



# **SENATE JOURNAL**

**STATE OF ILLINOIS**

**ONE HUNDRED FOURTH GENERAL  
ASSEMBLY**

**81ST LEGISLATIVE DAY**

**THURSDAY, MARCH 5, 2026**

**12:05 O'CLOCK P.M.**

**SENATE**  
**Daily Journal Index**  
**81st Legislative Day**

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The Senate met pursuant to adjournment.  
Senator Mattie Hunter, Chicago, Illinois, presiding.  
Prayer by Pastor Curt Fleck, Civil Servant Ministries, Springfield, Illinois.  
Senator Johnson led the Senate in the Pledge of Allegiance.

Senator Glowiak Hilton moved that reading and approval of the Journal of Wednesday, March 4, 2026, be postponed, pending arrival of the printed Journal.  
The motion prevailed.

**LEGISLATIVE MEASURE FILED**

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

Amendment No. 1 to Senate Bill 1454

**REPORT RECEIVED**

The Secretary placed before the Senate the following report:

Reporting Requirement of 50 ILCS 707/20 (Law Enforcement Camera Grant Act), submitted by the Steeleville Police Department.

The foregoing report was ordered received and placed on file in the Secretary's Office.

**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

March 5, 2026

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Graciela Guzman to temporarily replace Senator Karina Villa as a member of the Senate Environment and Conservation Committee. This appointment will expire upon adjournment of the Senate Environment and Conservation Committee on March 5, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

cc: Senate Republican Leader John F. Curran

[March 5, 2026]

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

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312-814-2075

March 5, 2026

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Celina Villanueva to temporarily replace Senator Laura Fine as a member of the Senate Environment and Conservation Committee. This appointment will expire upon adjournment of the Senate Environment and Conservation Committee on March 5, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

cc: Senate Republican Leader John F. Curran

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

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CHICAGO, ILLINOIS 60601  
312-814-2075

March 5, 2026

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

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Mike Porfirio to temporarily replace Senator Sara Feigenholtz as a member of the Senate Environment and Conservation Committee. This appointment will expire upon adjournment of the Senate Environment and Conservation Committee on March 5, 2026.

Sincerely,  
s/Don Harmon  
Don Harmon  
Senate President

cc: Senate Republican Leader John F. Curran

[March 5, 2026]

**PRESENTATION OF CELEBRATION OF LIFE RESOLUTIONS**

**SENATE RESOLUTION NO. 650**

Offered by Senator McClure and all Senators:  
Mourns the passing of Dominic Constantino Giacomini of Springfield.

**SENATE RESOLUTION NO. 651**

Offered by Senator D. Turner and all Senators:  
Mourns the passing of Michael L. Smoot.

**SENATE RESOLUTION NO. 652**

Offered by Senator Belt and all Senators:  
Mourns the passing of Linnie R. Taylor of Shiloh.

**SENATE RESOLUTION NO. 654**

Offered by Senator Anderson and all Senators:  
Mourns the death of William Jean "Bill" Meriwether Jr.

**SENATE RESOLUTION NO. 655**

Offered by Senator Anderson and all Senators:  
Mourns the passing of Dan J. Male.

**SENATE RESOLUTION NO. 656**

Offered by Senator Anderson and all Senators:  
Mourns the death of Dr. John B. Dale of Brimfield.

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

**PRESENTATION OF RESOLUTION**

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

**SENATE RESOLUTION NO. 653**

WHEREAS, The State of Illinois is home to a vibrant and diverse community of residents, representing cultures, traditions, and faiths from around the world; and

WHEREAS, Holi, known as the "Festival of Colors", is a traditional Indian holiday celebrated by millions of people in India and across the global diaspora; and

WHEREAS, Holi marks the arrival of spring and symbolizes renewal, unity, love, and the triumph of good over evil; and

WHEREAS, Celebrating Holi brings together families, friends, and neighbors in a spirit of joy, forgiveness, and community through cultural traditions that include music, food, and the sharing of vibrant colors; and

WHEREAS, The Indian American community has made significant contributions to the cultural, economic, educational, and civic life of Illinois; and

WHEREAS, Recognizing cultural observances such as Holi promotes cross-cultural understanding, strengthens community bonds, and affirms Illinois' commitment to inclusion and mutual respect; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDRED FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that we declare March 5, 2026 as Holi Day in the State of Illinois; and be it further

RESOLVED, That we encourage residents to acknowledge and celebrate the rich traditions and enduring contributions of the Indian American community throughout our State.

