



2013 End of Session Legislative Report

Prepared For the Illinois College of Emergency Physicians

July 2013

2013 Legislation Session
in Review

By: Illinois Strategies

In looking to find a 3 – 5 word description for the 2013 legislative session, it appears that the best choice might be “business as usual”. As has been the case for the past several years, the underlying issue that permeated most of the discussions was getting the fiscal house of the State of Illinois in order. In the end, while there appeared to be a lot of partisan, and even in-party fighting, the two chambers worked on a lot of issues, some of which were quite controversial. But, what they did not address was the biggest elephant in the room, the state’s pensions systems.

Issues they did tackle included concealed carry, gay marriage, gambling expansion, and medical marijuana. Some of these issues did not see a piece of legislation that made it to the Governor’s desk but, they were debated, and in most cases voted upon.

Concealed Carry – HB 183 was Amendatorily Vetoed and overridden by the Governor. In its final form, the bill will establish a concealed carry program that will be administered by the Illinois State Police. The bill allows for individuals who are above the age of 21 to apply for a permit to carry a concealed weapon. Exceptions to the ability to carry a weapon are made for areas including schools, bars, nuclear facilities, hospitals, amusement parks, and a host of other places outlined in the legislation. An applicant will have to meet established criteria including 16 hours of training, passage of a background check, as well as pay the requisite fees, etc. All law enforcement agencies would have the ability to object to a request for a permit and a system is set up to have a board review objections.

Fracking regulation – legislation was passed and has already been signed by the Governor to impose new regulations on the practice of “fracking” in Illinois. Many environmental groups have suggested that the new law will impose the toughest regulation of the practice of fracking in the nation. Companies will have to register with the Department of Natural Resources, spelling out information on their locations and process. A public comment period will be available, as well as a process for complaints when persons believe that fracking has contaminated their water.

Medical marijuana – legislation establishing a “Compassionate Use of Medical Cannabis Pilot Program was passed in both the House and Senate and was signed into law by Governor Quinn. The bill will create a 4 year pilot program where individuals afflicted with various serious diseases , such as HIV, cancer and MS, will be able to get a limited amount of marijuana from one of 60 dispensaries that will be established across the state. Currently there are nineteen other states that have some type of legalized program for medical marijuana.

Expansion of Medicaid eligibility – on mostly partisan roll calls in both chambers, the House and Senate sent the Governor a bill that will expand eligibility under Medicaid to an additional estimated half million Illinoisans. The plan is a part of the President’s health care reform efforts and, in this case, the federal government will be picking up the tab for the new enrollees for the first 3 years of the program.

Almost 4000 bills were introduced during this first year of this session in the House of Representatives alone. The Senate saw a more modest number closer to 2600 bills. What seemed like a session that dragged on was really only a total of 73 session days –11 of those being perfunctory only days – days when bills were read into the record or motions filed. So all in all, the members met in session only 57 days.

The Fall Veto session is scheduled for October 22, 23 and 24th and November 5, 6 and 7th.

The following report contains a listing of all of the bills that were followed for the Illinois College of Emergency Physicians throughout the legislative year. The bills are listed numerically and have a listing of all of the amendments that were filed on the bill. Each one will indicate whether or not the amendment was adopted onto the bill. There are several bills that have passed both chambers but, at the time of writing of

the report, had not yet been sent to the Governor for his review. Those bills will eventually be certified and sent on to the Governor, after which he has 60 days to take action. Updated status of bills can be found on the legislative website at www.ilga.gov or, we would be happy to provide you with a status on any given bill.

As always, if you have any questions or would like any additional information on these bills, or others, please feel free to contact us.

Bill: HB 9 (Flowers-D) MEDICAL PRACTICE ACT-FEES
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Medical Practice Act of 1987. Increases various fees concerning licenses and renewal of licenses under the Act. Effective immediately.

Bill: HB 21 (Flowers-D) INS CD-PATIENT ASSESSMENTS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the State Employees Group Insurance Act of 1971, Counties Code, Illinois Municipal Code, Illinois Public Aid Code, and Illinois Insurance Code to provide that accident and health insurance policies and managed care plans shall cover all services ordered by a physician and provided in a hospital that are considered medically necessary. Amends the Medical Patient Rights Act. Includes limited health service organizations and voluntary health services plan in the definition of "insurance company". Effective immediately.

House Committee Amendment No. 1

Removes amendatory changes to the Medical Assistance Article of the Illinois Public Aid Code requiring the State's medical assistance program to provide coverage for all services ordered by a physician and provided in a hospital that are considered medically necessary for the evaluation, assessment, and diagnosis of the illness or condition that resulted in the hospital stay.

House Amendment #2 (Filed but, not adopted)

Removes the amendatory changes to the State Employees Group Insurance Act of 1971 requiring the program of health benefits to provide coverage for all services ordered by a physician and provided in a hospital that are considered medically necessary.

Bill: HB 71 (Cassidy-D/Mulroe-D) MEDICAID FRAUD-OBSTRUCTION
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position:

Synopsis As Introduced

Amends the Public Assistance Fraud Article of the Illinois Public Aid Code. Provides that (i) any person who knowingly obtains unauthorized medical benefits or causes to be obtained unauthorized medical benefits (rather than knowingly obtains unauthorized medical benefits) with or without use of a medical card; (ii) any vendor that knowingly assists or knowingly or willfully fails to prevent a person from committing specified violations; or (iii) any person (including a vendor,

organization, agency, or other entity) that, in any matter related to the medical assistance program, knowingly or willfully falsifies, conceals, or omits by any trick, scheme, artifice, or device a material fact, or makes any false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry in connection with the provision of health care or related services commits medical assistance fraud. Sets forth conduct that constitutes managed health care fraud. Enhances the criminal penalty, from a Class A misdemeanor to a Class 4 felony, for any person, firm, corporation, association, agency, institution, or other legal entity that, in any matter related to a State or federally funded or mandated health plan, knowingly and willfully makes a false statement in connection with the provision of health care or related services. Provides that no person shall willfully obstruct criminal investigations of health care offenses and makes a violation a Class 4 felony. Effective immediately.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the bill as introduced, with the following changes: Provides that any vendor that knowingly assists a person (rather than any vendor that knowingly assists or knowingly or willfully fails to prevent a person) in committing specified violations concerning the unauthorized use of a medical card or the unauthorized use of medical benefits with or without a medical card commits medical assistance fraud. Provides that the term "knowledge" has the meaning ascribed to that term in the Criminal Code of 2012 when used in the context of certain violations of medical assistance fraud. Does not include provisions creating the offense of obstruction of criminal investigations of health care offenses. Makes other changes. Effective immediately.

Bill: HB 87 (Franks-D) INS CD-PPO HOSP PROVIDER FEE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013
Position: OPPOSE

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that a physician or other health care professional who provides services through a hospital that is a member of a preferred provider organization to an insured person who is admitted to the hospital and participates in the preferred provider organization may not use any fee schedule other than that set forth by the insurer for the preferred provider organization.

Bill: HB 142 (Flowers-D) INS-FEEDING-SUPPLEMENTS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013
Position:

Synopsis As Introduced

Amends the Illinois Insurance Code to provide that accident and health insurance policies and

managed care plans must provide coverage for intravenous feeding, prescription nutritional supplements, and hospital patient assessments. Makes corresponding changes in the State Employees Group Insurance Act of 1971, Counties Code, Illinois Municipal Code, School Code, Health Maintenance Organization Act, Voluntary Health Services Plans Act, and Illinois Public Aid Code. Amends the Emergency Medical Treatment Act to provide that every hospital licensed under the Hospital Licensing Act shall comply with the Hospital Emergency Service Act. Amends the Hospital Emergency Service Act in a provision concerning the Department of Public Health's rules regarding hospital emergency services. Repeals the provision concerning long-term acute care hospitals. Amends the Health Carrier External Review Act. Sets forth provisions concerning standard information for application forms; medical underwriting; the requirement to send to the applicant a copy of the health care service plan contract along with a notice; rescission and cancellation; postcontract investigation; and continuation. Makes changes in the provision concerning standard external review. Amends the Medical Patient Rights Act. Provides that each patient has a right to be informed of his or her inpatient or outpatient status. Amends the State Mandates Act to require implementation without reimbursement by the State. Effective immediately

House Amendment #1 (Filed but, not adopted)

In the Medical Patient Rights Act, deletes from the definition of "health insurance policy or health care plan" policies provided under the State Employees Group Insurance Act. Makes a technical correction.

Bill: HB 193 (Madigan-D) MEDICAL DISCIPLINARY FUND-TECH
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Medical Practice Act of 1987. Makes a technical change in a provision concerning license renewal.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the State Finance Act. Provides that, as soon as possible after the effective date of this amendatory Act, the State Comptroller shall order and the State Treasurer shall transfer \$6,600,000 from the Local Government Tax Fund to the Illinois State Medical Disciplinary Fund. Amends the Medical Practice Act of 1987. Provides that the State Comptroller shall order and the State Treasurer shall transfer an amount equal to \$2,200,000 from the Illinois State Medical Disciplinary Fund to the Local Government Tax Fund on each of the following dates: July 1, 2014, November 1, 2014, and March 1, 2015. Makes changes to fees for license renewal. Effective immediately.

Bill: HB 283 (Madigan-D) STATE GOVERNMENT-TECH
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Department of Commerce and Economic Opportunity Law of the Civil Administrative Code of Illinois. Makes a technical change in a Section concerning the short title

House Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that upon a finding by the Department of Financial and Professional Regulation that a person has committed a violation of any licensing Act administered by the Department with regard to licenses, certificates, or authorities of persons exercising the respective professions, trades, or occupations, the Department may revoke, suspend, refuse to renew, place on probationary status, fine, or take any other disciplinary action as authorized in any licensing Act administered by the Department with regard to those licenses, certificates, or authorities. Provides specified aggravating and mitigating factors that the Department shall consider when imposing sanctions. Provides that all final administrative decisions of the Department are subject to judicial review under the Administrative Review Law. Provides that proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides, but if the party is not a resident of Illinois, the venue shall be in Sangamon County. Provides that in every action to review any final administrative decision, the factual findings and conclusions of the Department are deemed prima facie true and correct.

Bill: HB 942 (Flowers-D) IL UNIVERSAL HEALTH CARE ACT
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Creates the Illinois Universal Health Care Act. Provides that all individuals residing in the State are covered under the Illinois Health Services Program for health insurance. Sets forth the health coverage benefits that participants are entitled to under the Program. Sets forth the qualification requirements for participating health providers. Sets forth standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the Program. Provides that investor-ownership of health delivery facilities is unlawful. Provides that the State shall establish the Illinois Health Services Trust to provide financing for the Program. Sets forth the requirements for claims billing under the Program. Provides that the Program shall include funding for long-term care services and mental health services. Provides that the Program shall establish a single prescription drug formulary and list of approved durable medical goods and supplies. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Sets forth provisions concerning patients' rights. Provides that the employees of the Program shall be compensated in accordance

with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly.

Bill: HB 946 (Yingling-D/Manar-D) SCH CD-HEROIN USE TASK FORCE
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position:

Synopsis As Introduced

Amends the School Code. Creates the Young Adults Heroin Use Task Force to address the growing problem of heroin use in high schools across this State. Sets forth the membership of the Task Force. Requires the Task Force to conduct a study on the heroin use problem in high schools and suggest programs for high schools to use to address the problem, which programs may involve local law enforcement agencies. Requires the Task Force to report its findings and recommendations to the General Assembly and Governor on or before June 30, 2014. Abolishes the Task Force and repeals these provisions on July 1, 2014. Effective immediately.

House Committee Amendment No. 1

Removes language that provides that the Task Force shall meet initially at the call of the Speaker of the House of Representatives, shall select one member as chairperson at its initial meeting, and shall thereafter meet at the call of the chairperson.

House Committee Amendment No. 2

Removes language that provides that the Task Force shall meet initially at the call of the Speaker of the House of Representatives, shall select one member as chairperson at its initial meeting, and shall thereafter meet at the call of the chairperson.

House Floor Amendment No. 3

Replaces everything after the enacting clause. Reinserts the contents of the bill as amended by House Amendment No. 2. Effective immediately.

House Floor Amendment No. 4

Replaces everything after the enacting clause. Reinserts the contents of the bill as amended by House Amendment No. 2, but changes the membership on the task force. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause with the engrossed bill with the following changes. Adds to the Task Force membership 4 members of the Senate, appointed by the President of the Senate; 3 members of the Senate, appointed by the Minority Leader of the Senate; one representative of a statewide association representing school boards, appointed by the Governor; and one representative of a statewide association representing school principals, appointed by the Governor. Removes provisions allowing the members of the Task Force to be reimbursed for certain expenses. Provides that the Department of Human Services' Division of Alcoholism and Substance Abuse (instead of the State Board of Education) shall provide administrative and other support to the Task Force. Effective immediately.

Bill: HB 1001 (Hays-R) MED PRACT-LIC FEES-TRANSFER
Status: REFERRED to HOUSE Rules Committee – January 30, 2013
Position:

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal of the Medical Practice Act of 1987 from December 31, 2013 to December 31, 2023. Amends the Medical Practice Act of 1987. Provides that a completed initial license application and a completed initial license application by endorsement that has been submitted to the Department of Financial and Professional Regulation shall be processed by the Department within 45 calendar days after receipt. Makes changes to the various fees for the renewal of a license for a resident of Illinois and nonresidents. Provides that an individual who has a 3-year temporary license and applies for an initial license shall pay the fee for a renewal of a license instead of applying for an initial license under certain provisions of the Act. Provides that the State Comptroller shall order and the State Treasurer shall transfer \$9,600,000 from the General Revenue Fund to the Illinois State Medical Disciplinary Fund. Effective immediately.

Bill: HB 1017 (Feigenholtz-D/Steans-D)MENTAL HEALTH CONFIDENTIALITY
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Mental Health and Developmental Disabilities Confidentiality Act. Defines "business associate", "covered entity", "facility", "health information exchange" ("HIE"), "HIE purposes", "HIPAA", "integrated health system", and "interdisciplinary team" and changes the definition of "confidential communication" and "record". Provides that an HIE, person, therapist, facility, agency, interdisciplinary team, integrated health system, business associate, or covered entity may, without a recipient's consent, use, disclose, or redisclose information from a recipient's record to certain entities for specified purposes. Provides that a recipient may opt-out of having his or her record disclosed. Makes corresponding changes throughout the rest of the Act.

House Committee Amendment No. 1

In provisions which limit the purposes for which certain information may be disclosed, adds the purposes of coordinating care and governmentally mandated public health reporting. Provides that the rules, standards, or contractual obligations of the Illinois Health Information Exchange Authority shall permit a recipient to revoke a prior decision to opt-out or a decision not to opt-out. Provides that the Authority shall give consideration to the format and content of certain required disclosures and the availability to recipients of information regarding an HIE and the rights of recipients to expressly decline the further disclosure of the record by an HIE to third parties. Provides that the Authority shall also give annual consideration to enable a recipient to expressly decline the further disclosure by an HIE to third parties of selected portions of the recipient's record while permitting disclosure of the recipient's remaining patient health information. Provides that the Authority in its discretion may consider the extent to which relevant health information technologies reasonably available to therapists and HIEs in this State reasonably enable the effective segmentation of specific information within a recipient's electronic medical record and reasonably enable the

effective exclusion of specific information from disclosure by an HIE to third parties, as well as the availability of sufficient authoritative clinical guidance to enable the practical application of such technologies to effect recipient disclosure preferences. Makes additional corresponding changes and adds an immediate effective date.

House Floor Amendment No. 2

Provides that the rules, standards, or contractual obligations of the Illinois Health Information Exchange Authority shall provide for written notice of a recipient's right to opt-out which directs the recipient to a health information exchange website containing (i) an explanation of the purposes of the health information exchange; and (ii) audio, visual, and written instructions on how to opt out of participation in whole or in part to the extent possible. Provides that the rules, standards, or contractual obligations shall be reviewed annually and updated as the technical options develop.

Senate Committee Amendment No. 1

Modifies the definition of Health information exchange to include an exchange that has established certain data sharing arrangements. Excludes from the scope of the Act certain point-to-point communications. Includes healthcare providers receiving payment from certain State agencies within the range of entities that may make certain disclosures. Makes other changes.

Bill: HB 1033 (Tryon-R) MEDICAID-OTC MEDICATIONS
Status: REFERRED to HOUSE Rules Committee – January 30, 2013
Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that over-the-counter medications that are prescribed to a recipient of medical assistance by a physician, a physician's assistant, a nurse practitioner, or any other medical care provider qualified to prescribe medications shall be covered under the State's medical assistance program. Provides that pharmacies providing prescribed over-the-counter medications shall be reimbursed at the same rate determined by the Department of Healthcare and Family Services for prescription medications covered under the State's medical assistance program. Requires the Department to establish guidelines and standards by administrative rule on the documentation, if any, a medical care provider must submit when prescribing an over-the-counter medication to a recipient of aid under the Code. Effective immediately.

Bill: HB 1052 (Bradley-D/Steans-D) NURSE-COLLABORATION-PRESCRIBE
Status: PASSED Both Chambers / SENT to Governor – June 7, 2013
Position: NEUTRAL

Synopsis As Introduced

Amends the Nurse Practice Act. Removes references to a written collaborative agreement throughout the Act. Provides that an advanced practice nurse's scope of practice includes collaboration and consultation with or referral to a physician or other appropriate health-care

professional for patient care needs that exceed the APN's scope of practice, education, or experience. Provides that as part of the professional scope of advanced practice nursing, an advanced practice nurse possesses prescriptive authority appropriate to his or her specialty, scope of practice, education, and experience. Such prescriptive authority shall include the authority to prescribe, select, order, administer, store, accept samples of, and dispense over-the-counter medications, legend drugs, medical gases, certain controlled substances, and other preparations, including botanical and herbal remedies. Amends various other Acts to make related changes. Effective immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Nurse Practice Act. Provides that absent an employment relationship, a written collaborative agreement may not (1) restrict the categories of patients of an advanced practice nurse within the scope of the advanced practice nurses training and experience, (2) limit third party payors or government health programs, such as the medical assistance program or Medicare with which the advanced practice nurse contracts, or (3) limit the geographic area or practice location of the advanced practice nurse in this State. Adds references to podiatric practice with clinical medical practice. Provides that these provisions shall not prohibit an advanced practice nurse from providing primary health care or treatment within the scope of his or her training and experience, including, but not limited to, health screenings, patient histories, physical examinations, women's health examinations, or school physicals that may be provided as part of the routine practice of an advanced practice nurse or on a volunteer basis. Amends the Medical Practice Act of 1987. Makes similar changes in a provision concerning the delegation of authority to physician assistants and advanced practice nurses.

