



State of Illinois
Illinois Department on Aging

OLDER ADULT SERVICES ACT

(P. A. 093-1031)

2025 REPORT

TO THE GENERAL ASSEMBLY

JANUARY 2026



An Executive Summary from Director, Mary Killough

To the Honorable Members of the Illinois General Assembly:

The following report is submitted as mandated by Public Act 93-1031, the Older Adult Services Act. This Act requires the Illinois Department on Aging (IDoA) to notify the General Assembly of its progress toward compliance with the Act implemented on January 1, 2006, and every January thereafter.

The report summarizes the work completed during calendar year 2025 towards fulfillment of the goals and objectives established by the Older Adults Services Advisory Committee (OASAC), as well as identifying rebalancing and home and community-based services priority areas, impediments to such progress, and makes recommendations including legislative action if appropriate.

IDoA is immensely grateful to the leadership of Governor Pritzker and his Administration, the collaboration with our sister agencies, and acknowledges the members of OASAC as well as the many visitors and frequent guests who participate in meetings, subcommittees, periodic workgroups and contribute to the process of rebalancing the State of Illinois' long-term care delivery system for older adults. The overarching goal for these efforts is to assure that older adults across Illinois have accurate information and timely access to high quality services and supports in the community so that they and their families can access home and community-based services and supports at the right time, place, and price to continue to live safely in their own homes and neighborhoods.

IDoA also wants to acknowledge and thank the Department of Healthcare and Family Services, Department of Human Services, Department of Public Health, the Illinois Housing Development Authority and the Department of Veterans Affairs for their ongoing collaboration and contribution to OASAC. I am pleased to report that these agencies fully support the goals of the Older Adult Services Act and are assuring that State policies and practices promote the long-term care rebalancing as required in the Act.

A list of OASAC meeting times, members, subcommittee members, workgroup members, meeting agendas, minutes, handouts, and materials that were presented and approved at each OASAC meeting are posted to the IDoA website at <https://ilaging.illinois.gov/> and are included in this report.

Please do not hesitate to contact me if you have any questions regarding this report.

Sincerely,



Mary Killough, Director
Illinois Department on Aging

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2025 Executive Committee and Full Committee Meeting Dates:

Executive Committee Meeting:	January 6, 2025; April 7, 2025; July 14, 2025, and October 6, 2025
Full OASAC Meeting:	February 24, 2025; May 5, 2025; September 15, 2025, and November 17, 2025

OASAC 2025 Rebalancing and HCBS Priority Areas:

Colbert & Williams Consent Decrees – Continue to receive updates on Implementation Plan activities, deflections and reintegration efforts.

Data-driven Program Development and Information Technology – Continue to receive updates on IDoA’s ongoing efforts to utilize data to drive programmatic decisions and improve outcomes. Continue to receive updates on IDoA Aging Cares IT reporting system development and launch.

Dementia-Friendly Communities – Continue to learn more about and work with the Aging Network on the expansion of this model in the State and addressing the State Plan objectives.

Federal Level Changes Impacting Rebalancing – Continue to identify and track new and existing federal initiatives.

Healthy Aging/Prevention & Addressing Social Isolation – Continue to identify and research best practices and work with IDoA to disseminate educational materials and quality webinar training to the Aging Network. Receive ongoing IL Care Connections grant updates and CCU and AAA outreach and referral activities for assisting older adults with obtaining assistive technology to address social isolation.

Housing – Continue to work with Illinois Housing Development Authority (IHDA) and other State agencies on the continued development and maintenance of affordable and acceptable housing options.

Managed Care – Continue engagement with the Department of Healthcare and Family Services (HFS) to understand how Managed Care impacts rebalancing; receive expansion updates; and information on the impact of Managed Care in Nursing Facility deflections and admissions.

Money Follows the Person (MFP) 2.0 – Work with HFS and Department of Human Services (DHS) in the development and implementation on the re-launch of MFP in the State.

OASAC Subcommittees & Education –

- Workforce Stabilization Continue participation on the CCPAC Workforce Stabilization workgroup. Report on State Interdepartmental workgroup activities.
- Learn about OASAC Members’ Organizations – Continue to invite Members to present on their organization’s mission and initiatives during OASAC meetings.
- Other Subcommittees - Convene new Subcommittees as areas are identified.

Program of All-Inclusive Care for the Elderly (PACE) – Work with HFS on implementation of P.A. 102-0043. PACE provides comprehensive medical and social services to certain frail community-dwelling elderly individuals. CCUs will be the point of entry for all PACE as participants must have a DON level of care determination. Reimbursement for the program is through a monthly Medicare and Medicaid capitated rate. There are currently a total of eight PACE organizations in five regions of the State.

Persons who are Elderly Waiver Services – Continue to report on development of FMAP Incentive priority areas and roll out timeframes for new Waiver services and implementation of recently approved Waiver amendments.

OASAC PRESENTATIONS

During CY25, presentations were provided to the OASAC membership on the following topics;

- *CMS Access Rules* - Liz Vogt, Chief of Staff, Illinois Department on Aging (IDoA).
- *SEIU Health Care IL/IN* - Tom Zablocki, Deputy Director of the Homecare Division at SEIU.
- *Effingham City-County Committee on Aging (ECCOA)* – Senior Service – Linda Hubbartt.
- *Rush Center for Excellence in Aging* – Erin Emery-Tiburcio (co-director) & Molly Jenkins (program manager) RUSH Center for Excellence in Aging, at RUSH University Medical Center in Chicago.
- *Program of All-Inclusive Care for the Elderly (PACE) Updates*, Lisa Gregory, HFS.
- *Medication Safety*, Adam Bursua, PharmD, MBA, CPPS.
- *Illinois Adult Day Services Association* – Cindy Cunningham.
- *Multi-Sector Plan on Aging (MPA)* - Michelle Hoersch, Chief Planning Officer, Multi-Sector Plan on Aging.
- *The Illinois Department of Human Services, Division of Rehabilitation (IDHS-DRS): Program Overviews* – Molly Chapman and Erik Hanson, Illinois Department of Human Services- Division of Rehabilitation Services (DHS – DRS).
- *Statewide Referral Network* – Evan Ponder (Senior Policy and Planning Officer) and Stephanie Sideman (Senior Program Manager).
- *FY26-28 Illinois State Plan on Aging Implementation* - Amy Wiatr-Rodriguez, Division Manager, Division of Home and Community-Based Services, Illinois Department on Aging (IDoA).

COMMUNITY CARE PROGRAM (CCP), CHOICES FOR CARE, MANAGED CARE & OTHER REBALANCING INITIATIVES

Community Care Program (CCP): Background/Enabling Legislation

The Illinois Department on Aging's (IDoA) Community Care Program (CCP) supports older adults, who might otherwise need nursing facility care, to remain in their own residence by providing in-home and community-based services and supports (20 ILCS 4.02). The CCP provides services to older adults who participate in an assessment and meet all current eligibility requirements (medical and financial). IDoA is the Operating Agency of the CCP, the Persons who are Elderly Waiver, one of the State's 1915(c) Waivers for home and community-based services under the federal Medicaid programs. CCP includes four Waiver services and Comprehensive Care Coordination as described below.

Care Coordination Unit and Case Management

IDoA has 57 contracts with Care Coordination Units (CCUs) covering all 102 counties in the State within 13 Planning and Service Areas (PSAs). The City of Chicago is divided into 12 Sub-Areas delineated by zip code. Suburban Cook County is delineated by Township. When a request for CCP is made, CCUs meet and work with the individual and authorized representative(s) (if they choose) to complete a comprehensive assessment and determine eligibility for CCP including the requirement of applying for Medicaid. For individuals who are found to be eligible, the CCU works with the participant/authorized

representative(s) to develop a person-centered plan of care and set up Waiver services for the participant. After a participant is enrolled in CCP, they receive 6-month follow up visits and an annual redetermination to ensure they are receiving the services they need. For individuals who are found to not be eligible for CCP, the CCU will still assist them with identifying other services and supports in their area that can assist them in remaining in the community (i.e., home delivered meals or connecting them with a senior center).

In-Home Services

In-Home Service is defined as general non-medical support by supervised homecare aides who have received specialized training in the provision of in-home services. The purpose of providing in-home service is to maintain, strengthen and safeguard the functioning of participants in their own homes in accordance with the authorized person-centered plan of care.

Adult Day Services

Adult Day Service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention and promoting social, physical, and emotional well-being in a structured setting. These services shall be provided pursuant to an ADS Addendum to the participant's person-centered plan of care. Reimbursement for transportation to and from ADS is also provided.

Emergency Home Response Service (EHRS)

Emergency Home Response (EHRS) is defined as a 24-hour emergency communication link to respond to emergent participant needs. EHRS is provided by a two-way voice communication system which may consist of a base unit that can be activated using landline, cellular, and/or internet-based access and a water-resistant activation device worn by the participant that will automatically link the participant to a professionally staffed support center. When the participant engages the system, the support center assesses the situation and directs an appropriate response. EHRS equipment includes a variety of remote or specialty activation devices from which the participant can choose in accordance with their specific need as outlined in their authorized person-centered plan of care.

Due to an increasing number of falls and critical events experienced by older adults, in 2024 IDoA received approval from federal CMS to launch an enhanced Emergency Home Response Service. EHRS options now include EHRS with Global Positioning Service (GPS) which allows EHRS activation to be answered by the call center when the participant is away from home. EHRS with Fall Detection technology is used to evaluate a person's movements and will detect sudden movement that may indicate a fall. If a fall is indicated, the EHRS call center will check on the participant and assess the situation. A third option includes both options - the EHRS with Fall Detection and GPS. IDoA uses data to drive policy and service expansion decisions.

Automated Medication Dispenser (AMD)

AMD service is defined as a portable, mechanical system for individual use that can be programmed to dispense or alert the participant to take non-liquid oral medications through auditory, visual or voice reminders; to provide notification of a missed medication dose; and to provide 24-hour technical assistance for the AMD service in the participant's residence. The service may include medication specific directions or reminders to take other types of medications such as liquid medications or

injections based on individual need. The AMD unit is connected to an IDoA approved support center through a telephone line or wireless/cellular connection in the participant’s residence.