### REPORTS FROM STANDING COMMITTEES

Senator Castro, Chair of the Committee on Executive, to which was referred **Senate Bills Numbered 3374 and 3438**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Glowiak Hilton, Chair of the Committee on Licensed Activities, to which was referred **Senate Bills Numbered 3213, 3393 and 3896**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Joyce, Chair of the Committee on State Government, to which was referred **Senate Bills Numbered 3008, 3731 and 3964**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Joyce, Chair of the Committee on State Government, to which was referred **Senate Bill No. 2295**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

Under the rules, the bill was ordered to a second reading.

Senator Hastings, Chair of the Committee on Judiciary, to which was referred **Senate Bills Numbered 3107 and 3291**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Hastings, Chair of the Committee on Judiciary, to which was referred **Senate Bills Numbered 3183, 3398, 3415 and 3706**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

Senator Johnson, Chair of the Committee on Local Government, to which was referred **Senate Bills Numbered 3471 and 3925**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Johnson, Chair of the Committee on Local Government, to which was referred **Senate Bill No. 3321**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

Under the rules, the bill was ordered to a second reading.

Senator Murphy, Chair of the Committee on Executive Appointments, to which was referred **Appointment Messages Numbered 1040092, 1040093, 1040094, 1040097, 1040105, 1040106, 1040110, 1040111, 1040112, 1040113, 1040114, 1040115, 1040116, 1040117, 1040118, 1040119, 1040153, 1040167, 1040171, 1040172, 1040173, 1040174, 1040175, 1040176, 1040178, 1040180, 1040181, 1040183, 1040184, 1040185, 1040186, 1040187, 1040189, 1040190, 1040193, 1040194, 1040199, 1040200,**

[March 5, 2026]

**1040201, 1040202, 1040203, 1040204, 1040205, 1040209, 1040210 and 1040211**, 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.

Senator Ellman, Chair of the Committee on Environment and Conservation, to which was referred **Senate Bill No. 3917**, reported the same back with the recommendation that the bill do pass.

Under the rules, the bill was ordered to a second reading.

## INTRODUCTION OF BILLS

**SENATE BILL NO. 4167.** Introduced by Senator Feigenholtz, a bill for AN ACT concerning education.

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

**SENATE BILL NO. 4168.** Introduced by Senator Hastings, a bill for AN ACT concerning gaming.

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. 1040448**

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

I, JB Pritzker, Governor, 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 Pollution Control Board

Start Date: September 3, 2025

End Date: July 1, 2028

Name: Michelle Gibson

County of Residence: Winnebago

Annual Compensation: \$145,480

Per diem: Not Applicable

Nominee's Senator: Senator Steve Stadelman

Most Recent Holder of Office: Michelle Gibson

Superseded Appointment Message: Not Applicable

### **Appointment Message No. 1040449**

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

[March 5, 2026]

I, JB Pritzker, Governor, 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: Will County Metropolitan Exposition and Auditorium Authority

Start Date: September 26, 2025

End Date: December 1, 2029

Name: William Kent

County of Residence: Will

Annual Compensation: Expenses

Per diem: Not Applicable

Nominee's Senator: Senator Meg Loughran Cappel

Most Recent Holder of Office: William Kent

Superseded Appointment Message: Not Applicable

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

### **READING BILLS OF THE SENATE A SECOND TIME**

On motion of Senator D. Turner, **Senate Bill No. 2761** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Education, adopted and ordered printed:

#### **AMENDMENT NO. 1 TO SENATE BILL 2761**

AMENDMENT NO. 1. Amend Senate Bill 2761 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 10-22.39 as follows:  
(105 ILCS 5/10-22.39)

Sec. 10-22.39. In-service training programs.

(a) To conduct in-service training programs for teachers, administrators, and school support personnel.

(b) In addition to other topics at in-service training programs listed in this Section, teachers, administrators, and school support personnel who work with pupils must be trained in the following topics: health conditions of students; social-emotional learning; developing cultural competency; identifying warning signs of mental illness and suicidal behavior in youth; domestic and sexual violence and the needs of expectant and parenting youth; protections and accommodations for students; educator ethics; responding to child sexual abuse and grooming behavior; and effective instruction in violence prevention and conflict resolution. In-service training programs in these topics shall be credited toward hours of professional development required for license renewal as outlined in subsection (c) of Section 21B-45.