Bill: HB 1157 (Madigan-D) CRIMINAL LAW-TECH
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Criminal Code of 2012. Makes a technical change in a Section concerning exemptions from the statutes concerning unlawful use of weapons and aggravated unlawful use of a weapon.

House Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause. Adds a short title of the Illinois Firearm Safety Act. Effective immediately.

House Amendment #2 (Filed but, not adopted)

Requires registration of handguns with the Department of State Police. Prohibits any person from carrying or possessing a handgun without a Certificate of Handgun Registration. Sets forth requirements concerning exemptions, applications for registration, registration fees, the distribution of moneys received from certain fees, and the denial of a registration application. Creates penalties for the possession of a handgun without a current Certificate of Handgun Registration and knowingly providing false or misleading information or evidence in connection with an application. Sets forth procedures for the return of a Certificate of Handgun Registration for a handgun that is

lost, stolen, or otherwise disposed of. Amends the State Finance Act. Creates the Handgun Certificate Administration Fund, the National Instant Criminal Background Check System Improvement Fund, and the Illinois LEADS Information and Technology Improvement Fund. Amends the Firearm Owners Identification Act and various Acts to make conforming changes.

House Amendment #3 (Filed but, not adopted)

Amends the Firearm Owners Identification Card Act. Provides that an applicant for initial issuance or renewal of a Firearm Owner's Identification Card must receive a mental health evaluation by a clinical psychologist or physician and receive a certification by the clinical psychologist or physician that he or she: (1) is not a danger to himself, herself, or to others; (2) does not lack the mental capacity to manage his or her own affairs; (3) is able to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others; and (4) does not have a state of mind manifested by violent, suicidal, threatening, or assaultive behavior that poses a clear and present danger to himself, herself, or to others at the time of the evaluation or in the future. Provides that if a patient of a clinical psychologist or physician has received a mental health evaluation and the clinical psychologist or physician determines that the Card holder is ineligible for the Card for these reasons, the clinical psychologist or physician shall, immediately after making the determination, forward that information to the Department of State Police. Amends the Mental Health and Developmental Disabilities Confidentiality Act to permit disclosure of this information.

House Amendment #4 (Filed but, not adopted)

Amends the Criminal Code of 2012. Creates the offense of prohibited person firearm access when a person stores or leaves, within premises under his or her control, a firearm if the person knows or has reason to know that a person prohibited from possessing a firearm is likely to gain access to the firearm, and the firearm is: (1) not secured by a device or mechanism, other than the firearm safety, designed to render a firearm temporarily inoperable; (2) not placed in a securely locked box or container; or (3) not placed in some other location that a reasonable person would believe to be secure from a person. A prohibited person is a person who has been convicted of a felony, has been convicted of domestic battery, has an outstanding order of protection or stalking no-contact order against him or her, has been adjudicated as a mental defective, has been a patient in a mental institution within the past 5 years, or is otherwise prohibited from obtaining a Firearm Owner's Identification Card. Provides exceptions. A first offense is a Class C misdemeanor and a subsequent offense is a Class A misdemeanor.

House Amendment #5 (Filed but, not adopted)

Amends the Firearm Owners Identification Card Act. Requires an applicant for a Firearm Owner's Identification Card to disclose to the State Police the name of any person with whom he or she resides or shares a residential abode that the applicant knows or reasonably should know: (1) has been a patient in a mental institution within the past 5 years; (2) has been adjudicated as a mental defective; (3) is a convicted felon; (4) has been convicted of domestic battery, aggravated domestic battery, or a substantially similar offense; or (5) is prohibited under this Act from obtaining a Firearm Owner's Identification Card or is otherwise prohibited from possessing a firearm.

House Amendment #6 (Filed but, not adopted)

Amends the Firearm Owners Identification Card Act. Provides that the Department of State Police may revoke and seize a Firearm Owner's Identification Card previously issued under the Act of a

person who fails to report the loss or theft of a firearm a second time to the local law enforcement agency within 72 hours after obtaining knowledge of the second loss or theft. Amends the Criminal Code of 2012. Provides that if a person who possesses a valid Firearm Owner's Identification Card and who possesses or acquires a firearm thereafter loses or misplaces the firearm, or if the firearm is stolen from the person, the person must report the loss or theft to the local law enforcement agency within 72 hours after obtaining knowledge of the loss or theft.

House Amendment #7 (Filed but, not adopted)

Amends the State Finance Act. Creates the Mental Health Services Improvement Fund, the , and the NICS and LEADS Criminal Background Check Improvement Fund in the State treasury. Establishes the purposes of those Funds. Amends the Firearm Owners Identification Card Act. Increases the fee for a Firearm Owner's Identification Card from \$10 to \$50. Provides that \$13 (rather than \$3) of each fee shall be deposited in the Firearm Owner's Notification Fund, \$10 of each fee in the Mental Health Services Improvement Fund, \$10 of each fee shall be deposited in the Mental Health Screening and Public Safety Fund, and \$10 of each fee shall be deposited in the NICS and LEADS Criminal Background Check Improvement Fund.

House Amendment #8 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Nursing Home Care Act. Permits the Department of Public Health to revoke or suspend licenses of nursing homes that substantially fail to comply with the provisions of the Mental Health and Developmental Disabilities Confidentiality Act requiring the reporting of information to the Department of State Police concerning patients who are ineligible to obtain Firearm Owner's Identification Cards or to purchase weapons. Provides that the Department of Public Health may impose fines on hospitals, not to exceed \$500 per occurrence, for failing to report the admission of a person for mental health treatment when the admission would disqualify the person from receiving or retaining a Firearm Owner's Identification Card. Amends the Hospital Licensing Act. Permits the Director of Public Health to revoke or suspend licenses of hospitals that substantially fail to comply with the provisions of the Mental Health and Developmental Disabilities Confidentiality Act requiring the reporting of information to the Department of State Police concerning patients who are ineligible to obtain Firearm Owner's Identification Cards or to purchase weapons. Provides that the Department of Public Health may impose fines on hospitals, not to exceed \$500 per occurrence, for failing to report the admission of a person for mental health treatment when the admission would disqualify the person from receiving or retaining a Firearm Owner's Identification Card. Amends the Firearm Owners Identification Card Act. Provides that the Department of Human Services shall, in the form and manner required by the Department of State Police, report all information collected under the Mental Health and Developmental Disabilities Confidentiality Act for the purpose of determining whether an individual who may be or may have been a patient in a mental institution is disqualified under State or federal law because of that status from (1) receiving or retaining a Firearm Owner's Identification Card or (2) purchasing a weapon. Provides that any clinical psychologist or physician treating an individual whose mental condition is of such a nature that it poses a clear and present danger to the individual, any other person or persons or the community shall report the identity of that person and his or her assessment of that person's mental condition to the Department of State Police within 24 hours. Provides that any college or university that finds one of its students has a mental condition of such a nature that it poses a clear and present danger to the student, any other person or persons or the student population shall report the identity of that person and his or her assessment of that student's mental condition to the Department of State Police within 24 hours.

Provides that any person who has received notice from the Department of State Police stating his or her card is revoked shall immediately return the card to the Department of State Police. Provides that failure to return the card is a petty offense with a minimum fine of \$100. After being served notice, persons who use their revoked card to purchase any firearm, firearm ammunition, or firearm ammunition feeding device is guilty of a Class 4 felony. Amends the Mental Health and Developmental Disabilities Confidentiality Act. Requires all public or private hospitals, nursing homes or long term care facilities, colleges or universities providing mental health services to its student population, and mental health facilities to furnish information to the Department of Human Services as defined by the Department of State Police for the purpose of determining that an individual who may be or may have been a patient is disqualified under State or federal law because of that status from (1) receiving or retaining a Firearm Owner's Identification Card or (2) purchasing a weapon, and submitting identifying information regarding the disqualified individual to the National Instant Criminal Background Check System Index program.

House Amendment #9 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Criminal Code of 2012. Provides that for listed firearms, if the owner or person in possession is not in immediate possession of that firearm, he or she must keep a locking device or mechanism on the firearm that renders the firearm temporarily inoperable, including but not limited to a device that attaches to the firearm with a key or combination lock, and is designed to prevent the firearm from being discharged unless the device has been deactivated. Further provides that if the firearm is incapable of accepting a locking device, the person must keep the firearm unloaded and placed within a securely locked box or container that requires a key or combination lock to open. Provides exemptions. Provides that a first violation is a petty offense, and a second or subsequent violation is a Class A misdemeanor.

House Amendment #10 (Filed but, not adopted)

Amends the Firearm Owners Identification Card Act. Provides that the transferor of a firearm, stun gun, or taser must furnish a record of the transfer, within 10 days of the transfer, to the Department of State Police. Provides that the transferee must furnish a record of the transfer and a copy of his or her valid Firearm Owner's Identification Card to the Department of State Police within 10 days of the transfer. Provides that the Department of State Police must maintain the record for a period of 10 years.

Bill: HB 1212 (Moffitt-R) WIRELESS 911-SURCHARGE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Wireless Emergency Telephone Safety Act. Defines "Trust Fund". Provides that beginning April 1, 2013, (now, January 1, 2008) the monthly surcharge imposed on wireless carriers shall be \$1.00, rather than \$0.73. Removes provisions concerning amounts per surcharge to be deposited into specified funds. Requires the State Treasurer to deposit \$0.80 per surcharge into the Wireless Service Emergency Fund for distribution to the 9-1-1 authorities and \$0.18 per surcharge into the NG9-1-1 Service Equalization Trust Fund. Provides that 1% of the amounts

collected may be distributed to the Illinois Commerce Commission to cover administrative costs. Further provides that in the case of a delinquent report, the Illinois Commerce Commission may impose a penalty on a carrier equal to the product of \$0.1 (now, 1/2¢) and the number of subscribers served by the carrier, and that any penalty imposed shall be deposited into the NG9-1-1 Service Equalization Trust Fund. Provides that the Act is repealed on January 1, 2019 (now, April 1, 2013). Effective April 1, 2013.

Bill: HB 1225 (Burke-D/Hastings-D) STUDENT ATHLETE-CARDIAC ARREST
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position:

Synopsis As Introduced

Creates the Sudden Cardiac Arrest Prevention Act. Provides that the Act applies to public schools, school districts, and recognized nonpublic schools. Requires the Department of Public Health and the State Board of Education to develop and post on their publicly accessible Internet websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest. Sets forth provisions concerning a sudden cardiac arrest symptoms and warning signs information sheet, informational meetings regarding the symptoms and warning signs of sudden cardiac arrest, and a sudden cardiac arrest training course. Provides that (i) a student who exhibits signs or symptoms of sudden cardiac arrest while participating in an athletic activity must be removed by the team's head coach from participation at that time, (ii) if a student is known to have exhibited signs or symptoms of sudden cardiac arrest at any time prior to or following an athletic activity, the team's head coach shall prevent the student from participating in an athletic activity, and (iii) a student removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a physician licensed to practice medicine in all of its branches, certified nurse practitioner, or cardiologist; sets forth penalties. Contains provisions concerning other youth athletic activities, construction of the Act, and agency rules. Effective 60 days after becoming law.

House Amendment #1 (Filed but, not adopted)

Provides that a school entity shall require all physical education teachers and all coaches and referees of interscholastic athletics, student athletes, and athletic trainers to annually watch a training video, provided free of charge to the entity and of no more than 15 minutes in length, on hands-only cardiopulmonary resuscitation and automated external defibrillators.

House Committee Amendment No. 2

Replaces everything after the enacting clause. Amends the School Code. Provides that a school entity (defined as a public school, school district, or nonpublic school recognized by the State Board of Education) shall require all physical education teachers and all coaches and referees of interscholastic athletics, student athletes, and athletic trainers to annually watch a training video, provided free of charge to the entity and of no more than 15 minutes in length, on hands-only cardiopulmonary resuscitation and automated external defibrillators. Effective immediately.

Senate Amendment #1 (Filed but, not adopted)

Provides that any person who has watched the training video and who in good faith, not for compensation, provides emergency cardiopulmonary resuscitation in accordance with this training to a person who is an apparent victim of acute cardiopulmonary insufficiency is not, as the result of his or her acts or omissions in providing resuscitation, liable for civil damages, unless the acts or omissions constitute willful or wanton misconduct. Provides that any automated external defibrillator user who in good faith and without fee or compensation renders emergency medical care involving the use of an automated external defibrillator in accordance with his or her training is not liable for any civil damages as a result of any act or omission, except for willful or wanton misconduct, by that person in rendering that care.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Interscholastic Athletic Organization Act. Requires the Illinois High School Association to post a training video on hands-only cardiopulmonary resuscitation and automated external defibrillators on the association's Internet website, but only if it is provided to the association free of charge and is no more than 15 minutes in length. Requires school districts to notify parents and staff in newsletters, bulletins, calendars, or other correspondence currently published by the school district of the posted video and encourage parents and staff to view it. Effective immediately.

Senate Amendment #3 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Interscholastic Athletic Organization Act. Requires the Illinois High School Association to post a training video on hands-only cardiopulmonary resuscitation and automated external defibrillators on the association's Internet website, but only if it is provided to the association free of charge and is no more than 15 minutes in length. Requires school districts to notify parents, student athletes, and staff in newsletters, bulletins, calendars, or other correspondence currently published by the school district of the posted video and encourage parents, student athletes, and staff to view it. Effective immediately.

Bill: HB 1254 (Feigenholtz-D) MEDICAID-HOSP ASSESSMENTS
Status: REFERRED to HOUSE Rules Committee – February 4, 2013
Position:

Synopsis As Introduced

Amends the Hospital Provider Funding Article of the Illinois Public Aid Code. Provides that an annual assessment on outpatient services shall be imposed on each hospital provider in a specified amount for June 10, 2012 through December 31, 2014 (rather than for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014). Provides that amounts shall be prorated if not in effect for a full year. Provides that for June 10, 2012 through December 31, 2014 (rather than for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014), a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 2009 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on June 30, 2011, without regard to any subsequent adjustments or changes to such data. Provides that for State fiscal years 2009 through

2014 (rather than for State fiscal years 2009 through 2015) in the case of a hospital provider that did not conduct, operate, or maintain a hospital in 2005, the assessment for that State fiscal year shall be computed on the basis of hypothetical occupied bed days for the full calendar year as determined by the Department of Healthcare and Family Services. Makes other changes. Effective immediately

Bill: HB 1284 (Lang-D) EXCLUSIVE PROVIDER BNFT PLANS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Creates the Exclusive Provider Benefit Plan Act. Provides that an exclusive provider benefit plan that meets the requirements of the Act shall be permitted. Provides that to the extent of any conflict between the provision permitting exclusive provider benefit plans and any other statutory provision, the provision permitting exclusive provider benefit plans prevails over the conflicting provision. Provides that an insurer duly licensed under the laws of this State may offer exclusive provider benefit plans to individuals and group health plans in conformity with the terms set forth in the provision concerning the applicability of the Act. Provides that an insurer shall not be required to be licensed as an HMO under the Health Maintenance Organization Act in order to offer exclusive provider benefit plans under the provision concerning the applicability of the Act. Sets forth provisions concerning the applicability of the Health Carrier External Review Act; the construction of the Exclusive Provider Benefit Plan Act; providing information to enrollees and prospective enrollees; the availability of exclusive providers; notice of nonrenewal or termination; transitions of service and continuity of care; prohibitions; exclusive provider benefit plan's access to specialists; health care services appeals, complaints, and external independent reviews; emergency services prior to stabilization; post-stabilization medical services; quality assessment programs; utilization review; and qualifying examinations of insurers and fees. Amends the Freedom of Information Act to establish an exemption for all identified or deidentified health information due to the Department's administration of the Exclusive Provider Benefit Plan Act. Effective immediately.

Bill: HB 1285 (Jakobsson-D) ALCOHOL POISONING IMMUNITY
Status: Bill TABLED in HOUSE – March 1, 2013

Position:

Synopsis As Introduced

Amends the Liquor Control Act of 1934. Provides for immunity from prosecution for minors in violation of the law who, in good faith, seek emergency medical assistance for alcohol poisoning. Effective immediately

Bill: HB 1322 (Flowers-D) HOSPITAL LICENSURE FUND
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the State Finance Act and the Hospital Licensing Act. Creates the Hospital Licensure Fund as a special fund in the State treasury. Establishes a \$30 license fee per bed for hospitals applying for a license, provided that a lesser amount may be established by administrative rule of the Department of Public Health, if the Department, in consultation with the Department of Healthcare and Family Services, determines that \$30 per bed would exceed the limitations on health care-related taxes imposed by federal law that, if violated, would result in reductions to the amount of federal financial participation received by the State for Medicaid expenditures. Further provides that the Department shall deposit all fees and fines collected in relation to the licensure of hospitals into the Hospital Licensure Fund for the purpose of providing programs, information, or assistance designed to improve patient safety and quality in hospitals. Effective immediately.

Bill: HB 1327 (Flowers-D/Delgado-D)PHYSICIAN PROFILES-DISCLOSURE
Status: PASSED Both Chambers / SENT to Governor – June 12, 2013

Position:

Synopsis As Introduced

Amends the Patients' Right to Know Act. Extends the disclosure period from 5 years to 10 years for certain information that must be posted on a physician's public profile.

Bill: HB 1338 (Sosnowski-R/ Connelly-R) DFPR-LICENSES FOR DISPLAY
Status: PASSED Both Chambers / SENT to Governor – June 14, 2013

Position:

Synopsis As Introduced

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that whenever the Department issues a copy of a license or certificate and the holder of the license or certificate is required to display it in his or her place of business, the Department shall provide a license or certificate that is printed without including the home address of the licensee or certificate holder.

House Floor Amendment No. 1

Provides that the Department of Financial and Professional Regulation shall provide a license or certificate (was a copy of the license or certificate) that is printed without including the address (was home address) of the licensee or certificate holder on the face of the license. Adds an effective date of January 1, 2014.

Bill: HB 1352 (Davis-D) MEDICAID-APR-DRG PAYMNT SYSTM
Status: REFERRED to HOUSE Rules Committee – February 6, 2013
Position:

Synopsis As Introduced

Amends the Hospital Services Trust Fund Article of the Illinois Public Aid Code. Provides that payments shall not be made for inpatient services under an All Patient Refined Diagnosis Related Groups (APR-DRG) payment system until individual hospitals have received 9 months of claims processed under the APR-DRG system. Provides that payments shall not be made for outpatient services under an Enhanced Ambulatory Procedure Grouping (EAPG) system until individual hospitals have received 9 months of claims processed under the EAPG system. Effective immediately.

Bill: HB 1403 (Lilly-D) \$DPH-POISON CENTER
Status: ASSIGNED to HOUSE Human Services Appropriations – February 13, 2013
Position:

Synopsis As Introduced

Appropriates \$1,331,100 to the Department of Public Health from the General Revenue Fund for grants to the Illinois Poison Center. Effective July 1, 2013.

