



SENATE JOURNAL

STATE OF ILLINOIS

**ONE HUNDRED SECOND GENERAL
ASSEMBLY**

64TH LEGISLATIVE DAY

TUESDAY, OCTOBER 26, 2021

12:15 O'CLOCK P.M.

SENATE
Daily Journal Index
64th Legislative Day

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The Senate met pursuant to adjournment.
 Senator Bill Cunningham, Chicago, Illinois, presiding.
 Silent prayer was observed by all members of the Senate.
 Senator Bennett led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Wednesday, October 20, 2021, be postponed, pending arrival of the printed Journal.
 The motion prevailed.

REPORTS RECEIVED

The Secretary placed before the Senate the following reports:

Annual Exempt Contracts Report for Illinois Department of Transportation - Construction for the period of July 1, 2020 through June 30, 2021, submitted by the Department of Transportation.

Illinois Nutrient Loss Reduction Strategy Biennial Report 2021, submitted by the Environmental Protection Agency.

USDVA Correspondence for IVHQ Construction Funding Pursuant to 330 ILCS 21/60, submitted by the Department of Veterans Affairs.

PA 100-1075 Quarterly Report: June 15th - September 15th 2021, submitted by the Department of Children and Family Services.

Certification of Projected Contribution to the Community College Health Insurance Security Fund for State FY23, submitted by the State Universities Retirement System.

Certification of Required State Contribution to State Universities Retirement System for State FY23, submitted by the State Universities Retirement System.

FY22 Q1 Operating Report - Fiscal Year to Date September 30, 2021, submitted by the Governor's Office of Management and Budget.

Proposed Certification of Required State Contribution to the State Universities Retirement System for State FY23, submitted by the State Universities Retirement System.

SERS Actuarial Certification 2021, submitted by the State Employees' Retirement System.

SERS Annual Actuarial Valuation as of June 30, 2021, submitted by the State Employees' Retirement System.

SERS Valuation Results as of June 30, 2021, submitted by the State Employees' Retirement System.

SURS 2021 Actuarial Valuation Report as of June 30, 2021, submitted by the State Universities Retirement System.

The foregoing reports were ordered received and placed on file with the Secretary's Office.

LEGISLATIVE MEASURES FILED

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

Amendment No. 1 to House Bill 106

[October 26, 2021]

Amendment No. 1 to House Bill 370
Amendment No. 2 to House Bill 370
Amendment No. 1 to House Bill 594
Amendment No. 2 to House Bill 594
Amendment No. 1 to House Bill 1769
Amendment No. 2 to House Bill 1976
Amendment No. 2 to House Bill 2431
Amendment No. 2 to House Bill 2778
Amendment No. 3 to House Bill 2778
Amendment No. 1 to House Bill 2791
Amendment No. 2 to House Bill 2791

MESSAGES FROM THE PRESIDENT

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

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

160 N. LASALLE ST., STE. 720
CHICAGO, ILLINOIS 60601
312-814-2075

October 26, 2021

Mr. Tim Anderson
Secretary of the Senate
Room 403 State House
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-5(c), I hereby appoint Senator Mattie Hunter to temporarily replace Senator Antonio Munoz as a member of the Senate Committee on Assignments. This appointment will expire upon adjournment of the Senate Committee on Assignments on October 26, 2021.

Sincerely,
s/Don Harmon
Don Harmon
Senate President

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

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

160 N. LASALLE ST., STE. 720
CHICAGO, ILLINOIS 60601
312-814-2075

October 26, 2021

Mr. Tim Anderson
Secretary of the Senate
Room 403 State House
Springfield, IL 62706

[October 26, 2021]

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Elgie Sims to temporarily replace Senator Michael Hastings as a member of the Senate Executive Committee. This appointment will expire upon adjournment of the Senate Executive Committee on October 26, 2021.

Sincerely,
s/Don Harmon
Don Harmon
Senate President

cc: Senate Republican Leader Dan McConchie

MESSAGES FROM THE GOVERNOR

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

**JB PRITZKER
GOVERNOR**

October 22, 2021

To the Honorable
Members of the Senate
One-Hundred and Second General Assembly

Mr. President:

On March 6, 2020, appointment message 101-497 nominating Daniel Deneen as Public Administrator and Public Guardian of Logan County was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

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

Sincerely,
s/JB Pritzker
Governor

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

**JB PRITZKER
GOVERNOR**

October 22, 2021

To the Honorable
Members of the Senate
One-Hundred and Second General Assembly

[October 26, 2021]

Mr. President:

On June 15, 2020, appointment message 101-523 nominating Chasity Boyce as Member of the Executive Ethics Commission was delivered to your Honorable Body. As of the date of this letter, it is my understanding that the Senate has not taken action on this nomination.

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

Sincerely,
s/JB Pritzker
Governor

PRESENTATION OF RESOLUTIONS

SENATE RESOLUTION NO. 582

Offered by Senator Belt and all Senators:
Mourns the passing of Eric Juane "Ricky" Clemons.

SENATE RESOLUTION NO. 583

Offered by Senator McConchie and all Senators:
Mourns the death of John M. "Doc" Barrington.

SENATE RESOLUTION NO. 584

Offered by Senator Morrison and all Senators:
Mourns the death of Laura Forrest.

SENATE RESOLUTION NO. 585

Offered by Senator Crowe and all Senators:
Mourns the death of Bertis E. "Bert" Griffin of Bethalto.

SENATE RESOLUTION NO. 586

Offered by Senator McClure and all Senators:
Mourns the death of Ronald Gene "Ron" Stradt of Springfield.

SENATE RESOLUTION NO. 587

Offered by Senator McClure and all Senators:
Mourns the passing of Mary Sheila Tracy of Springfield.

SENATE RESOLUTION NO. 588

Offered by Senator McClure and all Senators:
Mourns the death of Dr. David Chapman.

SENATE RESOLUTION NO. 589

Offered by Senator McClure and all Senators:
Mourns the death of Frank "Bill" Dragoo of Petersburg.

SENATE RESOLUTION NO. 590

Offered by Senator McClure and all Senators:
Mourns the passing of Nancy Mackiewicz of Springfield.

SENATE RESOLUTION NO. 591

Offered by Senator McClure and all Senators:

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Mourns the passing of Paul Francis Schafer of Springfield.

SENATE RESOLUTION NO. 592

Offered by Senator Connor and all Senators:
Mourns the death of Russ Slinkard.

SENATE RESOLUTION NO. 594

Offered by Senator Pacione-Zayas and all Senators:
Mourns the passing of Tina Denise Westley.

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

Senator Villivalam offered the following Senate Resolution, which was referred to the Committee on Assignments:

SENATE RESOLUTION NO. 593

WHEREAS, Diwali is a five-day festival of lights that takes place in autumn and is a festival of new beginnings, celebrating good over evil and light over darkness; and

WHEREAS, The word Diwali comes from the Sanskrit word Deepavali, meaning "rows of lighted lamps"; and

WHEREAS, Diwali is celebrated by millions of Hindus, Jains, Buddhists, and Sikhs, and each religion marks different events and stories; and

WHEREAS, Diwali is important to each faith for different reasons; the common factor in the understanding of the holiday is the triumph of good over evil, of "light over darkness"; this focus on light is why it is known as the festival of lights; and

WHEREAS, Celebrants light small oil lamps and place them around their homes; the lights symbolize the light within each individual, the light that rids the soul of ignorance; and

WHEREAS, Celebrants pray, craft flower garlands, place floating candles in water, share sweets, make lanterns, and display them in their homes or send them into the night sky; and

WHEREAS, Diwali is celebrated by four million Indian Americans in the U.S. and by millions more worldwide; and

WHEREAS, Illinois recognizes the cultural significance of Diwali and the religious diversity in Illinois, the U.S., and the world; and

WHEREAS, The message of Diwali resonates with Illinoisans, Americans, and citizens of the world now more than ever; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we declare November 4, 2021 "Diwali Day" in honor of the people in Illinois and across the nation who celebrate this significant holiday.