School support personnel may be exempt from in-service training if the training is not relevant to the work they do.

[March 5, 2026]

Nurses and school nurses, as defined by Section 10-22.23, are exempt from training required in subsection (b-5).

Beginning July 1, 2024, all teachers, administrators, and school support personnel shall complete training as outlined in Section 10-22.39 during an in-service training program conducted by their school board or through other training opportunities, including, but not limited to, institutes under Section 3-11. Such training must be completed within 6 months of employment by a school board and renewed at least once every 5 years, unless required more frequently by other State or federal law or in accordance with this Section. If teachers, administrators, or school support personnel obtain training outside of an in-service training program or from a previous public school district or nonpublic school employer, they may present documentation showing current compliance with this subsection to satisfy the requirement of receiving training within 6 months of first being employed. Training may be delivered through online, asynchronous means.

(b-5) Training regarding health conditions of students for staff required by this Section shall include, but is not limited to:

(1) (Blank).

(2) Anaphylactic reactions and management. Such training shall be conducted by persons with expertise in anaphylactic reactions and management.

(3) The management of asthma, the prevention of asthma symptoms, and emergency response in the school setting.

(4) The basics of seizure recognition and first aid and appropriate emergency protocols. Such training must be fully consistent with the best practice guidelines issued by the Centers for Disease Control and Prevention.

(5) The basics of diabetes care, how to identify when a student with diabetes needs immediate or emergency medical attention, and whom to contact in the case of an emergency.

(6) Current best practices regarding the identification and treatment of attention deficit hyperactivity disorder.

(7) Instruction on how to respond to an incident involving life-threatening bleeding and, if applicable, how to use a school's trauma kit. Beginning with the 2024-2025 school year, training on life-threatening bleeding must be completed within 6 months of the employee first being employed by a school board and renewed within 2 years. Beginning with the 2027-2028 school year, the training must be completed within 6 months of the employee first being employed by a school board and renewed at least once every 5 years thereafter. School district employees who are trained to respond to trauma pursuant to this subsection (b-5) shall be immune from civil liability in the use of a trauma kit unless the action constitutes willful or wanton misconduct.

In consultation with professional organizations with expertise in student health issues, including, but not limited to, asthma management, anaphylactic reactions, seizure recognition, and diabetes care, the State Board of Education shall make available resource materials for educating school personnel about student health conditions and emergency response in the school setting.

A school board may satisfy the life-threatening bleeding training under this subsection by using the training, including online training, available from the American College of Surgeons or any other similar organization.

(b-10) The training regarding social-emotional learning for staff required by this Section may include, at a minimum, providing education to all school personnel about the content of the Illinois Social and Emotional Learning Standards, how those standards apply to everyday school interactions, and examples of how social emotional learning can be integrated into instructional practices across all grades and subjects.

(b-15) The training regarding developing cultural competency for staff required by this Section shall include, but is not limited to, understanding and reducing implicit bias, including implicit racial bias. As used in this subsection, "implicit racial bias" has the meaning set forth in Section 10-20.61.

(b-20) The training regarding identifying warning signs of mental illness, trauma, and suicidal behavior in youth for staff required by this Section shall include, but is not limited to, appropriate intervention and referral techniques, including resources and guidelines as outlined in Section 2-3.166, and must include the definitions of trauma, trauma-responsive learning environments, and whole child set forth in subsection (b) of Section 3-11 of this Code.

Illinois Mental Health First Aid training, established under the Illinois Mental Health First Aid Training Act, may satisfy the requirements of this subsection.

If teachers, administrators, or school support personnel obtain mental health first aid training outside of an in-service training program, they may present a certificate of successful completion of the training to the school district to satisfy the requirements of this subsection. Training regarding the implementation of trauma-informed practices under subsection (b) of Section 3-11 satisfies the requirements of this subsection.

(b-25) As used in this subsection:

"Domestic violence" means abuse by a family or household member, as "abuse" and "family or household members" are defined in Section 103 of the Illinois Domestic Violence Act of 1986.