CY25 CCP Billed Waiver Client Counts by Program Eligibility*

INH		
FFS Clients	CCP Non-Medicaid Clients	Total
40,731	45,846	86,577

ADS		
FFS Clients	CCP Non-Medicaid Clients	Total
1,121	960	2,081

EHRS		
FFS Clients	CCP Non-Medicaid Clients	Total
20,887	22,429	43,316

AMD		
FFS Clients	CCP Non-Medicaid Clients	Total
120	123	243

** Data based on CY25 CCP waiver billing and current HFS eligibility data as of 12/17/25.*

Community Care Program (CCP) and Managed Care (MCO) Enrollment Update

The most recent CCP Enrollment Report through November 2025 is provided below. OASAC members have requested additional information on the transition of individuals from an MCO to CCP in 2025. This number fluctuates considerably during any given calendar year as many individuals move between managed care and traditional CCP services owing to spenddown. Spenddown occurs when an individual’s income or assets exceed Medicaid eligibility but not eligibility for CCP services. Thus, during the spenddown period an individual is transferred back to CCP with care coordinated through IDoA’s CCU until such time as spenddown has been met and transfer is authorized by the State Medicaid Agency. The costs of CCP count towards spenddown pursuant to both federal and state statutes, rules, and policies.

PSA	Waiver Services provided by an MCO (all Medicaid)	Community Care Program (CCP)			Total CCP and MCO Participants
		Medicaid	Non-Medicaid	Total CCP Participants	
01	1,851	1,888	1,271	3,159	5,010
02	8,953	6,095	4,058	10,153	19,106
03	1,166	1,002	870	1,872	3,038
04	1,030	851	423	1,274	2,304
05	2,284	2,238	1,131	3,369	5,653
06	290	342	104	446	736
07	1,334	1,479	845	2,324	3,658
08	1,849	1,665	1,052	2,717	4,566
09	442	538	61	599	1,041
10	372	483	65	548	920
11	1,297	1,155	301	1,456	2,753
12	23,561	13,794	13,424	27,218	50,779

13	13,067	9,509	8,701	18,210	31,277
Total	57,496	41,039	32,306	73,345	130,841

Community Care Program (CCP) Choices for Care Screens:

Under the Choices for Care Program, CCUs screen and educate individuals in hospitals, nursing facilities, and in the community about all long-term care options, including Home and Community-Based Service (HCBS). This equips individuals with the information needed to make an informed choice about their options for long-term services and supports to prevent and/or reduce unnecessary institutionalization. As part of the Choices for Care consultation, CCUs determine eligibility for long-term care services and HCBS. CCUs conduct a Choices for Care screen for every individual aged 60 and older and every adult aged 18-59 (under an agreement with DHS-Division of Rehabilitation Services) when considering entry into a nursing facility or Supportive Living Program Setting (SLP), is at imminent risk of nursing facility placement, and in other select situations. Nursing facility is defined as a location licensed under the Nursing Home Care Act, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or the Medicaid program under Title XIX of the Social Security Act. Choices for Care screen activity for CY 2025 is included below. Pre-screens occur in the acute care setting and post-screens occur most frequently in skilled nursing facilities when a CCU is unable to conduct the screen prior to discharge.

**Illinois Department on Aging
CCP Choices for Care Pre- and Post-Screens FY 25**

Planning and Service Area	Pre-Screens	Post-Screens
PSA 01	9,965	601
PSA 02	36,530	1,606
PSA 03	5,768	561
PSA 04	5,606	110
PSA 05	9,853	226
PSA 06	1,514	50
PSA 07	5,986	254
PSA 08	7,205	525
PSA 09	2,187	304
PSA 10	966	259
PSA 11	3,025	571
PSA 12	24,523	416
PSA 13	37,441	981
Total	150,569	6,464

Training Bureau

Under the Division of Planning, Research, Development & Training (DPRDT), Training Bureau staff are responsible for providing training to specific staff contracted with Care Coordination Units (CCUs) and Community Care Program (CCP) Providers. CCP is the Home and Community Based Service Waiver for older adults in Illinois. New Care Coordinators and homecare supervisors are certified monthly by training staff with in-person training, comprehensive recordings, training booklets, and slides. Training

staff develop and maintain training materials, as revisions are needed. Electronic training recordkeeping and participant management systems have been developed by training staff working extensively with DoIT. The Training Tracking Portal (TTP), Participant Search Screen (PSS), and the newest application, Aging Cares, have been developed for CCUs and CCP Providers to track activities and document compliance

In FY25 IDoA Training staff:

- Trained and certified 287 new Care Coordinators
- Trained and certified 851 new Homecare Supervisors
- Conducted six new Provider trainings as part of the process for agencies to obtain a CCP agreement with IDoA.

Money Follows the Person 2.0

HFS continues to develop the Operational Protocol of the Money Follows the Person (MFP) 2.0 launch in coordination with State sister agencies, including IDoA. The Operational Protocol provides the scope of work and the guidance for roll out that must be approved by federal Centers for Medicare and Medicaid Services (CMS). For IDoA, nursing facilities in about 22 counties will be covered under the pilot and have dedicated transition coordinators, including four CCUs, that will identify people that can transition back to the community with services and supports. The number of CCUs and counties covered may be adjusted.

Legally Responsible Individuals (LRIs)

IDoA received federal CMS approval for its Waiver amendment that allows for Legally Responsible Individuals (LRIs) to serve as Homecare Aides. This Appendix K operational flexibility was allowed during the Public Health Emergency (PHE) in response to workforce shortages and to reduce the transmission of COVID. The flexibility required LRIs to provide in home services if the required training and criminal background check processes were completed. These safeguards and education for paid caregivers will remain the same under the Elderly Waiver. The LRI model provides added flexibility and another choice for older adults who need in home services which is especially important due to the ongoing workforce challenges and the anticipated growth in the aging population.

Aging Cares

Phase 1 of Aging Cares was implemented December 2024 in Planning and Service Areas (PSAs) 8, 9, 10 and 11 for the Care Coordination Units (CCUs) and Providers of our core services. Aging Cares houses the comprehensive assessment and Person-Centered Plans of Care (PCPOCs) for CCP with offline and online capability when working in the field. There are plans for continuing expansion of Aging Cares throughout the rest of the state.

Emergency Senior Services (ESS)

ESS funds are managed by the Care Coordination Units (CCUs) with referrals generated by several different sources. ESS provides supports to both CCP and non-CCP participants, including clients who are eligible for Medicaid (both FFS and MCO) and non-Medicaid clients.

Since FY25, IDoA has prioritized the use of ESS funds to focus on reducing homelessness/risk of homelessness in older adults. Older adults are the fastest growing population in the State experiencing homelessness. As identified in the chart below, housing assistance was the most requested form of

support provided, followed by HVAC/utility assistance and household supplies and furnishings. The highest number of clients assisted received household supplies and furnishings support. In FY25, a total of 5,228 older adults received ESS assistance, which totaled \$2.47 M, inclusive of administrative costs. Average funding per individual was \$363.18.

ESS Goods/Services Provided by Category	Total	# Distinct Individuals
Housing Assistance	\$550,903.01	704
HVAC/Utility Assistance	\$480,990.07	829
Household Supplies and Furnishings	\$277,548.05	1,256
Medical Assistance & Supplies	\$211,430.89	789
Household Repairs/Minor Home Modifications	\$184,785.62	137
Groceries/Nutrition	\$154,418.96	1,178
ADL Assistive Technology	\$55,456.82	263
Transportation Assistance	\$9,298.44	36
IADL Assistive Technology	\$4,540.66	35
Aging Care - Grant Overspend Adjustment	-\$2,719.93	1

Illinois Care Connections

Illinois Care Connections (ICC) started in 2021 using federal ARPA funding to address social isolation among older adults and persons with disabilities during COVID by providing tablets and internet hotspots. When the federal funding expired, IDoA continued the program with state funding, eventually expanding the program to include non-CCP older adults, AAAs and AAA-funded organizations as referral sources, and assistive technology alongside the tablet bundles. Starting in FY26, APS and Home Care Ombudsmen were added to the list of authorized referral entities. The FY26 budget was increased to \$3.5M from \$2.5M in FY25 and was no longer separated between CCP and non-CCP, instead using a single appropriation line for all program spending.

The expanded program requires an older adult to be age 60+ and living in the community, while persons living in assisted living, independent living, or skilled nursing facilities are ineligible for funding. The program also requires the older adult to have a functional, cognitive, social, or psychological need that caused difficulties functioning in the home/community or caused social isolation. ICC does not perform a means test to determine eligibility and participants are seen on a first-come, first-serve basis.

ICC has continued to grow. In FY25 ICC served 2,310 older adults, which is a 34% increase from FY24. The non-CCP population comprised 49.0% of referrals and CCP 51%. 76% of participants received a tablet in FY25, 48% received a device to help with ADLs or IADLs, 25% received equipment to help with mobility, and 14% received a hearing or vision device. 15.9% of ICC recipients report that the onset of the disability was before age 60. ICC participants received 4,517 pieces of equipment in FY25, as participants may receive multiple devices if there is demonstrated need and funding is available.

Funding was not sufficient to meet demand in FY25, and the program had to temporarily close in January. The CCP part of the program was reopened for an additional month but then closed. All CCP referrals were fulfilled in FY25, but some non-CCP referrals had to be transferred to FY26 for fulfillment.