Senator D. Turner offered the following Senate Joint Resolution, which was referred to the Committee on Assignments:

SENATE JOINT RESOLUTION NO. 36

WHEREAS, The State of Illinois is in great need of a state conviction integrity unit, run by the Attorney General's Office, to identify and overturn wrongful convictions and to set free those falsely imprisoned; and

WHEREAS, A conviction integrity unit investigates claims of innocence to determine whether new evidence gives rise to a substantial probability that the convicted defendant was not the person who committed the offense of conviction; a conviction integrity unit can also make recommendations about the appropriate remedy, if any, that should result from its findings; and

WHEREAS, The Attorney General's Office is best positioned to run a conviction integrity unit because its resources far exceed those of local prosecutors; and

WHEREAS, According to the National Registry of Exonerations, 78 prosecutors and attorneys general have created conviction integrity or review units in the past decade; 461 people have been freed due in part to work by these prosecutors; and

WHEREAS, Attorneys general in Washington D.C. and in eight states, including Connecticut, Delaware, Michigan, Minnesota, New Jersey, New York, Pennsylvania, and Virginia, have launched conviction review units; and

WHEREAS, Since 2018, the Philadelphia District Attorney's Office, under Larry Krasner, has exonerated 17 people wrongly convicted of murder; Baltimore State's Attorney Marilyn Mosby has cleared 10 people serving murder or attempted murder sentences since 2016; and

WHEREAS, A convictions integrity unit will aid in achieving and ensuring justice by investigating claims of innocence, remedying identified wrongful convictions, and providing proactive support and recommendations to the Attorney General's Office; and

WHEREAS, Conviction integrity units can assist in addressing racial inequity in the criminal justice system and mass incarceration; and

WHEREAS, The State of Illinois' goal should be for justice and truth instead of preserving convictions in defiance of logic, facts, or new evidence; to wrongly convict a person is to deny them untold opportunities and the chance to live their life in freedom; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that we urge the Office of the Attorney General to establish a task force to examine the creation of a statewide conviction integrity unit within its office; and be it further

RESOLVED, That suitable copies of this resolution be delivered to Attorney General Kwame Raoul and Governor JB Pritzker.

INTRODUCTION OF BILLS

SENATE BILL NO. 2945. Introduced by Senator Fine, a bill for AN ACT concerning health.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

SENATE BILL NO. 2946. Introduced by Senator Bailey, a bill for AN ACT concerning elections.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

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SENATE BILL NO. 2947. Introduced by Senator Bailey, a bill for AN ACT concerning elections.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

SENATE BILL NO. 2948. Introduced by Senator Bailey, a bill for AN ACT concerning elections.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

SENATE BILL NO. 2949. Introduced by Senator Bailey, a bill for AN ACT concerning elections.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

SENATE BILL NO. 2950. Introduced by Senator Hastings, a bill for AN ACT concerning local government.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

APPOINTMENT MESSAGES

Appointment Message No. 1020260

To the Honorable Members of the Senate, One Hundred Second General Assembly:

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

Title of Office: Member

Agency or Other Body: Illinois Student Assistance Commission

Start Date: October 22, 2021

End Date: June 30, 2027

Name: Niketa Brar

Residence: 5713 South Harper Avenue, Chicago, Illinois 60637

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Robert Peters

Most Recent Holder of Office: Niketa Brar

Superseded Appointment Message: Not Applicable

Appointment Message No. 1020261

To the Honorable Members of the Senate, One Hundred Second General Assembly:

[October 26, 2021]

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

Title of Office: Member

Agency or Other Body: State Board of Elections

Start Date: October 25, 2021

End Date: June 30, 2023

Name: Tonya Genovese

Residence: 137 Ellington Court, Glen Carbon, Illinois 62034

Annual Compensation: \$39,127, plus expenses

Per diem: Not Applicable

Nominee's Senator: Senator Rachele Crowe

Most Recent Holder of Office: William Haine

Superseded Appointment Message: Not Applicable

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

REPORT FROM STANDING COMMITTEE

Senator Murphy, Chair of the Committee on Executive Appointments, to which was referred **Appointment Messages Numbered 1010488, 1010505, 1010519, 1010520, 1010524, 1010525, 1010526, 1010527, 1010529, 1010530, 1010532, 1010537, 1010551, 1010552, 1010557, 1010558, 1010564, 1010565, 1010568, 1010586, 1010600, 1010601, 1010605 and 1010606**, reported the same back with the recommendation that the Senate do consent.

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

At the hour of 12:22 o'clock p.m., Senator Holmes, presiding.

At the hour of 12:31 o'clock p.m., Senator Cunningham, presiding.

PRESENTATION OF RESOLUTION

SENATE RESOLUTION NO. 595

Offered by Senator Villivalam and all Senators:

Mourns the passing of former Illinois State Senator Howard William "Howie" Carroll.

By unanimous consent, the foregoing resolution was referred to the Resolutions Consent Calendar.

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REPORTS FROM COMMITTEE ON ASSIGNMENTS

Senator Lightford, Chair of the Committee on Assignments, during its October 26, 2021 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Education: **Floor Amendment No. 2 to House Bill 2778.**

Executive: **Committee Amendment No. 1 to Senate Bill 302; Floor Amendment No. 1 to House Bill 370; Floor Amendment No. 1 to House Bill 1769; Floor Amendment No. 2 to House Bill 1976; Floor Amendment No. 1 to House Bill 2791; Floor Amendment No. 2 to House Bill 2791.**

Health: **Floor Amendment No. 2 to House Bill 2431.**

State Government: **Senate Resolutions Numbered 581 and 593; Floor Amendment No. 2 to House Bill 594.**

Transportation: **Floor Amendment No. 1 to House Bill 106.**

Senator Lightford, Chair of the Committee on Assignments, during its October 26, 2021 meeting, reported that the following Legislative Measure has been approved for consideration:

Senate Joint Resolution No. 34

The foregoing resolution was placed on the Senate Calendar.

Pursuant to Senate Rule 3-8 (b-1), the following amendment will remain in the Committee on Assignments: **Floor Amendment No. 1 to House Bill 594.**

Senator Hunter asked and obtained unanimous consent to recess for the purpose of a Democrat caucus.

Senator McClure asked and obtained unanimous consent to recess for the purpose of a Republican caucus.

At the hour of 12:35 o'clock p.m., the Chair announced that the Senate stands at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 6:44 o'clock p.m., the Senate resumed consideration of business.
Senator Cunningham, presiding.

PRESENTATION OF RESOLUTIONS

SENATE RESOLUTION NO. 596

Offered by Senator Bennett and all Senators:
Mourns the passing of Jelani Jesse Javontae Day of Danville.

SENATE RESOLUTION NO. 597

Offered by Senator Connor and all Senators:
Mourns the death of Jesse Lewis Formhals.

SENATE RESOLUTION NO. 598

Offered by Senator Koehler and all Senators:
Mourns the death of Jeanie Cyr of Peoria.

SENATE RESOLUTION NO. 599

Offered by Senator Pacione-Zayas and all Senators:
Mourns the passing of María Laura Morales of Oak Lawn.

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

REPORTS FROM STANDING COMMITTEES

Senator Villivalam, Chair of the Committee on Transportation, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to House Bill 106

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Morrison, Chair of the Committee on Health, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 2 to House Bill 2431

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Belt, Chair of the Committee on Education, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 2 to House Bill 2778

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Castro, Chair of the Committee on Executive, to which was referred the following Senate floor amendments, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to House Bill 370
Senate Amendment No. 2 to House Bill 1976
Senate Amendment No. 2 to House Bill 2791

Under the rules, the foregoing floor amendments are eligible for consideration on second reading.

REPORT FROM STANDING COMMITTEE, AS CORRECTED

Senator Murphy, Chair of the Committee on Executive Appointments, to which was referred **Appointment Messages Numbered 1010488, 1010491, 1010493, 1010494, 1010495, 1010499, 1010500, 1010505, 1010508, 1010509, 1010510, 1010511, 1010512, 1010513, 1010514, 1010515, 1010517, 1010519, 1010520, 1010524, 1010525, 1010526, 1010527, 1010529, 1010530, 1010532, 1010533, 1010534, 1010536, 1010537, 1010538, 1010541, 1010542, 1010543, 1010544, 1010551, 1010552, 1010553, 1010557, 1010558, 1010559, 1010560, 1010561, 1010564, 1010565, 1010566, 1010567, 1010568, 1010569, 1010575, 1010576, 1010578, 1010581, 1010582, 1010584, 1010585, 1010586,**

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1010587, 1010588, 1010589, 1010590, 1010593, 1010595, 1010596, 1010600, 1010601, 1010602, 1010605 and 1010606, reported the same back with the recommendation that the Senate do consent.

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

MESSAGES FROM THE HOUSE

A message from the House by

Mr. Hollman, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the adoption of the following joint resolution, to-wit:

SENATE JOINT RESOLUTION NO. 35

Concurred in by the House, October 20, 2021.

JOHN W. HOLLMAN, Clerk of the House

A message from the House by

Mr. Hollman, Clerk:

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

SENATE BILL NO. 1040

A bill for AN ACT concerning public aid.

