December 31, 1995. Beginning January 1, 1996, the Department of Central Management Services shall be responsible for administering a program of health benefits for TRS benefit recipients and TRS dependent beneficiaries under this Section. The Department of Central Management Services and the Teachers' Retirement System shall cooperate in this endeavor and shall coordinate their activities so as to ensure a smooth transition and uninterrupted health benefit coverage.

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(c) Eligibility. All persons who were enrolled in the Article 16 program at the time of the transfer shall be eligible to participate in the program established under this Section without any interruption or delay in coverage or limitation as to pre-existing medical conditions. Eligibility to participate shall be determined by the Teachers' Retirement System. Eligibility information shall be communicated to the Department of Central Management Services in a format acceptable to the Department.

Eligible TRS benefit recipients may enroll or re-enroll in the program of health benefits established under this Section during any applicable annual open enrollment period and as otherwise permitted by the Department of Central Management Services. A TRS benefit recipient shall not be deemed ineligible to participate solely by reason of the TRS benefit recipient having made a previous election to disenroll or otherwise not participate in the program of health benefits.

A TRS dependent beneficiary who is a child age 19 or over and mentally or physically disabled does not become ineligible to participate by reason of (i) becoming ineligible to be claimed as a dependent for Illinois or federal income tax purposes or (ii) receiving earned income, so long as those earnings are insufficient for the child to be fully self-sufficient.

(d) Coverage. The level of health benefits provided under this Section shall be similar to the level of benefits provided by the program previously established under Article 16 of the Illinois Pension Code.

Group life insurance benefits are not included in the benefits to be provided to TRS benefit recipients and TRS dependent beneficiaries under this Act.

The program of health benefits under this Section may include any or all of the benefit limitations, including but not limited to a reduction in benefits based on eligibility for federal ~~Medicare~~ medicare benefits, that are provided under subsection (a) of Section 6 of this Act for other health benefit programs under this Act.

(e) Insurance rates and premiums. The Director shall determine the insurance rates and premiums for TRS benefit recipients and TRS dependent beneficiaries, and shall present to the Teachers' Retirement System of the State of Illinois, by April 15 of each calendar year, the rate-setting methodology (including but not limited to utilization levels and costs) used to determine the amount of the health care premiums.

For Fiscal Year 1996, the premium shall be equal to the premium actually charged in Fiscal Year 1995; in subsequent years, the premium shall never be lower than the premium charged in Fiscal Year 1995.

For Fiscal Year 2003, the premium shall not exceed 110% of the premium actually charged in Fiscal Year 2002.

For Fiscal Year 2004, the premium shall not exceed 112% of the premium actually charged in Fiscal Year 2003.

For Fiscal Year 2005, the premium shall not exceed a weighted average of 106.6% of the premium actually charged in Fiscal Year 2004.

For Fiscal Year 2006, the premium shall not exceed a weighted average of 109.1% of the premium actually charged in Fiscal Year 2005.

For Fiscal Year 2007, the premium shall not exceed a weighted average of 103.9% of the premium actually charged in Fiscal Year 2006.

For Fiscal Year 2008 and thereafter, the premium in each fiscal year shall not exceed 105% of the premium actually charged in the previous fiscal year.

Rates and premiums may be based in part on age and eligibility for federal medicare coverage. However, the cost of participation for a TRS dependent beneficiary who is an unmarried child age 19 or over and mentally or physically disabled shall not exceed the cost for a TRS dependent beneficiary who is an unmarried child under age 19 and participates in the same major medical or managed care program.

The cost of health benefits under the program shall be paid as follows:

(1) For a TRS benefit recipient selecting a managed care program, up to 75% of the total insurance rate shall be paid from the Teacher Health Insurance Security Fund. Effective with Fiscal Year 2007 and thereafter, for a TRS benefit recipient selecting a managed care program, 75% of the total insurance rate shall be paid from the Teacher Health Insurance Security Fund.

(2) For a TRS benefit recipient selecting the major medical coverage program, up to 50% of the total insurance rate shall be paid from the Teacher Health Insurance Security Fund if a managed care program is accessible, as determined by the Teachers' Retirement System. Effective with Fiscal Year 2007 and thereafter, for a TRS benefit recipient selecting the major medical coverage program, 50% of the total insurance rate shall be paid from the Teacher Health Insurance Security Fund if a managed care program is accessible, as determined by the Department of Central Management Services.

(3) For a TRS benefit recipient selecting the major medical coverage program, up to 75% of the total insurance rate shall be paid from the Teacher Health Insurance Security Fund if a managed care program is not accessible, as determined by the Teachers' Retirement System. Effective with Fiscal

Year 2007 and thereafter, for a TRS benefit recipient selecting the major medical coverage program, 75% of the total insurance rate shall be paid from the Teacher Health Insurance Security Fund if a managed care program is not accessible, as determined by the Department of Central Management Services.

(3.1) For a TRS dependent beneficiary who is Medicare primary and enrolled in a managed care plan, or the major medical coverage program if a managed care plan is not available, 25% of the total insurance rate shall be paid from the Teacher Health Security Fund as determined by the Department of Central Management Services. For the purpose of this item (3.1), the term "TRS dependent beneficiary who is Medicare primary" means a TRS dependent beneficiary who is participating in Medicare Parts A and B.

(4) Except as otherwise provided in item (3.1), the balance of the rate of insurance, including the entire premium of any coverage for TRS dependent beneficiaries that has been elected, shall be paid by deductions authorized by the TRS benefit recipient to be withheld from his or her monthly annuity or benefit payment from the Teachers' Retirement System; except that (i) if the balance of the cost of coverage exceeds the amount of the monthly annuity or benefit payment, the difference shall be paid directly to the Teachers' Retirement System by the TRS benefit recipient, and (ii) all or part of the balance of the cost of coverage may, at the school board's option, be paid to the Teachers' Retirement System by the school board of the school district from which the TRS benefit recipient retired, in accordance with Section 10-22.3b of the School Code. The Teachers' Retirement System shall promptly deposit all moneys withheld by or paid to it under this subdivision (e)(4) into the Teacher Health Insurance Security Fund. These moneys shall not be considered assets of the Retirement System.

(f) Financing. Beginning July 1, 1995, all revenues arising from the administration of the health benefit programs established under Article 16 of the Illinois Pension Code or this Section shall be deposited into the Teacher Health Insurance Security Fund, which is hereby created as a nonappropriated trust fund to be held outside the State Treasury, with the State Treasurer as custodian. Any interest earned on moneys in the Teacher Health Insurance Security Fund shall be deposited into the Fund.

Moneys in the Teacher Health Insurance Security Fund shall be used only to pay the costs of the health benefit program established under this Section, including associated administrative costs, and the costs associated with the health benefit program established under Article 16 of the Illinois Pension Code, as authorized in this Section. Beginning July 1, 1995, the Department of Central Management Services may make expenditures from the Teacher Health Insurance Security Fund for those costs.

After other funds authorized for the payment of the costs of the health benefit program established under Article 16 of the Illinois Pension Code are exhausted and until January 1, 1996 (or such later date as may be agreed upon by the Director of Central Management Services and the Secretary of the Teachers' Retirement System), the Secretary of the Teachers' Retirement System may make expenditures from the Teacher Health Insurance Security Fund as necessary to pay up to 75% of the cost of providing health coverage to eligible benefit recipients (as defined in Sections 16-153.1 and 16-153.3 of the Illinois Pension Code) who are enrolled in the Article 16 health benefit program and to facilitate the transfer of administration of the health benefit program to the Department of Central Management Services.

The Department of Central Management Services, or any successor agency designated to procure healthcare contracts pursuant to this Act, is authorized to establish funds, separate accounts provided by any bank or banks as defined by the Illinois Banking Act, or separate accounts provided by any savings and loan association or associations as defined by the Illinois Savings and Loan Act of 1985 to be held by the Director, outside the State treasury, for the purpose of receiving the transfer of moneys from the Teacher Health Insurance Security Fund. The Department may promulgate rules further defining the methodology for the transfers. Any interest earned by moneys in the funds or accounts shall inure to the Teacher Health Insurance Security Fund. The transferred moneys, and interest accrued thereon, shall be used exclusively for transfers to administrative service organizations or their financial institutions for payments of claims to claimants and providers under the self-insurance health plan. The transferred moneys, and interest accrued thereon, shall not be used for any other purpose including, but not limited to, reimbursement of administration fees due the administrative service organization pursuant to its contract or contracts with the Department.

(g) Contract for benefits. The Director shall by contract, self-insurance, or otherwise make available the program of health benefits for TRS benefit recipients and their TRS dependent beneficiaries that is provided for in this Section. The contract or other arrangement for the provision of these health benefits shall be on terms deemed by the Director to be in the best interest of the State of Illinois and the TRS benefit recipients based on, but not limited to, such criteria as administrative cost, service capabilities of the carrier or other contractor, and the costs of the benefits.

(g-5) Committee. A Teacher Retirement Insurance Program Committee shall be established, to consist of 10 persons appointed by the Governor.

The Committee shall convene at least 4 times each year, and shall consider and make recommendations on issues affecting the program of health benefits provided under this Section. Recommendations of the Committee shall be based on a consensus of the members of the Committee.

If the Teacher Health Insurance Security Fund experiences a deficit balance based upon the contribution and subsidy rates established in this Section and Section 6.6 for Fiscal Year 2008 or thereafter, the Committee shall make recommendations for adjustments to the funding sources established under these Sections.

In addition, the Committee shall identify proposed solutions to the funding shortfalls that are affecting the Teacher Health Insurance Security Fund, and it shall report those solutions to the Governor and the General Assembly within 6 months after August 15, 2011 (the effective date of Public Act 97-386).

(h) Continuation of program. It is the intention of the General Assembly that the program of health benefits provided under this Section be maintained on an ongoing, affordable basis.

The program of health benefits provided under this Section may be amended by the State and is not intended to be a pension or retirement benefit subject to protection under Article XIII, Section 5 of the Illinois Constitution.

(i) Repeal. (Blank).

(Source: P.A. 97-386, eff. 8-15-11; 97-813, eff. 7-13-12; 98-488, eff. 8-16-13.)

(5 ILCS 375/6.9)

Sec. 6.9. Health benefits for community college benefit recipients and community college dependent beneficiaries.

(a) Purpose. It is the purpose of this amendatory Act of 1997 to establish a uniform program of health benefits for community college benefit recipients and their dependent beneficiaries under the administration of the Department of Central Management Services.

(b) Creation of program. Beginning July 1, 1999, the Department of Central Management Services shall be responsible for administering a program of health benefits for community college benefit recipients and community college dependent beneficiaries under this Section. The State Universities Retirement System and the boards of trustees of the various community college districts shall cooperate with the Department in this endeavor.