Bill: HB 1519 (Soto-D) IDPH-MEDICAID PENALTY PAYMENTS
Status: REFERRED to HOUSE Rules Committee – February 13, 2013
Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that in the event hospitals are deemed not to have reached the \$40,000,000 in reduced expenditures as set forth under the Code, then for any individual hospital not meeting its established threshold, the Department of Public Health shall assess a penalty payment equal to one-half the amount of the differential between the hospital's actual liability related to readmissions and that of the threshold amount. Provides that these penalty payments shall be deposited into the Healthcare Provider Relief Fund and that in the event the Centers for Medicare and Medicaid Services finds that the penalty payments are an impermissible healthcare-related tax, the penalty payments shall be doubled. Further provides that the expenditures are to be defined as General Revenue Fund-based expenditures. Effective immediately.

Bill: HB 1729 (Pihos-R) REGULATION-TECH
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass By Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Abused and Neglected Long Term Care Facility Residents Reporting Act. Makes a technical change in a Section concerning the short title.

House Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act. Provides that in any county in which an ambulance service ceases operations and leaves a geographic area of that county without timely ambulance coverage, the County Administrator and County Board Chairman shall submit a written plan for covering that area to the closest EMS System Medical Director. Provides that the plan shall be submitted by the county within 15 days after its initial notification of an ambulance service closing. Provides that the EMS System Medical Director shall review and submit a copy of the plan to the Department of Public Health along with a written letter of support or denial.

House Amendment #2 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Legislature finds and declares that emergency medical services are essential services in the State of Illinois. Provides that in any county in which an ambulance service ceases operations and leaves a geographic area of that county without timely ambulance coverage, the County Administrator and County Board Chairman shall submit a written plan for covering that area to the closest EMS System Medical Director. Provides that the plan shall be submitted by the county within 15 days after its initial notification of an ambulance service closing. Provides that the EMS System Medical Director shall review and submit a copy of the plan to the Department of Public Health along with a written letter of support or denial.

House Amendment #3 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Legislature finds and declares that emergency medical services are essential services in the State of Illinois.

Bill: HB 1854 (Pihos-R./Mulroe-D) GOVERNMENT-TECH
Status: PASSED Both Chambers / SENT To Governor – June 12, 2013
Position:

Synopsis As Introduced

Amends the Regulatory Sunset Act. Makes a technical change in a Section concerning the short title.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Flag Display Act. Requires the

Governor to issue an official notice to fly flags at half-staff upon the death of a resident Emergency Medical Services (EMS) crew member who is killed in the line of duty. Requires the Department of Public Health to notify the Governor of the death in the line of duty of a resident EMS crew member.

Bill: HB 2244 (Soto-D) DHS-CHILD CARE BENEFITS-CO-PAY
Status: REFERRED to HOUSE Rules Committee – February 19, 2013
Position:

Synopsis As Introduced

Amends the Illinois Public Aid Code. In a provision concerning income thresholds for determining income eligibility for child care benefits, provides that beginning in fiscal year 2014, the specified threshold must be no less than 200% of the then-current federal poverty level for each family size. In a provision concerning the establishment of a co-payment scale that provides for cost sharing by families that receive child care services, provides that beginning in fiscal year 2014, the co-payment shall be no more than 3% of all income that is not more than 100% of the federal poverty level; 7% of all income that is more than 100% but not more than 150% percent of the federal poverty level; and 12% of all income that is more than 150% but not more than 200% of the federal poverty level. Requires the Department of Human Services to adjust the co-payment scale annually, at the beginning of each fiscal year, to incorporate updates to the federal poverty level as determined by the United States Department of Health and Human Services. Provides that families with income that is not more than 50% of the federal poverty level shall pay no more than \$1 per week. Removes provisions requiring the Department, in consultation with its Child Care and Development Advisory Council, to develop a plan to revise the child care assistance program's co-payment scale and requiring the plan to be completed no later than February 1, 2008. Effective immediately.

Bill: HB 2251 (Schmitz-R) INS CD-MANAGED CARE-RIGHTS
Status: RE-REFERRED to HOUSE Rules Committee – March 22, 2013
Position:

Synopsis As Introduced

Amends the Health Care Reimbursement Article of the Illinois Insurance Code to provide that all insurers and administrators shall comply with the provision of the Managed Care Reform and Patient Rights Act that establishes a patient's right to receive timely prior verification of his or her health plan benefits before obtaining health care services and amends the Managed Care Reform and Patient Rights Act to set forth that provision. Further amends the Managed Care Reform and Patient Rights Act to provide that a health care plan shall provide enrollees or their designated health care providers with timely Internet access to verification of benefits for specific health care services prior to the enrollee obtaining such services and that the verification shall be binding on the health care plan.

Bill: HB 2341 (Jakobsson-D) ALCOHOL POISONING IMMUNITY
Statement: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Liquor Control Act of 1934. Provides that a person who, in good faith, seeks or obtains emergency medical assistance for someone experiencing alcohol poisoning shall not be charged or prosecuted for violation of the Act if (1) the evidence for the charge was acquired as a result of the person seeking or obtaining emergency medical assistance and (2) the individual remains at the scene of the event or medical facility until a law enforcement officer, medical provider, or emergency responder arrives. Provides that this immunity is not available to a parent seeking or obtaining emergency medical assistance for a minor experiencing alcohol poisoning after the parent served the minor alcohol in violation of the Act. Provides that a person under 21 years of age who is experiencing alcohol poisoning and is in need of medical assistance shall not be charged or prosecuted for violation of this Act if evidence for the charge was acquired as a result of the person seeking or obtaining emergency medical assistance. Provides that the limited immunity within the Act shall not be extended if law enforcement officers have reasonable suspicion or probable cause to detain, arrest, or search the person for criminal activity and the reasonable suspicion or probable cause is based on information obtained prior to or independent of the individual taking action to seek or obtain emergency medical assistance, and not obtained as a direct result of the action of seeking or obtaining emergency medical assistance. Effective immediately.

House Committee Amendment No. 1

Provides that there is no immunity for violation of the Act for members of organizations, other than the individual seeking or obtaining emergency medical assistance, or individuals engaged in hazing.

Bill: HB 2352 (Cassidy-D) MEDICAID-DRUG LIMIT-EXEMPTIONS
Status: REFERRED to HOUSE Rules Committee – February 19, 2013

Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to, in consultation with statewide organizations representing prescribers, develop a protocol that expedites review and approval of prescriptions for psychiatric conditions and chronic conditions such as asthma, hypertension, and diabetes. Permits the Department to exempt, by rule, prescriptions for antibiotics and other categories from the 4-prescription limit imposed under the medical assistance program. Provides that the Department may use emergency rulemaking to adopt these exemptions.

Bill: HB 2358 (Pihos-R) EMERGENCY MEDICAL SRVCS-INTENT
Status: REFERRED to HOUSE Rules Committee – February 19, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Legislature finds and declares that emergency medical services are essential services in the State of Illinois.

Bill: HB 2373 (Williams-D) POWER OF ATTORNEY:HEALTH CARE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Power of Attorney Act. Replaces the statutory short form power of attorney for health care and the notice to the individual signing the power of attorney for health care. Defines "health care agent" and deletes the definitions of "incurable or irreversible condition", "permanent unconsciousness", and "terminal condition". Provides that no witness to the signing of a health care agency may be under 18 years of age. Provides that nonstatutory health care powers must meet certain criteria.

Bill: HB 2389 (Bradley-D) WIRELESS 911-SURCHARGE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Wireless Emergency Telephone Safety Act. Defines "Trust Fund". Provides that beginning on the effective date of this amendatory Act, the monthly surcharge imposed on wireless carriers shall be \$1.00, rather than \$0.73. Removes provisions concerning amounts per surcharge to be deposited into specified funds. Requires the State Treasurer to deposit \$0.80 per surcharge into the Wireless Service Emergency Fund for distribution to the 9-1-1 authorities and \$0.18 per surcharge into the NG9-1-1 Service Equalization Trust Fund. Provides that 1% of the amounts collected may be distributed to the Illinois Commerce Commission to cover administrative costs. Further provides that in the case of a delinquent report, the Illinois Commerce Commission may impose a penalty on a carrier equal to the product of \$0.1 (now, 1/2¢) and the number of subscribers served by the carrier, and that any penalty imposed shall be deposited into the NG9-1-1 Service Equalization Trust Fund. Provides that the Act is repealed on January 1, 2018 (now July 1, 2013). Effective immediately.

Bill: HB 2423 (Davis-D/Hunter-D) EXPAND HEALTH FACILITY DEF
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position:

Synopsis As Introduced

Amends the Illinois Health Facilities Planning Act. Specifies that certain facilities qualify as health care facilities for the purposes of the Act, regardless of whether they are owned or operated by a physician, a partnership, a medical or professional corporation, or an unincorporated medical or professional group. Deletes a provision that exempted from the definition of "health care facilities" certain facilities owned or operated by a physician, a partnership, a medical or professional corporation, or an unincorporated medical or professional group. Deletes a provision which specifies that permits for projects that are not obligated within the prescribed obligation period expire on the last day of that period. Changes the circumstances under which the Board issues written decisions. Defines "category of service".

House Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the bill as introduced, with the following changes: Removes a provision providing that certain facilities used for (i) the provision of a health care category of services, including, but not limited to, medical-surgical, pediatrics, and other specified services and (ii) the provision of major medical equipment used in direct clinical diagnosis or treatment of patients qualify as health care facilities, regardless of whether they are owned or operated by a physician, a partnership, a medical or professional corporation, or an unincorporated medical or professional group. Restores a provision that exempted from the definition of "health care facilities" certain facilities owned or operated by a physician, a partnership, a medical or professional corporation, or an unincorporated medical or professional group. Further amends the Illinois Health Facilities Planning Act to provide that the Act shall apply to any institution, place, building, or room used for the provision of a health care category of service operated or owned by a physician, or within the legal structure of any partnership, medical or professional corporation, or unincorporated medical or professional group; and that the Act shall apply to any institution, place, building, or room used for the provision of major medical equipment used in the direct clinical diagnosis or treatment of patients, and whose project cost is in excess of the capital expenditure minimum, operated or owned by a physician, or within the legal structure of any partnership, medical or professional corporation, or unincorporated medical or professional group. In a provision concerning the powers and duties of the State Board, provides that requests for a written decision shall be made within 15 days (rather than within 30 days) after the Board meeting in which a final decision has been made.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Illinois Health Facilities Planning Act. Provides that the Act does not apply to physicians or other licensed health care professional's practices where such practices are carried out in a portion of a health care facility under contract with such health care facility by a physician or by other licensed health care professionals, unless the entity constructs, modifies, or establishes a health care facility. Deletes provisions authorizing the Health Facilities and Services Review Board to define the meaning of the term "category of service". Deletes a provision, which specified that permits for projects that have not been obligated within the prescribed obligation period shall expire on the last day of that period. Changes the circumstances under which the Board issues written decisions. Defines the term "category of

service".

Senate Committee Amendment No. 1

Provides that a category of service that is subject to the Health Facilities and Services Review Board's jurisdiction must be designated in rules adopted by the Board.

Bill: HB 2452 (Walsh-D/Bertino-Tarrant-D) PATIENT RIGHTS-ID BADGES

Status: PASSED Both Chambers / SENT To Governor – June 12, 2013

Position:

Synopsis As Introduced

Amends the Medical Patient Rights Act. Provides that a health care facility that provides treatment or care to a patient in this State (rather than a health care facility licensed in this State) shall require each employee of or volunteer for the facility, including a student, who examines or treats a patient or resident of the facility to wear an identification badge that readily discloses the first name, licensure status, if any, and staff position of the person examining or treating the patient or resident.

Bill: HB 2476 (Reboletti-R) BLOOD TEST REIMBURSEMENT

Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Illinois Vehicle Code. Makes persons subject to blood tests for refusal to submit to a breath test or suspicion of the ingestion, consumption, or use of drugs liable for the cost of employing a medical professional to perform the test up to a maximum of \$500 if the person is (1) found guilty of violating Section 11-501 of the Illinois Vehicle Code or a similar local ordinance, or (2) pleads guilty to or stipulates to facts supporting a violation of Section 11-503 of the Illinois Vehicle Code or a similar local ordinance when the person was originally charged with violating Section 11-501 of the Illinois Vehicle Code or a similar local ordinance. Allows reimbursement even if the person does not consent to the blood draw.

Bill: HB 2534 (Fine-D) IDPH-PRESCRIPT DRUG REPOSITORY

Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass By Deadline
March 22, 2013

Position:

Synopsis As Introduced

Creates the Prescription Drug Repository Program Act. Requires the Department of Public Health to establish a prescription drug repository program, under which a healthcare facility may donate a

prescription drug or supplies needed to administer a prescription drug for use by an individual who meets eligibility criteria specified by the Department. Sets forth requirements that prescription drugs or supplies must meet in order to be accepted and dispensed under the program. Provides that no drugs or supplies donated under the prescription drug repository program may be resold. Provides that nothing in the Act requires that a pharmacy or pharmacist participate in the prescription drug repository program. Provides for civil and criminal immunity for drug and supply manufacturers and pharmacists in relation to the donation, acceptance, or dispensing of prescription drugs or supplies under the prescription drug repository program. Amends the Pharmacy Practice Act, the Wholesale Drug Distribution Licensing Act, the Senior Pharmaceutical Assistance Act, the Illinois Food, Drug and Cosmetic Act, the Illinois Controlled Substances Act, and the Cannabis and Controlled Substances Tort Claims Act to provide that persons engaged in donating or accepting, or packaging, repackaging, or labeling, prescription drugs to the extent permitted or required under the Prescription Drug Repository Program Act are exempt from provisions of those other Acts that might prohibit or otherwise regulate such activity.

Bill: HB 2537 (Sims-D) MEDICAID-CO-PAYMENTS-MEDS
Status: REFERRED to HOUSE Rules Committee – February 21, 2013
Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the total amount in co-payments a recipient shall be required to pay per month for his or her prescription medications shall not exceed \$5. Effective immediately.

Bill: HB 2617 (Tracy-R) HLTH CARE SERVICE LIENS-NOTICE
Status: RE-REFERRED to HOUSE Rules Committee/Failure to Pass by Deadline
March 22, 2013
Position:

Synopsis As Introduced

Amends the Health Care Services Lien Act. Provides that notice must be provided, in the same manner as a notice of a judgment, award, settlement, or compromise would be provided, to a lien holder by an injured person or his or her authorized representative when a case is dismissed or a judgment is entered against the injured person.

Bill: HB 2685 (Morrison-D) HOME BIRTH SAFETY ACT
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Creates the Home Birth Safety Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation. Creates the Illinois Midwifery Board. Sets forth provisions concerning qualifications, grounds for disciplinary action, and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2024. Also amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes. Effective immediately. House Committee Amendment No. 1 Provides that the collaborative relationship shall not require the personal presence of the collaborating care provider at all times at the place where services are rendered, as long as there is communication available for consultation.

House Amendment #1 (Filed but, not adopted)

Provides that the collaborative relationship shall not require the personal presence of the collaborating care provider at all times at the place where services are rendered, as long as there is communication available for consultation.

Bill: HB 2774 (Moffitt-R) EMS-TRAUMA CENTER-PHYSICIANS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. In provisions concerning Level II Trauma Center minimum standards, provides that the Department of Public Health shall grant a permanent waiver of the requirement that an emergency medicine physician working at a Level II Trauma Center be board-certified in emergency medicine if it determines that certain criteria are met, including: (1) the trauma center is located in a county that (i) has a population of less than 75,000 and (ii) is a physician shortage area designated by the Director of Public Health or a health professional shortage area designated by the Secretary of Health and Human Services; (2) the trauma center demonstrates that it has tried, without success, to recruit a board-certified emergency medicine physician; and (3) the physician for whom the waiver is sought has at least 5 years of experience working as an emergency medicine physician in a trauma center setting and his or her education, training, and experience are equal to that of a physician who is board-certified in emergency medicine. Provides that the Department's authority to grant a waiver expires 5 years after the effective date of the amendatory Act. Effective immediately.

Bill: HB 2776 (Moffitt-R/Noland-D) VEH CD-SEAT BELTS-EXCEPTIONS
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Illinois Vehicle Code. Provides that the exception to safety belt requirements does not apply to vehicles of the fire department; vehicles of the Office of the State Fire Marshal; or ambulances, unless the delivery of life-saving measures prohibits the use of a seat safety belt. Effective immediately.

Bill: HB 2777 (Moffitt-R/Sullivan-D) EMS-AMBULANCE-INSPECT-LICENSE
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Provides for renewal of vehicle service provider licenses at intervals determined by the Department of Public Health, which shall be not less than every 2 years (instead of annual renewals). Provides for inspection of licensed vehicle service providers at intervals determined by the Department, which shall be not less than every 2 years (instead of annual inspections).

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act to make different changes with respect to vehicle service providers. Requires the Department of Public Health to: (i) establish requirements for license renewal at intervals determined by the Department, which shall be not less than every 4 years (instead of every 2 years); (ii) annually inspect all licensed vehicles operated by Vehicle Service Providers (instead of inspect all Vehicle Service Providers at intervals determined by the Department, which shall be not less than every 2 years, and relicense such Providers that have met the Department's requirements for license renewal); and (iii) charge each Vehicle Service Provider a fee per transport vehicle, due annually at the time of inspection (instead of to be submitted with each application for licensure and license renewal).

Bill: HB 2778 (Moffitt-R/Rose-R) EMS-EMT-AMBULNC-SCOPE PRACTICE
Status: PLACED on HOUSE Calendar Order of Concurrence, SA #1 – May 23, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Provides that a currently licensed EMT may perform emergency and non-emergency medical services in accordance with his or her level of education, training, and licensure, regardless of the level (BLS, ILS, or ALS) of the ambulance to which he or she is assigned when performing those services.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act. Defines "rural ambulance service provider". Provides that in the case of an in-field service level upgrade, an ambulance operated by a rural ambulance service provider may be upgraded to the highest level of EMT license held by any person staffing that ambulance. Sets forth items that must be included in an ambulance service provider's proposal for an in-field service level upgrade. Effective immediately.

Bill: HB 2792 (Sims-D) FIREARM OWNERS ID-PSYCH EXAM
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Firearm Owners Identification Card Act. Provides that an applicant for a Firearm Owner's Identification Card must receive a psychiatric or psychological evaluation by a psychiatrist, clinical psychologist, or clinical social worker and receive a certification by the psychiatrist, clinical psychologist, or clinical social worker that he or she: (1) is not a danger to himself, herself, or to others; (2) does not lack the mental capacity to manage his or her own affairs; (3) is able to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others; and (4) does not have a state of mind manifested by violent, suicidal, threatening, or assaultive behavior that poses a clear and present danger to himself, herself, or to others at the time of the evaluation or in the future. Provides that if a patient of a psychiatrist, clinical psychologist, or clinical social worker has received a psychiatric or psychological evaluation and the psychiatrist, clinical psychologist, or clinical social worker determines that the Card holder is ineligible for the Card for these reasons, the psychiatrist, clinical psychologist, or clinical social worker shall immediately after making the determination shall forward that information to the Department of State Police. Amends the Mental Health and Developmental Disabilities Confidentiality Act to permit disclosure of this information. Effective immediately.