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

House Amendment No. 2 to SENATE BILL NO. 1040

Passed the House, as amended, October 26, 2021.

JOHN W. HOLLMAN, Clerk of the House

AMENDMENT NO. 2 TO SENATE BILL 1040

AMENDMENT NO. 2. Amend Senate Bill 1040 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Public Aid Code is amended by changing Sections 5-5.02 and 14-12 as follows:

(305 ILCS 5/5-5.02) (from Ch. 23, par. 5-5.02)

Sec. 5-5.02. Hospital reimbursements.

(a) Reimbursement to hospitals; July 1, 1992 through September 30, 1992. Notwithstanding any other provisions of this Code or the Illinois Department's Rules promulgated under the Illinois Administrative Procedure Act, reimbursement to hospitals for services provided during the period July 1, 1992 through September 30, 1992, shall be as follows:

(1) For inpatient hospital services rendered, or if applicable, for inpatient hospital discharges occurring, on or after July 1, 1992 and on or before September 30, 1992, the Illinois Department shall reimburse hospitals for inpatient services under the reimbursement methodologies in effect for each hospital, and at the inpatient payment rate calculated for each hospital, as of June 30, 1992. For purposes of this paragraph, "reimbursement methodologies" means all reimbursement methodologies that pertain to the provision of inpatient hospital services, including, but not limited to, any adjustments for disproportionate share, targeted access, critical care access and uncompensated care, as defined by the Illinois Department on June 30, 1992.

(2) For the purpose of calculating the inpatient payment rate for each hospital eligible to receive quarterly adjustment payments for targeted access and critical care, as defined by the Illinois Department on June 30, 1992, the adjustment payment for the period July 1, 1992 through September 30, 1992, shall be 25% of the annual adjustment payments calculated for each eligible hospital, as of June 30, 1992. The Illinois Department shall determine by rule the adjustment payments for targeted access and critical care beginning October 1, 1992.

(3) For the purpose of calculating the inpatient payment rate for each hospital eligible to receive quarterly adjustment payments for uncompensated care, as defined by the Illinois Department on June 30, 1992, the adjustment payment for the period August 1, 1992 through September 30, 1992, shall be one-sixth of the total uncompensated care adjustment payments calculated for each eligible hospital

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for the uncompensated care rate year, as defined by the Illinois Department, ending on July 31, 1992. The Illinois Department shall determine by rule the adjustment payments for uncompensated care beginning October 1, 1992.

(b) Inpatient payments. For inpatient services provided on or after October 1, 1993, in addition to rates paid for hospital inpatient services pursuant to the Illinois Health Finance Reform Act, as now or hereafter amended, or the Illinois Department's prospective reimbursement methodology, or any other methodology used by the Illinois Department for inpatient services, the Illinois Department shall make adjustment payments, in an amount calculated pursuant to the methodology described in paragraph (c) of this Section, to hospitals that the Illinois Department determines satisfy any one of the following requirements:

(1) Hospitals that are described in Section 1923 of the federal Social Security Act, as now or hereafter amended, except that for rate year 2015 and after a hospital described in Section 1923(b)(1)(B) of the federal Social Security Act and qualified for the payments described in subsection (c) of this Section for rate year 2014 provided the hospital continues to meet the description in Section 1923(b)(1)(B) in the current determination year; or

(2) Illinois hospitals that have a Medicaid inpatient utilization rate which is at least one-half a standard deviation above the mean Medicaid inpatient utilization rate for all hospitals in Illinois receiving Medicaid payments from the Illinois Department; or

(3) Illinois hospitals that on July 1, 1991 had a Medicaid inpatient utilization rate, as defined in paragraph (h) of this Section, that was at least the mean Medicaid inpatient utilization rate for all hospitals in Illinois receiving Medicaid payments from the Illinois Department and which were located in a planning area with one-third or fewer excess beds as determined by the Health Facilities and Services Review Board, and that, as of June 30, 1992, were located in a federally designated Health Manpower Shortage Area; or

(4) Illinois hospitals that:

(A) have a Medicaid inpatient utilization rate that is at least equal to the mean Medicaid inpatient utilization rate for all hospitals in Illinois receiving Medicaid payments from the Department; and

(B) also have a Medicaid obstetrical inpatient utilization rate that is at least one standard deviation above the mean Medicaid obstetrical inpatient utilization rate for all hospitals in Illinois receiving Medicaid payments from the Department for obstetrical services; or

(5) Any children's hospital, which means a hospital devoted exclusively to caring for children.

A hospital which includes a facility devoted exclusively to caring for children shall be considered a children's hospital to the degree that the hospital's Medicaid care is provided to children if either (i) the facility devoted exclusively to caring for children is separately licensed as a hospital by a municipality prior to February 28, 2013; (ii) the hospital has been designated by the State as a Level III perinatal care facility, has a Medicaid Inpatient Utilization rate greater than 55% for the rate year 2003 disproportionate share determination, and has more than 10,000 qualified children days as defined by the Department in rulemaking; (iii) the hospital has been designated as a Perinatal Level III center by the State as of December 1, 2017, is a Pediatric Critical Care Center designated by the State as of December 1, 2017 and has a 2017 Medicaid inpatient utilization rate equal to or greater than 45%; or (iv) the hospital has been designated as a Perinatal Level II center by the State as of December 1, 2017, has a 2017 Medicaid Inpatient Utilization Rate greater than 70%, and has at least 10 pediatric beds as listed on the IDPH 2015 calendar year hospital profile; or -

(6) A hospital that reopens a previously closed hospital facility within 3 calendar years of the hospital facility's closure, if the previously closed hospital facility qualified for payments under paragraph (c) at the time of closure, until utilization data for the new facility is available for the Medicaid inpatient utilization rate calculation. For purposes of this clause, a "closed hospital facility" shall include hospitals that have been terminated from participation in the medical assistance program in accordance with Section 12-4.25 of this Code.

(c) Inpatient adjustment payments. The adjustment payments required by paragraph (b) shall be calculated based upon the hospital's Medicaid inpatient utilization rate as follows:

(1) hospitals with a Medicaid inpatient utilization rate below the mean shall receive a per day adjustment payment equal to \$25;

(2) hospitals with a Medicaid inpatient utilization rate that is equal to or greater than the mean Medicaid inpatient utilization rate but less than one standard deviation above the mean Medicaid

inpatient utilization rate shall receive a per day adjustment payment equal to the sum of \$25 plus \$1 for each one percent that the hospital's Medicaid inpatient utilization rate exceeds the mean Medicaid inpatient utilization rate;

(3) hospitals with a Medicaid inpatient utilization rate that is equal to or greater than one standard deviation above the mean Medicaid inpatient utilization rate but less than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a per day adjustment payment equal to the sum of \$40 plus \$7 for each one percent that the hospital's Medicaid inpatient utilization rate exceeds one standard deviation above the mean Medicaid inpatient utilization rate; ~~and~~

(4) hospitals with a Medicaid inpatient utilization rate that is equal to or greater than 1.5 standard deviations above the mean Medicaid inpatient utilization rate shall receive a per day adjustment payment equal to the sum of \$90 plus \$2 for each one percent that the hospital's Medicaid inpatient utilization rate exceeds 1.5 standard deviations above the mean Medicaid inpatient utilization rate; and -

(5) Hospitals qualifying under clause (6) of paragraph (b) shall have the rate assigned to the previously closed hospital facility at the date of closure, until utilization data for the new facility is available for the Medicaid inpatient utilization rate calculation.

(d) Supplemental adjustment payments. In addition to the adjustment payments described in paragraph (c), hospitals as defined in clauses (1) through ~~(6)~~ (5) of paragraph (b), excluding county hospitals (as defined in subsection (c) of Section 15-1 of this Code) and a hospital organized under the University of Illinois Hospital Act, shall be paid supplemental inpatient adjustment payments of \$60 per day. For purposes of Title XIX of the federal Social Security Act, these supplemental adjustment payments shall not be classified as adjustment payments to disproportionate share hospitals.

(e) The inpatient adjustment payments described in paragraphs (c) and (d) shall be increased on October 1, 1993 and annually thereafter by a percentage equal to the lesser of (i) the increase in the DRI hospital cost index for the most recent 12 month period for which data are available, or (ii) the percentage increase in the statewide average hospital payment rate over the previous year's statewide average hospital payment rate. The sum of the inpatient adjustment payments under paragraphs (c) and (d) to a hospital, other than a county hospital (as defined in subsection (c) of Section 15-1 of this Code) or a hospital organized under the University of Illinois Hospital Act, however, shall not exceed \$275 per day; that limit shall be increased on October 1, 1993 and annually thereafter by a percentage equal to the lesser of (i) the increase in the DRI hospital cost index for the most recent 12-month period for which data are available or (ii) the percentage increase in the statewide average hospital payment rate over the previous year's statewide average hospital payment rate.