(c) Eligibility. All community college benefit recipients and community college dependent beneficiaries shall be eligible to participate in the program established under this Section, without any interruption or delay in coverage or limitation as to pre-existing medical conditions. Eligibility to participate shall be determined by the State Universities Retirement System. Eligibility information shall be communicated to the Department of Central Management Services in a format acceptable to the Department.

Eligible community college benefit recipients may enroll or re-enroll in the program of health benefits established under this Section during any applicable annual open enrollment period and as otherwise permitted by the Department of Central Management Services. A community college benefit recipient shall not be deemed ineligible to participate solely by reason of the community college benefit recipient having made a previous election to disenroll or otherwise not participate in the program of health benefits.

(d) Coverage. The health benefit coverage provided under this Section shall be a program of health, dental, and vision benefits.

The program of health benefits under this Section may include any or all of the benefit limitations, including but not limited to a reduction in benefits based on eligibility for federal ~~Medicare~~ ~~medicare~~ benefits, that are provided under subsection (a) of Section 6 of this Act for other health benefit programs under this Act.

(e) Insurance rates and premiums. The Director shall determine the insurance rates and premiums for community college benefit recipients and community college dependent beneficiaries. Rates and premiums may be based in part on age and eligibility for federal Medicare coverage. The Director shall also determine premiums that will allow for the establishment of an actuarially sound reserve for this program.

The cost of health benefits under the program shall be paid as follows:

(1) For a community college benefit recipient, up to 75% of the total insurance rate shall be paid from the Community College Health Insurance Security Fund.

(2) The balance of the rate of insurance, including the entire premium for any coverage for community college dependent beneficiaries that has been elected, shall be paid by deductions authorized by the community college benefit recipient to be withheld from his or her monthly annuity or benefit payment from the State Universities Retirement System; except that (i) if the balance of the cost of coverage exceeds the amount of the monthly annuity or benefit payment, the difference shall be



paid directly to the State Universities Retirement System by the community college benefit recipient, and (ii) all or part of the balance of the cost of coverage may, at the option of the board of trustees of the community college district, be paid to the State Universities Retirement System by the board of the community college district from which the community college benefit recipient retired. The State Universities Retirement System shall promptly deposit all moneys withheld by or paid to it under this subdivision (e)(2) into the Community College Health Insurance Security Fund. These moneys shall not be considered assets of the State Universities Retirement System.

(f) Financing. All revenues arising from the administration of the health benefit program established under this Section shall be deposited into the Community College Health Insurance Security Fund, which is hereby created as a nonappropriated trust fund to be held outside the State Treasury, with the State Treasurer as custodian. Any interest earned on moneys in the Community College Health Insurance Security Fund shall be deposited into the Fund.

Moneys in the Community College Health Insurance Security Fund shall be used only to pay the costs of the health benefit program established under this Section, including associated administrative costs and the establishment of a program reserve. Beginning January 1, 1999, the Department of Central Management Services may make expenditures from the Community College Health Insurance Security Fund for those costs.

(g) Contract for benefits. The Director shall by contract, self-insurance, or otherwise make available the program of health benefits for community college benefit recipients and their community college dependent beneficiaries that is provided for in this Section. The contract or other arrangement for the provision of these health benefits shall be on terms deemed by the Director to be in the best interest of the State of Illinois and the community college benefit recipients based on, but not limited to, such criteria as administrative cost, service capabilities of the carrier or other contractor, and the costs of the benefits.

(h) Continuation of program. It is the intention of the General Assembly that the program of health benefits provided under this Section be maintained on an ongoing, affordable basis. The program of health benefits provided under this Section may be amended by the State and is not intended to be a pension or retirement benefit subject to protection under Article XIII, Section 5 of the Illinois Constitution.

(i) Other health benefit plans. A health benefit plan provided by a community college district (other than a community college district subject to Article VII of the Public Community College Act) under the terms of a collective bargaining agreement in effect on or prior to the effective date of this amendatory Act of 1997 shall continue in force according to the terms of that agreement, unless otherwise mutually agreed by the parties to that agreement and the affected retiree. A community college benefit recipient or community college dependent beneficiary whose coverage under such a plan expires shall be eligible to begin participating in the program established under this Section without any interruption or delay in coverage or limitation as to pre-existing medical conditions.

This Act does not prohibit any community college district from offering additional health benefits for its retirees or their dependents or survivors.

(Source: P.A. 90-497, eff. 8-18-97; 90-655, eff. 7-30-98.)

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

Under the rules, the foregoing **Senate Bill No. 3046**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

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

SENATE BILL NO. 3048

A bill for AN ACT concerning public aid.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 3048

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 3048**

[May 28, 2018]

AMENDMENT NO. 1. Amend Senate Bill 3048 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by changing Section 5-5 as follows:

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

Sec. 5-5. Medical services. The Illinois Department, by rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient hospital services; (2) outpatient hospital services; (3) other laboratory and X-ray services; (4) skilled nursing home services; (5) physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial care furnished by licensed practitioners; (7) home health care services; (8) private duty nursing service; (9) clinic services; (10) dental services, including prevention and treatment of periodontal disease and dental caries disease for pregnant women, provided by an individual licensed to practice dentistry or dental surgery; for purposes of this item (10), "dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his or her profession; (11) physical therapy and related services; (12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select; (13) other diagnostic, screening, preventive, and rehabilitative services, including to ensure that the individual's need for intervention or treatment of mental disorders or substance use disorders or co-occurring mental health and substance use disorders is determined using a uniform screening, assessment, and evaluation process inclusive of criteria, for children and adults; for purposes of this item (13), a uniform screening, assessment, and evaluation process refers to a process that includes an appropriate evaluation and, as warranted, a referral; "uniform" does not mean the use of a singular instrument, tool, or process that all must utilize; (14) transportation and such other expenses as may be necessary; (15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, including examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

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

Notwithstanding any other provision of this Code, reproductive health care that is otherwise legal in Illinois shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article.

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

Upon receipt of federal approval of an amendment to the Illinois Title XIX State Plan for this purpose, the Department shall authorize the Chicago Public Schools (CPS) to procure a vendor or vendors to manufacture eyeglasses for individuals enrolled in a school within the CPS system. CPS shall ensure that its vendor or vendors are enrolled as providers in the medical assistance program and in any capitated Medicaid managed care entity (MCE) serving individuals enrolled in a school within the CPS system. Under any contract procured under this provision, the vendor or vendors must serve only individuals enrolled in a school within the CPS system. Claims for services provided by CPS's vendor or vendors to recipients of benefits in the medical assistance program under this Code, the Children's Health Insurance Program, or the Covering ALL KIDS Health Insurance Program shall be submitted to the Department or the MCE in which the individual is enrolled for payment and shall be reimbursed at the Department's or the MCE's established rates or rate methodologies for eyeglasses.

On and after July 1, 2012, the Department of Healthcare and Family Services may provide the following services to persons eligible for assistance under this Article who are participating in education, training or employment programs operated by the Department of Human Services as successor to the Department of Public Aid:

- (1) dental services provided by or under the supervision of a dentist; and

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

Notwithstanding any other provision of this Code and subject to federal approval, the Department may adopt rules to allow a dentist who is volunteering his or her service at no cost to render dental services through an enrolled not-for-profit health clinic without the dentist personally enrolling as a participating provider in the medical assistance program. A not-for-profit health clinic shall include a public health clinic or Federally Qualified Health Center or other enrolled provider, as determined by the Department, through which dental services covered under this Section are performed. The Department shall establish a process for payment of claims for reimbursement for covered dental services rendered under this provision.

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

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

The Illinois Department shall authorize the provision of, and shall authorize payment for, screening by low-dose mammography for the presence of occult breast cancer for women 35 years of age or older who are eligible for medical assistance under this Article, as follows:

(A) A baseline mammogram for women 35 to 39 years of age.

(B) An annual mammogram for women 40 years of age or older.

(C) A mammogram at the age and intervals considered medically necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors.

(D) A comprehensive ultrasound screening and MRI of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue, when medically necessary as determined by a physician licensed to practice medicine in all of its branches.

(E) A screening MRI when medically necessary, as determined by a physician licensed to practice medicine in all of its branches.

All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool. For purposes of this Section, "low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography and includes breast tomosynthesis. As used in this Section, the term "breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. If, at any time, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register or publishes a comment in the Federal Register or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Public Law 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of any coverage for breast tomosynthesis outlined in this paragraph, then the requirement that an insurer cover breast tomosynthesis is inoperative other than any such coverage authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of coverage for breast tomosynthesis set forth in this paragraph.

On and after January 1, 2016, the Department shall ensure that all networks of care for adult clients of the Department include access to at least one breast imaging Center of Imaging Excellence as certified by the American College of Radiology.

On and after January 1, 2012, providers participating in a quality improvement program approved by the Department shall be reimbursed for screening and diagnostic mammography at the same rate as the Medicare program's rates, including the increased reimbursement for digital mammography.

The Department shall convene an expert panel including representatives of hospitals, free-standing mammography facilities, and doctors, including radiologists, to establish quality standards for mammography.

On and after January 1, 2017, providers participating in a breast cancer treatment quality improvement program approved by the Department shall be reimbursed for breast cancer treatment at a rate that is no lower than 95% of the Medicare program's rates for the data elements included in the breast cancer treatment quality program.

The Department shall convene an expert panel, including representatives of hospitals, free standing breast cancer treatment centers, breast cancer quality organizations, and doctors, including breast surgeons, reconstructive breast surgeons, oncologists, and primary care providers to establish quality standards for breast cancer treatment.

Subject to federal approval, the Department shall establish a rate methodology for mammography at federally qualified health centers and other encounter-rate clinics. These clinics or centers may also collaborate with other hospital-based mammography facilities. By January 1, 2016, the Department shall report to the General Assembly on the status of the provision set forth in this paragraph.

The Department shall establish a methodology to remind women who are age-appropriate for screening mammography, but who have not received a mammogram within the previous 18 months, of the importance and benefit of screening mammography. The Department shall work with experts in breast cancer outreach and patient navigation to optimize these reminders and shall establish a methodology for evaluating their effectiveness and modifying the methodology based on the evaluation.

The Department shall establish a performance goal for primary care providers with respect to their female patients over age 40 receiving an annual mammogram. This performance goal shall be used to provide additional reimbursement in the form of a quality performance bonus to primary care providers who meet that goal.

The Department shall devise a means of case-managing or patient navigation for beneficiaries diagnosed with breast cancer. This program shall initially operate as a pilot program in areas of the State with the highest incidence of mortality related to breast cancer. At least one pilot program site shall be in the metropolitan Chicago area and at least one site shall be outside the metropolitan Chicago area. On or after July 1, 2016, the pilot program shall be expanded to include one site in western Illinois, one site in southern Illinois, one site in central Illinois, and 4 sites within metropolitan Chicago. An evaluation of the pilot program shall be carried out measuring health outcomes and cost of care for those served by the pilot program compared to similarly situated patients who are not served by the pilot program.