Bill: HB 2823 (Mitchell-R) CONTROLLED SUB-SCHEDULE II
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Controlled Substances Act. Deletes provision that a prescription for a Schedule II controlled substance shall not be issued for more than a 30 day supply, except as otherwise provided in the dispensing provisions, and shall be valid for up to 90 days after the date of issuance. Effective immediately.

Bill: HB 2842 (Phelps-D) DHFS-GROUND AMBULANCE PAYMENTS
Status: REFERRED to HOUSE Rules Committee – February 26, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides for payment for ground ambulance services under the medical assistance program. Provides that for ground ambulance services provided to a medical assistance recipient on or after January 1, 2014, the Department of Healthcare and Family Services shall provide payment to ground ambulance services providers for base charges and mileage charges based upon the lesser of the provider's charge, as reflected on the provider's claim form, or the Illinois Medicaid Ambulance Fee Schedule payment rates. Provides that effective January 1, 2014, the Illinois Medicaid Ambulance Fee Schedule shall be established and shall include only the ground ambulance services payment rates outlined in the Medicare Ambulance Fee Schedule as promulgated by the Centers for Medicare and Medicaid Services in effect as of July 1, 2013 and adjusted for the 4 Medicare Localities in Illinois, with an adjustment of 80% of the Medicare Ambulance Fee Schedule payment rates, by Medicare Locality, for both base rates and mileage for all counties. Provides that for ground ambulance services provided where the point of pickup is in a rural county, the Department shall pay an amount equal to one and one-half times the ground mileage rate for the first 17 miles of such a transport and the ground mileage rate for the remaining miles of the transport. Makes other changes in connection with medical assistance payments for ground ambulance services. Effective July 1, 2013.

Bill: HB 2856 (Manley-D/Bertino-Tarrant) EMERGENCY CALL FORWARDING
Status: PASSED Both Chambers / SENT to Governor – June 19, 2013
Position:

Synopsis As Introduced

Amends the Illinois Public Safety Agency Network Act. Sets forth the General Assembly's findings that 9-1-1 call centers are not able to transfer a call made by an individual in an area served by one 9-1-1 call center on behalf of another individual experiencing an emergency in an area served by a different 9-1-1 call center. Requires the Board of the Illinois Public Safety Agency Network to analyze and recommend legislation regarding the implementation of a 9-1-1 call forwarding or transfer feature and the establishment of a navigable directory of all local police departments, fire departments, rescue groups, and other emergency assistance departments for every county through this State. Provides that by December 31, 2014, the Board shall present its report to the General Assembly. Provides that this Section shall be repealed on December 31, 2015. Effective January 1, 2014.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts in the Emergency Telephone System Act (rather than the Illinois Public Safety Agency Network Act) the provisions of the introduced bill. Requires the Illinois Commerce Commission (rather than the Illinois Public Safety Agency Network) to prepare the report. Requires the Commission to cooperate with certain entities in preparing the

report. Effective January 1, 2014.

House Amendment #2 (Filed but, not adopted)

House Floor Amendment No. 3

Replaces everything after the enacting clause. Amends the Emergency Telephone System Act. Sets forth the General Assembly's findings regarding the ability of 9-1-1 systems to manually transfer, forward, or relay 9-1-1 calls originating within one 9-1-1 system's jurisdiction, but which should properly be answered and dispatched by another 9-1-1 system, to the appropriate 9-1-1 system for answering and dispatch of first responders. Requires the Illinois Commerce Commission to prepare a directory of all authorized 9-1-1 systems in the State of Illinois. Requires the directory to include an emergency 10-digit telephone number for a Primary Public Safety Answering Point located in each 9-1-1 system to which 9-1-1 calls from another jurisdiction can be transferred. Requires each 9-1-1 system to provide the Manager of the Commission's 9-1-1 Program with a 10-digit emergency telephone number to which 9-1-1 calls originating in another 9-1-1 jurisdiction can be transferred and a its standard operating procedure describing the manner in which the system shall transfer, forward, or relay these calls. Repeals this Section on December 31, 2015. Effective January 1, 2014

Bill: HB 2895 (Gordon-Booth-D) VEH CD-MANDATORY ALCOHOL TESTS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Vehicle Code. Provides that any person who drives or is in actual control of a motor vehicle upon the public highways of this State and who has been involved in a fatal motor vehicle accident shall be deemed to have given consent, regardless of whether an arrest takes place, to tests of blood, breath, or urine to detect alcohol, drugs, or intoxicating compounds. Provides that both a test of the concentration of alcohol in the person's breath and a test of blood or urine for the purpose of determining the content of alcohol, drugs, or intoxicating compounds of the person's blood shall be administered. Provides that the required tests be conducted within one hour of the arrival of law enforcement personnel at the scene of the accident or, if the driver has fled the scene of the accident, within one hour of apprehending the driver.

Bill: HB 2932 (Osmond-R) CHIP CEASE-HEALTH EXCHANGE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Comprehensive Health Insurance Plan Act. Provides that the insurance operations of the Comprehensive Health Insurance Plan authorized by the Act shall cease on January 1, 2014

and that Plan coverage does not apply to service provided on or after January 1, 2014. Provides for the repeal of the Comprehensive Health Insurance Plan Act on January 1, 2015. Amends the Illinois Health Benefits Exchange Law. Makes changes concerning the legislative intent of the Law. Sets forth definitions. Establishes the Illinois Health Benefits Exchange as a political subdivision, body politic and corporate. Provides that the Exchange shall be a public entity, but shall not be considered a department, institution, or agency of the State. Sets forth a provision concerning the certification of health benefit plans. Deletes references to the Illinois Health Benefits Exchange Legislative Study Committee and establishes instead the Illinois Health Benefits Exchange Legislative Oversight Committee within the Commission on Government Forecasting and Accountability. Provides that the governing and administrative powers of the Exchange shall be vested in a body known as the Illinois Health Benefits Exchange Board and sets forth provisions concerning appointments, terms, meetings, structure, recusal, budget, and purpose. Sets forth provisions concerning enrollment through brokers and agents and producer compensation. Effective immediately.

Bill: HB 2933 (Osmond-R) HEALTH EXCHANGE-DISSOLVE CHIP
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Health Benefits Exchange Law. Provides that except as otherwise provided in the provision concerning the dissolution of the Comprehensive Health Insurance Plan, the insurance operations of the Comprehensive Health Insurance Plan (the Plan) authorized by the Comprehensive Health Insurance Plan Act shall cease on January 1, 2014 (and makes conforming changes in the Comprehensive Health Insurance Plan Act). Sets forth provisions concerning service provided after January 1, 2014, grievances, balance billing, the plan of dissolution, actions by or against the Plan Board, and General Revenue Fund funds and insurer assessments in the Plan on the date of final dissolution. Provides for the repeal of the Comprehensive Health Insurance Plan Act on January 1, 2015. Effective immediately.

Bill: HB 3018 (Reis-R) INS CD-CONTRACTING-DENIAL
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Insurance Code. With regard to a health care professional or health care provider offered a contract by an insurer, health maintenance organization, independent practice association, or physician hospital organization, provides that the insurer, health maintenance organization, independent practice association, physician hospital organization, or preferred provider organization shall provide health care professional applicants who are denied participation in any panel of in-network health care professionals with a specific reason for the denial. Provides

that any participating health care professional must be provided 60 days' notice and an opportunity to initiate corrective action prior to the initiation of any attempts to terminate or otherwise remove the health care professional from a panel of in-network health care professionals and that the required notice shall include specific reasons for the proposed termination or removal. Provides that any participating health care professional terminated or removed from an in-network panel by his or her own written request must be provided an opportunity to appeal the decision. Provides that immediate written notice may be provided without 60 days' notice when a health care professional's license has been disciplined by a State licensing or disciplinary board.

Bill: HB 3073 (Bradley-D) WIRELESS CARRIER SURCHARGE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Wireless Emergency Telephone Safety Act. Provides that on and after July 1, 2013, \$0.70 per surcharge collected shall be deposited into the Wireless Service Emergency Fund for distribution to 9-1-1 authorities, \$0.02 per surcharge collected shall be deposited into the Wireless Service Emergency Fund and distributed to County Emergency Telephone System Boards in counties with a population under 250,000, and \$0.01 per surcharge collected may be disbursed to the Illinois Commerce Commission for administrative costs. Permits the Illinois Commerce Commission to impose a penalty on a carrier equal to the product of \$0.01 (now \$0.005) and the number of subscribers served by the wireless carrier, and that any penalty collected shall be deposited into the Wireless Service Emergency Fund. Permits the Illinois Commerce Commission to require an annual report of income and expenditures from each emergency telephone systems board or qualified governmental entity providing 9-1-1 service, and the report may include a copy of the entity's audited financial statement. Amends this Act to be repealed on July 1, 2018 (now July 1, 2013). Amends the Public Utilities Act by repealing a Section regarding authority to serve as a 9-1-1 system provider on July 1, 2016 (now July 1, 2013). Amends the repealer Section to reflect this change. Effective immediately.

Bill: HB 3146 (Flowers-D) DISTRIBUTOR FEE CONT. SUBST.
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Controlled Substances Act. Increases the registration fee for manufacturers and wholesale distributors of controlled substances from \$50.00 a year to \$300.00 a year.

Bill: HB 3186 (Moffitt-R/Frerichs-D) EMS SYSTM-EMT-MILITARY EXPERNC
Status: SIGNED by Governor - P.A. 98-0053 – July 8, 2013
Position:

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Provides that in prescribing EMT licensure testing requirements for honorably discharged members of the armed forces of the United States, the Department of Public Health shall ensure that a candidate's military emergency medical training, emergency medical curriculum completed, and clinical experience are recognized. Provides that if an EMT-B, EMT-I, or EMT-P has been actively involved in serving as an EMT in a rural area on a volunteer or paid-on-call basis, or a combination of volunteer and paid-on-call, during the period since he or she was licensed or last relicensed (whichever occurred later), the Department of Public Health shall deem that service as satisfying 50% of the number of hours of continuing education otherwise required for relicensure.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Provides that if an EMT-B, EMT-I, or EMT-P has been actively involved in serving as an EMT during the period since he or she was licensed or last relicensed (whichever occurred later) (instead of in serving as an EMT in a rural area on a volunteer or paid-on-call basis, or a combination of volunteer and paid-on-call), the Department of Public Health shall deem that service as satisfying 25% (instead of 50%) of the number of hours of continuing education otherwise required for relicensure. Removes "rural areas" as a term the Department shall define.□□

Senate Floor Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Removes language that provides that if an EMT-B, EMT-I, or EMT-P has been actively involved in serving as an EMT in a rural area on a volunteer or paid-on-call basis, or a combination of volunteer and paid-on-call, during the period since he or she was licensed or last relicensed (whichever occurred later), the Department of Public Health shall deem that service as satisfying 50% of the number of hours of continuing education otherwise required for relicensure. Removes "rural areas" as a term the Department shall define. Provides that to relicense individuals as an EMT-B, EMT-I, or EMT-P every 4 years, an EMT-P shall have 100 hours of approved continuing education, an EMT-I and an advanced EMT shall have 80 hours of approved continuing education, and EMT-B shall have 60 hours of approved continuing education.

Bill: HB 3189 (Bellock-R) PATIENT-CENTRD MEDICAID REFRM
Status: RE-REFERRED to HOUSE Rules Committee / Failure to PASS By Deadline
March 22, 2013
Position:

Synopsis As Introduced

Creates the Patient-Centered Medicaid Reform Act. Provides that the Medicaid Managed Care Program is established as a statewide, integrated managed care program for all covered services, including long-term care services. Requires the Department of Healthcare and Family Services to

apply for and implement appropriate amendments to the Illinois Title XIX State Plan and waivers of applicable federal laws and regulations necessary to implement the program and that before submitting the waiver or State Plan amendment, the Department shall provide public notice and the opportunity for public comment and shall include public feedback to the U.S. Department of Health and Human Services. Provides that services provided under the Medicaid Managed Care Program shall be provided by managed care plans that are capable of coordinating or delivering all covered services to enrollees. Requires the Department to select managed care plans to participate in the Medicaid Managed Care Program using invitations to negotiate. Contains provisions concerning the quality factor the Department must consider when selecting managed care plans; plan accountability; managed care payments; enrollment, choice counseling, and opt-out standards; mandatory, exempt, and voluntary populations standards; services covered by the managed plans; the implementation of a Medicaid Long-Term Care Managed Care Program; eligibility criteria for the Medicaid Long-Term Care Managed Care Program; and other matters. Effective immediately.

Bill: HB 3208 (Unes-R) TACTICAL MEDICINE PROVIDER
Status: RE-REFERRED to HOUSE Rules Committee / Failure to PASS By Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Police Training Act. Provides that the Illinois Law Enforcement Training Standards Board shall certify Tactical Medicine Providers. Provides that in order to be eligible for certification the person must be an Emergency Medical Technician, Advanced Emergency Medical Technician, paramedic, nurse, physician assistant, advanced practice nurse physician, dentist, or other medical provider designated by the Board. Establishes additional training requirements for Tactical Medicine Providers. Amends the Counties Code and the Illinois Municipal Code. Provides that Tactical Medicine Providers may assist the sheriff or police chief, including but not limited to, Special Weapons And Tactics (SWAT), special operations, search and rescue, and disaster response teams. Provides that Tactical Medicine Providers may be assigned to a Special Weapons And Tactics (SWAT) team designated by the sheriff or police chief. Provides that a Tactical Medicine Provider does not have the power of arrest and shall not be considered a conservator of the peace. Provides that immediately prior to, during, and immediately after an authorized deployment or mission, a sheriff or police chief may authorize and direct a Tactical Medicine Provider to carry a firearm for self-protection and protection of their patients and casualties, which may include wounded law enforcement officers. Prescribes the duties of Tactical Medicine Providers. Permits TMPs to live outside the county served by the local law enforcement agency that employs him or her.

Bill: HB 3269 (Manley-D) CRIM CD-FIREARM-PROTECT ORDER
Status: RE-REFERRED to HOUSE Rules Committee / Failure to PASS By Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Criminal Code of 2012. Provides that a person who is subject to an order of protection, an emergency order of protection, or an interim 30-day order of protection may not purchase or transport any firearm while the order is in effect. Provides that a person who is the subject of an emergency order of protection may not transport or possess a firearm while in the residence of the alleged victim while the order is in effect. Provides that a violation is a Class A misdemeanor.

House Amendment #1 (Filed but, not adopted)

Provides that the prohibition on purchasing or transporting a firearm by a respondent who is subject to an emergency order of protection does not apply until after the respondent has been given notice of the emergency order of protection.

Bill: HB 3286 (Jakobsson-D) DHFS-SAFETY-NET HOSP-PSYCHATRC
Status: REFERRED to HOUSE Rules Committee – February 26, 2013

Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. In addition to other specified criteria, provides that a Safety-Net Hospital is an Illinois hospital that is licensed by the Department of Public Health as a general acute care, psychiatric, or pediatric hospital (rather than a general acute care or pediatric hospital). Includes psychiatric hospitals to the types of hospitals that shall experience a 3.5% reduction in rates or payments for hospital services. Effective immediately.

Bill: HB 3382 (Tabrares-D) HEALTH CARE-ELDER ABUSE
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends various Acts. Provides that, beginning January 1, 2016, qualifications and continuing education requirements for health care professionals shall include completion of a one-hour course or training program regarding the identification and reporting of elder abuse and neglect. Amends the Elder Abuse and Neglect Act. Provides that the Department on Aging shall establish and implement a one-hour course or training program regarding the identification and reporting of elder abuse and neglect by health care professionals.

Bill: HB 3468 (Madigan-D) \$DPH FY14 OCE
Status: ASSIGNED to HOUSE Human Services Appropriations – March 11, 2013
Position:

Synopsis As Introduced

Makes appropriations for the ordinary and contingent expenses of the Department of Public Health for the fiscal year beginning July 1, 2013, as follows: General Funds \$125,425,300; Other State Funds \$128,453,300; Federal Funds \$257,765,600; Total \$511,644,200.

Bill: SB 26 (Steans-D/Feigenholtz-D) MEDICAID-HEALTH BENEFITS SRVCE
Status: SIGNED by Governor – P.A. 98-0104, July 22, 2013
Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Beginning January 1, 2014, extends benefits under the State's medical assistance program to persons aged 19 or older, but younger than 65, who are not otherwise eligible for medical assistance under the Code, who qualify for medical assistance under specified provisions of the Social Security Act, and who have income at or below 133% of the federal poverty level plus 5% for the applicable family size. Provides that the 4-year moratorium on the expansion of medical assistance eligibility through increasing financial eligibility standards shall not apply to this new class of persons. Provides that such persons shall receive coverage for the Health Benefits Service Package. Defines "Health Benefits Service Package". Provides that if Illinois' federal medical assistance percentage (FMAP) is reduced below 90% for persons eligible for medical assistance under the specified provisions, medical assistance eligibility for this new class of persons shall cease no later than the end of the third month following the month in which the reduction in FMAP takes effect. Effective immediately.

Senate Committee Amendment No. 1

Amends the Hospital Provider Funding Article of the Illinois Public Aid Code. Provides that an annual assessment on outpatient services shall be imposed on each hospital provider in a specified amount for the portion of State fiscal year 2012, beginning June 10, 2012 through June 30, 2012, and for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014 (rather than for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014). Provides that for the period beginning June 10, 2012 through June 30, 2012, the annual assessment on outpatient services shall be prorated by multiplying the assessment amount by a fraction, the numerator of which is 21 days and the denominator of which is 365 days. Provides that for the portion of State fiscal year 2012, beginning June 10, 2012 through June 30, 2012, and State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014 (rather than for State fiscal years 2013 through 2014, and July 1, 2014 through December 31, 2014), a hospital's outpatient gross revenue shall be determined using the most recent data available from each hospital's 2009 Medicare cost report as contained in the Healthcare Cost Report Information System file, for the quarter ending on June 30, 2011, without regard to any subsequent adjustments or changes to such data. Provides that certain assessments on outpatient services for the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012, and for State fiscal year 2013 and each subsequent State fiscal year (rather than for State fiscal year 2013 and

each subsequent State fiscal year) shall be due and payable in monthly installments, each equaling one-twelfth of the assessment for the year, on the 14th State business day of each month. In a provision concerning disbursements from the Hospital Provider Fund, provides that moneys shall be disbursed from the Fund for State fiscal year 2013, for the purpose of increasing by 21/365ths the transfer of the moneys resulting from the assessment for outpatient services and received from hospital providers for the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012 and transferred into the Hospital Provider Fund to the Health Care Provider Relief Fund not exceeding \$2,870,000 in that State fiscal year. Makes other changes.