ICC collects voluntary self-reported demographic and functional need information on all ICC recipients in compliance with the Illinois Equality and Racial Justice Act (ERJA). Self-reported demographic data is available for the 2,310 program participants served in FY25. The tables below provide information on ICC recipients by race and ethnicity and by equipment provided

Illinois Care Connections Recipients by Race and CCP-Status

Race	CCP	Non-CCP	Total	Percent
American Indian/Alaska Native	6	1	7	0.3%
Asian/Asian American	143	21	164	7.1%
African American/Black	375	634	1,009	43.7%
Native Hawaiian and Other Pacific Islander	1	1	2	0.1%
Middle Eastern or North African	4	0	4	0.2%
White/European American	605	303	908	39.3%
Two or More Races	8	4	12	0.5%
Some Other Races Alone	15	35	50	2.2%
Not Specified	35	84	119	5.2%
Total	1,201	1,109	2,2	

Illinois Care Connections Recipients by Race and CCP-Status

Ethnicity	CCP	Non-CCP	Total	Percent
Latina/Latino/Latinx/Hispanic	49	55	104	4.5%
Other Hispanic, Latino/a, or Spanish origin	34	65	99	4.3%
Not Hispanic or Latino/a, or Spanish origin	1,003	798	1,801	78.0%
Prefer Not to Answer	115	191	306	13.3%
Total	1,201	1,109	2,310	

Illinois Care Connections Provided Devices

Device Type	CCP	Non-CCP	Total
Tablets	793	960	1,753
Routers	139	119	258
Other Computer	13	7	20
Mobility	450	118	568
Vision	151	88	239
Hearing	65	22	87
Speech Communication	0	0	0
Daily Living	835	279	1,114

Environmental Control/Smart Home	286	251	537
Total	2,673	1,844	4,517

Colbert and Williams Consent Decrees

On December 20, 2011, the State entered into a Consent Decree, settling the Colbert v. Rauner class action lawsuit, first filed in 2007. The lawsuit sought declaratory and injunctive relief to remedy alleged violations of Title II of the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act and the Social Security Act. Plaintiffs alleged that members of the class were unnecessarily segregated and institutionalized in nursing facilities, and they were denied opportunity to live in appropriate community integrated settings where they could lead more independent and productive lives. The Colbert Consent Decree requires the State to provide Class Members the necessary supports and services to allow them to live in the most integrated, community-based settings appropriate to meet their needs. Eligible Class Members must currently live in a nursing home located in Cook County and must be receiving or be eligible to receive Medicaid.

The *Williams vs. Quinn* (Williams vs. Pritzker) Class Action lawsuit was filed in 2005 and settled in 2010. The suit targeted an estimated 4,500 residents of former skilled nursing facilities (SNF) designated as Institutes for Mental Disease (IMDs), now classified as Specialized Mental Health Rehabilitation Facilities (SMHRFs), defined as having more than 50% of the residents with a diagnosed mental illness. The suit contended that the State violated the rights of residents by not affording them opportunities to move from these settings to the community, specifically to their own leased held apartments. While the State did not admit guilt, it entered into the Williams Consent Decree and annually adopts, with the agreement of the Court Monitor and Plaintiffs' Counsel, an Implementation Plan setting forth the State's targets and goals to obtain compliance with the Consent Decree.

The State is now entering into the 16th year of the original five-year Williams settlement. **Since implementation 4,552 residents of SMHRFs/IMDs have been transitioned to the community under Williams.** The State is now in the 15th year of the Colbert settlement. **Since implementation, 5,154 residents of Cook County nursing facilities have transitioned to the community under Colbert.** The majority of Class Members moved into lease-held apartments made possible by the Permanent Supportive Housing model with a Bridge subsidy. Others were transitioned to other community-based settings as appropriate to their needs.

Managed Care for the Long-Term Care Population:

The provisions of 15 ILCS 20/50-30 addressing Medicaid reform require 50% of Illinois Medicaid clients be enrolled in some type of care coordination program. Managed Care Case Managers manage the care needs of an individual by providing the client a medical plan with a primary care physician, referrals to specialists, diagnostic and treatment services, behavioral health services, in-patient and out-patient hospital services, dental services, and when appropriate, rehabilitation and long-term care services. The benefits of care coordination include better health quality of life for the member at a reduced cost. In 2018, Illinois transitioned its managed care programs into a more streamlined, Statewide integrated care coordination program with

the implementation of HealthChoice Illinois. As of January 1, 2023, almost 80% of Illinois Medicaid beneficiaries were enrolled in comprehensive, risk-based managed care programs with a Managed Care Organization (MCO). For more enrollment information by county, MCO and managed care program by month, visit HFS Facts & Figures page and the Care Coordination page on its website. Additional information on the Managed Care Programs is provided below.

HealthChoice Illinois (HCI)

In FY 2025, HFS held contracts with a total of five (four Statewide, plus one Cook County only) qualified, experienced, and financially sound Managed Care plans to serve the HCI population, including:

- Families and children;
- Adults eligible for Medicaid under the Affordable Care Act;
- Seniors and adults with disabilities who are not eligible for Medicare;
- Dual Medicare-Medicaid eligible adults receiving certain Long-Term Services and Supports, referred to as the MLTSS population; and
- Special needs children, which includes Former Youth in Care and Youth in Care.

HCI covers a comprehensive set of benefits for all enrolled customers except the Managed Long-term Services and Supports (MLTSS) population. MLTSS customers receive some long-term services and supports, along with some mental health and transportation services, from their HCI health plan. All other services for MLTSS customers are covered by Medicare and Medicaid fee for service.

Medicare/Medicaid Alignment Initiative (MMAI)

The Medicare/Medicaid Alignment Initiative is an on-going three-way partnership between HFS, the federal Centers for Medicare and Medicaid Services (CMS), and health plans. MMAI reformed the way care is delivered to customers who are eligible for both Medicare and Medicaid services (dually eligible) by providing coordinated care and became a Statewide program on July 1, 2021. In FY2024, a total of five (5) MCOs contracted to provide services under MMAI. MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports. Customers can opt out of MMAI at any time, as well as re-enroll at any time; however, customers that receive services in a nursing facility or under one of the Home and Community Based Services (HCBS) Waivers and request to opt out of MMAI are required to participate in the HCI program under MLTSS.

More information about HCI and MMAI enrollment can be found on the HFS website:

<https://hfs.illinois.gov/info/factsfigures/detailedmanagedcareenrollment.html>.

The Illinois Medicare-Medicaid Alignment Initiative (MMAI) program will end December 31, 2025. Beginning January 1, 2026, the Illinois Department of Healthcare and Family Services (HFS) will offer Medicare Advantage dual eligible special needs plans (D-SNPs). HFS is offering D-SNPs because the Centers for Medicare & Medicaid Services (CMS) is requiring states with a MMAI program to convert to the D-SNP model. There are different types of D-SNPs. The D-SNP model available in Illinois is called the fully integrated dual eligible special needs plan (FIDE SNP). FIDE SNPs will be the only type of D-SNP model available in Illinois because they are the most like MMAI plans in that they provide the same level of care coordination and integration of Medicare and Medicaid benefits included in the MMAI plans. More about the transition from MMAI to D-SNP can be found on the HFS website:

<https://hfs.illinois.gov/medicalproviders/cc/mmai.html> and

<https://hfs.illinois.gov/medicalproviders/cc/mmai/fullyintegdesnpii.html>.

Enrollment by Managed Care Program

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
December 17, 2025	70,421	2,376,972

Housing Initiatives

The Low-Income Housing Tax Credit Program (LIHTC)

Illinois Housing Development Authority (IHDA) administers Low Income Housing Tax Credits (LIHTC), which are a primary source for affordable housing production. IHDA makes LIHTC awards based on the applications it receives from developers, with both mandatory requirements and a point system outlined in its Qualified Allocation Plan (QAP).

Developers who agree to set aside between 10% and 20% of their LIHTC units for persons with disabilities, or who are experiencing or are at risk of homelessness and have incomes below 30% of Area Medium Income (AMI) receive substantial points in the QAP for making this voluntary election.

IllinoisHousingSearch.Org

ILHousingSearch.org (ILHS) is a free public housing locator website to find rental housing across Illinois. ILHS also helps property managers, owners, and landlords advertise rental properties at no charge throughout the State. Some unit characteristics detailed on the site include indoor and outdoor amenities, accessibility features, and application requirements. CCUs, Class Members, Community Mental Health Centers (CMHCs) and Housing Specialists can access this site, which lists housing by location, features, vacancy, and other criteria. *It is funded by IHDA, IDoA, HFS, and DHS. The website also contains a Caseworker Portal for case managers, transition coordinators and housing locators to access three tools: Advanced Search, Saved Search and waiting lists.

The Pre-Screening, Assessment, Intake and Referral (PAIR) Module

The Pre-screening, Assessment, Intake and Referral (PAIR) Module is a waitlist management system for the Statewide Referral Network (SRN) Units and Section 811 Project Based Rental Assistance Units. CCUs, Housing Specialists and CMHCs have secure access to the internal Online Housing Waiting Lists or PAIR module that enables them to place CCP participants, Class Members and other eligible supportive housing populations on both of the waiting lists in order to access housing options that are exclusively available to targeted populations. More than 5,000 service providers around the State have been trained to use the online waiting list and Waitlist Management staff conduct monthly trainings on an ongoing basis and targeted trainings to service providers upon request.

The Statewide Referral Network

The Statewide Referral Network (SRN) links vulnerable populations (already connected to services) to affordable, available, supportive housing. The SRN includes units made affordable through Low Income Housing Tax Credits and other funding. Eligible supportive housing populations include persons living

with disabilities or persons experiencing or at-risk of homelessness with very low incomes at or below 30% of Area Median Income (AMI). IHDA anticipates financing at least 200 new SRN units annually.

Section 811 Program

The Section 811 Project Based Rental Assistance Program assists low-income households with long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports. The State has been awarded \$25.7 million from HUD under three funding rounds of the program. Section 811 PRA provides project-based vouchers to persons with disabilities who were coming out of nursing homes and other institutional facilities to help them transition back into the community. This money assists Illinois in its efforts to meet obligations set into place by the three consent decrees (Williams, Colbert and Ligas), as well as the Money Follows the Person Program and SODC closures.