The Department shall require all networks of care to develop a means either internally or by contract with experts in navigation and community outreach to navigate cancer patients to comprehensive care in a timely fashion. The Department shall require all networks of care to include access for patients diagnosed with cancer to at least one academic commission on cancer-accredited cancer program as an in-network covered benefit.

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

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

The Illinois Department, in cooperation with the Departments of Human Services (as successor to the Department of Alcoholism and Substance Abuse) and Public Health, through a public awareness campaign, may provide information concerning treatment for alcoholism and drug abuse and addiction, prenatal health care, and other pertinent programs directed at reducing the number of drug-affected infants born to recipients of medical assistance.

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

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

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

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

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

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

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

Medical providers shall be required to meet certain qualifications to participate in Partnerships to ensure the delivery of high quality medical services. These qualifications shall be determined by rule of the Illinois Department and may be higher than qualifications for participation in the medical assistance program. Partnership sponsors may prescribe reasonable additional qualifications for participation by medical providers, only with the prior written approval of the Illinois Department.

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

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

The Illinois Department shall require health care providers to maintain records that document the medical care and services provided to recipients of Medical Assistance under this Article. Such records must be retained for a period of not less than 6 years from the date of service or as provided by applicable State law, whichever period is longer, except that if an audit is initiated within the required retention period then the records must be retained until the audit is completed and every exception is resolved. The Illinois Department shall require health care providers to make available, when authorized by the patient, in writing, the medical records in a timely fashion to other health care providers who are treating or serving persons eligible for Medical Assistance under this Article. All dispensers of medical services shall be required to maintain and retain business and professional records sufficient to fully and accurately document the nature, scope, details and receipt of the health care provided to persons eligible for medical assistance under this Code, in accordance with regulations promulgated by the Illinois Department. The rules and regulations shall require that proof of the receipt of prescription drugs, dentures, prosthetic devices and eyeglasses by eligible persons under this Section accompany each claim for reimbursement submitted by the dispenser of such medical services. No such claims for reimbursement shall be approved for payment by the Illinois Department without such proof of receipt, unless the Illinois Department shall have put into effect and shall be operating a system of post-payment audit and review which shall, on a sampling basis, be deemed adequate by the Illinois Department to assure that such drugs, dentures, prosthetic devices and eyeglasses for which payment is being made are actually being received by eligible recipients. Within 90 days after September 16, 1984 (the effective date of Public Act 83-1439), the Illinois Department shall establish a current list of acquisition costs for all prosthetic devices and any other items recognized as medical equipment and supplies reimbursable under this Article and shall update such list on a quarterly basis, except that the acquisition costs of all prescription drugs shall be updated no less frequently than every 30 days as required by Section 5-5.12.

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after July 22, 2013 (the effective date of Public Act 98-104), establish procedures to permit skilled care facilities licensed under the Nursing Home Care Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures, the Department shall, by July 1, 2016, test the viability of the new system and implement any necessary operational or structural changes to its information technology platforms in order to allow for the direct acceptance and payment of nursing home claims.

Notwithstanding any other law to the contrary, the Illinois Department shall, within 365 days after August 15, 2014 (the effective date of Public Act 98-963), establish procedures to permit ID/DD facilities licensed under the ID/DD Community Care Act and MC/DD facilities licensed under the MC/DD Act to submit monthly billing claims for reimbursement purposes. Following development of these procedures,

the Department shall have an additional 365 days to test the viability of the new system and to ensure that any necessary operational or structural changes to its information technology platforms are implemented.

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

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

Enrollment of a vendor shall be subject to a provisional period and shall be conditional for one year. During the period of conditional enrollment, the Department may terminate the vendor's eligibility to participate in, or may disenroll the vendor from, the medical assistance program without cause. Unless otherwise specified, such termination of eligibility or disenrollment is not subject to the Department's hearing process. However, a disenrolled vendor may reapply without penalty.

The Department has the discretion to limit the conditional enrollment period for vendors based upon category of risk of the vendor.

Prior to enrollment and during the conditional enrollment period in the medical assistance program, all vendors shall be subject to enhanced oversight, screening, and review based on the risk of fraud, waste, and abuse that is posed by the category of risk of the vendor. The Illinois Department shall establish the procedures for oversight, screening, and review, which may include, but need not be limited to: criminal and financial background checks; fingerprinting; license, certification, and authorization verifications; unscheduled or unannounced site visits; database checks; prepayment audit reviews; audits; payment caps; payment suspensions; and other screening as required by federal or State law.

The Department shall define or specify the following: (i) by provider notice, the "category of risk of the vendor" for each type of vendor, which shall take into account the level of screening applicable to a particular category of vendor under federal law and regulations; (ii) by rule or provider notice, the maximum length of the conditional enrollment period for each category of risk of the vendor; and (iii) by rule, the hearing rights, if any, afforded to a vendor in each category of risk of the vendor that is terminated or disenrolled during the conditional enrollment period.

To be eligible for payment consideration, a vendor's payment claim or bill, either as an initial claim or as a resubmitted claim following prior rejection, must be received by the Illinois Department, or its fiscal intermediary, no later than 180 days after the latest date on the claim on which medical goods or services were provided, with the following exceptions:

- (1) In the case of a provider whose enrollment is in process by the Illinois Department, the 180-day period shall not begin until the date on the written notice from the Illinois Department that the provider enrollment is complete.
- (2) In the case of errors attributable to the Illinois Department or any of its claims processing intermediaries which result in an inability to receive, process, or adjudicate a claim, the 180-day period shall not begin until the provider has been notified of the error.
- (3) In the case of a provider for whom the Illinois Department initiates the monthly billing process.
- (4) In the case of a provider operated by a unit of local government with a population exceeding 3,000,000 when local government funds finance federal participation for claims payments.

For claims for services rendered during a period for which a recipient received retroactive eligibility, claims must be filed within 180 days after the Department determines the applicant is eligible. For claims for which the Illinois Department is not the primary payer, claims must be submitted to the Illinois Department within 180 days after the final adjudication by the primary payer.

In the case of long term care facilities, within 45 calendar days of receipt by the facility of required prescreening information, new admissions with associated admission documents shall be submitted through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System or shall be submitted directly to the Department of Human Services using required admission forms. Effective September 1, 2014, admission documents, including all prescreening information, must be submitted through MEDI or REV. Confirmation numbers assigned to an accepted transaction shall be retained by a facility to verify timely submittal. Once an admission transaction has been completed, all resubmitted claims following prior rejection are subject to receipt no later than 180 days after the admission transaction has been completed.

Claims that are not submitted and received in compliance with the foregoing requirements shall not be eligible for payment under the medical assistance program, and the State shall have no liability for payment of those claims.

To the extent consistent with applicable information and privacy, security, and disclosure laws, State and federal agencies and departments shall provide the Illinois Department access to confidential and other information and data necessary to perform eligibility and payment verifications and other Illinois Department functions. This includes, but is not limited to: information pertaining to licensure; certification; earnings; immigration status; citizenship; wage reporting; unearned and earned income; pension income; employment; supplemental security income; social security numbers; National Provider Identifier (NPI) numbers; the National Practitioner Data Bank (NPDB); program and agency exclusions; taxpayer identification numbers; tax delinquency; corporate information; and death records.

The Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, under which such agencies and departments shall share data necessary for medical assistance program integrity functions and oversight. The Illinois Department shall develop, in cooperation with other State departments and agencies, and in compliance with applicable federal laws and regulations, appropriate and effective methods to share such data. At a minimum, and to the extent necessary to provide data sharing, the Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, including but not limited to: the Secretary of State; the Department of Revenue; the Department of Public Health; the Department of Human Services; and the Department of Financial and Professional Regulation.

Beginning in fiscal year 2013, the Illinois Department shall set forth a request for information to identify the benefits of a pre-payment, post-adjudication, and post-edit claims system with the goals of streamlining claims processing and provider reimbursement, reducing the number of pending or rejected claims, and helping to ensure a more transparent adjudication process through the utilization of: (i) provider data verification and provider screening technology; and (ii) clinical code editing; and (iii) pre-pay, pre- or post-adjudicated predictive modeling with an integrated case management system with link analysis. Such a request for information shall not be considered as a request for proposal or as an obligation on the part of the Illinois Department to take any action or acquire any products or services.

The Illinois Department shall establish policies, procedures, standards and criteria by rule for the acquisition, repair and replacement of orthotic and prosthetic devices and durable medical equipment. Such rules shall provide, but not be limited to, the following services: (1) immediate repair or replacement of such devices by recipients; and (2) rental, lease, purchase or lease-purchase of durable medical equipment in a cost-effective manner, taking into consideration the recipient's medical prognosis, the extent of the recipient's needs, and the requirements and costs for maintaining such equipment. Subject to prior approval, such rules shall enable a recipient to temporarily acquire and use alternative or substitute devices or equipment pending repairs or replacements of any device or equipment previously authorized for such recipient by the Department. Notwithstanding any provision of Section 5-5f to the contrary, the Department may, by rule, exempt certain replacement wheelchair parts from prior approval and, for wheelchairs, wheelchair parts, wheelchair accessories, and related seating and positioning items, determine the wholesale price by methods other than actual acquisition costs.

The Department shall require, by rule, all providers of durable medical equipment to be accredited by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services and recognized by the Department in order to bill the Department for providing durable medical equipment to recipients. No later than 15 months after the effective date of the rule adopted pursuant to this paragraph, all providers must meet the accreditation requirement.

In order to promote environmental responsibility, meet the needs of recipients and enrollees, and achieve significant cost savings, the Department, or a managed care organization under contract with the Department, may provide recipients or managed care enrollees who have a prescription or Certificate of Medical Necessity access to refurbished durable medical equipment under this Section (excluding prosthetic and orthotic devices as defined in the Orthotics, Prosthetics, and Pedorthics Practice Act and complex rehabilitation technology products and associated services) through the State's assistive technology program's reutilization program, using staff with the Assistive Technology Professional (ATP) Certification if the refurbished durable medical equipment: (i) is available; (ii) is less expensive, including shipping costs, than new durable medical equipment of the same type; (iii) is able to withstand at least 3 years of use; (iv) is cleaned, disinfected, sterilized, and safe in accordance with federal Food and Drug Administration regulations and guidance governing the reprocessing of medical devices in health care settings; and (v) equally meets the needs of the recipient or enrollee. The reutilization program shall confirm that the recipient or enrollee is not already in receipt of same or similar equipment from another

service provider, and that the refurbished durable medical equipment equally meets the needs of the recipient or enrollee. Nothing in this paragraph shall be construed to limit recipient or enrollee choice to obtain new durable medical equipment or place any additional prior authorization conditions on enrollees of managed care organizations.