Senate Floor Amendment No. 2

In a provision concerning assessments imposed on hospital providers that did not conduct, operate, or maintain a hospital in 2005, provides that for State fiscal years 2009 through 2015 (rather than for State fiscal years 2009 through 2014) the assessment for that State fiscal year shall be computed on the basis of hypothetical occupied bed days for the full calendar year as determined by the Department of Healthcare and Family Services. Restores language concerning monetary transfers from the Hospital Provider Fund to other specified funds in State fiscal years 2013 and 2014 in each State fiscal year during which an annual assessment for inpatient services is imposed. Provides that for State fiscal year 2013, hospital access improvement payments shall be increased by 21/365ths; and that the funding source for these additional payments shall be from a specific increased assessment on outpatient services that was received from hospital providers for the portion of State fiscal year 2012 beginning June 10, 2012 through June 30, 2012. Removes language requiring the Department of Healthcare and Family Services to submit a State Medicaid Plan Amendment to the Centers of Medicare and Medicaid Services to implement certain payments within 30 days of June 14, 2012 and instead provides that the Department of Healthcare and Family Services must submit a State Medicaid Plan Amendment to the Centers of Medicare and Medicaid Services to implement certain payments.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes and additions. Deletes a provision of the engrossed bill concerning findings. Creates the Specialized Mental Health Rehabilitation Act of 2013 concerning the licensing and operation of specialized mental health rehabilitation facilities. Repeals the Specialized Mental Health Rehabilitation Act. Changes references from the Specialized Mental Health Rehabilitation Act to the Specialized Mental Health Rehabilitation Act of 2013 or deletes references to the Specialized Mental Health Rehabilitation Act in various Acts. Amends the Community-Integrated Living Arrangements Licensure and Certification Act by providing that the Division of Mental Health of the Department of Human Services shall oversee the creation of comparable programs for the services contained in the Specialized Mental Health Rehabilitation Act of 2013 for community-based providers to provide certain services. Amends the Children's Health Insurance Program Act and the Covering ALL KIDS Health Insurance Act by providing that determinations of eligibility shall be made in accordance with specified federal laws and regulations and by making other changes. Amends the Illinois Public Aid Code by making various changes concerning: medical assistance eligibility; hospital provider assessments; exemption of property in Aid to the Aged, Blind, or Disabled eligibility determinations; eligibility of children with a disability who are medically fragile and technology dependent; medical services; rates of reimbursement; Safety-Net Hospitals; use of vendors to verify eligibility for medical assistance; hospitals dedicated to medical research and medical education; creation of the Medicaid Research and Education Support Fund; Medicaid

enhancement payments to certain academic medical centers; Accountable Care Entities serve any children and parents or caretaker relatives of children eligible for medical assistance; hospital reimbursements; and other matters. Amends the Veterans' Health Insurance Program Act of 2008 to provide that the operation of the Veterans' Health Insurance Program may be changed to simplify its administration and to take advantage of health insurance coverage that may be available to veterans under the Patient Protection and Affordable Care Act. Amends the Renal Disease Treatment Act and the Hemophilia Care Act by providing that coverage under the Acts shall be coordinated with the requirements of the Patient Protection and Affordable Care Act and by making other changes. Amends the Illinois Administrative Procedure Act by authorizing adoption of emergency rules to implement specified provisions. Amends the Workers' Compensation Act. Provides that, if payment is made by the employee, the employee's health benefit plan, or the Department of Healthcare and Family Services for medical services that should be a compensable medical benefit, the payments made by the employee, the employee's health benefit plan, or the Department of Healthcare and Family Services shall be reimbursed by the employer or workers' compensation insurer. Provides that the Illinois Workers' Compensation Commission shall establish a program to provide limited workers' compensation case information to the Department of Healthcare and Family Services and to health benefit plans providing accident, health, or disability insurance benefits to residents of the State, sets forth components of the program, and authorizes the Commission to provide a limited set of workers' compensation case record elements to a participating health benefit plan. Amends the Personnel Code in relation to partial exemptions of certain positions in State service from jurisdictions A, B, and C. Inserts an Article with the short title of the Resident First Act. Amends the Nursing Home Care Act. Provides that before a licensee enters into a contract with a resident or prospective resident, it shall provide the resident or prospective resident and his or her guardian, if any, with a copy of the licensee's policy regarding the assignment of Social Security representative payee status as a condition of the contract when the resident's or prospective resident's care is being funded under Medicaid. Requires the Department of Public Health to implement a single survey process that includes an enhanced complaint investigation initiative. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to establish procedures under the Medical Assistance program to permit skilled care facilities licensed under the Nursing Home Care Act to initiate monthly billing claims. Requires the Departments of Human Services and Healthcare and Family Services and the Department on Aging to establish an expedited long term care eligibility determination system. Amends the Mental Health and Developmental Disabilities Code. Provides that the Division of Mental Health of the Department of Human Services shall oversee the creation of comparable programs for the services contained in the Specialized Mental Health Rehabilitation Act of 2013 for community-based providers to provide specified services. Makes other changes. Effective immediately.

House Floor Amendment No. 3

In the Specialized Mental Health Rehabilitation Act of 2013, created under House Amendment No.1, makes the following changes: (i) defines "abuse" to mean any physical or mental injury or sexual assault inflicted on a consumer other than by accidental means in a facility; defines "identified offender"; (ii) provides that the Department of Public Health is empowered to promulgate any rules necessary to ensure proper implementation and administration of the Act; adds provisions concerning screening prior to admission and criminal history reports; (iii) provides that informed consent shall be required for restraints consistent with the requirements contained in the Nursing Home Care Act; (iv) in a provision concerning abuse or neglect, provides that it is the duty

of any facility employee or agent who becomes aware of such abuse or neglect to report it "to the Department within 24 hours"; (v) changes all references to "triage" and "triage units" to "triage center" and provides that consumers shall be free to leave a triage center at any time; if a consumer in a triage center expresses a desire to contact a third party for any purpose, the facility staff shall contact that third party on behalf of the consumer; (vi) provides that the Department shall by rule establish criteria, hearings, and procedures for involuntary discharge; (vii) adds provisions providing that (a) no consumer shall be subjected to experimental research or treatment without first obtaining his or her informed, written consent; (b) no facility shall permit experimental research or treatment to be conducted on a consumer, or give access to any person or person's records for a retrospective study about the safety or efficacy of any care or treatment, without the prior written approval of the institutional review board; and (c) the institutional review board may exempt from ongoing review research or treatment initiated on a consumer before the individual's admission to a facility and for which the board determines there is adequate ongoing oversight by another institutional review board. In a provision concerning surveys and inspections, provides that the Department shall conduct surveys (rather than scheduled surveys) to determine compliance and may conduct surveys (rather than unscheduled surveys) to investigate complaints; provides that the Department shall review the records or premises, or both, as it deems appropriate for the purpose of determining compliance with this Act and the rules promulgated under the Act (rather than with the Act only); and that the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the facility to the extent necessary to carry out this Act and the rules promulgated under the Act. Provides that notwithstanding the existence or pursuit of any other remedy, the Department Director may, in the manner provided by law, upon the advice of the Attorney General who shall represent the Department Director in the proceedings, maintain an action in the name of the State for injunction or other process against any person or governmental unit to restrain or prevent the establishment of a facility without a license issued pursuant to the Act, or to restrain or prevent the opening, conduction, operating, or maintaining of a facility without a license issued pursuant to the Act. Changes references to "standards" to "Act and the rules promulgated under this Act". Makes other technical changes. Further amends the Illinois Public Aid Code. Provides that facilities uniquely licensed as pediatric skilled nursing facilities that serve severely and chronically ill pediatric patients shall have a specific reimbursement system designed to recognize the characteristics and needs of the patients they serve. Provides that for dates of services starting July 1, 2013 and until a new reimbursement system is designed, pediatric skilled nursing facilities that (1) serve exceptional care patients and (2) have 30% or more of their patients receiving ventilator care shall receive Medicaid reimbursement on a 30-day expedited schedule. In a provision concerning expedited long-term care eligibility determination and enrollment, provides that the lead agency shall file interim reports with the Chairs and Minority Spokespersons of the House and Senate Human Services Committees no later than September 1, 2013 (rather than September 1, 2014) and on February 1, 2014 (rather than February 1, 2015). Further amends the Nursing Home Care Act. In a provision concerning inspections of nursing facilities for possible violations, provides that violations shall be determined no later than 75 (rather than 60) days after completion of each inspection, survey, and evaluation. Provides that to meet the requirement of a single survey process, the portions of the health and life safety survey associated with federal certification and State licensure surveys must be started within 7 working days of each other, with certain exceptions (rather than the federal certification and State licensure surveys and health and life safety survey must each be started within 5 working days). Deletes the provisions amending the Workers' Compensation Act.

House Amendment #4 (Filed but, not adopted)

In the Specialized Mental Health Rehabilitation Act of 2013, created under House Amendment No.1, makes the following changes: (i) defines "abuse" to mean any physical or mental injury or sexual assault inflicted on a consumer other than by accidental means in a facility; defines "identified offender"; (ii) provides that the Department of Public Health is empowered to promulgate any rules necessary to ensure proper implementation and administration of the Act; adds provisions concerning screening prior to admission and criminal history reports; (iii) provides that informed consent shall be required for restraints consistent with the requirements contained in the Nursing Home Care Act; (iv) in a provision concerning abuse or neglect, provides that it is the duty of any facility employee or agent who becomes aware of such abuse or neglect to report it "to the Department within 24 hours"; (v) changes all references to "triage" and "triage units" to "triage center" and provides that consumers shall be free to leave a triage center at any time; if a consumer in a triage center expresses a desire to contact a third party for any purpose, the facility staff shall contact that third party on behalf of the consumer; (vi) provides that the Department shall by rule establish criteria, hearings, and procedures for involuntary discharge; (vii) adds provisions providing that (a) no consumer shall be subjected to experimental research or treatment without first obtaining his or her informed, written consent; (b) no facility shall permit experimental research or treatment to be conducted on a consumer, or give access to any person or person's records for a retrospective study about the safety or efficacy of any care or treatment, without the prior written approval of the institutional review board; and (c) the institutional review board may exempt from ongoing review research or treatment initiated on a consumer before the individual's admission to a facility and for which the board determines there is adequate ongoing oversight by another institutional review board. In a provision concerning surveys and inspections, provides that the Department shall conduct surveys (rather than scheduled surveys) to determine compliance and may conduct surveys (rather than unscheduled surveys) to investigate complaints; provides that the Department shall review the records or premises, or both, as it deems appropriate for the purpose of determining compliance with this Act and the rules promulgated under the Act (rather than with the Act only); and that the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the facility to the extent necessary to carry out this Act and the rules promulgated under the Act. Provides that notwithstanding the existence or pursuit of any other remedy, the Department Director may, in the manner provided by law, upon the advice of the Attorney General who shall represent the Department Director in the proceedings, maintain an action in the name of the State for injunction or other process against any person or governmental unit to restrain or prevent the establishment of a facility without a license issued pursuant to the Act, or to restrain or prevent the opening, conduction, operating, or maintaining of a facility without a license issued pursuant to the Act. Changes references to "standards" to "Act and the rules promulgated under this Act". Makes other technical changes. Further amends the Illinois Public Aid Code. Provides that facilities uniquely licensed as pediatric skilled nursing facilities that serve severely and chronically ill pediatric patients shall have a specific reimbursement system designed to recognize the characteristics and needs of the patients they serve. Provides that for dates of services starting July 1, 2013 and until a new reimbursement system is designed, pediatric skilled nursing facilities that (1) serve exceptional care patients and (2) have 30% or more of their patients receiving ventilator care shall receive Medicaid reimbursement on a 30-day expedited schedule. In a provision concerning expedited long-term care eligibility determination and enrollment, provides that the lead agency shall file interim reports with the Chairs and Minority Spokespersons of the House and Senate

Human Services Committees no later than September 1, 2013 (rather than September 1, 2014) and on February 1, 2014 (rather than February 1, 2015). In a provision concerning disbursements to hospitals, provides that for inpatient hospital services provided on or after August 1, 1998, the Illinois Department may establish by rule a means of adjusting the rates of children's hospitals, that did not meet that definition before February 28, 2013 (rather than on June 30, 1995), in order for the inpatient hospital rates of such hospitals to take into account the average inpatient hospital rates of those children's hospitals that did meet the definition of children's hospitals before February 28, 2013 (rather than on June 30, 1995). Grants the Department emergency rulemaking to implement this provision. Further amends the Nursing Home Care Act. In a provision concerning inspections of nursing facilities for possible violations, provides that violations shall be determined no later than 75 (rather than 60) days after completion of each inspection, survey, and evaluation. Provides that to meet the requirement of a single survey process, the portions of the health and life safety survey associated with federal certification and State licensure surveys must be started within 7 working days of each other, with certain exceptions (rather than the federal certification and State licensure surveys and health and life safety survey must each be started within 5 working days). Deletes the provisions amending the Workers' Compensation Act.

Bill: SB 34 (Koehler-D) HLTH BENEFITS EX-ADMIN
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
May 10, 2013

Position:

Synopsis As Introduced

Amends the Illinois Health Benefits Exchange Law. Makes changes concerning the legislative intent of the Law. Sets forth definitions. Establishes the Illinois Health Benefits Exchange as a political subdivision, body politic and corporate beginning October 1, 2014 (instead of 2013). Provides that the Exchange shall be a public entity, but shall not be considered a department, institution, or agency of the State. Sets forth provisions concerning health benefit plan certification. Deletes references to the Illinois Health Benefits Exchange Legislative Study Committee and establishes instead the Illinois Health Benefits Exchange Legislative Oversight Committee within the Commission on Government Forecasting and Accountability. Provides that the governing and administrative powers of the Exchange shall be vested in a body known as the Illinois Health Benefits Exchange Board and sets forth provisions concerning appointments, terms, meetings, the Board's structure, recusal, a budget, a revenue generating plan, and the Board's purpose. Establishes the Illinois Health Benefits Exchange Fund. Sets forth provisions concerning enrollment through brokers and agents and producer compensation. Makes other changes. Effective immediately.

Senate Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Personnel Code to add to the general exemptions provision the employees of the Illinois Health Benefits Exchange. Amends the Illinois Insurance Code. Provides that an insurance navigator shall obtain a limited lines producer license for the purpose of advising qualified individuals about health plans offered through the Illinois Health Benefits Exchange and other State and federal health programs. Sets forth provisions concerning training and prohibitions against compensation. Amends the Comprehensive Health

Insurance Plan Act to provide that the insurance operations of the Plan authorized by the Act shall cease on January 1, 2014 in accordance with the Illinois Health Benefits Exchange Law. Repeals the Act on January 1, 2015. Reinserts the introduced bill with the following changes. Makes changes to the legislative intent and the definitions. Establishes the Illinois Health Benefits Exchange beginning on the effective date of the amendatory Act (rather than October 1, 2014). Provides that the Exchange shall promote a competitive marketplace that allows consumer access to affordable health coverage options. Provides that the Department of Insurance shall review and recommend that the Board certify health benefit plans provided the plans meet the established requirements and that the Board shall certify health benefit plans that the Department recommends. Deletes language prohibiting the Executive Director from being a State employee; having been employed by or have had a contract with the State in the 3 years prior to his or her appointment; and being or having been an employee of an insurance company. Makes changes in the provision concerning a budget and deletes language concerning a revenue generating plan. Sets forth provisions concerning insurer's assessments, the examination or investigation of the Exchange and hearings, and the dissolution of the Comprehensive Health Insurance Plan. Makes other changes. Effective immediately.

Senate Amendment #2 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Personnel Code to add to the general exemptions provision the employees of the Illinois Health Benefits Exchange. Reinserts the introduced bill with the following changes. Makes changes to the legislative intent and the definitions. Establishes the Illinois Health Benefits Exchange beginning on the effective date of the amendatory Act (rather than October 1, 2014). Provides that the Exchange shall promote a competitive marketplace for consumer access to affordable health coverage options. Provides for certification of health benefit plans by the Department of Insurance (rather than the Illinois Health Benefits Exchange Board). Deletes language concerning withholding certification from a health benefit plan for specified reasons. Deletes language prohibiting the Executive Director from being a State employee; having been employed by or have had a contract with the State in the 3 years prior to his or her appointment; and being or having been an employee of an insurance company. Makes changes in the provisions concerning plan certification, Board membership, and a budget and deletes language concerning a revenue generating plan. Sets forth provisions concerning insurer's assessments and the examination or investigation of the Exchange and hearings. Makes other changes. Effective immediately.

Senate Amendment #3 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Personnel Code to add to the general exemptions provision the employees of the Illinois Health Benefits Exchange. Reinserts the introduced bill with the following changes. Makes changes to the legislative intent and the definitions. Amends the Illinois State Auditing Act to authorize audits of the Exchange. Establishes the Illinois Health Benefits Exchange beginning on the effective date of the amendatory Act (rather than October 1, 2014). Provides that the Exchange shall promote a competitive marketplace for consumer access to affordable health coverage options. Provides for certification of health benefit plans by the Department of Insurance (rather than the Illinois Health Benefits Exchange Board). Deletes language concerning withholding certification from a health benefit plan for specified reasons. Deletes language prohibiting the Executive Director from being a State employee; having been employed by or have had a contract with the State in the 3 years prior to his or her appointment; and being or having been an employee of an insurance company. Makes changes in

the provisions concerning plan certification, Board membership, and a budget and deletes language concerning a revenue generating plan. Sets forth provisions concerning insurer's assessments and the examination or investigation of the Exchange and hearings. Adds insurance producers to the Exchange technical advisory groups. Excludes premium income from limited lines policies and supplemental insurance policies from assessment calculations. Provides for assessments to be reviewed by the Commission on Government Forecasting and Accountability. Makes other changes. Effective immediately.