Permanent Supportive Housing Development Program

IHDA awarded projects under a 10th round and released requests for application for an 11th round in 2025 for the Permanent Supportive Housing Development Program (PSHDP). The program funds developments that serve extremely low-income persons with disabilities, persons experiencing homelessness and other vulnerable populations. These developments typically contain no more than 40 units. IHDA anticipates a 12th round of PSHDP applications in 2026 based on funding availability.

Rental Housing Support Program and Long-Term Operating Support

The Rental Housing Support Program (RHSP) provides rental assistance for households at or below 30% area median income (AMI) with 50% of the available resources set-aside for extremely low-income households at or below 15% AMI. IHDA administers the program across the State (except for the City of Chicago) but contracts with Local Administering Agencies (LAAs) around the State who manage the program in their communities, including finding and screening eligible tenants. The program receives its funding from an \$18 charge on real estate document recording fees collected at the county level.

On a per year basis, a minimum of 10% of the funding under the RHSP is available as the Long-Term Operating Support (LTOS) Program. LTOS provides up to fifteen years of a long-term, project-based rent subsidy to newly available affordable units for households earning at or below 30% AMI.

LEGISLATION

1st Year of the 104th General Assembly Bills Enacted 202

Bill Number	Sponsors	Synopsis of Bill	Date Passed/ Governor's Signature
HB1075	Rep. Gabel, Robyn/ Sen. Sims, Jr., Elgie R FY26 BIMP	ILGA Synopsis : Amends the State Commemorative Dates Act. Provides that, in accordance with the official day recognized by the government of the Republic of India, the 15th day of the Hindu lunisolar month of Kartika is designated as Diwali Day, to be observed throughout the State by the many Illinoisans who celebrate Diwali, also known as the Festival of Lights, as a day of thanksgiving and reflection.	6/16/2025 Public Act 104-0002

HB1226	Rep. Hoffman, Jay/ Sen. Villivalam, Ram VEH CD-EXAMS	<p>ILGA Synopsis : Amends the Illinois Vehicle Code. Requires every applicant for the renewal of a driver's license who is 79 years or older to renew in person. Requires every applicant for the renewal of a driver's license who is 87 years of age or who is 75 years of age or older and holds a commercial driver's license to prove, by an actual demonstration, the applicant's ability to exercise reasonable care in the safe operation of a motor vehicle. Allows an immediate family member to submit information to the Secretary of State relative to the medical condition of a person if the condition interferes with the person's ability to operate a motor vehicle safely. Requires information to be submitted in writing in a manner and form approved by the Secretary and shall include the name of the person submitting the information. Prohibits the Secretary from accepting or acting on anonymous reports. Makes other changes. Effective July 1, 2026.</p>	8/15/2025 Public Act 104-0169
HB1278	Rep. Didech, Daniel / Sen. Edly-Allen, Mary VICTIMS SAFETY- ELECTRONICS	<p>ILGA Synopsis : Amends the Victims' Economic Security and Safety Act. Provides that every employer covered under the Act shall permit an employee or an employee's family or household member who is a victim or alleged victim of domestic violence, sexual violence, gender violence, or any other crime of violence to utilize for personal use an employer-provided electronic device to document or communicate an act of domestic violence, sexual violence, gender violence, or any other crime of violence committed against the employee or the employee's family or household member. Requires employers to grant an employee who is a victim or alleged victim of domestic violence, sexual violence, gender violence, or any other crime of violence or an employee who has a family or household member who is a victim or alleged victim of domestic violence, sexual violence, gender violence, or any other crime of violence access to any photographs, voice or video recordings, sound recordings, or any other digital documents or communications stored on an employer-provided electronic device issued to the employee whenever such photographs, voice or video recordings, sound recordings, or other digital documents or communications are needed by the employee or the employee's family or household member during a criminal action or proceeding to establish or support an allegation of domestic violence, sexual violence, gender violence, or any other crime of violence. Provides that, if an employee is seriously injured or incapacitated, the employer shall grant access to the described materials to a family or household member of the employee who requests access from the employer and whose interests are not adverse to the employee as it relates to the domestic violence, sexual violence, gender violence, or other crime of violence. Provides that every employer covered by the Act shall post and keep posted, in conspicuous places where employees are employed, a notice, to be prepared or approved by the Director of Labor, explaining these provisions. Effective immediately.</p>	8/15/2025 Public Act 104-0171
HB1287	Rep. Manley, Natalie A. / Sen. Turner, Doris HEALTH FACILITIES- AED REQUIRED	<p>ILGA Synopsis : Amends the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the MC/DD Act, the ID/DD Community Care Act, and the Illinois Public Aid Code. Provides that the administrator of a facility or establishment under any of those Acts shall ensure that the facility or establishment has an automated external defibrillator and policies and procedures for the rendering of automated external defibrillation in the facility or establishment. Provides course requirements for persons certified to provide automated external defibrillation. Provides that a facility or establishment shall contract with or employ a physician who shall be the automated external defibrillation medical director for the facility or establishment and who shall oversee and coordinate specified requirements.</p>	08/15/2025 Public Act 104-0172

HB1332	Rep. Meyers-Martin, Debbie / Sen. Hunter, Mattie HOSPITAL EMERGENCY CONTACT	ILGA Synopsis : Amends the Hospital Licensing Act. Provides that a hospital licensed under the Act must, at the time a patient is being checked in, give the patient an opportunity to designate an emergency contact to be notified if the patient dies or experiences a significant change in condition. If an emergency contact is designated, hospital staff must communicate with the emergency contact and ask whether the emergency contact would prefer to be notified by telephone call, by hospital staff when the emergency contact reaches the hospital, or by some other method.	08/01/2025 Public Act 104-0046
HB1586	Rep. González, Jr., Edgar / Sen. Castro, Cristina PERSONNEL CD-MERIT STANDARD	ILGA Synopsis : Amends the Personnel Code. Provides that, if requirements exist under federal law, regulation, or rule for administration of programs by methods relating to the establishment and maintenance of personnel standards on a merit basis on January 1, 2025, those requirements shall remain in place for the purpose of administration of those programs by the State. Effective immediately.	8/15/2025 Public Act 104-0190
HB1597	Rep. Stava, Anne / Sen. Lightford, Kimberly A. FACILITY-TRANSFER & DISCHARGE	ILGA Synopsis : Amends the Assisted Living and Shared Housing Act. Makes changes to assessments for admission to establishments and service plan requirements. Requires an establishment to notify the resident and the resident's representative when there is a significant change in the resident's condition that affects the establishment's ability to meet the resident's needs. Prohibits an establishment from terminating or reducing any service without the consent of the resident or the resident's representative for the purpose of making it more difficult or impossible for the resident to remain in the establishment. Adds new requirements for establishments and the Department of Public Health regarding the involuntary termination of residency. Provides that a resident has the right to not be unlawfully transferred or discharged. Makes other changes. Amends the Nursing Home Care Act. Prohibits a resident from being transferred or discharged in violation of the Act. Provides that a resident has the right not to be unlawfully transferred or discharged. Provides for the assessment of a \$2,500 fine for a facility that fails to comply with an order to readmit a resident who wishes to return to the facility and is appropriate for that level of care and services provided. Requires a facility that complies with an order to readmit a resident that has been deemed to have been unlawfully discharged to notify the Department within 10 business days after the resident has been readmitted to the facility. Provides that a facility may involuntarily transfer or discharge a resident because the facility is unable to meet the medical needs of the resident, as documented in the resident's clinical record by the resident's physician. Provides that the Department maintains jurisdiction over the transfer or discharge irrespective of the timing of the notice and discharge. Provides that if the Department determines that a transfer or discharge is not authorized, then the Department shall issue a written decision stating that the transfer or discharge is denied. Makes other changes. Effective immediately.	8/15/2025 Public Act 104-0191

HB1631	Rep. Rashid, Abdelnasser DOIT-POWERS AND DUTIES	ILGA Synopsis : Amends the Department of Innovation and Technology Act. Repeals the definition of "client agency" and makes changes in the definitions of "dedicated unit", "State agency", and "transferring agency". Replaces references to "transferring agency" with references to "transferred agency". Makes changes in provisions concerning the powers and duties of the Department of Innovation and Technology, including changes in the scope of services provided by the Department and in the classes of persons to whom those services are to be provided. Authorizes the Department to charge fees for service to all State agencies under the jurisdiction of the Governor (rather than only client agencies). Repeals from the Department of Innovation and Technology Act and adds to the Illinois Information Security Improvement Act a provision requiring the principal executive officer of specified units of local government to designate a local official or employee as the primary point of contact for local cybersecurity issues. Requires the name and contact information for the specified individual to be provided to the Statewide Chief Information Security Officer. Further amends the Illinois Information Security Improvement Act. Makes changes concerning the duties of the Office of the Statewide Chief Information Security Officer and the Secretary of Innovation and Technology. Changes the definition of "State agency".	08/15/2025 Public Act 104-0195
HB1697	Rep. Manley, Natalie A. / Sen. Koehler, David PDAA	ILGA Synopsis : Amends the Illinois State Police Law. Provides that, beginning January 1, 2026, all 9-1-1 telecommunicators who provide dispatch for emergency medical conditions shall be required to be trained, utilizing the most current nationally recognized emergency cardiovascular care guidelines, in high-quality telecommunicator cardiopulmonary resuscitation (T-CPR). Defines telecommunicator cardiopulmonary resuscitation for the purposes of the provisions.	07/01/2025 Public Act 104-0027
HB1712	Rep. Grasse, Nicolle / Sen. Morrison, Julie A. DPH-POLST TRAINING	ILGA Synopsis : Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health is vested with the duty and responsibility for oversight and training connected with the use of the Department of Public Health Uniform POLST form at all hospitals, healthcare facilities, and other facilities and providers that use the Department of Public Health Uniform POLST form. Provides that the Department of Public Health shall develop, in consultation with stakeholders determined by the Director of Public Health, training resources to support informed decisions and accurate completion of the Department of Public Health Uniform POLST form. Provides that the Department of Public Health shall establish a simple, efficient, and effective process to ensure oversight of and accountability for training to support informed decisions and accurate completion of the Department of Public Health Uniform POLST form at all hospitals, healthcare facilities, and other facilities and providers that use the Department of Public Health Uniform POLST form. Provides that, in consultation with various organizations, the Department of Public Health shall adopt rules implementing these policies no later than 2 years after the effective date of this amendatory Act. Provides that the Department of Public Health, in connection with implementing these policies, may also consult with the Office of the Secretary of State with respect to the Advance Directive Registry established by the Secretary of State.	8/1/2025 Public Act 104-0051