(f) Children's hospital inpatient adjustment payments. For children's hospitals, as defined in clause (5) of paragraph (b), the adjustment payments required pursuant to paragraphs (c) and (d) shall be multiplied by 2.0.

(g) County hospital inpatient adjustment payments. For county hospitals, as defined in subsection (c) of Section 15-1 of this Code, there shall be an adjustment payment as determined by rules issued by the Illinois Department.

(h) For the purposes of this Section the following terms shall be defined as follows:

(1) "Medicaid inpatient utilization rate" means a fraction, the numerator of which is the number of a hospital's inpatient days provided in a given 12-month period to patients who, for such days, were eligible for Medicaid under Title XIX of the federal Social Security Act, and the denominator of which is the total number of the hospital's inpatient days in that same period.

(2) "Mean Medicaid inpatient utilization rate" means the total number of Medicaid inpatient days provided by all Illinois Medicaid-participating hospitals divided by the total number of inpatient days provided by those same hospitals.

(3) "Medicaid obstetrical inpatient utilization rate" means the ratio of Medicaid obstetrical inpatient days to total Medicaid inpatient days for all Illinois hospitals receiving Medicaid payments from the Illinois Department.

(i) Inpatient adjustment payment limit. In order to meet the limits of Public Law 102-234 and Public Law 103-66, the Illinois Department shall by rule adjust disproportionate share adjustment payments.

(j) University of Illinois Hospital inpatient adjustment payments. For hospitals organized under the University of Illinois Hospital Act, there shall be an adjustment payment as determined by rules adopted by the Illinois Department.

(k) The Illinois Department may by rule establish criteria for and develop methodologies for adjustment payments to hospitals participating under this Article.

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

(m) The Department shall establish a cost-based reimbursement methodology for determining payments to hospitals for approved graduate medical education (GME) programs for dates of service on and after July 1, 2018.

(1) As used in this subsection, "hospitals" means the University of Illinois Hospital as defined in the University of Illinois Hospital Act and a county hospital in a county of over 3,000,000 inhabitants.

(2) An amendment to the Illinois Title XIX State Plan defining GME shall maximize reimbursement, shall not be limited to the education programs or special patient care payments allowed under Medicare, and shall include:

(A) inpatient days;

(B) outpatient days;

(C) direct costs;

(D) indirect costs;

(E) managed care days;

(F) all stages of medical training and education including students, interns, residents, and fellows with no caps on the number of persons who may qualify; and

(G) patient care payments related to the complexities of treating Medicaid enrollees including clinical and social determinants of health.

(3) The Department shall make all GME payments directly to hospitals including such costs in support of clients enrolled in Medicaid managed care entities.

(4) The Department shall promptly take all actions necessary for reimbursement to be effective for dates of service on and after July 1, 2018 including publishing all appropriate public notices, amendments to the Illinois Title XIX State Plan, and adoption of administrative rules if necessary.

(5) As used in this subsection, "managed care days" means costs associated with services rendered to enrollees of Medicaid managed care entities. "Medicaid managed care entities" means any entity which contracts with the Department to provide services paid for on a capitated basis. "Medicaid managed care entities" includes a managed care organization and a managed care community network.

(6) All payments under this Section are contingent upon federal approval of changes to the Illinois Title XIX State Plan, if that approval is required.

(7) The Department may adopt rules necessary to implement Public Act 100-581 through the use of emergency rulemaking in accordance with subsection (aa) of Section 5-45 of the Illinois Administrative Procedure Act. For purposes of that Act, the General Assembly finds that the adoption of rules to implement Public Act 100-581 is deemed an emergency and necessary for the public interest, safety, and welfare.

(Source: P.A. 100-580, eff. 3-12-18; 100-581, eff. 3-12-18; 101-81, eff. 7-12-19.)

(305 ILCS 5/14-12)

Sec. 14-12. Hospital rate reform payment system. The hospital payment system pursuant to Section 14-11 of this Article shall be as follows:

(a) Inpatient hospital services. Effective for discharges on and after July 1, 2014, reimbursement for inpatient general acute care services shall utilize the All Patient Refined Diagnosis Related Grouping (APR-DRG) software, version 30, distributed by 3MTM Health Information System.

(1) The Department shall establish Medicaid weighting factors to be used in the reimbursement system established under this subsection. Initial weighting factors shall be the weighting factors as published by 3M Health Information System, associated with Version 30.0 adjusted for the Illinois experience.

(2) The Department shall establish a statewide-standardized amount to be used in the inpatient reimbursement system. The Department shall publish these amounts on its website no later than 10 calendar days prior to their effective date.

(3) In addition to the statewide-standardized amount, the Department shall develop adjusters to adjust the rate of reimbursement for critical Medicaid providers or services for trauma, transplantation services, perinatal care, and Graduate Medical Education (GME).

(4) The Department shall develop add-on payments to account for exceptionally costly inpatient stays, consistent with Medicare outlier principles. Outlier fixed loss thresholds may be updated to control for excessive growth in outlier payments no more frequently than on an annual basis, but at least ~~once every 4 years triennially~~. Upon updating the fixed loss thresholds, the Department shall be required to update base rates within 12 months.

(5) The Department shall define those hospitals or distinct parts of hospitals that shall be exempt from the APR-DRG reimbursement system established under this Section. The Department shall publish these hospitals' inpatient rates on its website no later than 10 calendar days prior to their effective date.

(6) Beginning July 1, 2014 and ending on June 30, 2024, in addition to the statewide-standardized amount, the Department shall develop an adjuster to adjust the rate of reimbursement for safety-net hospitals defined in Section 5-5e.1 of this Code excluding pediatric hospitals.

(7) Beginning July 1, 2014, in addition to the statewide-standardized amount, the Department shall develop an adjuster to adjust the rate of reimbursement for Illinois freestanding inpatient psychiatric hospitals that are not designated as children's hospitals by the Department but are primarily treating patients under the age of 21.

(7.5) (Blank).

(8) Beginning July 1, 2018, in addition to the statewide-standardized amount, the Department shall adjust the rate of reimbursement for hospitals designated by the Department of Public Health as a Perinatal Level II or II+ center by applying the same adjuster that is applied to Perinatal and Obstetrical care cases for Perinatal Level III centers, as of December 31, 2017.

(9) Beginning July 1, 2018, in addition to the statewide-standardized amount, the Department shall apply the same adjuster that is applied to trauma cases as of December 31, 2017 to inpatient claims to treat patients with burns, including, but not limited to, APR-DRGs 841, 842, 843, and 844.

(10) Beginning July 1, 2018, the statewide-standardized amount for inpatient general acute care services shall be uniformly increased so that base claims projected reimbursement is increased by an amount equal to the funds allocated in paragraph (1) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of this subsection and paragraphs (3) and (4) of subsection (b) multiplied by 40%.

(11) Beginning July 1, 2018, the reimbursement for inpatient rehabilitation services shall be increased by the addition of a \$96 per day add-on.

(b) Outpatient hospital services. Effective for dates of service on and after July 1, 2014, reimbursement for outpatient services shall utilize the Enhanced Ambulatory Procedure Grouping (EAPG) software, version 3.7 distributed by 3M™ Health Information System.

(1) The Department shall establish Medicaid weighting factors to be used in the reimbursement system established under this subsection. The initial weighting factors shall be the weighting factors as published by 3M Health Information System, associated with Version 3.7.

(2) The Department shall establish service specific statewide-standardized amounts to be used in the reimbursement system.

(A) The initial statewide standardized amounts, with the labor portion adjusted by the Calendar Year 2013 Medicare Outpatient Prospective Payment System wage index with reclassifications, shall be published by the Department on its website no later than 10 calendar days prior to their effective date.

(B) The Department shall establish adjustments to the statewide-standardized amounts for each Critical Access Hospital, as designated by the Department of Public Health in accordance with 42 CFR 485, Subpart F. For outpatient services provided on or before June 30, 2018, the EAPG standardized amounts are determined separately for each critical access hospital such that simulated EAPG payments using outpatient base period paid claim data plus payments under Section 5A-12.4 of this Code net of the associated tax costs are equal to the estimated costs of outpatient base period claims data with a rate year cost inflation factor applied.