Senate Amendment #4 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Personnel Code to add to the general exemptions provision the employees of the Illinois Health Benefits Exchange. Reinserts the introduced bill with the following changes. Makes changes to the legislative intent and the definitions. Amends the Comprehensive Health Insurance Plan Act to terminate operations of the Plan. Amends the Illinois State Auditing Act to authorize audits of the Exchange. Establishes the Illinois Health Benefits Exchange beginning on the effective date of the amendatory Act (rather than October 1, 2014). Provides that the Exchange shall promote a competitive marketplace for consumer access to affordable health coverage options. Provides for certification of health benefit plans by the Department of Insurance (rather than the Illinois Health Benefits Exchange Board). Deletes language concerning withholding certification from a health benefit plan for specified reasons. Deletes language prohibiting the Executive Director from being a State employee; having been employed by or have had a contract with the State in the 3 years prior to his or her appointment; and being or having been an employee of an insurance company. Makes changes in the provisions concerning plan certification, Board membership, and a budget and deletes language concerning a revenue generating plan. Sets forth provisions concerning insurer's assessments and the examination or investigation of the Exchange and hearings. Adds insurance producers to the Exchange technical advisory groups. Excludes premium income from limited lines policies and supplemental insurance policies from assessment calculations. Provides for assessments to be reviewed by the Commission on Government Forecasting and Accountability. Makes other changes. Effective immediately.

Senate Amendment #5 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Personnel Code to add to the general exemptions provision the employees of the Illinois Health Benefits Exchange. Reinserts the introduced bill with the following changes. Makes changes to the legislative intent and the definitions. Amends the Comprehensive Health Insurance Plan Act to terminate operations of the Plan. Amends the Illinois State Auditing Act to authorize audits of the Exchange. Establishes the Illinois Health Benefits Exchange beginning on the effective date of the amendatory Act (rather than October 1, 2014). Provides that the Exchange shall promote a competitive marketplace for consumer access to affordable health coverage options. Provides for certification of health benefit plans by the Department of Insurance (rather than the Illinois Health Benefits Exchange Board). Deletes language concerning withholding certification from a health benefit plan for specified reasons. Deletes language prohibiting the Executive Director from being a State employee; having been employed by or have had a contract with the State in the 3 years prior to his or her appointment; and being or having been an employee of an insurance company. Makes changes in the provisions concerning plan certification, Board membership, and a budget and deletes language concerning a revenue generating plan. Sets forth provisions concerning insurer's assessments and the examination or investigation of the Exchange. Adds insurance producers to

the Exchange technical advisory groups. Excludes premium income from limited lines policies and supplemental insurance policies from assessment calculations. Provides for assessments to be reviewed by the Commission on Government Forecasting and Accountability. Makes other changes. Effective immediately.

Bill: SB 73 (Steans-D) NURSE-COLLABORATION-PRESCRIBE
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
May 10, 2013
Position: OPPOSE

Synopsis As Introduced

Amends the Nurse Practice Act. Removes references to a written collaborative agreement throughout the Act. Provides that an advanced practice nurse's scope of practice includes collaboration and consultation with or referral to a physician or other appropriate health-care professional for patient care needs that exceed the APN's scope of practice, education, or experience. Provides that as part of the professional scope of advanced practice nursing, an advanced practice nurse possesses prescriptive authority appropriate to his or her specialty, scope of practice, education, and experience. Such prescriptive authority shall include the authority to prescribe, select, order, administer, store, accept samples of, and dispense over-the-counter medications, legend drugs, medical gases, certain controlled substances, and other preparations, including botanical and herbal remedies. Amends various other Acts to make related changes. Effective immediately.

Bill: SB 622 (Cullerton-D/Madigan-D) MEDICAL DISCIPLINARY FUND
Status: SIGNED by Governor – P. A. 98-0003, March 8, 2013
Position:

Synopsis As Introduced

Amends the Public Utilities Act. Makes a technical change in a Section concerning the Illinois Commerce Commission's Office of Retail Market Development's annual report regarding the development of competitive retail natural gas markets in Illinois.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the State Finance Act. Provides that, as soon as possible after the effective date of this amendatory Act, the State Comptroller shall order and the State Treasurer shall transfer \$6,600,000 from the Local Government Tax Fund to the Illinois State Medical Disciplinary Fund. Amends the Medical Practice Act of 1987. Provides that the State Comptroller shall order and the State Treasurer shall transfer an amount equal to \$1,100,000 from the Illinois State Medical Disciplinary Fund to the Local Government Tax Fund on each of the following dates: July 1, 2014, October 1, 2014, January 1, 2015, July 1, 2017, October 1, 2017, and January 1, 2018. Makes changes to physician licensing fees. Effective immediately.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the State Finance Act. Provides that, as soon as possible after the effective date of this amendatory Act, the State Comptroller shall order and the State Treasurer shall transfer \$6,600,000 from the Local Government Tax Fund to the Illinois State Medical Disciplinary Fund. Amends the Medical Practice Act of 1987. Provides that the State Comptroller shall order and the State Treasurer shall transfer an amount equal to \$1,100,000 from the Illinois State Medical Disciplinary Fund to the Local Government Tax Fund on each of the following dates: July 1, 2014, October 1, 2014, January 1, 2015, July 1, 2017, October 1, 2017, and January 1, 2018. Makes changes to physician licensing fees. Effective immediately.

House Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause with the engrossed bill with the following changes: provides that the State Comptroller shall order and the State Treasurer shall transfer an amount equal to \$2,200,000 from the Illinois State Medical Disciplinary Fund to the Local Government Tax Fund on each of the following dates: July 1, 2014, October 1, 2014, and January 1, 2015 (rather than transfers of \$1,100,000 on July 1, 2014, October 1, 2014, January 1, 2015, July 1, 2017, October 1, 2017, and January 1, 2018); makes changes to fees for license renewal. Effective immediately.

Bill: SB 625 (Sullivan-D/Moffitt-R) EMS-TRAUMA CENTER-ACUTE INJURY
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
May 31, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Cable and Video Competition Law of 2007 in the Public Utilities Act. Makes a technical change in a Section concerning the short title of the Article.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act. Provides that the Trauma Center Medical Directors or the Trauma Center Medical Directors Committee can consider Level III Trauma Centers in the type of facility that patients can be cared for. Provides that Level II and Level III Trauma Centers shall have some essential services available in-house, 24 hours per day and other essential services readily available. Provides that an Acute Injury Stabilization Center shall have a comprehensive emergency department capable of initial management and transfer of the acutely injured. Provides that the Department shall the authority to establish and enforce minimum standards for designation and re-designation of 3 levels of trauma centers that meet trauma center national standards. Creates provisions concerning Level III Trauma Center and Acute Injury Stabilization Center minimum standards. Makes other changes.

Senate Floor Amendment No. 2

Makes a technical change in a standard for a Level III Trauma Center so that the standards requires the trauma center to have helicopter landing capabilities approved by appropriate State and federal authorities, if the trauma center is located within a municipality having a population of less than 2,000,000 people.

House Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause with the engrossed bill with the following changes: provides that the State Comptroller shall order and the State Treasurer shall transfer an amount equal to \$2,200,000 from the Illinois State Medical Disciplinary Fund to the Local Government Tax Fund on each of the following dates: July 1, 2014, October 1, 2014, and January 1, 2015 (rather than transfers of \$1,100,000 on July 1, 2014, October 1, 2014, January 1, 2015, July 1, 2017, October 1, 2017, and January 1, 2018); makes changes to fees for license renewal. Effective immediately.

Bill: SB 628 (Steans-D/Flowers-D) REGULATION-TECH

Status: LOST on 3rd Reading in HOUSE – May 26, 2013

Position:

Synopsis As Introduced

Amends the Cable and Video Competition Law of 2007 in the Public Utilities Act. Makes a technical change in a Section concerning the short title of the Article.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Emergency Medical Services (EMS) Systems Act and the Hospital Emergency Service Act. Provides that rehabilitation hospitals and psychiatric hospitals, along with long-term acute care hospitals, are hospitals that are not required to provide hospital emergency services. Amends the Hospital Licensing Act and the State Finance Act. Requires that an application for a license to open, conduct, operate, and maintain a hospital be accompanied by a license fee of \$55 per bed, or such lesser amount as the Department of Public Health may establish by administrative rule in consultation with the Department of Healthcare and Family Services to comply with the limitations on health care-related taxes imposed by certain provisions of the U.S. Code that, if violated, would result in reductions to the amount of federal financial participation received by the State for Medicaid expenditures. Creates the Hospital Licensure Fund as a special fund in the State treasury to provide funding for the administration of the licensure program and patient safety and quality initiatives for the hospitals, including, without limitation, the implementation of the Illinois Adverse Health Care Events Reporting Law of 2005. Sets forth the sources of funding and permissible disbursements for the Fund. Amends the Illinois Adverse Health Care Event Reporting Law of 2005. Defines "adverse health care event" as an event identified as a serious reportable event by the National Quality Forum on the effective date of the amendatory Act. Provides that the Department of Public Health shall adopt, by rule, the list of adverse health care events, and provides that if the National Quality Forum revises its list of serious reportable events, then the term "adverse health care event" shall be similarly revised. Removes language concerning certain reportable events. Provides that if the adverse health care events are revised, the Department of Public Health shall notify all affected health care facilities promptly. Makes other changes. Effective immediately.

Bill: SB 1186 (Steans-D) MENTAL HEALTH CONFIDENTIALITY
Status: RE-REFERRED to S Committee on Assignment / Failure to Pass by Deadline
March 22, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Mental Health and Developmental Disabilities Confidentiality Act. Defines "business associate", "covered entity", "facility", "health information exchange" ("HIE"), "HIE purposes", "HIPAA", "integrated health system", and "interdisciplinary team" and changes the definition of "confidential communication" and "record". Provides that an HIE, person, therapist, facility, agency, interdisciplinary team, integrated health system, business associate, or covered entity may, without a recipient's consent, use, disclose, or redisclose information from a recipient's record to certain entities for specified purposes. Provides that a recipient may opt-out of having his or her record disclosed. Makes corresponding changes throughout the rest of the Act.

Bill: SB 1253 (Holmes-D) WRK OCC DISEASES-PARKINSON'S
Status: RE-REFERRED to S Committee on Assignment / Failure to Pass by Deadline
March 22, 2013
Position:

Synopsis As Introduced

Amends the Workers' Occupational Diseases Act. Provides that any condition or impairment of health of a firefighter, emergency medical technician, or paramedic that results directly or indirectly from Parkinson's disease resulting in any disability to the employee shall be rebuttably presumed to arise out of and in the course of the employee's firefighting, EMT, or paramedic employment and shall be rebuttably presumed to be causally connected to the hazards or exposures of the employment, except as otherwise specified. Amends the State Mandates Act to require implementation without reimbursement by the State. Effective immediately.

Bill: SB 1274 (Silverstein-D) STUDENT ATHLETE-CARDIAC ARREST
Status: RE-REFERRED to S Committee on Assignment/Failure to Pass by Deadline
March 22, 2013
Position:

Synopsis As Introduced

Creates the Sudden Cardiac Arrest Prevention Act. Provides that the Act applies to public schools, school districts, and recognized nonpublic schools. Requires the Department of Public Health and the State Board of Education to develop and post on their publicly accessible Internet websites guidelines and other relevant materials to inform and educate students participating in or desiring to participate in an athletic activity, their parents, and their coaches about the nature and warning signs of sudden cardiac arrest. Sets forth provisions concerning a sudden cardiac arrest symptoms

and warning signs information sheet, informational meetings regarding the symptoms and warning signs of sudden cardiac arrest, and a sudden cardiac arrest training course. Provides that (i) a student who exhibits signs or symptoms of sudden cardiac arrest while participating in an athletic activity must be removed by the team's head coach from participation at that time, (ii) if a student is known to have exhibited signs or symptoms of sudden cardiac arrest at any time prior to or following an athletic activity, the team's head coach shall prevent the student from participating in an athletic activity, and (iii) a student removed or prevented from participating in an athletic activity shall not return to participation until the student is evaluated and cleared for return to participation in writing by a physician licensed to practice medicine in all of its branches, certified nurse practitioner, or cardiologist; sets forth penalties. Contains provisions concerning other youth athletic activities, construction of the Act, and agency rules.

Bill: SB 1321 (Trotter-D/Sims-D) IDPH-PROSTATE-STROKE

Status: SIGNED by Governor – P.A. 98-0087, July 15, 2013

Position:

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Deletes certain types of information concerning the prostate and testicular cancer program that are required to be included in the Department of Public Health's annual report. Repeals a provision concerning the Stroke Task Force.

Senate Committee Amendment No. 1

Deletes a provision that repeals the Section of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois concerning the Stroke Task Force.

Bill: SB 1330 (Raoul-D/McAsey-D) MEDICAID-VENDORS-PENALTIES

Status: PASSED Both Chambers / SENT to Governor for Action – June 28, 2013

Position:

Synopsis As Introduced

Amends the Administration Article of the Illinois Public Aid Code. Establishes civil penalties ranging from \$10,000 to \$50,000 for any person (including a vendor, organization, agency, or other entity, but excluding a recipient) who: knowingly presents or causes to be presented a fraudulent claim for payment under the State's medical assistance program; knowingly gives or causes to be given to any person, with respect to coverage for inpatient hospital services under the medical assistance program, information that he or she knows or should know is false or misleading; arranges or contracts (by employment or otherwise) with an individual or entity that the person knows or should know is excluded from participation in a federal or state health care program, including, but not limited to, the medical assistance program, for the provision of items or services for which payment may be made under such a program; or commits other specified fraudulent acts. Provides that the

Director of Healthcare and Family Services may make a determination to terminate, suspend, bar, or exclude the person from participation in the medical assistance program, but not before granting the affected individual, entity, or vendor an opportunity for a hearing after reasonable notice. Provides that a final order, decision, or other determination made by the Director is subject to review in accordance with the Administrative Review Law. Removes language allowing the Department to recover interest on the amount of an overpayment. Makes other changes. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Administration Article of the Illinois Public Aid Code. Establishes civil penalties ranging from \$10,000 to \$50,000 for any person (including a vendor, organization, agency, or other entity, but excluding a recipient) who: knowingly presents or causes to be presented a fraudulent claim for payment under the State's medical assistance program; knowingly gives or causes to be given to any person, with respect to medical assistance program coverage of inpatient hospital services, information that he or she knows or should know is false or misleading; arranges or contracts (by employment or otherwise) with an individual or entity that the person knows or should know is excluded from participation in the medical assistance program or a federal or state health care program for the provision of items or services for which payment may be made under such a program; or commits other specified fraudulent acts. Provides that the Director of Healthcare and Family Services may make a determination to exclude, terminate, suspend, or bar the person from participation in the medical assistance program, but not before granting the affected individual, entity, or vendor an opportunity for a hearing after reasonable notice. Provides that a final order, decision, or other determination made by the Director is subject to review in accordance with the Administrative Review Law. Removes language allowing the Department to recover interest on the amount of an overpayment. Defines terms. Makes other changes. Effective immediately.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of the bill as amended by Senate Amendment No. 1, with the following changes: Permits the Department of Healthcare and Family Services to seek the civil monetary penalties identified in the amendatory Act as well as the exclusion, termination, suspension, or barment of persons who improperly file medical assistance claims. Provides that if a person has received an overpayment, the person shall (i) report and return the overpayment to the Department at the correct address; and (ii) notify the Department in writing of the reason for the overpayment. Provides that an overpayment must be reported and returned by the later of (i) the date which is 60 days after the date on which the overpayment was identified; or (ii) the date any corresponding cost report is due, if applicable. Changes "physician's service" to "vendor physician's service". Effective immediately.

House Committee Amendment No. 1

Provides that a vendor who disputes an overpayment identified as part of a Department of Health Care and Family Services' audit shall utilize the Department's self-referral disclosure protocol to identify, investigate, and return to the Department any undisputed audit overpayment amount. Provides that unless the disputed overpayment amount is subject to a fraud payment suspension, or involves a termination sanction, the Department shall defer the recovery of the disputed overpayment amount up to one year after the date of the Department's final audit determination, or earlier, or as required by State or federal law. Provides that if the administrative hearing extends

beyond one year, and such delay was not caused by the request of the vendor, then the Department shall not recover the disputed overpayment amount until the date of the final administrative decision; and that if a final administrative decision establishes that the disputed overpayment amount is owed to the Department, then the amount shall be immediately due to the Department. Provides that the Department shall be entitled to recover interest from the vendor on the overpayment amount from the date of the overpayment through the date the vendor returns the overpayment to the Department at a rate not to exceed the Wall Street Journal Prime Rate, as published from time to time, but not to exceed 5%; and that any interest billed by the Department shall be due immediately upon receipt of the Department's billing statement.

Bill: SB 1454 (Delgado-D/Beiser-D) CONTROLLED SUBSTANCES-VARIOUS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
May 31, 2013

Position:

Synopsis As Introduced

Creates the Internet System for Tracking Overprescribing Act. Contains only a short title provision.

Senate Amendment #1 (Filed but, not adopted)

Senate Committee Amendment #2

Replaces everything after the enacting clause. Amends the Illinois Controlled Substances Act. Defines Prescription Monitoring Program Advisory Committee. Includes as a Schedule II controlled substance Dihydrocodeinone (Hydrocodone), with one or more active, non-narcotic ingredients in regional therapeutic amounts. Provides that as of January 1, 2015 each Schedule II prescription must be issued via electronic prescribing. All electronic prescribing must pass through the Prescription Monitoring Program portal, to establish an audit trail regarding the eventual dispensing of the medication. Provides that upon review by the Prescription Monitoring Program Advisory Committee of prescribers who have not registered as Prescription Monitoring Program users, the Committee by means of an intergovernmental agreement shall generate a file of information regarding these practitioners with consistently high numbers of patients with multiple prescribers which shall be submitted to the Department of Financial and Professional Regulation. Provides that by January 1, 2015, all Electronic Health Records Systems must interface with the Prescription Monitoring Program application program interface to insure that all providers have access to specific patient records as they are treating the patient. Provides that the Prescription Monitoring Program Advisory Committee shall report to the Director of the Division of Alcoholism and Substance abuse, the Director of Public Health, and the Secretary of the Department of Financial and Professional Regulation annually, their trended evaluation of the historic prescribing of controlled substances. Provides that as part of this report they shall make recommendations for courses of continuing professional education and other training materials for licensed health care professionals in the appropriate use of pain medications. Provides that the Prescription Monitoring Program Advisory Committee shall provide outreach and assistance to health care professional organizations to encourage and facilitate continuing medical education training programs for their members regarding appropriate prescribing practices for optimum patient care.

Senate Floor Amendment #3

Replaces everything after the enacting clause. Amends the Wholesale Drug Distribution Licensing Act. Provides that notwithstanding any other provision of law, a distributor licensed and regulated by the Department of Financial and Professional Regulation, and registered and regulated by the United States Drug Enforcement Administration, shall be exempt from the storage, reporting, ordering, record keeping and physical security control requirements for Schedule II controlled substances with regard to any material, compound, mixture or preparation containing Hydrocodone. These Controlled Substances shall be subject to the same requirements as those imposed for Schedule III controlled substances. Amends the Illinois Controlled Substances Act. Defines Prescription Monitoring Program Advisory Committee and electronic health record. Includes as a Schedule II controlled substance Dihydrocodeinone (Hydrocodone), with one or more active, non-narcotic ingredients in regional therapeutic amounts. Provides that by January 1, 2015, all Electronic Health Records Systems should interface with the Prescription Monitoring Program application program interface to insure that all providers have access to specific patient records as they are treating the patient. Makes other changes.