HB1865	Rep. Scherer, Sue / Sen. Turner, Doris FRAUD-TARGETED INSURANCE SALES	ILGA Synopsis : Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that it is an unlawful practice for any seller of accident insurance or health insurance to solicit individuals who are residents of a nursing home or long-term care facility or individuals who are over the age of 65, unless the seller: (1) does not require a purchasing decision in the first communication to the potential enrollee; (2) advises the potential enrollee of the benefit of examining the potential enrollee's current insurance plan and discussing any changes with a family member, friend, or other advisor before making any decisions; (3) provides a phone number that may be called if the potential enrollee or the potential enrollee's family members, friends, or other advisors have any questions; and (4) allows the potential enrollee to opt out of any future communications with the seller. Provides that it is also an unlawful practice for any seller or provider of accident insurance or health insurance to enter into or amend an insurance policy with a person who: (1) is over the age of 65 and who has executed a power of attorney to give another person authority over medical decisions; or (2) has a medical condition, such as dementia, that would reduce the person's capacity to make informed decisions independently. Provides that the provision does not apply to a new insurance policy or an amendment to an insurance policy that is agreed to by a person with a lawfully executed power of attorney relating to the enrollee or potential enrollee's health or financial matters	8/1/2025 Public Act 104-0055
HB2179	Rep. Elik, Amy / Sen. Villivalam, Ram REGULATION-TECH	ILGA Synopsis : Amends the Nursing Home Care Act. Makes a technical change in a Section concerning the short title.	8/15/2025 Public Act 104-0209
HB2336	Rep. DeLuca, Anthony / Sen. Joyce, Patrick LOCAL GOV-LIFT- ASSIST SERVICES	ILGA Synopsis : Amends the Fire Protection District Act and the Illinois Municipal Code. Provides that municipalities and fire protection districts may fix, charge, and collect reasonable fees from an individual, an assisted living facility, or a nursing home facility for all nonemergency lift-assist services rendered by a fire department, firefighter, an emergency response unit, public safety employee of a municipal department, or fire protection district in connection with providing nonemergency lift-assist services to a patient or other individual. Provides that the fees may not exceed the actual personnel and equipment costs for all services rendered by the municipality or fire protection district in connection with providing lift-assist services to a patient or other individual.	8/1/2025 Public Act 104-0057
HB2547	Rep. Swanson, Dan / Sen. Arellano, Jr VETERANS AFFAIRS	ILGA Synopsis : Amends various Acts by replacing all references to the "Department of Veterans' Affairs" with "Department of Veterans Affairs". Effective immediately.	8/15/2025 Public Act 104-0234
HB2562	Rep. Blair-Sherlock, Sherlock / Sen. Fine, Laura GUARDIAN TRAINING	ILGA Synopsis : Amends the Guardianship and Advocacy Act. Provides that the training program for guardians of adults with disabilities must have two components: one for guardians of the person and another for guardians of the estate. Authorizes the State Guardian to determine the content of the training. Requires the training component for guardians of the person to continue to include content on Alzheimer's disease and dementia. Amends the Probate Act of 1975. Requires guardians of the person and estate (now, just for guardians of the person) to complete this training within one year from the issuance of the letters of office. Exempts some guardians.	8/15/2025 Public Act 104-0237

HB2667	Rep. Spain, Ryan / Sen. Cunningham, Bill IAPA-ADOPTION BY FILING	ILGA Synopsis : Amends the Illinois Administrative Procedure Act. Deletes a provision that authorized certain rules to be adopted, amended, or repealed by filing a certified copy with the Secretary of State. Deletes a corresponding cross-reference in a provision concerning the incorporation by reference of certain materials in rules adopted by a State agency.	8/15/2025 Public Act 104-0242
HB2755	Rep. Tarver, II, Curtis J. Tarver, II / Sen. Villanueva, Celina FY26 Revenue Omnibus	ILGA Synopsis : Amends the State Commemorative Dates Act. Designates July 25 of each year as Emmett Till Day, to be observed throughout the State as a day in honor and remembrance of Emmett Till.	6/16/2025 Public Act 104-0006
HB2877	Rep. Grasse, Nicolle / Sen. Koehler, David HOSPICE PROGRAM BOARD REPORT	ILGA Synopsis : Amends the Hospice Program Licensing Act. Provides that, no later than December 31, 2026, the Hospice and Palliative Care Advisory Board shall submit a report to the General Assembly on the state of care for individuals experiencing a serious or life-limiting illness and their family caregivers. Requires the report to include, at a minimum, data regarding the availability of and need for hospice and palliative care services in Illinois; data showing the relative value of non-hospice adult palliative care to the State of Illinois and its citizens; evidence-based recommendations to educate health care professionals and the public about non-hospice palliative care; and recommendations for state standards for adult palliative care.	8/15/2025 Public Act 104-0253
HB3214	Rep. Moeller, Anna / Sen. Fine, Laura DHFS-MEDICARE PART A BUY-IN	ILGA Synopsis : Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to study the impact to the State and recipients of entering into a Medicare Part A Buy-In Agreement for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services. Provides that no later than January 1, 2026, the Department shall submit a report to the Governor and the General Assembly about executing a Medicare Part A Buy-In Agreement. Requires the report to reflect that it is the policy of the State of Illinois to reduce administrative burden to applicants and recipients in programs under the Code, and to promote the health, well-being, and economic security of low-income older adults and people with disabilities in its medical programs. Requires the Department to consult with the federal Centers for Medicare and Medicaid Services and relevant State agencies, including the Department on Aging, and conduct stakeholder engagement. Provides that the report shall outline the methodology used by the Department of Healthcare and Family Services and shall include relevant findings, including potential cost savings to recipients and reductions in administrative burden, and a synopsis of discussions with interested stakeholders. Provides that the report shall contain recommendations for further action to facilitate accountability and to achieve the policy objectives outlined in the amendatory Act. Effective immediately.	8/15/2025 Public Act 104-0286
HB3328	Rep. Manley, Natalie A. Manley, Natalie / Sen. Cappel, Meg ALZHEIMERS & DEMENTIA ASSESS	ILGA Synopsis : Amends the Assisted Living and Shared Housing Act. Requires individual residents to be assessed prior to admission using assessment tools that are approved or recommended by recognized Alzheimer's and dementia care experts, ensuring that the tools are validated for accurately identifying and evaluating cognitive impairments related to Alzheimer's disease and other forms of dementia. Provides that these tools shall be reviewed and updated as needed to align with current best practices and clinical standards in dementia care.	8/15/2025 Public Act 104-0295

HB3374	Rep. Rita, Robert / Sen. Sims, Jr Bond Authorization Act	ILGA Synopsis : Amends the Renewable Energy, Energy Efficiency, and Coal Resources Development Law of 1997. Extends the repeal of the Act until December 31, 2030. Effective immediately.	6/16/2025 Public Act 104-0008
HB3428	Rep. Haas, Jackie / Sen. Syverson, Dave LONG-TERM CARE JOINT TRAINING	ILGA Synopsis : Amends the Nursing Home Care Act and the Assisted Living and Shared Housing Act. Requires the Department of Public Health to hold semiannual joint training sessions for surveyors, nursing home providers, and assisted living establishment providers. Provides that the Department shall include the State long-term care ombudsman, or the State long-term care ombudsman's designee, and representatives of each nursing home provider association and assisted living provider association in the State in the planning process to create the topics and content of the joint training sessions as well as the coordination and presentations for the joint training sessions. Provides that, at least annually, a joint training session shall include, but not be limited to, regional citation patterns relating to complaints, standards, and outcomes in the nursing home and assisted living survey process. Requires the Department to develop standardized training for establishments to prevent common citations in the assisted living survey process.	8/15/2025 Public Act 104-0305
HB3435	Rep. Manley, Natalie A. Manley, Natalie / Sen. Cappel, Meg Volunteer Health Practitioners	ILGA Synopsis : Amends the Health Care Violence Prevention Act. Makes changes to defined terms. In provisions concerning workplace safety, provides that a health care worker may not be discouraged from contacting law enforcement or the Department of Public Health regarding workplace violence, and a health care provider may not hold a policy that limits such contact. Adds additional requirements to the workplace violence prevention program, including reporting requirements and identifying the need for additional security and alarms, adequate exit routes, monitoring systems, barrier protections, lighting, entry procedures, and systems to identify and flag persons who have previously committed violent acts in the health care provider space. Sets forth provisions concerning violent incident investigations, and recordkeeping and reporting requirements for health care providers regarding violent incidents. Establishes penalties for failure to comply with the Act. Amends the Freedom of Information Act. Exempts from public disclosure workplace violence records maintained by health care providers as required under a specified provision of the Health Care Violence Prevention Act.	8/15/2025 Public Act 104-0306