(3) In addition to the statewide-standardized amounts, the Department shall develop adjusters to adjust the rate of reimbursement for critical Medicaid hospital outpatient providers or services,

including outpatient high volume or safety-net hospitals. Beginning July 1, 2018, the outpatient high volume adjustor shall be increased to increase annual expenditures associated with this adjustor by \$79,200,000, based on the State Fiscal Year 2015 base year data and this adjustor shall apply to public hospitals, except for large public hospitals, as defined under 89 Ill. Adm. Code 148.25(a).

(4) Beginning July 1, 2018, in addition to the statewide standardized amounts, the Department shall make an add-on payment for outpatient expensive devices and drugs. This add-on payment shall at least apply to claim lines that: (i) are assigned with one of the following EAPGs: 490, 1001 to 1020, and coded with one of the following revenue codes: 0274 to 0276, 0278; or (ii) are assigned with one of the following EAPGs: 430 to 441, 443, 444, 460 to 465, 495, 496, 1090. The add-on payment shall be calculated as follows: the claim line's covered charges multiplied by the hospital's total acute cost to charge ratio, less the claim line's EAPG payment plus \$1,000, multiplied by 0.8.

(5) Beginning July 1, 2018, the statewide-standardized amounts for outpatient services shall be increased by a uniform percentage so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (1) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection multiplied by 46%.

(6) Effective for dates of service on or after July 1, 2018, the Department shall establish adjustments to the statewide-standardized amounts for each Critical Access Hospital, as designated by the Department of Public Health in accordance with 42 CFR 485, Subpart F, such that each Critical Access Hospital's standardized amount for outpatient services shall be increased by the applicable uniform percentage determined pursuant to paragraph (5) of this subsection. It is the intent of the General Assembly that the adjustments required under this paragraph (6) by Public Act 100-1181 shall be applied retroactively to claims for dates of service provided on or after July 1, 2018.

(7) Effective for dates of service on or after March 8, 2019 (the effective date of Public Act 100-1181), the Department shall recalculate and implement an updated statewide-standardized amount for outpatient services provided by hospitals that are not Critical Access Hospitals to reflect the applicable uniform percentage determined pursuant to paragraph (5).

(1) Any recalculation to the statewide-standardized amounts for outpatient services provided by hospitals that are not Critical Access Hospitals shall be the amount necessary to achieve the increase in the statewide-standardized amounts for outpatient services increased by a uniform percentage, so that base claims projected reimbursement is increased by an amount equal to no less than the funds allocated in paragraph (1) of subsection (b) of Section 5A-12.6, less the amount allocated under paragraphs (8) and (9) of subsection (a) and paragraphs (3) and (4) of this subsection, for all hospitals that are not Critical Access Hospitals, multiplied by 46%.

(2) It is the intent of the General Assembly that the recalculations required under this paragraph (7) by Public Act 100-1181 shall be applied prospectively to claims for dates of service provided on or after March 8, 2019 (the effective date of Public Act 100-1181) and that no recoupment or repayment by the Department or an MCO of payments attributable to recalculation under this paragraph (7), issued to the hospital for dates of service on or after July 1, 2018 and before March 8, 2019 (the effective date of Public Act 100-1181), shall be permitted.

(8) The Department shall ensure that all necessary adjustments to the managed care organization capitation base rates necessitated by the adjustments under subparagraph (6) or (7) of this subsection are completed and applied retroactively in accordance with Section 5-30.8 of this Code within 90 days of March 8, 2019 (the effective date of Public Act 100-1181).

(9) Within 60 days after federal approval of the change made to the assessment in Section 5A-2 by this amendatory Act of the 101st General Assembly, the Department shall incorporate into the EAPG system for outpatient services those services performed by hospitals currently billed through the Non-Institutional Provider billing system.

(c) In consultation with the hospital community, the Department is authorized to replace 89 Ill. Adm. Code 152.150 as published in 38 Ill. Reg. 4980 through 4986 within 12 months of June 16, 2014 (the effective date of Public Act 98-651). If the Department does not replace these rules within 12 months of June 16, 2014 (the effective date of Public Act 98-651), the rules in effect for 152.150 as published in 38 Ill. Reg. 4980 through 4986 shall remain in effect until modified by rule by the Department. Nothing in this subsection shall be construed to mandate that the Department file a replacement rule.

(d) Transition period. There shall be a transition period to the reimbursement systems authorized under this Section that shall begin on the effective date of these systems and continue until June 30, 2018, unless extended by rule by the Department. To help provide an orderly and predictable transition to the new reimbursement systems and to preserve and enhance access to the hospital services during this transition, the Department shall allocate a transitional hospital access pool of at least \$290,000,000 annually so that transitional hospital access payments are made to hospitals.

(1) After the transition period, the Department may begin incorporating the transitional hospital access pool into the base rate structure; however, the transitional hospital access payments in effect on June 30, 2018 shall continue to be paid, if continued under Section 5A-16.

(2) After the transition period, if the Department reduces payments from the transitional hospital access pool, it shall increase base rates, develop new adjustors, adjust current adjustors, develop new hospital access payments based on updated information, or any combination thereof by an amount equal to the decreases proposed in the transitional hospital access pool payments, ensuring that the entire transitional hospital access pool amount shall continue to be used for hospital payments.

(d-5) Hospital and health care transformation program. The Department shall develop a hospital and health care transformation program to provide financial assistance to hospitals in transforming their services and care models to better align with the needs of the communities they serve. The payments authorized in this Section shall be subject to approval by the federal government.

(1) Phase 1. In State fiscal years 2019 through 2020, the Department shall allocate funds from the transitional access hospital pool to create a hospital transformation pool of at least \$262,906,870 annually and make hospital transformation payments to hospitals. Subject to Section 5A-16, in State fiscal years 2019 and 2020, an Illinois hospital that received either a transitional hospital access payment under subsection (d) or a supplemental payment under subsection (f) of this Section in State fiscal year 2018, shall receive a hospital transformation payment as follows:

(A) If the hospital's Rate Year 2017 Medicaid inpatient utilization rate is equal to or greater than 45%, the hospital transformation payment shall be equal to 100% of the sum of its transitional hospital access payment authorized under subsection (d) and any supplemental payment authorized under subsection (f).

(B) If the hospital's Rate Year 2017 Medicaid inpatient utilization rate is equal to or greater than 25% but less than 45%, the hospital transformation payment shall be equal to 75% of the sum of its transitional hospital access payment authorized under subsection (d) and any supplemental payment authorized under subsection (f).

(C) If the hospital's Rate Year 2017 Medicaid inpatient utilization rate is less than 25%, the hospital transformation payment shall be equal to 50% of the sum of its transitional hospital access payment authorized under subsection (d) and any supplemental payment authorized under subsection (f).

(2) Phase 2.

(A) The funding amount from phase one shall be incorporated into directed payment and pass-through payment methodologies described in Section 5A-12.7.

(B) Because there are communities in Illinois that experience significant health care disparities due to systemic racism, as recently emphasized by the COVID-19 pandemic, aggravated by social determinants of health and a lack of sufficiently allocated healthcare resources, particularly community-based services, preventive care, obstetric care, chronic disease management, and specialty care, the Department shall establish a health care transformation program that shall be supported by the transformation funding pool. It is the intention of the General Assembly that innovative partnerships funded by the pool must be designed to establish or improve integrated health care delivery systems that will provide significant access to the Medicaid and uninsured populations in their communities, as well as improve health care equity. It is also the intention of the General Assembly that partnerships recognize and address the disparities revealed by the COVID-19 pandemic, as well as the need for post-COVID care. During State fiscal years 2021 through 2027, the hospital and health care transformation program shall be supported by an annual transformation funding pool of up to \$150,000,000, pending federal matching funds, to be allocated during the specified fiscal years for the purpose of facilitating hospital and health care transformation. No disbursement of moneys for transformation projects from the transformation funding pool described under this

Section shall be considered an award, a grant, or an expenditure of grant funds. Funding agreements made in accordance with the transformation program shall be considered purchases of care under the Illinois Procurement Code, and funds shall be expended by the Department in a manner that maximizes federal funding to expend the entire allocated amount.

The Department shall convene, within 30 days after the effective date of this amendatory Act of the 101st General Assembly, a workgroup that includes subject matter experts on healthcare disparities and stakeholders from distressed communities, which could be a subcommittee of the Medicaid Advisory Committee, to review and provide recommendations on how Department policy, including health care transformation, can improve health disparities and the impact on communities disproportionately affected by COVID-19. The workgroup shall consider and make recommendations on the following issues: a community safety-net designation of certain hospitals, racial equity, and a regional partnership to bring additional specialty services to communities.