The Department shall execute, relative to the nursing home prescreening project, written inter-agency agreements with the Department of Human Services and the Department on Aging, to effect the following: (i) intake procedures and common eligibility criteria for those persons who are receiving non-institutional services; and (ii) the establishment and development of non-institutional services in areas of the State where they are not currently available or are undeveloped; and (iii) notwithstanding any other provision of law, subject to federal approval, on and after July 1, 2012, an increase in the determination of need (DON) scores from 29 to 37 for applicants for institutional and home and community-based long term care; if and only if federal approval is not granted, the Department may, in conjunction with other affected agencies, implement utilization controls or changes in benefit packages to effectuate a similar savings amount for this population; and (iv) no later than July 1, 2013, minimum level of care eligibility criteria for institutional and home and community-based long term care; and (v) no later than October 1, 2013, establish procedures to permit long term care providers access to eligibility scores for individuals with an admission date who are seeking or receiving services from the long term care provider. In order to select the minimum level of care eligibility criteria, the Governor shall establish a workgroup that includes affected agency representatives and stakeholders representing the institutional and home and community-based long term care interests. This Section shall not restrict the Department from implementing lower level of care eligibility criteria for community-based services in circumstances where federal approval has been granted.

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

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

- (a) actual statistics and trends in utilization of medical services by public aid recipients;
- (b) actual statistics and trends in the provision of the various medical services by medical vendors;
- (c) current rate structures and proposed changes in those rate structures for the various medical vendors; and
- (d) efforts at utilization review and control by the Illinois Department.

The period covered by each report shall be the 3 years ending on the June 30 prior to the report. The report shall include suggested legislation for consideration by the General Assembly. The filing of one copy of the report with the Speaker, one copy with the Minority Leader and one copy with the Clerk of the House of Representatives, one copy with the President, one copy with the Minority Leader and one copy with the Secretary of the Senate, one copy with the Legislative Research Unit, and such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act shall be deemed sufficient to comply with this Section.

Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure Act and all rules and procedures of the Joint Committee on Administrative Rules; any purported rule not so adopted, for whatever reason, is unauthorized.

On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e.

Because kidney transplantation can be an appropriate, cost effective alternative to renal dialysis when medically necessary and notwithstanding the provisions of Section 1-11 of this Code, beginning October 1, 2014, the Department shall cover kidney transplantation for noncitizens with end-stage renal disease who are not eligible for comprehensive medical benefits, who meet the residency requirements of Section 5-3 of this Code, and who would otherwise meet the financial requirements of the appropriate class of eligible persons under Section 5-2 of this Code. To qualify for coverage of kidney transplantation, such person must be receiving emergency renal dialysis services covered by the Department. Providers under this Section shall be prior approved and certified by the Department to perform kidney transplantation and the services under this Section shall be limited to services associated with kidney transplantation.

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Notwithstanding any other provision of this Code to the contrary, on or after July 1, 2015, all FDA approved forms of medication assisted treatment prescribed for the treatment of alcohol dependence or treatment of opioid dependence shall be covered under both fee for service and managed care medical assistance programs for persons who are otherwise eligible for medical assistance under this Article and shall not be subject to any (1) utilization control, other than those established under the American Society of Addiction Medicine patient placement criteria, (2) prior authorization mandate, or (3) lifetime restriction limit mandate.

On or after July 1, 2015, opioid antagonists prescribed for the treatment of an opioid overdose, including the medication product, administration devices, and any pharmacy fees related to the dispensing and administration of the opioid antagonist, shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article. As used in this Section, "opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

Upon federal approval, the Department shall provide coverage and reimbursement for all drugs that are approved for marketing by the federal Food and Drug Administration and that are recommended by the federal Public Health Service or the United States Centers for Disease Control and Prevention for pre-exposure prophylaxis and related pre-exposure prophylaxis services, including, but not limited to, HIV and sexually transmitted infection screening, treatment for sexually transmitted infections, medical monitoring, assorted labs, and counseling to reduce the likelihood of HIV infection among individuals who are not infected with HIV but who are at high risk of HIV infection.

(Source: P.A. 99-78, eff. 7-20-15; 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section 20 of P.A. 99-588 for the effective date of P.A. 99-407); 99-433, eff. 8-21-15; 99-480, eff. 9-9-15; 99-588, eff. 7-20-16; 99-642, eff. 7-28-16; 99-772, eff. 1-1-17; 99-895, eff. 1-1-17; 100-201, eff. 8-18-17; 100-395, eff. 1-1-18; 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; revised 10-26-17.)".

Under the rules, the foregoing **Senate Bill No. 3048**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by  
Mr. Mapes, Clerk:

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

SENATE BILL NO. 3075

A bill for AN ACT concerning State government.

Together with the following amendment which is attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 3075

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

#### AMENDMENT NO. 1 TO SENATE BILL 3075

AMENDMENT NO. 1. Amend Senate Bill 3075 on page 7, by replacing lines 20 through 23 with the following:

"(7) the number of reported incidents of youth sexual aggression towards staff at each facility including sexual assault, residents exposing themselves, sexual touching, and sexually offensive harassing language such as repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature; and"; and

on page 9, by inserting immediately below line 2 the following:

"(e) For the purposes of paragraphs (7) and (8) of subsection (b) only, reports shall be filed beginning July 1, 2019 or the implementation of the Department's Offender 360 Program, whichever occurs first."

Under the rules, the foregoing **Senate Bill No. 3075**, with House Amendment No. 1, was referred to the Secretary's Desk.

A message from the House by  
Mr. Mapes, Clerk:

[May 28, 2018]

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

SENATE BILL NO. 3491

A bill for AN ACT concerning regulation.

Together with the following amendments which are attached, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

House Amendment No. 1 to SENATE BILL NO. 3491

House Amendment No. 2 to SENATE BILL NO. 3491

Passed the House, as amended, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**AMENDMENT NO. 1 TO SENATE BILL 3491**

AMENDMENT NO. 1. Amend Senate Bill 3491 on page 1, by replacing line 11 with the following: "to an individual or group policy for dental-only or vision-only insurance or limited health service organizations".

**AMENDMENT NO. 2 TO SENATE BILL 3491**

AMENDMENT NO. 2. Amend Senate Bill 3491 by replacing everything after the enacting clause with the following:

"Section 5. The Network Adequacy and Transparency Act is amended by changing Sections 3, 10, and 25 as follows:

(215 ILCS 124/3)

Sec. 3. Applicability of Act. This Act applies to an individual or group policy of accident and health insurance with a network plan amended, delivered, issued, or renewed in this State on or after January 1, 2019. This Act does not apply to an individual or group policy for dental or vision insurance or a limited health service organization with a network plan amended, delivered, issued, or renewed in this State on or after January 1, 2019.

(Source: P.A. 100-502, eff. 9-15-17.)

(215 ILCS 124/10)

Sec. 10. Network adequacy.

(a) An insurer providing a network plan shall file a description of all of the following with the Director:

(1) The written policies and procedures for adding providers to meet patient needs based on increases in the number of beneficiaries, changes in the patient-to-provider ratio, changes in medical and health care capabilities, and increased demand for services.

(2) The written policies and procedures for making referrals within and outside the network.

(3) The written policies and procedures on how the network plan will provide 24-hour, 7-day per week access to network-affiliated primary care, emergency services, and woman's principal health care providers.

An insurer shall not prohibit a preferred provider from discussing any specific or all treatment options with beneficiaries irrespective of the insurer's position on those treatment options or from advocating on behalf of beneficiaries within the utilization review, grievance, or appeals processes established by the insurer in accordance with any rights or remedies available under applicable State or federal law.

(b) Insurers must file for review a description of the services to be offered through a network plan. The description shall include all of the following:

(1) A geographic map of the area proposed to be served by the plan by county service area and zip code, including marked locations for preferred providers.

(2) As deemed necessary by the Department, the names, addresses, phone numbers, and specialties of the providers who have entered into preferred provider agreements under the network plan.

(3) The number of beneficiaries anticipated to be covered by the network plan.

(4) An Internet website and toll-free telephone number for beneficiaries and prospective beneficiaries to access current and accurate lists of preferred providers, additional information about the plan, as well as any other information required by Department rule.

(5) A description of how health care services to be rendered under the network plan are reasonably accessible and available to beneficiaries. The description shall address all of the following:

(A) the type of health care services to be provided by the network plan;

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(B) the ratio of physicians and other providers to beneficiaries, by specialty and including primary care physicians and facility-based physicians when applicable under the contract, necessary to meet the health care needs and service demands of the currently enrolled population;

(C) the travel and distance standards for plan beneficiaries in county service areas; and

(D) a description of how the use of telemedicine, telehealth, or mobile care services may be used to partially meet the network adequacy standards, if applicable.

(6) A provision ensuring that whenever a beneficiary has made a good faith effort, as evidenced by accessing the provider directory, calling the network plan, and calling the provider, to utilize preferred providers for a covered service and it is determined the insurer does not have the appropriate preferred providers due to insufficient number, type, or unreasonable travel distance or delay, the insurer shall ensure, directly or indirectly, by terms contained in the payer contract, that the beneficiary will be provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider. This paragraph (6) does not apply to: (A) a beneficiary who willfully chooses to access a non-preferred provider for health care services available through the panel of preferred providers, or (B) a beneficiary enrolled in a health maintenance organization. In these circumstances, the contractual requirements for non-preferred provider reimbursements shall apply.

(7) A provision that the beneficiary shall receive emergency care coverage such that payment for this coverage is not dependent upon whether the emergency services are performed by a preferred or non-preferred provider and the coverage shall be at the same benefit level as if the service or treatment had been rendered by a preferred provider. For purposes of this paragraph (7), "the same benefit level" means that the beneficiary is provided the covered service at no greater cost to the beneficiary than if the service had been provided by a preferred provider.

(8) A limitation that, if the plan provides that the beneficiary will incur a penalty for failing to pre-certify inpatient hospital treatment, the penalty may not exceed \$1,000 per occurrence in addition to the plan cost sharing provisions.

(c) The network plan shall demonstrate to the Director a minimum ratio of providers to plan beneficiaries as required by the Department.

(1) The ratio of physicians or other providers to plan beneficiaries shall be established annually by the Department in consultation with the Department of Public Health based upon the guidance from the federal Centers for Medicare and Medicaid Services. The Department shall not establish ratios for vision or dental providers who provide services under dental-specific or vision-specific benefits. The Department shall consider establishing ratios for the following physicians or other providers:

- (A) Primary Care;
- (B) Pediatrics;
- (C) Cardiology;
- (D) Gastroenterology;
- (E) General Surgery;
- (F) Neurology;
- (G) OB/GYN;
- (H) Oncology/Radiation;
- (I) Ophthalmology;
- (J) Urology;
- (K) Behavioral Health;
- (L) Allergy/Immunology;
- (M) Chiropractic;
- (N) Dermatology;
- (O) Endocrinology;
- (P) Ears, Nose, and Throat (ENT)/Otolaryngology;
- (Q) Infectious Disease;
- (R) Nephrology;
- (S) Neurosurgery;
- (T) Orthopedic Surgery;
- (U) Physiatry/Rehabilitative;
- (V) Plastic Surgery;
- (W) Pulmonary;
- (X) Rheumatology;
- (Y) Anesthesiology;

- (Z) Pain Medicine;
- (AA) Pediatric Specialty Services;
- (BB) Outpatient Dialysis; and
- (CC) HIV.