HB3467	<p>Rep. Avelar, Dagmara / Sen. Martwick, Robert</p> <p>BANKING-VARIOUS</p>	<p>ILGA Synopsis : Amends the Illinois Banking Act. Makes changes to the membership of the State Banking Board of Illinois. Provides that a bank may borrow or incur an obligation and pledge assets to secure deposits. Provides that a bank may provide data processing services to a person for profit. Provides that a bank may invest in financial futures or options transactions. Provides that the board of directors of a bank may provide by resolution that stockholders may attend, participate in, act in, and vote at any annual meeting or special meeting through the use of a conference telephone or interactive technology if specified conditions are satisfied. Provides that a person who makes, or causes to be made, a false statement or false entry with intent to deceive any person or persons authorized to examine into the affairs of the bank or the subsidiary or holding company of that bank, the branch of an out-of-state bank with intent to deceive the Commissioner of Banks and Real Estate or his administrative officers in the performance of their duties under the Act shall be subject to civil penalties imposed by the Commissioner (rather than be guilty of a Class 3 felony). Provides that the Board may authorize the transfer of funds from the Bank and Trust Company Fund. Amends the Savings Bank Act. Provides that the board of directors of a savings bank may provide by resolution that members or stockholders may attend, participate in, act in, and vote at any annual meeting or special meeting through the use of a conference telephone or interactive technology if specified conditions are satisfied. Provides that a savings bank may loan funds through the purchase of fixed rate annuity contracts. Provides that a savings bank may accept deposits made by a minor and may open an account in the name of the minor, and the rules and regulations of the savings bank with respect to each deposit and account shall be as binding upon the minor as if the minor were of full age and legal capacity. Makes changes to various provisions concerning notice to allow for electronic notice. Makes other changes. Amends the Illinois Credit Union Act. Does not prohibit the furnishing of financial records of a deceased member to a public administrator of any county or other governmental jurisdiction for the purpose of facilitating burial of the customer. Makes other changes. Effective immediately.</p>	<p>8/15/2025 Public Act 104-0310</p>
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HB3677	Rep. Ha, Nicole / Sen. Fine, Laura WHEELCHAIR RIGHT TO REPAIR	ILGA Synopsis : Creates the Complex Wheelchair Right to Repair Act. Provides that, for complex wheelchairs and parts for complex wheelchairs sold or used in the State, an original equipment manufacturer shall make available to an independent repair provider, solely for the purpose of repairing complex wheelchairs, on fair and reasonable terms, any documentation, parts, service access methods, and tools, including, but not limited to, any updates to information, firmware, or embedded software that is needed for purposes of repair of complex wheelchairs and training courses and materials on the operation, inspection, diagnosis, maintenance, and repair of complex wheelchairs. Provides that a violation of any of the provisions of the Act is an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Provides for penalties. Provides that nothing in the Act shall require an original equipment manufacturer to divulge a trade secret to an independent repair provider. Amends the Illinois Insurance Code. Prohibits a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2026 from requiring a qualified complex rehabilitation technology supplier to obtain any form of prior authorization or any medical documentation to complete repairs for consumer-owned complex rehab technology. Requires coverage for time and labor expenses; travel allowance; and maintenance and repair of a consumer's backup power wheelchair or a rental wheelchair. Provides coverage for preventive maintenance. Amends various Acts to require coverage under those provisions. Amends the Consumer Fraud and Deceptive Business Practices Act to make a conforming change. Effective January 1, 2026.	8/15/2025 Public Act 104-0324
HB3718	Rep. Morris, Yolonda / Sen. Fine, Laura MHDD-OIG INVESTIGATIONS	ILGA Synopsis : Amends the Mental Health and Developmental Disabilities Code. Makes changes to a provision concerning initial Department of Human Services investigations of a facility employee's alleged abuse, neglect, or financial exploitation of a recipient of mental health or developmental disability services. Expands the provision to include allegations of material obstruction of an investigation, physical abuse, sexual abuse, non-de minimis financial exploitation (such as financial exploitation totaling a cumulative value equal to or greater than \$100), or egregious neglect. Adds provisions concerning Department investigations where a facility employee is the perpetrator of, at most, neglect, de minimis financial exploitation (such as financial exploitation totaling a cumulative value of less than \$100), or mental abuse	8/15/2025 Public Act 104-0327
SB0083	Sen. Turner, Doris / Rep. Tarver, II SMALL ESTATE AFFIDAVIT	ILGA Synopsis : Amends the Small Estates Article of the Probate Act of 1975. Allows a small estate affidavit to be used to transfer personal property in a decedent's estate if: (1) no letters of office are outstanding on the decedent's estate and no petition for letters is contemplated or pending in the State or in any other jurisdiction; and (2) the decedent's personal estate passing to any party by intestacy or under a will is limited to tangible and intangible personal property not exceeding \$150,000 and motor vehicles registered with the Secretary of State. Makes a corresponding change in the form for a small estate affidavit. Provides that the changes made to the Act apply to a decedent whose date of death is on or after the effective date of the amendatory Act. Effective immediately.	8/15/2025 Public Act 104-0327

SB0126	Sen. Murphy, Laura M. Murphy, Laura / Rep. Gill, Mary INS CD-ALZHEIMER'S TREATMENT	ILGA Synopsis : Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2027 shall provide coverage for all medically necessary diagnostic testing and U.S. Food and Drug Administration-approved treatments or medications prescribed to slow the progression of Alzheimer's disease or another related dementia, in accordance with the U.S. Food and Drug Administration label, as determined by a physician licensed to practice medicine in all its branches. Provides that coverage of U.S. Food and Drug Administration-approved treatments or medications prescribed to slow the progression of Alzheimer's disease or another related dementia shall not be subject to step therapy. Amends 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 require coverage under those provisions. Effective immediately.	6/9/2025 Public Act 104-0001
SB0212	Sen. Fine, Laura / Rep. Stuart, Katie NURSING MOTHERS IN WORKPLACE	ILGA Synopsis : Amends the Nursing Mothers in the Workplace Act. Provides that an employer shall provide 30 minutes of paid break time (rather than reasonable break time) to an employee who needs to express breast milk for her nursing infant child each time the employee has the need to express milk for one year after the child's birth. Provides that the employee may use other paid break time or meal time for any time needed in excess of 30 minutes. Provides that an employer shall provide paid break time (rather than reasonable break time) as needed by the employee unless to do so would create an undue hardship.	8/1/2025 Public Act 104-0076
SB0213	Sen. Stadelman, Steve / Rep. Vella, Dave STRENGTHENING COMMUNITY MEDIA	ILGA Synopsis : Amends the Strengthening Community Media Act. Provides that, for the fiscal year following the effective date of the amendatory Act, and each fiscal year thereafter, a State agency shall direct at least 5% of its total spending on advertising to local news organization publications, provided that a State agency may seek an exemption from this requirement upon a showing to the Department of Commerce and Economic Opportunity that the purposes of the advertising are inconsistent with placement in a local news organization. Provides that the Department shall maintain a list of eligible local news organizations. Provides that all State agencies are prohibited from discriminating among local news organizations based on editorial content, unless that content is objectively relevant to the target audience and articulated purposes of the advertising. Provides that, no later than 3 months after the effective date of the amendatory Act, the Department shall publish on its website a report on the implementation of the Act. Provides that, for the first full fiscal year following the effective date of the amendatory Act, and each fiscal year thereafter, the Department shall publish an annual report that includes specified information. Defines "State agencies".	8/1/2025 Public Act 104-0077
SB0798	Sen. Aquino, Omar / Rep. Hernandez, Barbara HEALTH FACILITIES NON-CLINICAL	ILGA Synopsis : Amends the Executive Reorganization Implementation Act. Makes a technical change in a Section concerning the short title.	8/15/2025 Public Act 104-0365
SB1173	Sen. Simmons, Mike / Rep. Cassidy, Kelly ID CARD-HOMELESS AFFIRMATION	ILGA Synopsis : Amends the Illinois Identification Card Act. Removes a provision that requires the application of a homeless individual for an Illinois Identification Card to be accompanied by an affirmation by a qualified person, on a form provided by the Secretary of State, that the applicant is currently homeless.	8/15/2025 Public Act 104-0083

SB1195	Sen. Edly-Allen, Allen / Rep. Haas, Jackie TRAUMA-INFORMED RESPONSE	Creates the First Responder Trauma-Informed Response Training Act, which may be referred to as Anna's Law. Provides that, prior to the onboarding processes of a first responder, the individual must complete mandatory pass or fail trauma-informed response training, as established by the Department of Public Health. Provides that a first responder must also complete the pass or fail trauma-informed response training every 18 months after beginning work as a first responder. Provides that, if more than 18 months have elapsed after beginning work as a first responder and the first responder has not completed the retraining, the first responder may not perform trauma-related duties, such as responding to emergency calls, taking statements from victims, or interviewing victims. Provides that, if a first responder who is certified or licensed by the State or a subdivision of the State has not completed the required trauma-informed response retraining, the first responder may be decertified by the certifying entity or the first responder's license may be revoked by the licensing entity if retraining is not completed. Limits the concurrent exercise of home rule powers. Defines terms. Makes conforming changes in the Illinois Police Training Act and the Emergency Medical Services (EMS) Systems Act, including requiring the Department of Public Health to adopt rules to implement the trauma-informed response training and providing that the rules may allow or require the use of a training program from a university, college, or not-for-profit entity.	8/1/2025 Public Act 104-0084
SB1256	Sen. McClure, Steve / Rep. Davidsmeyer, Christopher VEH CD-DISABILITY PLATE/DECAL	Amends the Illinois Vehicle Code. Provides that if a permanently disabled applicant is issued registration plates or a parking decal or device under the Code, the applicant shall submit proof of the applicant's permanent disability once every 5 years. Defines "proof of the applicant's permanent disability".	8/1/2025 Public Act 104-0088
SB1411	Sen. Fine, Laura / Rep. Gong-Gershowitz HEALTH CARE SURROGATE-POLST	Amends the Health Care Surrogate Act. Provides that if an individual without decisional capacity has an operative and unrevoked living will and the attending physician, in accordance with Section 4 of the Illinois Living Will Act, determines that the individual has a terminal condition and records the condition in the individual's medical record, then the individual's surrogate decision maker, in the order of priority under subsection (a) of Section 25, is authorized to consent to a POLST on behalf of the individual to ensure that the individual's wishes are respected.	8/15/2025 Public Act 104-0378
SB1774	Sen. Fine, Laura / Rep. LaPointe, Lindsey DHFS-SUBSTANCE USE TREATMENT	Amends the Medical Assistance Article of the Illinois Public Aid Code. Repeals provisions that require: (i) the Department of Healthcare and Family Services to consult with stakeholders and General Assembly members for input on a plan to develop enhanced Medicaid rates for substance use disorder treatment and mental health treatment in underserved communities; and (ii) the Department of Healthcare and Family Services and the Department of Human Services to collaborate to review coverage and billing requirements for substance use prevention and recovery and mental health services with the goal of identifying disparities and streamlining coverage and billing requirements to reduce the administrative burden for providers and medical assistance beneficiaries. Effective January 1, 2026.	8/1/2025 Public Act 104-0122