(C) As provided in paragraph (9) of Section 3 of the Illinois Health Facilities Planning Act, any hospital participating in the transformation program may be excluded from the requirements of the Illinois Health Facilities Planning Act for those projects related to the hospital's transformation. To be eligible, the hospital must submit to the Health Facilities and Services Review Board approval from the Department that the project is a part of the hospital's transformation.

(D) As provided in subsection (a-20) of Section 32.5 of the Emergency Medical Services (EMS) Systems Act, a hospital that received hospital transformation payments under this Section may convert to a freestanding emergency center. To be eligible for such a conversion, the hospital must submit to the Department of Public Health approval from the Department that the project is a part of the hospital's transformation.

(E) Criteria for proposals. To be eligible for funding under this Section, a transformation proposal shall meet all of the following criteria:

(i) the proposal shall be designed based on community needs assessment completed by either a University partner or other qualified entity with significant community input;

(ii) the proposal shall be a collaboration among providers across the care and community spectrum, including preventative care, primary care specialty care, hospital services, mental health and substance abuse services, as well as community-based entities that address the social determinants of health;

(iii) the proposal shall be specifically designed to improve healthcare outcomes and reduce healthcare disparities, and improve the coordination, effectiveness, and efficiency of care delivery;

(iv) the proposal shall have specific measurable metrics related to disparities that will be tracked by the Department and made public by the Department;

(v) the proposal shall include a commitment to include Business Enterprise Program certified vendors or other entities controlled and managed by minorities or women; and

(vi) the proposal shall specifically increase access to primary, preventive, or specialty care.

(F) Entities eligible to be funded.

(i) Proposals for funding should come from collaborations operating in one of the most distressed communities in Illinois as determined by the U.S. Centers for Disease Control and Prevention's Social Vulnerability Index for Illinois and areas disproportionately impacted by COVID-19 or from rural areas of Illinois.

(ii) The Department shall prioritize partnerships from distressed communities, which include Business Enterprise Program certified vendors or other entities controlled and managed by minorities or women and also include one or more of the following: safety-net hospitals, critical access hospitals, the campuses of hospitals that have closed since January 1, 2018, or other healthcare providers designed to address specific healthcare disparities, including the impact of COVID-19 on individuals and the community and the need for post-COVID care. All funded proposals must include specific measurable goals and metrics related to improved outcomes and reduced disparities which shall be tracked by the Department.

(iii) The Department should target the funding in the following ways: \$30,000,000 of transformation funds to projects that are a collaboration between a safety-net hospital, particularly community safety-net hospitals, and other providers and designed to address specific healthcare disparities, \$20,000,000 of transformation funds to collaborations between safety-net hospitals and a larger hospital partner that increases specialty care in distressed communities, \$30,000,000 of transformation funds to projects that are a collaboration between hospitals and other providers in distressed areas of the State designed to address specific healthcare disparities, \$15,000,000 to collaborations between critical access hospitals and other providers designed to address specific healthcare disparities, and \$15,000,000 to cross-provider collaborations designed to address specific healthcare disparities, and \$5,000,000 to collaborations that focus on workforce development.

(iv) The Department may allocate up to \$5,000,000 for planning, racial equity analysis, or consulting resources for the Department or entities without the resources to develop a plan to meet the criteria of this Section. Any contract for consulting services issued by the Department under this subparagraph shall comply with the provisions of Section 5-45 of the State Officials and Employees Ethics Act. Based on availability of federal funding, the Department may directly procure consulting services or provide funding to the collaboration. The provision of resources under this subparagraph is not a guarantee that a project will be approved.

(v) The Department shall take steps to ensure that safety-net hospitals operating in under-resourced communities receive priority access to hospital and healthcare transformation funds, including consulting funds, as provided under this Section.

(G) Process for submitting and approving projects for distressed communities. The Department shall issue a template for application. The Department shall post any proposal received on the Department's website for at least 2 weeks for public comment, and any such public comment shall also be considered in the review process. Applicants may request that proprietary financial information be redacted from publicly posted proposals and the Department in its discretion may agree. Proposals for each distressed community must include all of the following:

(i) A detailed description of how the project intends to affect the goals outlined in this subsection, describing new interventions, new technology, new structures, and other changes to the healthcare delivery system planned.

(ii) A detailed description of the racial and ethnic makeup of the entities' board and leadership positions and the salaries of the executive staff of entities in the partnership that is seeking to obtain funding under this Section.

(iii) A complete budget, including an overall timeline and a detailed pathway to sustainability within a 5-year period, specifying other sources of funding, such as in-kind, cost-sharing, or private donations, particularly for capital needs. There is an expectation that parties to the transformation project dedicate resources to the extent they are able and that these expectations are delineated separately for each entity in the proposal.

(iv) A description of any new entities formed or other legal relationships between collaborating entities and how funds will be allocated among participants.

(v) A timeline showing the evolution of sites and specific services of the project over a 5-year period, including services available to the community by site.

(vi) Clear milestones indicating progress toward the proposed goals of the proposal as checkpoints along the way to continue receiving funding. The Department is authorized to refine these milestones in agreements, and is authorized to impose reasonable penalties, including repayment of funds, for substantial lack of progress.

(vii) A clear statement of the level of commitment the project will include for minorities and women in contracting opportunities, including as equity partners where applicable, or as subcontractors and suppliers in all phases of the project.

(viii) If the community study utilized is not the study commissioned and published by the Department, the applicant must define the methodology used, including documentation of clear community participation.

(ix) A description of the process used in collaborating with all levels of government in the community served in the development of the project, including, but not limited to, legislators and officials of other units of local government.

(x) Documentation of a community input process in the community served, including links to proposal materials on public websites.

(xi) Verifiable project milestones and quality metrics that will be impacted by transformation. These project milestones and quality metrics must be identified with improvement targets that must be met.

(xii) Data on the number of existing employees by various job categories and wage levels by the zip code of the employees' residence and benchmarks for the continued maintenance and improvement of these levels. The proposal must also describe any retraining or other workforce development planned for the new project.

(xiii) If a new entity is created by the project, a description of how the board will be reflective of the community served by the proposal.

(xiv) An explanation of how the proposal will address the existing disparities that exacerbated the impact of COVID-19 and the need for post-COVID care in the community, if applicable.

(xv) An explanation of how the proposal is designed to increase access to care, including specialty care based upon the community's needs.

(H) The Department shall evaluate proposals for compliance with the criteria listed under subparagraph (G). Proposals meeting all of the criteria may be eligible for funding with the areas of focus prioritized as described in item (ii) of subparagraph (F). Based on the funds available, the Department may negotiate funding agreements with approved applicants to maximize federal funding. Nothing in this subsection requires that an approved project be funded to the level requested. Agreements shall specify the amount of funding anticipated annually, the methodology of payments, the limit on the number of years such funding may be provided, and the milestones and quality metrics that must be met by the projects in order to continue to receive funding during each year of the program. Agreements shall specify the terms and conditions under which a health care facility that receives funds under a purchase of care agreement and closes in violation of the terms of the agreement must pay an early closure fee no greater than 50% of the funds it received under the agreement, prior to the Health Facilities and Services Review Board considering an application for closure of the facility. Any project that is funded shall be required to provide quarterly written progress reports, in a form prescribed by the Department, and at a minimum shall include the progress made in achieving any milestones or metrics or Business Enterprise Program commitments in its plan. The Department may reduce or end payments, as set forth in transformation plans, if milestones or metrics or Business Enterprise Program commitments are not achieved. The Department shall seek to make payments from the transformation fund in a manner that is eligible for federal matching funds.

In reviewing the proposals, the Department shall take into account the needs of the community, data from the study commissioned by the Department from the University of Illinois-Chicago if applicable, feedback from public comment on the Department's website, as well as how the proposal meets the criteria listed under subparagraph (G). Alignment with the Department's overall strategic initiatives shall be an important factor. To the extent that fiscal year funding is not adequate to fund all eligible projects that apply, the Department shall prioritize applications that most comprehensively and effectively address the criteria listed under subparagraph (G).

(3) (Blank).