(2) The Director shall establish a process for the review of the adequacy of these standards, along with an assessment of additional specialties to be included in the list under this subsection (c).

(d) The network plan shall demonstrate to the Director maximum travel and distance standards for plan beneficiaries, which shall be established annually by the Department in consultation with the Department of Public Health based upon the guidance from the federal Centers for Medicare and Medicaid Services. These standards shall consist of the maximum minutes or miles to be traveled by a plan beneficiary for each county type, such as large counties, metro counties, or rural counties as defined by Department rule.

The maximum travel time and distance standards must include standards for each physician and other provider category listed for which ratios have been established.

The Director shall establish a process for the review of the adequacy of these standards along with an assessment of additional specialties to be included in the list under this subsection (d).

(e) Except for network plans solely offered as a group health plan, these ratio and time and distance standards apply to the lowest cost-sharing tier of any tiered network.

(f) The network plan may consider use of other health care service delivery options, such as telemedicine or telehealth, mobile clinics, and centers of excellence, or other ways of delivering care to partially meet the requirements set under this Section.

(g) Insurers who are not able to comply with the provider ratios and time and distance standards established by the Department may request an exception to these requirements from the Department. The Department may grant an exception in the following circumstances:

(1) if no providers or facilities meet the specific time and distance standard in a specific service area and the insurer (i) discloses information on the distance and travel time points that beneficiaries would have to travel beyond the required criterion to reach the next closest contracted provider outside of the service area and (ii) provides contact information, including names, addresses, and phone numbers for the next closest contracted provider or facility;

(2) if patterns of care in the service area do not support the need for the requested number of provider or facility type and the insurer provides data on local patterns of care, such as claims data, referral patterns, or local provider interviews, indicating where the beneficiaries currently seek this type of care or where the physicians currently refer beneficiaries, or both; or

(3) other circumstances deemed appropriate by the Department consistent with the requirements of this Act.

(h) Insurers are required to report to the Director any material change to an approved network plan within 15 days after the change occurs and any change that would result in failure to meet the requirements of this Act. Upon notice from the insurer, the Director shall reevaluate the network plan's compliance with the network adequacy and transparency standards of this Act.

(Source: P.A. 100-502, eff. 9-15-17.)

(215 ILCS 124/25)

Sec. 25. Network transparency.

(a) A network plan shall post electronically an up-to-date, accurate, and complete provider directory for each of its network plans, with the information and search functions, as described in this Section.

(1) In making the directory available electronically, the network plans shall ensure that the general public is able to view all of the current providers for a plan through a clearly identifiable link or tab and without creating or accessing an account or entering a policy or contract number.

(2) The network plan shall update the online provider directory at least monthly.

Providers shall notify the network plan electronically or in writing of any changes to their information as listed in the provider directory. The network plan shall update its online provider directory in a manner consistent with the information provided by the provider within 10 business days after being notified of the change by the provider. Nothing in this paragraph (2) shall void any contractual relationship between the provider and the plan.

(3) The network plan shall audit periodically at least 25% of its provider directories for accuracy, make any corrections necessary, and retain documentation of the audit. The network plan shall submit the audit to the Director upon request. As part of these audits, the network plan shall contact any provider in its network that has not submitted a claim to the plan or otherwise communicated his or her intent to continue participation in the plan's network.

(4) A network plan shall provide a print copy of a current provider directory or a print

copy of the requested directory information upon request of a beneficiary or a prospective beneficiary. Print copies must be updated quarterly and an errata that reflects changes in the provider network must be updated quarterly.

(5) For each network plan, a network plan shall include, in plain language in both the electronic and print directory, the following general information:

(A) in plain language, a description of the criteria the plan has used to build its provider network;

(B) if applicable, in plain language, a description of the criteria the insurer or network plan has used to create tiered networks;

(C) if applicable, in plain language, how the network plan designates the different provider tiers or levels in the network and identifies for each specific provider, hospital, or other type of facility in the network which tier each is placed, for example, by name, symbols, or grouping, in order for a beneficiary-covered person or a prospective beneficiary-covered person to be able to identify the provider tier; and

(D) if applicable, a notation that authorization or referral may be required to access some providers.

(6) A network plan shall make it clear for both its electronic and print directories what provider directory applies to which network plan, such as including the specific name of the network plan as marketed and issued in this State. The network plan shall include in both its electronic and print directories a customer service email address and telephone number or electronic link that beneficiaries or the general public may use to notify the network plan of inaccurate provider directory information and contact information for the Department's Office of Consumer Health Insurance.

(7) A provider directory, whether in electronic or print format, shall accommodate the communication needs of individuals with disabilities, and include a link to or information regarding available assistance for persons with limited English proficiency.

(b) For each network plan, a network plan shall make available through an electronic provider directory the following information in a searchable format:

(1) for health care professionals:

(A) name;

(B) gender;

(C) participating office locations;

(D) specialty, if applicable;

(E) medical group affiliations, if applicable;

(F) facility affiliations, if applicable;

(G) participating facility affiliations, if applicable;

(H) languages spoken other than English, if applicable;

(I) whether accepting new patients; and

(J) board certifications, if applicable.

(2) for hospitals:

(A) hospital name;

(B) hospital type (such as acute, rehabilitation, children's, or cancer);

(C) participating hospital location; and

(D) hospital accreditation status; and

(3) for facilities, other than hospitals, by type:

(A) facility name;

(B) facility type;

(C) types of services performed; and

(D) participating facility location or locations.

(c) For the electronic provider directories, for each network plan, a network plan shall make available all of the following information in addition to the searchable information required in this Section:

(1) for health care professionals:

(A) contact information; and

(B) languages spoken other than English by clinical staff, if applicable;

(2) for hospitals, telephone number; and

(3) for facilities other than hospitals, telephone number.

(d) The insurer or network plan shall make available in print, upon request, the following provider directory information for the applicable network plan:

(1) for health care professionals:

(A) name;

- (B) contact information;
  - (C) participating office location or locations;
  - (D) specialty, if applicable;
  - (E) languages spoken other than English, if applicable; and
  - (F) whether accepting new patients.
- (2) for hospitals:
- (A) hospital name;
  - (B) hospital type (such as acute, rehabilitation, children's, or cancer); and
  - (C) participating hospital location and telephone number; and
- (3) for facilities, other than hospitals, by type:
- (A) facility name;
  - (B) facility type;
  - (C) types of services performed; and
  - (D) participating facility location or locations and telephone numbers.

(e) The network plan shall include a disclosure in the print format provider directory that the information included in the directory is accurate as of the date of printing and that beneficiaries or prospective beneficiaries should consult the insurer's electronic provider directory on its website and contact the provider. The network plan shall also include a telephone number in the print format provider directory for a customer service representative where the beneficiary can obtain current provider directory information.

(f) The Director may conduct periodic audits of the accuracy of provider directories. A network plan shall not be subject to any fines or penalties for information required in this Section that a provider submits that is inaccurate or incomplete.

(Source: P.A. 100-502, eff. 9-15-17.)

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

Under the rules, the foregoing **Senate Bill No. 3491**, with House Amendments numbered 1 and 2, was referred to the Secretary's Desk.

A message from the House by

Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of bills of the following titles, to-wit:

SENATE BILL NO. 2271

A bill for AN ACT concerning criminal law.

SENATE BILL NO. 2341

A bill for AN ACT concerning criminal law.

SENATE BILL NO. 2539

A bill for AN ACT concerning revenue.

SENATE BILL NO. 3394

A bill for AN ACT concerning regulation.

SENATE BILL NO. 3395

A bill for AN ACT concerning regulation.

SENATE BILL NO. 3398

A bill for AN ACT concerning business.

Passed the House, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

A message from the House by

Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of bills of the following titles, to-wit:

SENATE BILL NO. 2541

A bill for AN ACT concerning education.

SENATE BILL NO. 2857

A bill for AN ACT concerning State government.

SENATE BILL NO. 2866

[May 28, 2018]

A bill for AN ACT concerning health.  
SENATE BILL NO. 2868  
A bill for AN ACT concerning revenue.  
SENATE BILL NO. 2875  
A bill for AN ACT concerning agriculture.  
SENATE BILL NO. 2891  
A bill for AN ACT concerning criminal law.  
Passed the House, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

A message from the House by  
Mr. Mapes, Clerk:  
Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of bills of the following titles, to-wit:  
SENATE BILL NO. 2900  
A bill for AN ACT concerning education.  
SENATE BILL NO. 2907  
A bill for AN ACT concerning State government.  
SENATE BILL NO. 2908  
A bill for AN ACT concerning regulation.  
SENATE BILL NO. 2915  
A bill for AN ACT concerning courts.  
SENATE BILL NO. 2919  
A bill for AN ACT concerning revenue.  
SENATE BILL NO. 2925  
A bill for AN ACT concerning local government.  
Passed the House, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

A message from the House by  
Mr. Mapes, Clerk:  
Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of bills of the following titles, to-wit:  
SENATE BILL NO. 2940  
A bill for AN ACT concerning local government.  
SENATE BILL NO. 2951  
A bill for AN ACT concerning public aid.  
SENATE BILL NO. 2958  
A bill for AN ACT concerning revenue.  
SENATE BILL NO. 3010  
A bill for AN ACT concerning transportation.  
SENATE BILL NO. 3015  
A bill for AN ACT concerning education.  
SENATE BILL NO. 3017  
A bill for AN ACT concerning safety.  
Passed the House, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

A message from the House by  
Mr. Mapes, Clerk:  
Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of bills of the following titles, to-wit:  
SENATE BILL NO. 3019  
A bill for AN ACT concerning liquor.  
SENATE BILL NO. 3031  
A bill for AN ACT concerning State government.

[May 28, 2018]

SENATE BILL NO. 3041  
A bill for AN ACT concerning local government.  
SENATE BILL NO. 3049  
A bill for AN ACT concerning public aid.  
Passed the House, May 25, 2018.

TIMOTHY D. MAPES, Clerk of the House

**READING BILL FROM THE HOUSE OF REPRESENTATIVES A FIRST TIME**

**House Bill No. 5593**, sponsored by Senator Harris, was taken up, read by title a first time and referred to the Committee on Assignments.