Senate Amendment #4 (Filed but, not adopted)

Senate Floor Amendment #5

Replaces everything after the enacting clause. Amends the Wholesale Drug Distribution Licensing Act. Provides that notwithstanding any other provision of law, a distributor licensed and regulated by the Department of Financial and Professional Regulation, and registered and regulated by the United States Drug Enforcement Administration, shall be exempt from the storage, reporting, ordering, record keeping and physical security control requirements for Schedule II controlled substances with regard to any material, compound, mixture or preparation containing Hydrocodone. These Controlled Substances shall be subject to the same requirements as those imposed for Schedule III controlled substances. Amends the Illinois Controlled Substances Act. Defines Prescription Monitoring Program Advisory Committee and electronic health record. Provides that Dihydrocodeinone (Hydrocodone) with one or more active, non-narcotic ingredients in regional therapeutic amounts is a Schedule III controlled substance, subject to the requirements for prescribing of Schedule III controlled substances with the exception that any prescription must be limited to no more than a 30-day supply with any continuation requiring a new prescription. Provides that prescribers may issue multiple prescriptions (3 sequential 30-day supplies) for Dihydrocodeinone (Hydrocodone), authorizing up to a 90-day supply. Provides that by January 1, 2018, all Electronic Health Records Systems should interface with the Prescription Monitoring Program application program interface to insure that all providers have access to specific patient records as they are treating the patient. Makes other changes.

Senate Floor Amendment #6 (Filed but, not adopted)

Amends the Illinois Public Aid Code and the Illinois Insurance Code. Requires the Department of Healthcare and Family Services and the Department of Insurance to jointly develop a uniform prior authorization form for prescription drug benefits on or before July 1, 2014. Provides that on and after January 1, 2015, or 6 months after the form is developed, whichever is later, every prescribing provider may use that uniform prior authorization form to request prior authorization for coverage of prescription drug benefits and every health care service plan shall accept that form as sufficient to request prior authorization for prescription drug benefits. Provides that on and after January 1, 2015, a health insurer that provides prescription drug benefits shall utilize and accept the prior

authorization form when requiring prior authorization for prescription drug benefits; and that if a health care service plan fails to utilize or accept the prior authorization form, or fails to respond within 2 business days upon receipt of a completed prior authorization request from a prescribing provider, the prior authorization request shall be deemed to have been granted. Exempts certain providers. Sets forth certain criteria for the prior authorization form. Provides that "prescribing provider" includes a provider authorized to write a prescription as described in the Pharmacy Practice Act.

Bill: SB 1494 (Martinez-D) MED PRACT-LIC FEES-TRANSFER
Status: REFERRED to SENATE Committee on Assignments – February 7, 2013
Position:

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal of the Medical Practice Act of 1987 from December 31, 2013 to December 31, 2023. Amends the Medical Practice Act of 1987. Provides that a completed initial license application and a completed initial license application by endorsement that has been submitted to the Department of Financial and Professional Regulation shall be processed by the Department within 45 calendar days after receipt. Makes changes to the various fees for the renewal of a license for a resident of Illinois and nonresidents. Provides that an individual who has a 3-year temporary license and applies for an initial license shall pay the fee for a renewal of a license instead of applying for an initial license under certain provisions of the Act. Provides that the State Comptroller shall order and the State Treasurer shall transfer \$9,600,000 from the General Revenue Fund to the Illinois State Medical Disciplinary Fund. Effective immediately.

Bill: SB 1547 (Munoz-D/Lang-D) INS CD-NONCOVERED VISION SRVCS
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
May 31, 2013
Position:

Synopsis As Introduced

Amends the Illinois Insurance Code, Health Maintenance Organization Act, Limited Health Service Organization Act, and Voluntary Health Services Plans Act. Provides that no insurer may issue a service provider contract that requires an optometrist or ophthalmologist to provide services or materials to the insurer's policyholders at a fee set by the insurer unless the services or materials are covered services or materials under the applicable policyholder agreement. Effective January 1, 2014.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that an insurer that is licensed to write accident and health insurance under the provisions of the Code shall be authorized to issue policies for exclusive provider organization plans (EPOs) for either group or individual policies, provided such policies otherwise conform to certain provisions. Sets

forth provisions concerning enrollment, compliance, applicability, contracts, disclosure, restrictions on primary care physicians, and claims and appeals processes. Provides that any insurer that issues, delivers, amends, or renews an individual or group EPO in this State after the effective date of the amendatory Act shall not be obligated to comply with the provision concerning noninstitutional providers solely with respect to the EPO product. Provides that an administrator, or an insurer as applicable under the Code, may offer an EPO, provided that the administrator meets the requirements of the Code and the Director makes certain determinations. Makes other changes.

Bill: SB 1567 (Delgado-D) MENTAL HEALTH FIRST AID TRAIN
Status: RE-REFERRED to SENATE Committee on Assignments – April 30, 2013
Position:

Synopsis As Introduced

Creates the Illinois Mental Health First Aid Training Act. Provides that the Department of Human Services shall establish and administer the Illinois Mental Health First Aid training program so that certified trainers can provide Illinois residents, professionals, and members of the public with training on how to identify and assist someone who is believed to be developing or has developed a mental health disorder or an alcohol or substance abuse disorder or who is believed to be experiencing a mental health or substance abuse crisis. Provides that subject to appropriations made to, or with the use of appropriations directed by, the Department of Human Services and other State agencies, the Department and other State agencies shall support training grants for Illinois Mental Health First Aid training. Provides that these training grants may support hardship subsidies for Illinois Mental Health First Aid training fees. Provides that the Illinois Mental Health First Aid training program shall be designed to train individuals to accomplish certain objectives including (i) building mental health, alcohol abuse, and substance abuse literacy designed to help the public identify, understand, and respond to the signs of mental illness, alcohol abuse, and substance abuse and (ii) knowing how to prevent a mental health disorder or an alcohol or substance abuse disorder from deteriorating into a more serious condition which may lead to more costly interventions and treatments. Contains provisions concerning the distribution of training grants and other matters. Effective immediately.

Senate Amendment #1 (Filed but, not adopted)

Senate Floor Amendment No. 2

Provides that the Department of Human Services shall administer (rather than establish and administer) the Illinois Mental Health First Aid training program. In the definition of "certified trainers", changes "National Authorities of Mental Health First Aid USA" to "National Authorities of Mental Health First Aid". Provides that subject to appropriations made to the Department of Human Services and other State agencies (rather than subject to appropriations made to, or with the use of appropriations directed by, the Department of Human Services and other State agencies), the Department of Human Services and other State agencies shall support training grants for Illinois Mental Health First Aid training.

Bill: SB 1631 (Althoff-R) NURSE LICENSURE COMPACT
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Nurse Practice Act. Ratifies and adopts the Nurse Licensure Compact. Allows for reciprocity of licensure of licensed practical nurses and registered nurses among the states. Provides for administration of the Compact by the Nursing Act Coordinator. Provides that the licensing board shall participate in a Compact Evaluation Initiative designed to evaluate the effectiveness and operability of the Compact. Provides that the Compact does not relieve employers from complying with statutorily imposed obligations. Provides that the Compact does not supersede existing State labor laws. Makes changes relating to the purposes of the Compact. Effective on January 1, 2014.

Senate Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Nurse Practice Act. Makes a technical change in a Section concerning a licensed practical nurse's scope of practice.

Bill: SB 1641 (Lightford-D) FINANCE - TECH
Status: REFERRED to SENATE Committee on Assignment – February 13, 2013
Position:

Synopsis As Introduced

Amends the Illinois Procurement Code. Makes a technical change in a Section concerning State policy.

Bill: SB 1658 (Haine-D/Williams-D) INS CD-PRUDENT LAYPERSON
Status: SIGNED by Governor – P.A. 98-0154, August 2, 2013
Position: Support

Synopsis As Introduced

Amends the Illinois Insurance Code to provide that nothing in the provision concerning nonparticipating facility-based physicians and providers shall be interpreted to change the prudent layperson provisions with respect to emergency services under the Managed Care Reform and Patient Rights Act. Effective immediately.

Bill: SB 1694 (McCann-R) ALL KIDS-CITIZENSHIP
Status: RE-REFERRED to S Committee on Assignment/Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Covering ALL KIDS Health Insurance Act. Provides that to be eligible for benefits under the Act, an individual who is otherwise eligible must be either a United States citizen or included in one of certain specified categories of non-citizens. Provides that the Department of Healthcare and Family Services may, by rule, cover prenatal care or emergency medical care for non-citizens who are not otherwise eligible under the provisions concerning citizenship. Provides that nothing in the provisions concerning citizenship affects the eligibility status of a child enrolled in the program on the effective date of the amendatory Act. Effective immediately.

Bill: SB 1716 (Haine-D) HEALTH EXCHANGE-DISSOLVE CHIP
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Illinois Health Benefits Exchange Law. Provides that except as otherwise provided in the provision concerning the dissolution of the Comprehensive Health Insurance Plan, the insurance operations of the Comprehensive Health Insurance Plan (the Plan) authorized by the Comprehensive Health Insurance Plan Act shall cease on January 1, 2014 (and makes conforming changes in the Comprehensive Health Insurance Plan Act). Sets forth provisions concerning service provided after January 1, 2014, grievances, balance billing, the plan of dissolution, actions by or against the Plan Board, and General Revenue Fund funds and insurer assessments in the Plan on the date of final dissolution. Provides for the repeal of the Comprehensive Health Insurance Plan Act on January 1, 2015. Effective immediately.

Bill: SB 1717 (Haine-D) CHIP CEASE-HEALTH EXCHANGE
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the Comprehensive Health Insurance Plan Act. Provides that the insurance operations of the Comprehensive Health Insurance Plan authorized by the Act shall cease on January 1, 2014 and that Plan coverage does not apply to service provided on or after January 1, 2014. Provides for the repeal of the Comprehensive Health Insurance Plan Act on January 1, 2015. Amends the Illinois Health Benefits Exchange Law. Makes changes concerning the legislative intent of the Law. Sets forth definitions. Establishes the Illinois Health Benefits Exchange as a political subdivision, body politic and corporate. Provides that the Exchange shall be a public entity, but shall not be

considered a department, institution, or agency of the State. Sets forth a provision concerning the certification of health benefit plans. Deletes references to the Illinois Health Benefits Exchange Legislative Study Committee and establishes instead the Illinois Health Benefits Exchange Legislative Oversight Committee within the Commission on Government Forecasting and Accountability. Provides that the governing and administrative powers of the Exchange shall be vested in a body known as the Illinois Health Benefits Exchange Board and sets forth provisions concerning appointments, terms, meetings, structure, recusal, budget, and purpose. Sets forth provisions concerning enrollment through brokers and agents and producer compensation. Effective immediately.

Senate Amendment #1 (Filed but, not adopted)

With regard to the information that a health carrier seeking certification of a plan as a qualified health plan must accurately and timely disclose as determined appropriate by the Secretary of the federal Department of Health and Human Services, provides that the information includes, but is not limited to, accredited clinical quality measures. Provides that the Exchange shall require each health carrier seeking certification of a plan as a qualified health plan to permit individuals to learn, in a timely manner upon the request of the individual, the comparative quality of the plans along established clinical data-based standards.

Bill: SB 1722 (Sullivan-D) DHFS-GROUND AMBULANCE PAYMENTS
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
April 19, 2013
Position: SUPPORT

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides for payment for ground ambulance services under the medical assistance program. Provides that for ground ambulance services provided to a medical assistance recipient on or after January 1, 2014, the Department of Healthcare and Family Services shall provide payment to ground ambulance services providers for base charges and mileage charges based upon the lesser of the provider's charge, as reflected on the provider's claim form, or the Illinois Medicaid Ambulance Fee Schedule payment rates. Provides that effective January 1, 2014, the Illinois Medicaid Ambulance Fee Schedule shall be established and shall include only the ground ambulance services payment rates outlined in the Medicare Ambulance Fee Schedule as promulgated by the Centers for Medicare and Medicaid Services in effect as of July 1, 2013 and adjusted for the 4 Medicare Localities in Illinois, with an adjustment of 80% of the Medicare Ambulance Fee Schedule payment rates, by Medicare Locality, for both base rates and mileage for all counties. Provides that for ground ambulance services provided where the point of pickup is in a rural county, the Department shall pay an amount equal to one and one-half times the ground mileage rate for the first 17 miles of such a transport and the ground mileage rate for the remaining miles of the transport. Makes other changes in connection with medical assistance payments for ground ambulance services. Effective July 1, 2013.

Bill: SB 1754 (McCann-R) INS CD-COPAYMENTS
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that a health benefit plan or health carrier, including, but not limited to, a preferred provider organization, an independent physician association, a third-party administrator, or any entity that contracts with licensed health care providers shall not impose any fixed co-payment that exceeds 50% of the total billed charges for health care services provided to an insured or enrolled during a visit to a health care provider.

Bill: SB 1794 (Martinez-D) MED PRACTICE ACT EXTENSION
Status: RE-REFERRED to S Committee on Assignment/ Failure to Pass by Deadline
April 19, 2013

Position:

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 to December 31, 2023. Effective immediately.

Bill: SB 1807 (Delgado-D) MEDICAID PRIOR AUTHORIZATION
Status: RE-ASSIGNED to SENATE Appropriations I Committee – March 12, 2013

Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that no later than November 1, 2013, the Department of Healthcare and Family Services shall promulgate and file a regulation defining criteria utilized for granting prior authorization for non-preferred medications; criteria utilized for denying a request for prior authorization; criteria utilized for approval or denial of a request for prior authorization made to any managed care entity under contract with the State to administer pharmaceutical drug benefits to any recipient of medical assistance benefits; and other matters. Provides that prior to promulgating this regulation, the Department shall consult with recipients of aid, health care advocates, including mental health care advocates, and providers. Grants the Department the authority to use preemptory rulemaking, in accordance with the Illinois Administrative Procedure Act, to place into the Illinois Administrative Code the criteria, appeal process, and policies set forth. Effective immediately.

Senate Amendment #1 (Filed but, not adopted)

Further amends the Medical Assistance Article of the Illinois Public Aid Code by providing that antipsychotic and anticonvulsant drugs used to treat severe mental illness shall not be subject to prior approval as a result of the 4-prescription limit and shall not count toward the monthly prescription limit when used for the following mental disorders: post-traumatic stress disorder,

schizophrenia, schizoaffective disorder, bipolar disorder, or panic disorder.

Senate Amendment #2 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision concerning limitations on prescription drugs, provides that antipsychotic and anticonvulsant drugs used to treat severe mental illness shall not be subject to prior approval as a result of the 4-prescription limit and shall not count toward the monthly prescription limit when used for the following mental disorders: post-traumatic stress disorder, schizophrenia, schizoaffective disorder, bipolar disorder, or panic disorder. Effective immediately.

Senate Amendment #3 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision concerning limitations on prescription drugs, provides that antipsychotic and anticonvulsant drugs used to treat severe mental illness or epilepsy shall not be subject to prior approval as a result of the 4-prescription limit and shall not count toward the monthly prescription limit when used for the following disorders: post-traumatic stress disorder, schizophrenia, schizoaffective disorder, bipolar disorder, panic disorder, or epilepsy. Effective immediately.

Bill: SB 1808 (Delgado-D) MEDICAID-APR-DRG PAYMNT SYSTM
Status: ASSIGNED to SENATE Appropriations I Committee – February 27, 2013
Position:

Synopsis As Introduced

Amends the Hospital Services Trust Fund Article of the Illinois Public Aid Code. Provides that payments shall not be made for inpatient services under an All Patient Refined Diagnosis Related Groups (APR-DRG) payment system until individual hospitals have received 9 months of claims processed under the APR-DRG system. Provides that payments shall not be made for outpatient services under an Enhanced Ambulatory Procedure Grouping (EAPG) system until individual hospitals have received 9 months of claims processed under the EAPG system. Effective immediately.

Bill: SB 1809 (Delgado-D) IDPH-MEDICAID PENALTY PAYMENTS
Status: ASSIGNED to SENATE Appropriations I Committee – February 27, 2013
Position:

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that in the event hospitals are deemed not to have reached the \$40,000,000 in reduced expenditures as set forth under the Code, then for any individual hospital not meeting its established threshold, the Department of Public Health shall assess a penalty payment equal to one-half the amount of the differential between the hospital's actual liability related to readmissions and that of the threshold

amount. Provides that these penalty payments shall be deposited into the Healthcare Provider Relief Fund and that in the event the Centers for Medicare and Medicaid Services finds that the penalty payments are an impermissible healthcare-related tax, the penalty payments shall be doubled. Further provides that the expenditures are to be defined as General Revenue Fund-based expenditures. Effective immediately.

Bill: SB 1841 (Mulroe-D/Sandack-R)DFPR-REMOVE PUBLIC RECORD
Status: REFERRED to HOUSE Rules Committee – April 18, 2013
Position:

Synopsis As Introduced

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that any licensee disciplined under a licensure Act administered by the Division of Professional Regulation for an offense relating to the failure to pay taxes, child support, or student loans or relating to continuing education or advertising may file a petition with the Department on forms provided by the Department, along with the required fee of \$200, to have the records of that offense removed from public view on the Department's website if certain conditions are met. Provides that nothing shall prohibit the Department from using a previous discipline for any regulatory purpose or from releasing records of a previous discipline upon request from law enforcement, other governmental body, or the public. Provides that removal of records of a disciplinary offense from the Department's website shall not be considered a vacating or expunging of the offense from the licensee's disciplinary record. Effective immediately.

Senate Floor Amendment No. 1

Provides that an application to make disciplinary records confidential shall not be considered for an offense relating to failure to pay child support.

Bill: SB 1849 (Connelly-R/Reboletti-R) BLOOD TEST REIMBURSEMENT
Status: PASSED Both Chambers / SENT to Governor - June 14, 2013
Position:

Synopsis As Introduced

Amends the Illinois Vehicle Code. Makes persons subject to blood tests for refusal to submit to a breath test or suspicion of the ingestion, consumption, or use of drugs liable for the cost of employing a medical professional to perform the test up to a maximum of \$500 if the person is (1) found guilty of violating Section 11-501 of the Illinois Vehicle Code or a similar local ordinance, or (2) pleads guilty to or stipulates to facts supporting a violation of Section 11-503 of the Illinois Vehicle Code or a similar local ordinance when the person was originally charged with violating Section 11-501 of the Illinois Vehicle Code or a similar local ordinance. Allows reimbursement even if the person does not consent to the blood draw.