(4) Hospital Transformation Review Committee. There is created the Hospital Transformation Review Committee. The Committee shall consist of 14 members. No later than 30 days after March 12, 2018 (the effective date of Public Act 100-581), the 4 legislative leaders shall each appoint 3 members; the Governor shall appoint the Director of Healthcare and Family Services, or his or her designee, as a member; and the Director of Healthcare and Family Services shall appoint one member. Any vacancy shall be filled by the applicable appointing authority within 15 calendar days. The members of the Committee shall select a Chair and a Vice-Chair from among its members, provided that the Chair and Vice-Chair cannot be appointed by the same appointing authority and must be from

different political parties. The Chair shall have the authority to establish a meeting schedule and convene meetings of the Committee, and the Vice-Chair shall have the authority to convene meetings in the absence of the Chair. The Committee may establish its own rules with respect to meeting schedule, notice of meetings, and the disclosure of documents; however, the Committee shall not have the power to subpoena individuals or documents and any rules must be approved by 9 of the 14 members. The Committee shall perform the functions described in this Section and advise and consult with the Director in the administration of this Section. In addition to reviewing and approving the policies, procedures, and rules for the hospital and health care transformation program, the Committee shall consider and make recommendations related to qualifying criteria and payment methodologies related to safety-net hospitals and children's hospitals. Members of the Committee appointed by the legislative leaders shall be subject to the jurisdiction of the Legislative Ethics Commission, not the Executive Ethics Commission, and all requests under the Freedom of Information Act shall be directed to the applicable Freedom of Information officer for the General Assembly. The Department shall provide operational support to the Committee as necessary. The Committee is dissolved on April 1, 2019.

(e) Beginning 36 months after initial implementation, the Department shall update the reimbursement components in subsections (a) and (b), including standardized amounts and weighting factors, and at least once every 4 years ~~triennially~~ and no more frequently than annually thereafter. The Department shall publish these updates on its website no later than 30 calendar days prior to their effective date.

(f) Continuation of supplemental payments. Any supplemental payments authorized under Illinois Administrative Code 148 effective January 1, 2014 and that continue during the period of July 1, 2014 through December 31, 2014 shall remain in effect as long as the assessment imposed by Section 5A-2 that is in effect on December 31, 2017 remains in effect.

(g) Notwithstanding subsections (a) through (f) of this Section and notwithstanding the changes authorized under Section 5-5b.1, any updates to the system shall not result in any diminishment of the overall effective rates of reimbursement as of the implementation date of the new system (July 1, 2014). These updates shall not preclude variations in any individual component of the system or hospital rate variations. Nothing in this Section shall prohibit the Department from increasing the rates of reimbursement or developing payments to ensure access to hospital services. Nothing in this Section shall be construed to guarantee a minimum amount of spending in the aggregate or per hospital as spending may be impacted by factors, including, but not limited to, the number of individuals in the medical assistance program and the severity of illness of the individuals.

(h) The Department shall have the authority to modify by rulemaking any changes to the rates or methodologies in this Section as required by the federal government to obtain federal financial participation for expenditures made under this Section.

(i) Except for subsections (g) and (h) of this Section, the Department shall, pursuant to subsection (c) of Section 5-40 of the Illinois Administrative Procedure Act, provide for presentation at the June 2014 hearing of the Joint Committee on Administrative Rules (JCAR) additional written notice to JCAR of the following rules in order to commence the second notice period for the following rules: rules published in the Illinois Register, rule dated February 21, 2014 at 38 Ill. Reg. 4559 (Medical Payment), 4628 (Specialized Health Care Delivery Systems), 4640 (Hospital Services), 4932 (Diagnostic Related Grouping (DRG) Prospective Payment System (PPS)), and 4977 (Hospital Reimbursement Changes), and published in the Illinois Register dated March 21, 2014 at 38 Ill. Reg. 6499 (Specialized Health Care Delivery Systems) and 6505 (Hospital Services).

(j) Out-of-state hospitals. Beginning July 1, 2018, for purposes of determining for State fiscal years 2019 and 2020 and subsequent fiscal years the hospitals eligible for the payments authorized under subsections (a) and (b) of this Section, the Department shall include out-of-state hospitals that are designated a Level I pediatric trauma center or a Level I trauma center by the Department of Public Health as of December 1, 2017.

(k) The Department shall notify each hospital and managed care organization, in writing, of the impact of the updates under this Section at least 30 calendar days prior to their effective date.

(Source: P.A. 100-581, eff. 3-12-18; 100-1181, eff. 3-8-19; 101-81, eff. 7-12-19; 101-650, eff. 7-7-20; 101-655, eff. 3-12-21.)

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

[October 26, 2021]

Under the rules, the foregoing **Senate Bill No. 1040**, with House Amendment No. 2, was referred to the Secretary's Desk.

Senator Barickman asked and obtained unanimous consent to recess for the purpose of a Republican caucus.

At the hour of 6:48 o'clock p.m., the Chair announced that the Senate stands at recess subject to the call of the Chair.

AFTER RECESS

At the hour of 7:02 o'clock p.m., the Senate resumed consideration of business.
Senator Cunningham, presiding.

MOTION

Senator Holmes moved that pursuant to Senate Rule 4-1(e), Senators Aquino, Collins, Ellman, Hastings, Rose, Stewart and Van Pelt be allowed to remotely participate and vote in today's session.
The motion prevailed.

READING BILL OF THE SENATE A THIRD TIME

On motion of Senator Murphy, **Senate Bill No. 145** having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.
And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 57; NAYS None.

The following voted in the affirmative:

Anderson	DeWitte	Landek	Stadelman
Aquino	Ellman	Lightford	Stewart
Bailey	Feigenholtz	Loughran Cappel	Stoller
Barickman	Fine	Martwick	Syverson
Belt	Fowler	McClure	Tracy
Bennett	Gillespie	McConchie	Turner, D.
Bryant	Glowiak Hilton	Morrison	Turner, S.
Bush	Harris	Murphy	Villa
Castro	Hastings	Pacione-Zayas	Villanueva
Collins	Holmes	Peters	Villivalam
Connor	Hunter	Plummer	Wilcox
Crowe	Johnson	Rezin	Mr. President
Cullerton, T.	Jones, E.	Rose	
Cunningham	Joyce	Simmons	
Curran	Koehler	Sims	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence therein.

REPORTS FROM COMMITTEE ON ASSIGNMENTS

Senator Lightford, Chair of the Committee on Assignments, during its October 26, 2021 meeting, to which was referred **House Bill No. 3490** on June 15, 2021, pursuant to Rule 3-9(a), reported that the Committee recommends that the bill be approved for consideration and returned to the calendar in its former position.

The report of the Committee was concurred in.

And **House Bill No. 3490** was returned to the order of third reading.

Senator Lightford, Chair of the Committee on Assignments, during its October 26, 2021 meeting, reported that the following Legislative Measures have been approved for consideration:

Floor Amendment No. 2 to House Bill 370

Floor Amendment No. 3 to House Bill 2778

The foregoing floor amendments were placed on the Secretary's Desk.

HOUSE BILL RECALLED

On motion of Senator Fine, **House Bill No. 1976** was recalled from the order of third reading to the order of second reading.

Senator Fine offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO HOUSE BILL 1976

AMENDMENT NO. 2. Amend House Bill 1976, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. "An Act concerning regulation", approved August 24, 2021, Public Act 102-578, is amended by changing Section 99 as follows:

(P.A. 102-578, Sec. 99)

Sec. 99. Effective date. This Act takes effect July 1, 2022 ~~December 31, 2022~~.

(Source: P.A. 102-578, eff. 12-31-22.)

Section 10. The Illinois Insurance Code is amended by changing Section 1655 as follows:

(215 ILCS 5/1655)

(This Section may contain text from a Public Act with a delayed effective date)

Sec. 1655. Policy.

(a) Notwithstanding any other provision of this Code, travel insurance shall be classified and filed for purposes of rates and forms under an inland marine line of insurance; however, including ~~including~~ travel insurance that provides coverage for sickness, accident, disability, or death occurring during travel, either exclusively, or in conjunction with related coverages of emergency evacuation or repatriation of remains, or incidental limited property and casualty benefits such as baggage or trip cancellation may be filed under either an accident and health line of insurance or an inland marine line of insurance.

(b) Travel insurance may be in the form of an individual, group, master, or blanket policy.

(c) Eligibility and underwriting standards for travel insurance may be developed and provided based on travel protection plans designed for individual or identified marketing or distribution channels, provided those standards also meet this State's underwriting standards for inland marine.

(Source: P.A. 102-212, eff. 10-28-21.)

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

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

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READING BILLS FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Fine, **House Bill No. 1976** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 57; NAYS None.