**LEGISLATIVE MEASURES FILED**

The following Committee amendments to the House Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to House Bill 4413  
Amendment No. 1 to House Bill 4554

The following Floor amendments to the House Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 2 to House Bill 4507  
Amendment No. 1 to House Bill 4781  
Amendment No. 3 to House Bill 5020  
Amendment No. 3 to House Bill 5231

The following Floor amendment to the Senate Bill listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 4 to Senate Bill 3190

**JOINT ACTION MOTIONS FILED**

The following Joint Action Motions to the Senate Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

Motion to Concur in House Amendment 1 to Senate Bill 1628  
Motion to Concur in House Amendment 1 to Senate Bill 2281  
Motion to Concur in House Amendment 2 to Senate Bill 2493  
Motion to Concur in House Amendment 1 to Senate Bill 2851  
Motion to Concur in House Amendment 1 to Senate Bill 2899  
Motion to Concur in House Amendment 1 to Senate Bill 2905  
Motion to Concur in House Amendment 1 to Senate Bill 2941  
Motion to Concur in House Amendment 2 to Senate Bill 2952  
Motion to Concur in House Amendment 1 to Senate Bill 2954  
Motion to Concur in House Amendment 1 to Senate Bill 3022  
Motion to Concur in House Amendment 2 to Senate Bill 3022  
Motion to Concur in House Amendment 1 to Senate Bill 3023  
Motion to Concur in House Amendment 1 to Senate Bill 3046  
Motion to Concur in House Amendment 1 to Senate Bill 3048  
Motion to Concur in House Amendment 1 to Senate Bill 3075  
Motion to Concur in House Amendment 1 to Senate Bill 3491  
Motion to Concur in House Amendment 2 to Senate Bill 3491

[May 28, 2018]



**APPOINTMENT MESSAGES**

**Appointment Message No. 1000389**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Director

Agency or Other Body: Illinois Department of Children and Family Services

Start Date: May 25, 2018

End Date: January 20, 2019

Name: Beverly Walker

Residence: 5804 W. Race Ave., Chicago, IL 60644

Annual Compensation: \$150,228 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Don Harmon

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000390**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Director

Agency or Other Body: Illinois Department of Corrections

Start Date: May 25, 2018

End Date: January 19, 2019

Name: John Baldwin

Residence: 861 S. State St., Lincoln, IL 62656

Annual Compensation: \$150,228 per annum

Per diem: Not Applicable

Nominee's Senator: Senator William E. Brady

[May 28, 2018]

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000391**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Superintendent

Agency or Other Body: Illinois Lottery

Start Date: May 25, 2018

End Date: January 19, 2019

Name: Gregory Smith

Residence: 211 E. Ohio St., Apt. 2125, Chicago, IL 60611

Annual Compensation: \$142,000 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000392**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member

Agency or Other Body: Illinois Department of State Police Merit Board

Start Date: May 25, 2018

End Date: March 18, 2024

Name: James V. Riley

Residence: 1500 N. Lake Shore Dr., #1C, Chicago, IL 60610

Annual Compensation: \$237 per diem

Per diem: Not Applicable

[May 28, 2018]

Nominee's Senator: Senator John J. Cullerton

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000393**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member (Employees)

Agency or Other Body: Employment Security Advisory Board

Start Date: May 25, 2018

End Date: January 20, 2019

Name: Anthony Garcia

Residence: 5618 W. Von Ave., Unit B, Monee, IL 60449

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Napoleon Harris, III

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000394**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member

Agency or Other Body: Illinois State Board of Investment

Start Date: May 25, 2018

End Date: May 31, 2021

Name: Katherine Hennessy

Residence: 628 S. Waiola Ave., La Grange, IL 60525

Annual Compensation: Expenses

Per diem: Not Applicable

[May 28, 2018]

Nominee's Senator: Senator John F. Curran

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000395**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Member

Agency or Other Body: State Board of Investment

Start Date: May 25, 2018

End Date: May 31, 2021

Name: Stacey Woehrl

Residence: 701 Laurel Ave., Wilmette, IL 60091

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Daniel Biss

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

**Appointment Message No. 1000396**

To the Honorable Members of the Senate, One Hundredth General Assembly:

I, Bruce Rauner, Governor, am nominating and, by and with the advice and consent of the Senate, appointing the following named individual to the office enumerated below. The advice and consent of this Honorable Body is respectfully requested.

Title of Office: Trustee

Agency or Other Body: State Universities Retirement System Board of Trustees

Start Date: May 25, 2018

End Date: June 28, 2021

Name: Mark Cozzi

Residence: 1323 W. School St., Chicago, IL 60657

Annual Compensation: Expenses

[May 28, 2018]

Per diem: Not Applicable

Nominee's Senator: Senator John J. Cullerton

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Under the rules, the foregoing Appointment Messages were referred to the Committee on Executive Appointments.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, moved that the Senate resolve itself into Executive Session to consider the report of that Committee relative to the appointment messages.

The motion prevailed.

### EXECUTIVE SESSION

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000220, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

#### **Appointment Message No. 1000220**

Title of Office: Assistant Director

Agency or Other Body: Illinois Department of Corrections

Start Date: July 5, 2017

End Date: January 20, 2019

Name: Gladyse Taylor

Residence: 3965 S. Ellis Ave., Chicago, IL 60653

Annual Compensation: \$127,739 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 45; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Stears

[May 28, 2018]

Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Raoul	Weaver
Collins	Lightford	Rezin	Mr. President
Cullerton, T.	Link	Righter	
Cunningham	Manar	Rooney	
Curran	Martinez	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000221, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000221**

Title of Office: Director

Agency or Other Body: Illinois Department of Human Rights

Start Date: July 5, 2017

End Date: January 20, 2019

Name: Janice Glenn

Residence: 18355 Homewood Ave., Homewood, IL 60430

Annual Compensation: \$115,613 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Napoleon Harris, III

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 45; NAYS None.

The following voted in the affirmative:

Althoff	Curran	McConnaughay	Sandoval
Anderson	Fowler	McGuire	Schimpf
Bennett	Haine	Morrison	Sims
Bertino-Tarrant	Harmon	Mulroe	Stadelman
Brady	Hastings	Muñoz	Stears
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Raoul	Weaver
Collins	Lightford	Rezin	Mr. President
Connelly	Link	Righter	
Cullerton, T.	Manar	Rooney	
Cunningham	Martinez	Rose	

[May 28, 2018]

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000226, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000226**

Title of Office: Statewide 9-1-1 Administrator

Agency or Other Body: Not Applicable

Start Date: July 5, 2017

End Date: January 20, 2019

Name: Cynthia Barbera-Brelle

Residence: 706 S. Busse Rd., Mount Prospect, IL 60056

Annual Compensation: \$125,000 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Tom Rooney

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 46; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rose
Anderson	Fowler	McConaughay	Sandoval
Bennett	Haine	McGuire	Schimpf
Bertino-Tarrant	Harmon	Morrison	Sims
Brady	Hastings	Mulroe	Stadelman
Bush	Holmes	Muñoz	Steans
Castro	Hunter	Murphy	Syerson
Clayborne	Hutchinson	Nybo	Van Pelt
Collins	Koehler	Raoul	Weaver
Connelly	Lightford	Rezin	Mr. President
Cullerton, T.	Link	Righter	
Cunningham	Manar	Rooney	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000232, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000232**

[May 28, 2018]

Title of Office: Secretary

Agency or Other Body: Illinois Department of Human Services

Start Date: July 5, 2017

End Date: January 20, 2019

Name: James Dimas

Residence: 926 Childs St., Wheaton, IL 60187

Annual Compensation: \$150,228 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Michael Connelly

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 43; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Martinez	Rooney
Anderson	Curran	McConnaughay	Rose
Bennett	Fowler	McGuire	Schimpf
Bertino-Tarrant	Haine	Morrison	Sims
Brady	Harmon	Mulroe	Stadelman
Bush	Holmes	Muñoz	Steans
Castro	Hunter	Murphy	Syverson
Clayborne	Hutchinson	Nybo	Van Pelt
Collins	Koehler	Raoul	Weaver
Connelly	Lightford	Rezin	Mr. President
Cullerton, T.	Link	Righter	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000234, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000234**

Title of Office: Trustee

Agency or Other Body: University of Illinois Board of Trustees

Start Date: July 21, 2017

End Date: January 16, 2023

[May 28, 2018]



Name: Stuart King

Residence: 1101 W. University Ave., Champaign, IL 61821

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Patricia Van Pelt

Most Recent Holder of Office: Karen Hasara

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConnaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	
Curran	McCann	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000239, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000239**

Title of Office: Secretary

Agency or Other Body: Illinois Department of Transportation

Start Date: July 25, 2017

End Date: January 20, 2019

Name: Randall Blankenhorn

Residence: 512 N. McClurg Ct., Apt. 4501, Chicago, IL 60611

Annual Compensation: \$150,228 per annum

Per diem: Not Applicable

[May 28, 2018]

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	
Curran	McCann	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000277, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000277**

Title of Office: Assistant Director

Agency or Other Body: Illinois Department of Labor

Start Date: August 7, 2017

End Date: January 21, 2019

Name: Christopher Wieneke

Residence: 420 Brandywine Rd., Springfield, IL 62704

Annual Compensation: \$113,141 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Anna Hui

Superseded Appointment Message: Not Applicable

[May 28, 2018]

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 46; NAYS None.

The following voted in the affirmative:

Althoff	Curran	McConnaughay	Rose
Anderson	Fowler	McGuire	Sandoval
Bennett	Haine	Morrison	Schimpf
Bertino-Tarrant	Harmon	Mulroe	Sims
Brady	Holmes	Muñoz	Stadelman
Bush	Hunter	Murphy	Steans
Castro	Hutchinson	Nybo	Syverson
Clayborne	Koehler	Oberweis	Van Pelt
Collins	Lightford	Raoul	Weaver
Connelly	Link	Rezin	Mr. President
Cullerton, T.	Manar	Righter	
Cunningham	McCann	Rooney	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000328, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000328**

Title of Office: Commissioner

Agency or Other Body: Illinois Commerce Commission

Start Date: January 19, 2018

End Date: January 16, 2023

Name: Douglas Ethan Kimbrel

Residence: 5521 S. Everett Ave., Apt. 3S, Chicago, IL 60637

Annual Compensation: \$117, 043 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Kwame Raoul

Most Recent Holder of Office: Miguel Del Valle

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 45; NAY 1.