SB1777	<p>Sen. Walker, Mark L. Walker, Mark / Rep. Croke, Margaret</p> <p>BANKING&PROBATE-FINANCE/NOTICE</p>	<p>Amends the Illinois Banking Act. In provisions concerning customer financial records and confidentiality, provides that the language does not prohibit the furnishing of financial information to the executor, executrix, administrator, or other lawful representative of the estate of a customer. Amends the Savings Bank Act and the Illinois Credit Union Act to make the same changes. Amends the Illinois Credit Union Act. Amends the Illinois Trust and Payable on Death Accounts Act. Provides that any holder of an account may elect a per stirpes distribution option to the descendants of a natural person beneficiary if the beneficiary predeceases the last surviving holder of the account. Makes other changes. Amends the Financial Institutions Electronic Documents and Digital Signature Act. In provisions concerning electronic notices, provides that consent to electronic transactions given by the customer under the federal Electronic Signatures in Global and National Commerce Act satisfies applicable consent requirements. Amends the Probate Act of 1975. Provides that any person doing business or performing transactions on behalf of or at the direction of an executor or administrator with a will annexed is entitled to the presumption that the executor or administrator is lawfully authorized to conduct the business or perform the transaction as long as the person verifies that the letters testamentary or administration was issued by the court solely to the executor or administrator. Provides that if the letters testamentary or administration with the will annexed provide for co-executors or co-administrators, the person is entitled to the presumption only when the business or transaction is performed on behalf or at the direction of all listed executors or administrators in the letters. Provides that any person, corporation, or financial institution that conducts business or performs transactions on behalf of or at the direction of an executor or administrator with the will annexed is fully protected and released from liability if the person bases the presumption on the verification of the letters testamentary or administration with the will annexed.</p>	<p>8/1/2025 Public Act 104-0123</p>
SB1797	<p>Sen. Walker, Mark L. Walker, Mark / Rep. González, Jr</p> <p>DIGITAL ASSETS & CONS PROT ACT</p>	<p>Creates the Digital Assets and Consumer Protection Act. Provides that the Department of Financial and Professional Regulation shall regulate digital asset business activity in the State. Sets forth provisions concerning: applicability; the powers and duties of the Department; funds; customer protections; custody and protection of customer assets; covered exchanges; compliance; registration; supervision; records; additional procedural provisions; confidentiality; violations; enforcement; rulemaking authority; and severability. Creates the Special Purpose Trust Company Article in the Corporate Fiduciary Act. Sets forth provisions concerning certificates of authority; rulemaking and organization; certificates of authority for foreign corporate fiduciaries; eligibility; fees; and certificates of reciprocity. Makes other changes to various Acts. Effective immediately.</p>	<p>8/18/2025 Public Act 104-0428</p>
SB1884	<p>Sen. Stadelman, Steve / Rep. Cassidy, Kelly</p> <p>PERSONNEL-NO BACH DEGREE REQ</p>	<p>Amends the Personnel Code. Provides that a State agency shall not require as a condition of eligibility for hire to a position in State employment that an applicant have a baccalaureate degree. Provides that the provisions shall not apply the knowledge, skills, or abilities required for the position for which an applicant is applying can only reasonably be obtained, as determined by the appointing authority, through a course of study in pursuit of, and culminating in the award of, a baccalaureate degree or advanced degree. Effective immediately.</p>	<p>8/15/2025 Public Act 104-0397</p>

SB1994	<p>Sen. Koehler, David / Rep. Hoffman, Jay</p> <p>CREDIT UNIONS- VARIOUS</p>	<p>Amends the Illinois Credit Union Act. Authorizes a credit union to furnish information to any person on a list submitted and periodically updated by a member who is an elderly person or person with a disability or to specified other persons, if there is suspicion by the credit union that the member has been or may become a victim of financial exploitation. Provides that the board of directors of a credit union with a composite rating of either 1 or 2 under the Uniform Financial Institutions Rating System known as the CAMELS supervisory rating system and a management rating under such composite rating of either 1 or 2 may meet not less than 4 (instead of 6) times annually. Provides that the supervisory committee of a credit union with assets of less than \$10,000,000 may, at its option, engage (instead of a credit union with assets of \$5,000,000 or more, but less than \$10,000,000 shall engage) a licensed certified public accountant or licensed certified public accounting firm to perform specified auditing and other services. Permits the merger of credit unions, without meeting certain voting and notice requirements, where supervisory concerns exist and upon agreement of the boards of directors of the merging and continuing credit unions, as confirmed by a majority vote of the directors present at a meeting of each board at which a quorum is present. Makes other changes.</p>	<p>8/15/2025 Public Act 104-0403</p>
SB2194	<p>Sen. Johnson, Adriane / Rep. Didech, Daniel</p> <p>DHS-2-1-1 SERVICE</p>	<p>Amends the 2-1-1 Service Act. Makes changes to a provision concerning the designation of a lead entity to administer the statewide 2-1-1 system. Requires the lead entity to have: (1) demonstrated expertise in providing access to health and human services; and (5) a demonstrated track record of securing diversified funding sources in order to support sustainable operation of 2-1-1. Requires the lead entity to establish standards consistent with prevailing national standards established for providing information about and referrals to human services agencies to 2-1-1 callers. Requires the lead entity to provide annual reports to the Department of Human Services on the 2-1-1 system, including information on call volume and interactions, caller demographics, reasons for contact, service referral gaps, and other matters. Makes changes to the definitions of "approved 2-1-1 service provider", "2-1-1 service area", and "Human services". Removes the definitions for "pay telephone", "private branch exchange", and "recognized 2-1-1 service provider". Amends the Human Services 2-1-1 Collaboration Board Act. Provides that the Act is repealed on July 1, 2025. Effective immediately.</p>	<p>8/1/2025 Public Act 104-0138</p>

SB2319	<p>Sen. Ellman, Laura / Rep. Tarver, II</p> <p>VIRTUAL CURRENCY CONSUM PROT</p>	<p>Creates the Virtual Currency Kiosk Consumer Protection Act. Provides that specified information reported to the Department of Financial and Professional Regulation by virtual currency kiosk shall be confidential, except as otherwise provided in the Act. Establishes warning and general terms and conditions disclosure requirements for a virtual currency kiosk operator opening an account for a new customer and prior to entering into an initial transaction for, on behalf of, or with the customer. Requires a receipt to be provided to each customer following a transaction. Requires all virtual currency kiosk operators to have live customer service, as specified; create anti-fraud, enhanced due diligence, and federal and State law compliance policies; designate a compliance officer and a consumer protection officer; and use blockchain analytics software to assist in the prevention of sending purchased virtual currency from a virtual currency kiosk operator to a digital wallet known to be affiliated with fraudulent activity at the time of a transaction; and report the location of each virtual currency kiosk located within this State within 45 days after the end of the calendar quarter. Requires a virtual currency kiosk operator to receive a money transmitter license. Sets forth supervision duties for the Department and the Secretary of Financial and Professional Regulation.</p>	<p>8/18/2025 Public Act 104-0429</p>
SB2394	<p>Sen. Cunningham, Bill / Rep. Williams, Ann</p> <p>FIRST 2025 GENERAL REVISORY</p>	<p>Creates the First 2025 General Revisory Act. Combines multiple versions of Sections amended by more than one Public Act. Renumbers Sections of various Acts to eliminate duplication. Corrects obsolete cross-references and technical errors. Makes stylistic changes. Effective immediately.</p>	<p>8/15/2025 Public Act 104-0417</p>
SB2421	<p>Sen. Fine, Laura / Rep. LaPointe, Lindsey</p> <p>PSYCHIATRIC RESIDENTIAL FACILY</p>	<p>Creates the Psychiatric Residential Treatment Facilities (PRTF) Act. Requires the Department of Healthcare and Family Services to establish an Illinois Psychiatric Residential Treatment Facilities (PRTF) program that is family-driven, youth-guided, and trauma-informed, and includes youth and family involvement in all aspects of care planning. Requires the Department to submit a State Plan Amendment, by January 1, 2026, to the Centers for Medicare and Medicaid Services to establish coverage of federally authorized, medically necessary inpatient psychiatric services delivered by a certified PRTF to medical assistance beneficiaries under 21 years of age. Provides that the Department shall adopt rules to implement the PRTF program that at a minimum shall include: (i) certification and participation requirements for PRTF providers in compliance with all applicable federal laws, regulations, requirements, and policies; (ii) monitoring and oversight of PRTF services; (iii) a limit on allowable beds at any one PRTF, not to exceed 40 total beds; and other matters. Requires the Department to establish, and update as needed, a methodology for completing a statewide PRTF capacity analysis for the purposes of identifying capacity needs for PRTF services under the Illinois Medical Assistance Program. Requires the Department to establish a PRTF Advisory Committee responsible for reviewing and providing guidance on the Department's policies and implementations of the PRTF program. Requires the Department to publish on its website counts of reported emergency safety interventions and serious occurrences by State fiscal year and quarter. Makes conforming changes to the Specialized Mental Health Rehabilitation Act of 2013, the Child Care Act of 1969, and other various Acts. Effective immediately.</p>	<p>8/1/2025 Public Act 104-0147</p>