The following voted in the affirmative:

Anderson	DeWitte	Landek	Stadelman
Aquino	Ellman	Lightford	Stewart
Bailey	Feigenholtz	Loughran Cappel	Stoller
Barickman	Fine	Martwick	Syverson
Belt	Fowler	McClure	Tracy
Bennett	Gillespie	McConchie	Turner, D.
Bryant	Glowiak Hilton	Morrison	Turner, S.
Bush	Harris	Murphy	Villa
Castro	Hastings	Pacione-Zayas	Villanueva
Collins	Holmes	Peters	Villivalam
Connor	Hunter	Plummer	Wilcox
Crowe	Johnson	Rezin	Mr. President
Cullerton, T.	Jones, E.	Rose	
Cunningham	Joyce	Simmons	
Curran	Koehler	Sims	

This bill, having received the vote of three-fifths of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendments adopted thereto.

On motion of Senator T. Cullerton, **House Bill No. 220** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 55; NAYS 3.

The following voted in the affirmative:

Anderson	DeWitte	Koehler	Sims
Aquino	Ellman	Landek	Stadelman
Barickman	Feigenholtz	Lightford	Stewart
Belt	Fine	Loughran Cappel	Stoller
Bennett	Fowler	Martwick	Syverson
Bryant	Gillespie	McClure	Tracy
Bush	Glowiak Hilton	McConchie	Turner, D.
Castro	Harris	Morrison	Turner, S.
Collins	Hastings	Murphy	Van Pelt
Connor	Holmes	Pacione-Zayas	Villa
Crowe	Hunter	Peters	Villanueva
Cullerton, T.	Johnson	Rezin	Villivalam
Cunningham	Jones, E.	Rose	Mr. President
Curran	Joyce	Simmons	

The following voted in the negative:

Bailey
Plummer
Wilcox

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).
Ordered that the Secretary inform the House of Representatives thereof.

HOUSE BILL RECALLED

On motion of Senator Sims, **House Bill No. 370** was recalled from the order of third reading to the order of second reading.

Senator Sims offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO HOUSE BILL 370

AMENDMENT NO. 1. Amend House Bill 370 by replacing everything after the enacting clause with the following:

"Section 1. Short title. This Act may be cited as the Youth Health and Safety Act.

Section 5. Findings and declaration of policy. The General Assembly finds, determines, and declares the following:

(1) In 2019, the State of Illinois enacted the Reproductive Health Act to establish and affirm the fundamental right of all individuals in our State to make their own decisions about their reproductive health care without government interference.

(2) Illinois' support of reproductive health care stood in stark contrast to actions in other states aimed at limiting, and even banning, access to reproductive health care, including abortion care. The Reproductive Health Act further established Illinois as a bulwark in the protection of access to reproductive health care in the Midwest. The pace of attacks on the fundamental right of individuals to make autonomous decisions about their lives has accelerated dangerously since 2019.

(3) So far in calendar year 2021, 47 states considered severe abortion restrictions, including 10 bans in direct conflict with the basic guarantees contained in *Roe v. Wade* and the protections codified under the Reproductive Health Act. Additionally, the Supreme Court of the United States is being asked to overturn the holding in *Roe v. Wade* in a case concerning an abortion ban in Mississippi, a development threatening to leave millions of Americans without access to abortion care.

(4) These attacks reached their zenith with the passage of an abortion ban in Texas that deputized individuals across the country to act as "bounty hunters" allowing for lawsuits against physicians providing abortion care to people who are pregnant and others helping those seeking that care.

(5) Illinois again is called to be an example for the nation in the protection of reproductive health care while also working to establish healthy family communications, protecting the health and safety of youth including those who are pregnant and parenting, and investing in individuals throughout their lives.

(6) It is in the public policy interest of the State to ensure that Illinois residents, and individuals coming to the State of Illinois to access reproductive health care, are safe and free from barriers to access, including, but not limited to, medically unnecessary waiting periods, bans on particular reproductive health procedures, and restrictions or legal threats when accessing reproductive health care. The State of Illinois recognizes it is not the role of government to deny access to reproductive health care for its residents and those traveling to the State to access healthcare, especially those who are traveling to the State of Illinois because of the implementation of severe abortion restrictions in their home states. It is also in the public policy interest of the State to protect and support providers of

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reproductive health care and ensure that there are no penalties targeting providers, and individuals who support or aid those seeking reproductive health care in Illinois. The State of Illinois also opposes criminal litigation directed at those who provide healthcare or support to individuals traveling from states with such laws.

(7) The Youth Health and Safety Act seeks to restate Illinois' commitment to full and equitable access to reproductive health care for all persons across the State, without barriers based on race or ethnicity, immigration status, age, geographic location, economic means, education level, or other categories of identity. The Act confirms that Illinois will not move backwards and will continue to assure that reproductive rights are protected and recognized.

Section 10. The Youth Health and Safety Advisory Working Group; duties and responsibilities.

(a) The Youth Health and Safety Advisory Working Group is created for the purpose of identifying and reviewing laws and regulations that impact pregnant and parenting youth and youth that may become pregnant or a parent. The working group shall identify existing and needed resources for pregnant and parenting youth, and youth seeking reproductive healthcare. In this Act, "youth" means an individual under 18 years of age.

The working group shall prepare and make public a report that details available information and makes recommendations as necessary.

(b) The working group shall identify laws and regulations that impact pregnant and parenting youth, or that may impact a pregnant or parenting youth, and provide information and resources on topics related to healthcare, including, but not limited to the following:

(1) consent to medical care, including what healthcare and treatments are available, and access to confidential treatment and care;

(2) pregnancy, abortion, adoption, and parenting;

(3) counseling services, including, but not limited to, reproduction and sexual health, pregnancy and post-pregnancy, mental health, family, and parenting;

(4) emancipation; and

(5) insurance coverage.

(c) The working group shall identify and provide information and resources that encourage and support open communication and conversation between youth and their families and other trusted people in their lives, including, but not limited to, counseling services, classes and workshops, talk and text-lines, online and social media options, tools targeted to parents and adults, and tools targeted to youth.

(d) The working group shall identify and provide information and resources for pregnant and parenting youth related to education, employment, housing, food access, and child care.

Section 15. Membership; meetings.

(a) The members of the working group shall include and represent the diversity of the people of Illinois, and shall be composed of the following:

(1) Four members appointed by the Senate President, with at least 2 youth.

(2) Two members appointed by the Minority Leader of the Senate, with at least one youth.

(3) Four members appointed by the Speaker of the House of Representatives, with at least 2 youth.

(4) Two members appointed by the Minority Leader of the Speaker of the House of Representatives, with at least one youth.

(5) One State Representative appointed by the Speaker of the House of Representatives.

(6) One State Representative appointed by the Minority Leader of the House of Representatives.

(7) One State Senator appointed by the President of the Senate.

(8) One State Senator appointed by the Minority Leader of the Senate.

(9) Four members appointed by the Governor, with at least 2 youth.

(b) Appointments for the working group shall be made on or before August 31, 2022.

(c) Members shall serve without compensation.

(d) The Department of Public Health shall provide administrative support to the working group.

Section 20. Report; dissolution. The working group shall issue a report based upon its findings. The report shall be submitted to the Governor and General Assembly no later than July 1, 2023.

Section 25. Repeal. This Act is repealed on January 1, 2024.

Section 90. Public Act 89-18, approved June 1, 1995, as amended, is repealed."

The motion prevailed.

And the amendment was adopted and ordered printed.

Senator Sims offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO HOUSE BILL 370

AMENDMENT NO. 2. Amend House Bill 370, AS AMENDED, with reference to page and line numbers of Senate Amendment No. 1, as follows:

on page 5, line 16, by deleting "and"; and

on page 5, line 17, after "child care" by inserting ", and human trafficking, including the prevention of trafficking".

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

READING BILL FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Sims, **House Bill No. 370** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 32; NAYS 22.

The following voted in the affirmative:

Aquino	Gillespie	Morrison	Van Pelt
Bennett	Glowiak Hilton	Muñoz	Villa
Bush	Holmes	Murphy	Villanueva
Castro	Hunter	Pacione-Zayas	Villivalam
Collins	Johnson	Peters	Mr. President
Connor	Jones, E.	Simmons	
Ellman	Koehler	Sims	
Feigenholtz	Lightford	Stadelman	
Fine	Martwick	Turner, D.	

The following voted in the negative:

Anderson	Curran	McConchie	Syverson
Bailey	DeWitte	Plummer	Tracy
Barickman	Fowler	Rezin	Turner, S.
Bryant	Joyce	Rose	Wilcox
Crowe	Loughran Cappel	Stewart	
Cunningham	McClure	Stoller	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendments adopted thereto.

At the hour of 8:23 o'clock p.m., the Chair announced that the Senate stands adjourned until Wednesday, October 27, 2021, at 10:00 o'clock a.m.