The following voted in the affirmative:

Althoff	Haine	McGuire	Sandoval
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[May 28, 2018]

Anderson	Harmon	Morrison	Schimpf
Bennett	Hastings	Mulroe	Sims
Brady	Holmes	Muñoz	Stadelman
Bush	Hunter	Murphy	Steans
Castro	Hutchinson	Nybo	Syverson
Clayborne	Koehler	Oberweis	Van Pelt
Collins	Lightford	Raoul	Weaver
Connelly	Link	Rezin	Mr. President
Cunningham	Martinez	Righter	
Curran	McCann	Rooney	
Fowler	McConnaughay	Rose	

The following voted in the negative:

Manar

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000354, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000354**

Title of Office: Executive Inspector General

Agency or Other Body: Office of the Secretary of State

Start Date: July 1, 2018

End Date: June 30, 2022

Name: Nathan Maddox

Residence: 2605 Manchester Dr., Springfield, IL 62704

Annual Compensation: \$115,584

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConnaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans

[May 28, 2018]

Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	
Curran	McCann	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000355, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000355**

Title of Office: Member

Agency or Other Body: Secretary of State Merit Commission

Start Date: July 1, 2018

End Date: June 30, 2024

Name: James Taylor

Residence: 2641 S. Franklin Street Rd., Decatur, IL 62521

Annual Compensation: \$12,906

Per diem: Not Applicable

Nominee's Senator: Senator Bill Brady

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConnaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	

[May 28, 2018]

Curran

McCann

Rose

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000361, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000361**

Title of Office: Executive Inspector General

Agency or Other Body: Office of the Illinois Treasurer

Start Date: July 1, 2018

End Date: June 30, 2023

Name: Raymond J. Watson

Residence: 32 W. Fairview Ln., Springfield, IL 62711

Annual Compensation: \$106,000

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: AM 99-402

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 47; NAYS None.

The following voted in the affirmative:

Althoff	Curran	McCann	Rooney
Anderson	Fowler	McConaughay	Rose
Bennett	Haine	McGuire	Sandoval
Bertino-Tarrant	Hastings	Morrison	Schimpf
Brady	Holmes	Mulroe	Sims
Bush	Hunter	Muñoz	Stadelman
Castro	Hutchinson	Murphy	Steans
Clayborne	Koehler	Nybo	Syverson
Collins	Lightford	Oberweis	Van Pelt
Connelly	Link	Raoul	Weaver
Cullerton, T.	Manar	Rezin	Mr. President
Cunningham	Martinez	Righter	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000363, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

[May 28, 2018]

**Appointment Message No. 1000363**

Title of Office: Member

Agency or Other Body: Illinois Criminal Justice Information Authority

Start Date: March 9, 2018

End Date: January 16, 2021

Name: David E. Olson

Residence: 114 S. Mitchell Ave., Arlington Heights, IL 60005

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Tom Rooney

Most Recent Holder of Office: John Harvey

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 46; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Bennett	Haine	McConaughay	Sandoval
Bertino-Tarrant	Harmon	McGuire	Schimpf
Brady	Hastings	Morrison	Sims
Bush	Holmes	Mulroe	Stadelman
Castro	Hunter	Muñoz	Steans
Clayborne	Hutchinson	Murphy	Syverson
Collins	Koehler	Nybo	Van Pelt
Connelly	Lightford	Oberweis	Mr. President
Cullerton, T.	Link	Raoul	
Cunningham	Manar	Righter	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000364, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000364**

Title of Office: Member

Agency or Other Body: Illinois Criminal Justice Information Authority

Start Date: March 9, 2018

[May 28, 2018]

End Date: January 16, 2021

Name: Kathryn Saltmarsh

Residence: 2375 W. Harbauer Ln., Springfield, IL 62702

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Felix Gonzalez

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	
Curran	McCann	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000378, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000378**

Title of Office: Member

Agency or Other Body: Illinois Gaming Board

Start Date: July 1, 2018

End Date: July 1, 2021

Name: Steve Dolins

Residence: 2259 Woodlawn Rd., Northbrook, IL 60062

[May 28, 2018]



Annual Compensation: \$300 per diem

Per diem: Not Applicable

Nominee's Senator: Senator Daniel Biss

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 47; NAYS None; Present 1.

The following voted in the affirmative:

Althoff	Curran	Martinez	Righter
Anderson	Fowler	McCann	Rooney
Bennett	Haine	McConnaughay	Rose
Bertino-Tarrant	Harmon	McGuire	Sandoval
Brady	Hastings	Morrison	Schimpf
Bush	Holmes	Mulroe	Sims
Castro	Hunter	Muñoz	Stadelman
Clayborne	Hutchinson	Murphy	Stears
Collins	Koehler	Nybo	Syverson
Connelly	Lightford	Oberweis	Van Pelt
Cullerton, T.	Link	Raoul	Weaver
Cunningham	Manar	Rezin	

The following voted present:

Mr. President

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000383, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000383**

Title of Office: Assistant Director

Agency or Other Body: Illinois Department of Public Health

Start Date: April 20, 2018

End Date: January 19, 2019

Name: Donald Kauerauf

Residence: 1104 Jemi Ln., Chatham, IL 62629

Annual Compensation: \$127,739 per annum

Per diem: Not Applicable

[May 28, 2018]

Nominee's Senator: Senator Wm. Sam McCann

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment. And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConnaughay	Sandoval
Anderson	Haine	McGuire	Schimpf
Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	
Curran	McCann	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000384, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000384**

Title of Office: Chairman

Agency or Other Body: Illinois State Toll Highway Authority

Start Date: April 20, 2018

End Date: April 30, 2021

Name: Robert Schillerstrom

Residence: 1533 Meadowland Dr., Naperville, IL 60540

Annual Compensation: \$36,077 per annum

Per diem: Not Applicable

Nominee's Senator: Senator Michael Connelly

Most Recent Holder of Office: Reappointment

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment.

[May 28, 2018]

And on that motion, a call of the roll was had resulting as follows:

YEAS 47; NAYS None.

The following voted in the affirmative:

Althoff	Curran	McCann	Rooney
Anderson	Fowler	McConaughay	Rose
Bennett	Haine	McGuire	Sandoval
Bertino-Tarrant	Hastings	Morrison	Schimpf
Brady	Holmes	Mulroe	Sims
Bush	Hunter	Muñoz	Stadelman
Castro	Hutchinson	Murphy	Steans
Clayborne	Koehler	Nybo	Syverson
Collins	Lightford	Oberweis	Van Pelt
Connelly	Link	Raoul	Weaver
Cullerton, T.	Manar	Rezin	Mr. President
Cunningham	Martinez	Righter	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

Senator Muñoz, Chairperson of the Committee on Executive Appointments, to which was referred Appointment Message 1000387, reported the same back with the recommendation that the Senate advise and consent to the following appointment:

**Appointment Message No. 1000387**

Title of Office: Commissioner

Agency or Other Body: Executive Ethics Commission

Start Date: April 30, 2018

End Date: June 30, 2020

Name: Amalia S. Rioja

Residence: 740 Ashland Ave., River Forest, IL 60305

Annual Compensation: \$37,571

Per diem: Not Applicable

Nominee's Senator: Senator Kimberly A. Lightford

Most Recent Holder of Office: James Faught

Superseded Appointment Message: Not Applicable

Senator Muñoz moved that the Senate advise and consent to the foregoing appointment.  
And on that motion, a call of the roll was had resulting as follows:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Fowler	McConaughay	Sandoval
Anderson	Haine	McGuire	Schimpf

[May 28, 2018]

Bennett	Harmon	Morrison	Sims
Bertino-Tarrant	Hastings	Mulroe	Stadelman
Brady	Holmes	Muñoz	Steans
Bush	Hunter	Murphy	Syverson
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Collins	Lightford	Raoul	Mr. President
Connelly	Link	Rezin	
Cullerton, T.	Manar	Righter	
Cunningham	Martinez	Rooney	
Curran	McCann	Rose	

The motion prevailed.

Whereupon the President of the Senate announced confirmation of the foregoing appointment.

On motion of Senator Muñoz, the Executive Session arose and the Senate resumed consideration of business.

Senator Link, presiding.

### **PRESENTATION OF RESOLUTION**

Senator Cunningham offered the following Senate Resolution, which was referred to the Committee on Assignments:

#### **SENATE RESOLUTION NO. 1796**

WHEREAS, The Special Olympics serves children, adults, and adults of advancing age who have been diagnosed with an intellectual disability limiting their adaptive skills necessary to live, work, and contribute in the community; and

WHEREAS, The Special Olympics movement was launched in July of 1968 when Anne McGlone Burke and Eunice Kennedy Shriver led 1,000 intellectually disabled athletes from 26 states and Canada to Chicago's Soldier Field to compete in Olympic-styled track and field events; and

WHEREAS, In July of 2018, the Special Olympics will commemorate its 50th Anniversary through a series of week-long events in Chicago highlighting the evolution of the Special Olympics from exclusive sports meant only for people with intellectual disabilities to inclusive sports meant for all and launching the next 50 years of inclusion; approximately 70,000 are expected to attend; and

WHEREAS, The Unified Football Cup will take place July 17, 2018 through July 20, 2018 in which Special Olympics Unified Football teams representing every region of the world will come to Chicago for an inaugural global tournament, in partnership with the Chicago Fire Soccer Club and ESPN; and

WHEREAS, The Eternal Flame of Hope Monument dedication in Chicago at the main entrance of the Museum Campus and Soldier Field will take place on July 20, 2018 and will include a ceremony on the 50th birthday of the Special Olympics dedicating a permanent monument to the organization and its athletes; and

WHEREAS, The Law Enforcement Torch Run will take place on July 20, 2018 and will include a ceremonial Law Enforcement Torch Run featuring hundreds of law enforcement officers and Special Olympics athletes from Chicago and the world; and

WHEREAS, The Global Day of Inclusion Festival and Concert will take place on July 21, 2018 in Chicago and will include athletes from the first Games in 1968 who will be joined by present day athletes to tell the Special Olympics Story; it will include a festival of activities bringing together the world's top musicians, athletes, artists, celebrities, global leaders, donors, and partners to celebrate and advance the Special Olympics' inclusion movement and "Choose to Include" message around the globe through attendance, marketing, and digital opportunities; and

[May 28, 2018]

WHEREAS, Each of the events for the 50th Anniversary will include goals of raising awareness, enhancing outreach, support, and education, and, most importantly, engaging the next generation of individuals with and without disabilities who will carry the "Flame of Hope" for inclusive communities into the next 50 years; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we fully support the 50th anniversary celebration of the Special Olympics and are encouraged to participate in the events surrounding the celebration; and be it further

RESOLVED, That we congratulate all Special Olympics athletes, past and present, on their remarkable accomplishments on and off the field; and be it further

RESOLVED, That we declare July of 2018, the month of the 50th anniversary of the first International Special Olympics Summer Games, as Special Olympics Month in the State of Illinois.