SB2437	Sen. Aquino, Omar / Rep. Moeller, Anna MEDICAID OMNIBUS	Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires hospitals and birthing centers to adopt and maintain written policies and procedures authorizing a patient enrolled in the medical assistance program to select an Illinois Medicaid certified and enrolled doula of the patient's choice to accompany the patient within the facility's premises for the purposes of providing support before, during, and after labor and childbirth, and during the patient's entire postpartum stay. Provides that the doula shall be considered part of the patient's care team and shall not be counted as a support person or against any guest quota. Requires hospitals and birthing centers to provide a written copy of their policies and procedures to maternity patients, the facilities' maternity health care providers, and any other person at the patient's request. Requires publication of the written policies on each facility's website. Contains provisions concerning hospital and birthing center liaisons and doulas certification acknowledgment requirements. Permits the Department of Healthcare and Family Services and the Department of Public Health to establish standing recommendations to meet Centers for Medicare and Medicaid Services requirements and ensure access to preventive services, including Medicaid-covered maternal and reproductive health supports and services.	6/16/2025 Public Act 104-0009
SB2500	Sen. Peters, Robert / Rep. Cassidy, Kelly MOBILE MENTAL HEALTH PROVIDERS	Amends the Community Emergency Services and Support Act. Modifies legislative findings. Provides that appropriate mobile response services must, among other things, subject to the care decisions of the individual receiving care, coordinate transportation for any individual experiencing a mental or behavioral health emergency to the least restrictive setting feasible (rather than provide transportation for any individual experiencing a mental or behavioral health emergency). Provides that adequate mobile mental health relief provider training includes, among other things, training in recognizing and working with people with neurodivergent and developmental disability diagnoses and in the techniques available to help stabilize and connect them to further services and training in the involuntary commitment process, in identification of situations that meet the standards for involuntary commitment, and in cultural competencies and social biases to guard against any group being disproportionately subjected to the involuntary commitment process or the use of the process not warranted under the legal standard for involuntary commitment. Provides that mobile mental health relief providers may only participate in the involuntary commitment process to the extent permitted under the Mental Health and Developmental Disabilities Code. Requires the system for gathering information developed by the Statewide Advisory Committee to determine the number of instances of mobile mental health relief providers initiating petitions for involuntary commitment. Provides that the exemption from civil liability for emergency care provided in the Good Samaritan Act applies to anyone providing care under the Act. Provides that each 9-1-1 public safety answering point and emergency service dispatched through a 9-1-1 public safety answering point must begin coordinating its activities with the mobile mental and behavioral health services established by the Division of Mental Health once all 3 of the following conditions are met, but not later than July 1, 2027 (rather than July 1, 2025). Adds definitions and modifies existing definitions. Effective immediately.	8/1/2025 Public Act 104-0155
HB0767	Rep. Bob Morgan / Sen. David Koehler PBM/Vaccines	Contains trailer bill language for HB 1865 Fraud -Targeted Insurance Sales.	12/2/2025 Public Act 104-0439

HB1437	Rep. Bob Morgan / Sen. Bill Cunningham Sunset Extension	Amends the State Treasurer Act. Provides that the State Treasurer may establish and administer a non-profit investment pool and an electronic payment processing program to supplement and enhance investment opportunities and secure electronic payment options otherwise available to not-for-profit corporations in the State. Provides that the Treasurer may receive funds paid into the pool for the purpose of holding and investing those funds. Provides for surety bonds payable to not-for-profit corporations who participate in the pool. Provides that the Treasurer shall adopt rules for the efficient administration of the pool.	11/21/2025 Public Act 104-0434
HB1607	Rep. Sonya Harper / Sen Mattie Hunter ELIMINATE FOOD DESERTS	Aging will serve as a member on the council.	12/12/2025 Public Act 104-0447
HB1863	Rep. Kam Buckner / Sen. Elgie Sims Boards and Commissions	Creates the One Health Framework Task Force Act. Establishes the One Health Framework Task Force in the Department of Public Health for the purpose of developing a strategic plan to promote interdisciplinary communication and collaboration between physicians, veterinarians, and other scientific professionals and State agencies, with the goal of promoting the health and well-being of the State's residents, animals, and environment. Declares goals and responsibilities of the Task Force. Provides that the Task Force shall partner with or consult with certain entities in the State. Lists the members of the Task Force. Provides that the Task Force shall convene and meet at the call of the chairperson. Provides that the Department of Public Health shall provide support to the Task Force. Provides that members of the Task Force shall serve without compensation but shall be reimbursed for reasonable and necessary expenses from funds appropriated for that purpose. Provides that the Task Force shall submit a final report to the General Assembly and the Governor on or before January 1, 2027. Defines terms.	11/21/2025 Public Act 104-0435
SB0090	Sen. Napoleon Harris,III / Rep. Anthony DeLuca PUBLIC FUNDS- ONLINE INFO	Amends the State Treasurer Act. Makes formatting changes. Amends the Accountability for the Investment of Public Funds Act. Provides that each State agency shall make available on the Internet, and update at least monthly, no later than the end of each month (rather than by the 15th of the month), sufficient information concerning the investment of any public funds held by that State agency to identify specified information. Effective immediately.	12/15/2025 Public Act 104-0450
SB1950	Sen. Linda Holmes / Rep. Robyn Gabel Death with Dignity	Amends the Sanitary Food Preparation Act. Provides that, if a food distribution facility is engaged in the collection, storage, packaging, or distribution of food to consumers, then that facility is subject to all provisions of the Act and rules adopted under the Act. Provides that the registered sanitarian of a county health department of where a food distribution facility is located shall have the power to enforce and observe the rules and orders of the Department of Public Health and the provisions of this Section. Defines "food distribution facility".	12/12/2025 Public Act 104-0441
SB2111	Sen. Villivalam / Rep. Eva-Dina Delgado Transit Reform (House)	Amends the Illinois Vehicle Code. Provides that a person operating a bicycle on the roadways of this State shall not be prohibited from side-by-side riding, riding contraflow on one-way streets, and rolling through stop signs at clear intersections.	12/16/2025 Public Act 104-0457

<u>SB2339</u>	Sen. Cerantes / Rep. Gonzalez Jr. PRIVACY IN THE WORKPLACE	ILGA Synopsis : Amends the Right to Privacy in the Workplace Act. Provides that an employer enrolled in an Employment Eligibility Verification System, including the E-Verify program, shall not impose work authorization verification or re-verification requirements greater than those required by the Employment Eligibility Verification System. Provides that, if an employer receives notification from any federal agency or other outside third party not responsible for the enforcement of immigration law of a discrepancy as it relates to an employee's individual taxpayer identification number or other identifying documents, guarantees specified rights and protections to the employee. Makes changes in provisions concerning the administration and enforcement of the Act by the Department of Labor. Sets forth provisions concerning action for civil penalties brought by an interested party; private right of action; penalties; and review under the Administrative Review Law.	12/15/2025 Public Act 104-0455
<u>SB2510</u>	Sen. Elgie Sims / Rep. Emanuel "Chris" Welch \$FY26 Budget	Appropriates \$2 from the General Revenue Fund to the Court of Claims for its FY 26 ordinary and contingent expenses.	10/29/2025

OASAC Membership 2025

Sherry Barter Hamlin

(Nursing home or assisted living Establishments)

Paul H. Bennett, MSW, PhD

(Citizen member over the age of 60)

Adam Bursua PharmD, CPPS

(Pharmacist Representative)

Meghan Carter

(Legal)

Tracey Colagrassi, MS

(Statewide Senior Center Association)

Theresa Collins

(Community Care Program Homemaker)

Suzanne M. Courtheoux

(Illinois Long-Term Care Ombudsmen)

Cindy Cunningham

(Adult Day Services)

Topaz Gunderson-Schweska

(Primary Care Service Provider)

Lori Hendren

(Statewide organizations engaging in advocacy or legal representation on behalf of the senior population)

Katherine Honeywell

(Case Management)

Linda Hubbartt

(Municipality, Township, County Representative)

Susan L. Hughes, Ph.D.

(Gerontology Health Policy Analyst)

Mike Koronkowski, PharmD*

(Pharmacist)

John Larson

(Nursing home or assisted living establishments)

Martha "Faye" Meaderds

(Citizen Member Over the Age of 60)

Dave Lowitzki

(Trade or union member)

June McKoy MD, MPH, JD, MBA

(MD specializing in Gerontology)

Jae Mukoyama

(Nutrition)

David S. Olsen

(Alzheimer Disease and Related Disorders)

Sara Ratcliffe

(Home Health Agency Representative)

Susan Real

(Illinois Area Agencies on Aging)

Becca Reinstorf, RN, BSN

(Director's Hospice Care Representative)

Walter Rosenberg, MSW, MHSM, LCSW

(Health care facilities licensed under the Hospital Licensing Act)

Gustavo Saberbein**

(Family Caregiver)

Ashley Snavely

(Nursing Home or Assisted Living Establishment Representative)

Jason Speaks

(Nursing homes/SLFs Representative)

Nicole Spenser

(Family Caregiver)

Tom Zablocki

(Trade or Union Member)

Ancy Zacharia

(Advanced practice nurse with experience in Gerontological nursing)

State Agency Members (Ex-officio)

Mary Killough – CHAIR

Director, Illinois Department on Aging

Lisa Gregory – VICE- CHAIR

Chief, Bureau of Long-Term Care

IL Department of Healthcare and Family Services

Erin Rife – VICE CHAIR

Assistant Bureau Chief, Office of Health Care Regulation-Long Term Care

Illinois Department of Public Health

Erik Hanson, MA LCPC

Home Services Program

Illinois Department of Human Services- Division of Rehabilitation Services (DHS – DRS)

Evan Ponder

Senior Policy and Planning Officer, Strategic Planning and Reporting (SPAR)

Illinois Housing Development Authority

Kelly Richards

State Long-Term Care Ombudsman, Illinois Dept on Aging

Angela Simmons

Senior Home Administrator, Illinois Department of Veterans' Affairs

Christopher B. Meister

Executive Director, Illinois Finance Authority

Corbin McGhee

Deputy Director, Consumer Education & Protection Department of Insurance

Angela Clark

Senior Advisor for Special Projects

Deputy Governor, Health & Human Services

Office of the Governor JB Pritzker



State of Illinois, Department on Aging

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Senior HelpLine (8:30am – 5:00pm, Monday – Friday):

1-800-252-8966; 711 (TRS)

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