Senate Committee Amendment No. 1

Adds a cross reference to a Section of the Code that requires a police officer to request a blood

draw if he or she suspects that a motor vehicle driven by or in actual physical control of a person under the influence of alcohol, other drug or drugs, or intoxicating compound or compounds, or any combination thereof has caused the death or personal injury to another. Allows reimbursement whether the blood draw takes place at a law enforcement facility or a health care facility.

Bill: SB 1906 (Althoff-R) REGULATORY FUNDS-CREDIT
Status: RE-REFERRED to S Committee on Assignment/Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the State Finance Act, the Medical Practice Act of 1987, and the Illinois Insurance Code. In provisions related to the Financial Institution Fund, Insurance Financial Regulation Fund, the Insurance Producer Administration Fund, and the Illinois State Medical Disciplinary Fund, provides that the appropriation Department shall calculate its administrative expenses related to the enforcement of the Acts associated with the funds and, as soon after those calculations are made as is practical, amounts in those funds that are in excess of those calculated administrative expenses shall be credited to licensees under those Acts for the following year. Effective immediately.

Bill: SB 1912 (Raoul-D/Sims-D) CIVIL LAW-TECH
Status: PASSED Both Chambers / SENT to Governor for Action – June 28, 2013
Position:

Synopsis As Introduced

Amends the Civil Practice Law of the Code of Civil Procedure. Provides that in any civil action involving a claim for money damages, a release must be tendered by the settling defendants to the plaintiff within 14 days of an agreement to the settlement, and in cases where the law requires court approval of the settlement, the plaintiff shall timely obtain court approval and tender to the defendant a copy of the order approving the settlement. Provides that a settling defendant shall pay all sums due to a settling plaintiff within 21 days of tender by the settling plaintiff to the settling defendant of a duly executed release (and, if required by law, a copy of the order approving the settlement), and provides that upon failure to pay, interest, calculated from the date of the release, shall accrue on the amount of the settlement and shall be payable to the settling plaintiff. Provides that the plaintiff is entitled to judgment without further notice against any settling defendant who has not timely paid. Provides that the new provisions apply to all civil actions involving a claim for money damages. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Code of Civil Procedure. Makes a technical change in a Section concerning a lien on crops.

Senate Amendment #2 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Civil Practice Law of the Code of Civil Procedure. Provides that in any civil action involving a claim for money damages, a release must be tendered by the settling defendant to the plaintiff within 14 days of an agreement to the settlement, and in cases where the law requires court approval of the settlement, the plaintiff shall timely tender to the defendant a copy of the court order approving the settlement. Provides that the plaintiff shall also timely tender to the settling defendant certain documentation relating to known third-party lienholders or subrogation interests (including, where applicable, Medicare, the Centers for Medicare & Medicaid Services, or the Illinois Department of Healthcare & Family Services). Provides that a settling defendant shall pay all sums due to a plaintiff within 21 days of tender by the plaintiff to the settling defendant of all required documentation, and provides that upon failure to pay, interest, calculated from the date of the tender, shall accrue on the amount of the settlement attributable to that settling defendant and shall be payable to the plaintiff. Provides that the plaintiff is entitled to judgment against any settling defendant who has not timely paid. Provides that the new provisions apply to all civil actions involving a claim for money damages, with exceptions. Effective immediately.

Senate Amendment #3 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Civil Practice Law of the Code of Civil Procedure. Provides that in any civil action involving a claim for money damages, a release must be tendered by the settling defendant to the plaintiff within 14 days of an agreement to the settlement, and in cases where the law requires court approval of the settlement, the plaintiff shall tender to the defendant a copy of the court order approving the settlement. Provides that the plaintiff shall also timely tender to the settling defendant certain documentation relating to known third-party claimants or subrogation interests (including attorney's liens, healthcare provider liens, or rights of recovery claimed by Medicare, the Centers for Medicare and Medicaid Services, the Illinois Department of Healthcare and Family Services, or private health insurance companies). Provides that a settling defendant shall pay all sums due to a plaintiff within 21 days of tender by the plaintiff to the settling defendant of all required documentation, and provides that upon failure to pay, judgment shall be entered against that defendant for the amount set forth in the executed release, plus costs incurred in obtaining the judgment and interest calculated from the date of the tender by the plaintiff to the defendant of the required documentation. Provides that the new provisions apply to all civil actions involving a claim for money damages, with exceptions. Effective immediately.

Senate Floor Amendment No. 4

Replaces everything after the enacting clause. Amends the Civil Practice Law of the Code of Civil Procedure. Provides that in any personal injury, property damage, wrongful death, or tort action involving a claim for money damages, a release must be tendered by the settling defendant to the plaintiff within 14 days of an agreement to the settlement, and in cases where the law requires court approval of the settlement, the plaintiff shall tender to the defendant a copy of the court order approving the settlement. Provides that the plaintiff may also timely tender to the settling defendant certain documentation relating to known third-party claimants or subrogation interests (including attorney's liens, healthcare provider liens, or rights of recovery claimed by Medicare, the Centers for Medicare and Medicaid Services, the Illinois Department of Healthcare and Family Services, or private health insurance companies). Provides that a settling defendant shall pay all sums due to a plaintiff within 21 days of tender by the plaintiff to the settling defendant of all required

documentation, and provides that upon failure to pay, judgment shall be entered against that defendant for the amount set forth in the executed release, plus costs incurred in obtaining the judgment and interest calculated from the date of the tender by the plaintiff to the defendant of the required documentation. Provides that the new provisions apply to all civil actions involving a claim for money damages, with exceptions. Provides that the provisions in the bill do not apply to units of local government. Effective immediately.

House Committee Amendment No. 1

Provides that the bill does not apply to the State, State agencies, as defined in the Illinois State Auditing Act, State officers or employees when sued in their official capacity, or to persons or entities represented by the Attorney General and provided indemnification under the State Employee Indemnification Act, units of local government, and class action lawsuits. Allows parties to a settlement to agree to the method of documentation of a lien resolution. Effective January 1, 2014.

House Floor Amendment No. 2

Provides that written confirmation includes all written communication. Provides that an executed release is to be tendered before a settlement payment is made.

Bill: SB 1945 (Silverstein-D) VEH CD-TERMS-RESCUE VEHICLE
Status: RE-REFERRED to SENATE Committee on Assignments – April 30, 2013
Position: OPPOSE

Synopsis As Introduced

Amends the Illinois Vehicle Code. Changes definition of "rescue vehicle" to include vehicles used for the emergency treatment of persons who are sick, injured, wounded or otherwise incapacitated or helpless. Effective immediately.

Senate Amendment #1 (Filed but, not adopted)

Allows vehicles only occasionally used as rescue vehicles to use oscillating, rotating, or flashing red and white lights provided that (1) the vehicle has been authorized for use as a rescue vehicle by a licensed Emergency Medical Services (EMS) System as defined by the Emergency Medical Services (EMS) Systems Act, (2) the operator has completed an emergency vehicle operation training course approved by the Office of the State Fire Marshal, and (3) the emergency lights are only lit when responding to an emergency call for the sick or injured.

Bill: SB 2142 (Rezin-R) HLTH CARE BILLING PRACTICE ACT
Status: RE-REFERRED to S Committee on Assignments /Failure to Pass by Deadline
March 22, 2013
Position:

Synopsis As Introduced

Creates the Health Care Billing Practices Act. Requires a health care provider who provides

treatment to a minor child to proportionally bill each parent for any amount that is not covered by insurance for the child if the billing amount due, after payment by the insurer, if any, is in excess of \$50 and either the custodial or non-custodial parent has provided the health care provider with a certified copy of the court order requiring the proportional payment of the health care expenses of the child. Provides that a parent taking a child to visit a health care provider shall be responsible for providing the health care provider with the most recent copy of any court order that proportions payment of health care expenses between the custodial and non-custodial parent. Provides that the provisions of the Act apply only to billing practices of a health care provider and shall not limit the health care provider's ability to collect unpaid medical expenses. Effective immediately.

Bill: SB 2172 (Collins-D/Franks-D) IHDA-LIMITED-PROFIT ENTITY
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
May 31, 2013

Position:

Synopsis As Introduced

Amends the Illinois Housing Development Act. Removes from the definition of the term "limited-profit entity" limited-profit entities having articles of incorporation which provide that if the limited-profit entity receives a loan from the Illinois Housing Development Authority, the Chairman of the Authority shall have the power, if he determines that any such loan is in jeopardy of not being repaid, or that the proposed development for which such loan was made is in jeopardy of not being constructed, or the limited-profit entity is otherwise in violation of rules and regulations promulgated by the Authority, to appoint to the board of directors or other comparable controlling body of such limited-profit entity a number of new directors or persons, which number shall be sufficient to constitute a voting majority of such board or controlling body. Removes provisions prohibiting a limited-profit entity which receives loans from the Authority from making distributions in any one year with respect to a development financed by the Authority in excess of 6% of its equity in such development. Adds language providing that the equity in a development shall consist of the difference between the amount of the mortgage loan and the total cost of the development. Provides that the Authority shall approve a tenant selection plan submitted by the applicant for the loan prior to disbursing any funds in connection with the acquisition, rehabilitation, or construction of a development (rather than providing that prior to making a loan commitment for a development, the Authority shall approve a tenant selection plan submitted by the applicant for the loan). Effective immediately.

House Amendment #1 (Filed but, not adopted)

Replaces everything after the enacting clause. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that upon a finding by the Department of Financial and Professional Regulation that a person has committed a violation of any licensing Act administered by the Department with regard to licenses, certificates, or authorities of persons exercising the respective professions, trades, or occupations, the Department may revoke, suspend, refuse to renew, place on probationary status, fine, or take any other disciplinary action as authorized in any licensing Act administered by the Department with regard to those licenses, certificates, or authorities. Provides specified aggravating and mitigating factors that the Department shall consider when imposing sanctions. Provides that all final administrative decisions

of the Department are subject to judicial review under the Administrative Review Law. Provides that proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides, but if the party is not a resident of Illinois, the venue shall be in Sangamon County. Provides that in every action to review any final administrative decision, the factual findings and conclusions of the Department are deemed prima facie true and correct.

Bill: SB 2187 (Harmon-D/Bradley-D) PRESCRIBING PSYCHOLOGIST CERT
Status: RE-REFERRED to HOUSE Rules Committee / Failure to Pass by Deadline
May 31, 2013

Position:

Synopsis As Introduced

Amends the Clinical Psychologist Licensing Act. Provides that the Clinical Psychologists Licensing and Disciplinary Board shall grant certification as prescribing psychologists to doctoral level psychologists licensed under the Act. Provides application requirements for certification as a prescribing psychologist. Provides that the Board shall establish a method for the renewal every 2 years of prescribing psychologist certificates. Provides procedures for safety and record keeping. Provides that when a psychologist is authorized to prescribe controlled substances, a prescribing psychologist shall file, in a timely manner, any individual Drug Enforcement Agency registrations and identification numbers with the Board. Requires certain communication between the Board and the State Board of Pharmacy. Provides requirements for licensure by endorsement. Defines related terms. Amends the Illinois Controlled Substances Act. Includes prescribing psychologist in the definition of "prescriber".

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Reinserts the language of the introduced bill with changes. Provides requirements for written collaborative agreements that give psychologists prescriptive authority. Defines "cross-indicated drug". Changes a reference from "the Illinois Psychological Association" to "a statewide organization representing licensed psychologists". Amends the Medical Practice Act of 1987. Provides that a collaborating physician may, but is not required to, delegate prescriptive authority to a prescribing psychologist as part of a written collaborative agreement, and the delegation of prescriptive authority shall conform to the requirements of the Clinical Psychologist Licensing Act.

Senate Floor Amendment No. 2

Corrects a reference to a publication.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Makes a technical change in a provision concerning the short title.

Bill: SB 2248 (McCarter-R) FINANCE-FUND TRANSFERS
Status: RE-REFERRED TO S Committee on Assignment/Failure to Pass by Deadline
March 22, 2013

Position:

Synopsis As Introduced

Amends the State Finance Act. Provides that, as soon as possible after the effective date of the amendatory Act, the State Comptroller shall order transferred and the State Treasurer shall transfer from the Illinois Violence Prevention Special Projects Fund (#318) to the Illinois State Medical Disciplinary Fund an amount equal to the total available balance in the Illinois Violence Prevention Special Projects Fund (#318) as of the date of the transfer. Provides that those moneys are not required to be repaid. Provides that moneys in the Illinois State Medical Disciplinary Fund are not subject to sweeps or administrative charges or chargebacks. Amends the Medical Practice Act of 1987. Extends the repeal of the Act to December 31, 2018 (now, December 31, 2013). Provides that the fee for the renewal of a license is \$167 (instead of \$100) per year for residents and \$334 (instead of \$200) per year for non-residents. Effective immediately.

Bill: SB 2366 (Harmon-D) INS CD-TELEHEALTH
Status: PLACED on SENATE Calendar Order of 3rd Reading - April 16, 2013

Position:

Synopsis As Introduced

Amends the Illinois Insurance Code. Sets forth the General Assembly's findings and declarations concerning telehealth. Sets forth provisions concerning definitions and applicability. Provides that an entity subject to the provision concerning telehealth (1) shall provide coverage under a health insurance policy or contract for health care services appropriately delivered through telehealth, (2) may not exclude from coverage a health care service solely because it is provided through telehealth and is not provided through an in-person consultation or contact between a health care provider and a patient, and (3) shall not require that in-person contact occur between a health care provider and a patient before payment is made for the covered services appropriately provided through telehealth. Sets forth provisions concerning reimbursement, teleophthalmology, the requirements for telehealth and telepsychiatry services, and medical records documenting the telehealth services.

Senate Amendment #1 (Filed but, not yet adopted)

Replaces everything after the enacting clause. Reinserts the contents of the introduced bill with the following changes. Includes a definition of "physician" and makes changes to the definitions of "originating site" and "synchronous interaction". Provides that a patient receiving services (rather than receiving teleophthalmology and teledermatology) by store and forward shall be notified of the right to receive interactive communication and shall receive an interactive communication upon request. With regard to the requirements for telehealth services, provides that the distant site provider must be a physician or other licensed health care professional (rather than a physician or an advanced practice nurse). Deletes a provision concerning medical records documenting the telehealth services provided being maintained by the originating and distant sites. Provides instead that the originating site must maintain records to document the services provided to patients and

the health care professionals and providers involved in the services at all originating and distant site locations. Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, and the Voluntary Health Services Plans Act to provide that the respective health benefits provided under those laws shall include coverage for telehealth as set forth in the Illinois Insurance Code.

Senate Amendment #2 (Filed but, not yet adopted)

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Makes a technical change in a Section concerning the short title.

Senate Amendment #3 (Filed but, not yet adopted)

Replaces everything after the enacting clause. Reinserts the contents of the introduced bill with the following changes. Includes definitions of "physician" and "health care provider" and makes changes to the definitions of "facility fee", "originating site", "synchronous interaction", and "telehealth". Provides that the provision concerning telehealth applies to certain insurers and nonprofit health service plans and health maintenance organizations that provide substance use disorder benefits. Makes changes to the provisions concerning reimbursement. Provides that a patient receiving services (rather than receiving teleophthalmology and teledermatology) by store and forward shall be notified of the right to receive interactive communication and shall receive an interactive communication upon request. With regard to the requirements for telehealth and telepsychiatry services, provides that the distant site provider must be a physician or health care provider (rather than a physician or an advanced practice nurse or a physician, respectively). Deletes a provision concerning medical records documenting the telehealth services provided being maintained by the originating and distant sites; provides instead that the originating site must maintain records to document the services provided to patients and the health care professionals and providers involved in the services at all originating and distant site locations. Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, and the Voluntary Health Services Plans Act to provide that the respective health benefits provided under those laws shall include coverage for telehealth as set forth in the Illinois Insurance Code. Makes other changes.

Senate Amendment #4 (Filed but, not yet adopted)

Deletes language providing that group psychotherapy is a covered telepsychiatry service.

Bill: SB 2388 (Brady-R) FINANCE-FUND TRANSFERS
Status: SENT to S Appropriation Sub Committee on Special Issues – March 14, 2013
Position:

Synopsis As Introduced

Amends the State Finance Act. Provides that, as soon as possible after the effective date of the amendatory Act, the State Comptroller shall order transferred and the State Treasurer shall transfer from the Illinois Violence Prevention Authority (IVPA) Special Projects Fund (#318) (also referred to as Neighborhood Recovery Initiatives) to the Illinois State Medical Disciplinary Fund an

amount equal to the total available balance in the Illinois Violence Prevention Authority (IVPA) Special Projects Fund (#318) as of the date of the transfer. Effective immediately.

Bill: SB 2417 (Cullerton-D) \$IDPH FY14 OCE
Status: REFERRED to SENATER Committee on Assignment – March 8, 2013
Position:

Synopsis As Introduced

Makes appropriations for the ordinary and contingent expenses of the Department of Public Health for the fiscal year beginning July 1, 2013, as follows: General Funds \$125,425,300; Other State Funds \$128,453,300; Federal Funds \$257,765,600; Total \$511,644,200.

Bill: SB 2424 (Cullerton-D) \$IDOT-FY14 OCE
Status: REFERRED to SENATE Committee on Assignment – March 8, 2013
Position:

Synopsis As Introduced

Makes appropriations for the ordinary and contingent expenses of the Illinois Department of Transportation for the fiscal year beginning July 1, 2013, as follows: General Funds \$0; Other State Funds \$2,789,758,652; Federal Funds \$4,984,201; Total \$2,794,742,853.

Bill: HR 221 (Bellock-R) CRE AWARENESS
Status: RESOLUTION ADOPTED by HOUSE as Amended – May 29, 2013
Position:

Synopsis As Introduced

Raises public awareness about the antibiotic-resistant CRE germ that is becoming a growing threat to health facilities in the State of Illinois. Urges health facilities across the State to promote proper hygienic practices to combat CRE and employ a "detect and protect" strategy to identify the presence of the organism and protect other patients to prevent its spread.

House Committee Amendment No. 1

Replaces everything after the heading. Removes language regarding a report from the federal Centers for Disease Control on carbapenem-resistant enterobacteriaceae (CRE) infections or deaths, the kinds of bacteria that have developed carbapenem resistance, and a request to the citizens of this State to become informed about the emerging risk of CRE. Adds language regarding a request for health facilities across the State to follow current CDC recommendations regarding use of personal protective equipment.

Bill: HJR 42 (Flowers-D) ADULT DENTAL SAFETY NET TF
Status: REFERRED to HOUSE Rules Committee – May 23, 2013
Position:

Synopsis As Introduced

Creates the Adult Dental Safety Net Task Force to study the impact of these cuts on the ability of adults covered by Medicaid to receive care for dental conditions without being forced to go to the hospital emergency room for care.