**MESSAGE FROM THE PRESIDENT**

**OFFICE OF THE SENATE PRESIDENT  
STATE OF ILLINOIS**

JOHN J. CULLERTON  
SENATE PRESIDENT

327 STATE CAPITOL  
SPRINGFIELD, IL 62706  
217-782-2728

May 28, 2018

Mr. Tim Anderson  
Secretary of the Senate  
Room 403 State House  
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to the provisions of Senate Rule 2-10, I hereby extend the 3<sup>rd</sup> Reading deadline to May 31, 2018, for the following Senate bills:

514

Pursuant to the provisions of Senate Rule 2-10, I hereby extend the Committee and 3<sup>rd</sup> Reading deadline to May 31, 2018, for the following House bills:

156, 5593, 5777

Sincerely,  
s/John J. Cullerton  
John J. Cullerton  
Senate President

cc: Senate Republican Leader Bill Brady

**REPORT FROM COMMITTEE ON ASSIGNMENTS**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, reported the following Joint Action Motions have been assigned to the indicated Standing Committees of the Senate:

[May 28, 2018]

- Agriculture: **Motion to Concur in House Amendment 1 to Senate Bill 2270**  
**Motion to Concur in House Amendment 2 to Senate Bill 2493**
- Commerce and Economic Development:  
**Motion to Concur in House Amendment 1 to Senate Bill 2281**  
**Motion to Concur in House Amendment 1 to Senate Bill 2899**
- Education: **Motion to Concur in House Amendment 1 to Senate Bill 2941**
- Executive: **Motion to Concur in House Amendment 1 to Senate Bill 3022**  
**Motion to Concur in House Amendment 2 to Senate Bill 3022**
- Higher Education: **Motion to Concur in House Amendment 1 to Senate Bill 2905**
- Human Services: **Motion to Concur in House Amendment 1 to Senate Bill 1628**  
**Motion to Concur in House Amendment 1 to Senate Bill 3023**  
**Motion to Concur in House Amendment 1 to Senate Bill 3048**  
**Motion to Concur in House Amendment 1 to Senate Bill 3075**
- Insurance: **Motion to Concur in House Amendment 1 to Senate Bill 2851**  
**Motion to Concur in House Amendment 1 to Senate Bill 3491**  
**Motion to Concur in House Amendment 2 to Senate Bill 3491**
- Judiciary: **Motion to Concur in House Amendment 1 to Senate Bill 65**  
**Motion to Concur in House Amendment 1 to Senate Bill 544**
- Public Health: **Motion to Concur in House Amendment 2 to Senate Bill 2952**
- State Government: **Motion to Concur in House Amendment 1 to Senate Bill 1453**  
**Motion to Concur in House Amendment 1 to Senate Bill 2640**  
**Motion to Concur in House Amendment 1 to Senate Bill 3046**
- Transportation: **Motion to Concur in House Amendment 1 to Senate Bill 2954**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

- Criminal Law: **HOUSE BILL 5341; Committee Amendment No. 1 to House Bill 4554.**
- Education: **HOUSE BILL 5593; Floor Amendment No. 1 to House Bill 4706.**
- Executive: **Floor Amendment No. 5 to House Bill 3479.**
- Higher Education: **Floor Amendment No. 1 to House Bill 4781.**
- Human Services: **HOUSE BILL 5868.**
- Judiciary: **Floor Amendment No. 3 to House Bill 5231.**
- Revenue: **Floor Amendment No. 2 to House Bill 4507.**
- State Government: **Committee Amendment No. 1 to House Bill 4413.**
- Transportation: **Floor Amendment No. 1 to House Bill 5749.**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Higher Education: **Senate Joint Resolution No. 76.**

Public Health: **Senate Resolution No. 1780.**

State Government: **Senate Resolution No. 1786.**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, to which was referred **Senate Bill No. 514** on August 4, 2017, pursuant to Rule 3-9(b), reported that the Committee recommends that the bill be approved for consideration and returned to the calendar in its former position.

The report of the Committee was concurred in.

And **Senate Bill No. 514** was returned to the order of third reading.

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, to which was referred **House Bill No. 109** on August 4, 2017, pursuant to Rule 3-9(b), reported that the Committee recommends that the bill be approved for consideration and returned to the calendar in its former position.

The report of the Committee was concurred in.

And **House Bill No. 109** was returned to the order of third reading.

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, to which was referred **House Bills numbered 156 and 5777**, reported the same back with the recommendation that the bills be placed on the order of second reading without recommendation to committee.

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, reported that the following Legislative Measures have been approved for consideration:

**Floor Amendment No. 2 to Senate Bill 203**

**Floor Amendment No. 3 to House Bill 5020**

**Floor Amendment No. 3 to House Bill 5808**

The foregoing floor amendments were placed on the Secretary's Desk.

Pursuant to Senate Rule 3-8 (b-1), the following amendments will remain in the Committee on Assignments: **Committee Amendment No. 2 to House Bill 5231, Floor Amendment No. 4 to Senate Bill 3190**

#### **LEGISLATIVE MEASURES FILED**

The following Floor amendments to the House Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to House Bill 109  
 Amendment No. 1 to House Bill 156  
 Amendment No. 1 to House Bill 3648  
 Amendment No. 5 to House Bill 4208  
 Amendment No. 2 to House Bill 4706  
 Amendment No. 1 to House Bill 5777

[May 28, 2018]

### REPORT FROM COMMITTEE ON ASSIGNMENTS

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Local Government: **Floor Amendment No. 1 to House Bill 5777.**

Revenue: **Floor Amendment No. 1 to House Bill 156.**

Senator Clayborne, Chairperson of the Committee on Assignments, during its May 28, 2018 meeting, reported that the following Legislative Measure has been approved for consideration:

#### **Floor Amendment No. 1 to House Bill 109**

The foregoing floor amendment was placed on the Secretary's Desk.

### POSTING NOTICES WAIVED

Senator Rooney moved to waive the six-day posting requirement on **Senate Joint Resolution No. 76** so that the measure may be heard in the Committee on Higher Education that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator Bertino-Tarrant moved to waive the six-day posting requirement on **Senate Bill No. 3100** so that the measure may be heard in the Committee on Labor that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator Bertino-Tarrant moved to waive the six-day posting requirement on **House Bill No. 5593** so that the measure may be heard in the Committee on Education that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator Castro moved to waive the six-day posting requirement on **House Bill No. 4100** so that the measure may be heard in the Committee on Licensed Activities and Pensions that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator Bennett moved to waive the six-day posting requirement on **House Bills numbered 4554 and 5341** so that the measures may be heard in the Committee on Criminal Law that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator T. Cullerton moved to waive the six-day posting requirement on **House Bill No. 4104** so that the measure may be heard in the Committee on Local Government that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator T. Cullerton moved to waive the six-day posting requirement on **House Bill No. 4413** so that the measure may be heard in the Committee on State Government that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator T. Cullerton moved to waive the six-day posting requirement on **Senate Resolutions numbered 1767 and 1786** so that the measures may be heard in the Committee on State Government that is scheduled to meet May 29, 2018.

[May 28, 2018]



The motion prevailed.

Senator Morrison moved to waive the six-day posting requirement on **Senate Resolution No. 1780** so that the measure may be heard in the Committee on Public Health that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator Morrison moved to waive the six-day posting requirement on **House Bill No. 5868** so that the measure may be heard in the Committee on Human Services that is scheduled to meet May 29, 2018.

The motion prevailed.

Senator Morrison moved to waive the six-day posting requirement on **House Bill No. 2354** so that the measure may be heard in the Committee on Judiciary that is scheduled to meet May 29, 2018.

The motion prevailed.

#### **COMMITTEE MEETING ANNOUNCEMENTS FOR MAY 29, 2018**

The Chair announced the following committees to meet at 9:00 o'clock a.m.:

Appropriations II in Room 212  
Commerce and Economic Development in Room 400

The Chair announced the following committee to meet at 9:30 o'clock a.m.:

Agriculture in Room 409

The Chair announced the following committees to meet at 10:00 o'clock a.m.:

Higher Education in Room 212  
Judiciary in Room 400  
Human Services in Room 409

The Chair announced the following committees to meet at 11:15 o'clock a.m.:

Revenue in Room 212  
Insurance in Room 400

The Chair announced the following committees to meet at 3:00 o'clock p.m.:

Education in Room 212  
Public Health in Room 400

The Chair announced the following committees to meet at 3:45 o'clock p.m.:

Executive in Room 212  
Licensed Activities and Pensions in Room 400  
State Government in Room 409

The Chair announced the following committees to meet at 4:30 o'clock p.m.:

Transportation in Room 212  
Criminal Law in Room 400

The Chair announced the following committees to meet at 5:00 o'clock p.m.:

Local Government in Room 409

The Chair announced the following committee to meet at 5:30 o'clock p.m.:

[May 28, 2018]

Labor in Room 212

**READING BILL FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME**

On motion of Senator Bertino-Tarrant, **House Bill No. 4331** was taken up, read by title a second time and ordered to a third reading.

**POSTING NOTICE WAIVED**

Senator Manar moved to waive the six-day posting requirement on **House Bills numbered 4290 and 5750** so that the measures may be heard in the Committee on Appropriations II that is scheduled to meet May 29, 2018.

The motion prevailed.

**CONSIDERATION OF RESOLUTIONS ON SECRETARY'S DESK**

Senator Bennett moved that **House Joint Resolution No. 21**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Bennett moved that House Joint Resolution No. 21 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Aquino	Haine	McConnaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson
Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof.

Senator Fowler moved that **House Joint Resolution No. 47**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Fowler moved that House Joint Resolution No. 47 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
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Anderson	Fowler	McCann	Rose
Aquino	Haine	McConnaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson
Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof.

Senator Hutchinson moved that **House Joint Resolution No. 81**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Hutchinson moved that House Joint Resolution No. 81 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Aquino	Haine	McConnaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson
Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof.

Senator Rose moved that **House Joint Resolution No. 93**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Rose moved that House Joint Resolution No. 93 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Aquino	Haine	McConnaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf

Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson
Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof.

Senator Tracy moved that **House Joint Resolution No. 97**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Tracy moved that Senate Resolution No. 97 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Aquino	Haine	McConnaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson
Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Senator Rezin moved that **House Joint Resolution No. 105**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Rezin moved that House Joint Resolution No. 105 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Aquino	Haine	McConnaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson

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Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof.

Senator Righter moved that **House Joint Resolution No. 114**, on the Secretary's Desk, be taken up for immediate consideration.

The motion prevailed.

Senator Righter moved that House Joint Resolution No. 114 be adopted.

And on that motion, a call of the roll was had resulting as follows:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rooney
Anderson	Fowler	McCann	Rose
Aquino	Haine	McConaughay	Sandoval
Bennett	Harmon	McGuire	Schimpf
Bertino-Tarrant	Hastings	Morrison	Sims
Brady	Holmes	Mulroe	Stadelman
Bush	Hunter	Muñoz	Steans
Castro	Hutchinson	Murphy	Syverson
Clayborne	Koehler	Nybo	Tracy
Collins	Landek	Oberweis	Van Pelt
Connelly	Lightford	Raoul	Weaver
Cullerton, T.	Link	Rezin	Mr. President
Cunningham	Manar	Righter	

The motion prevailed.

And the resolution was adopted.

Ordered that the Secretary inform the House of Representatives thereof.

At the hour of 6:06 o'clock p.m., the Chair announced that the Senate stands adjourned until Tuesday, May 29, 2018, at 12:00 o'clock noon.