"Sexual violence" means sexual assault, abuse, or stalking of an adult or minor child proscribed in the Criminal Code of 1961 or in Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-7.3, 12-7.4, 12-7.5, 12-12, 12-13, 12-14, 12-14.1, 12-15, and 12-16 of the Criminal Code of 2012, including sexual violence committed by perpetrators who are strangers to the victim and sexual violence committed by perpetrators who are known or related by blood or marriage to the victim.

The training regarding domestic and sexual violence and the needs of expectant and parenting youth for staff required by this Section must be conducted by persons with expertise in domestic and sexual violence and the needs of expectant and parenting youth, and shall include, but is not limited to:

(1) communicating with and listening to youth victims of domestic or sexual violence and expectant and parenting youth;

(2) connecting youth victims of domestic or sexual violence and expectant and parenting youth to appropriate in-school services and other agencies, programs, and services as needed;

(3) implementing the school district's policies, procedures, and protocols with regard to such youth, including confidentiality; at a minimum, school personnel must be trained to understand, provide information and referrals, and address issues pertaining to youth who are parents, expectant parents, or victims of domestic or sexual violence; and

(4) procedures for responding to incidents of teen dating violence that take place at the school, on school grounds, at school-sponsored activities, or in vehicles used for school-provided transportation as outlined in Section 27-240 of this Code.

(b-30) The training regarding protections and accommodations for students shall include, but is not limited to, instruction on (i) the federal Americans with Disabilities Act, as it pertains to the school environment, including, but not limited to, service animals, and (ii) homelessness. Beginning with the 2024-2025 school year, training on homelessness must be completed within 6 months of an employee first being employed by a school board and renewed within 2 years. Beginning with the 2027-2028 school year, the training must be completed within 6 months of the employee first being employed by a school board and renewed at least once every 5 years thereafter. Training on homelessness shall include the following:

(1) the definition of homeless children and youths under 42 U.S.C. 11434a;

(2) the signs of homelessness and housing insecurity;

(3) the rights of students experiencing homelessness under State and federal law;

(4) the steps to take when a homeless or housing-insecure student is identified; and

(5) the appropriate referral techniques, including the name and contact number of the school or school district homeless liaison.

School boards may work with a community-based organization that specializes in working with homeless children and youth to develop and provide the training.

(b-35) The training regarding educator ethics and responding to child sexual abuse and grooming behavior shall include, but is not limited to, teacher-student conduct, school employee-student conduct, and evidence-informed training on preventing, recognizing, reporting, and responding to child sexual abuse and grooming as outlined in Section 10-23.13.

(b-40) The training regarding effective instruction in violence prevention and conflict resolution required by this Section shall be conducted in accordance with the requirements of Section 27-115 of this Code.

(b-45) Beginning July 1, 2024, all nonpublic elementary and secondary school teachers, administrators, and school support personnel shall complete the training set forth in subsection (b-5). Training must be completed within 6 months of first being employed by a nonpublic school and renewed at least once every 5 years, unless required more frequently by other State or federal law. If nonpublic teachers, administrators, or school support personnel obtain training from a public school district or nonpublic school employer, the teacher, administrator, or school support personnel may present documentation to the nonpublic school showing current compliance with this subsection to satisfy the requirement of receiving training within 6 months of first being employed.

- (c) (Blank).
- (d) (Blank).
- (e) (Blank).
- (f) (Blank).
- (g) (Blank).

(h) At least once every 2 years, a school board shall conduct in-service training on homelessness for all school personnel. The training shall include:

- (1) the definition of homeless children and youth under Section 11434a of Title 42 of the United States Code;
- (2) the signs of homelessness and housing insecurity;
- (3) the rights of students experiencing homelessness under State and federal law;
- (4) the steps to take when a homeless or housing-insecure student is identified; and
- (5) the appropriate referral techniques, including the name and contact number of the school or school district homeless liaison.

A school board may work with a community-based organization that specializes in working with homeless children and youth to develop and provide the training.

(Source: P.A. 103-41, eff. 8-20-24; 103-128, eff. 6-30-23; 103-413, eff. 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563 for effective date of P.A. 103-542); 103-603, eff. 1-1-25; 103-605, eff. 7-1-24; 104-391, eff. 8-15-25)."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Morrison, **Senate Bill No. 2872** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hills, **Senate Bill No. 2895** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Child Welfare, adopted and ordered printed:

#### AMENDMENT NO. 1 TO SENATE BILL 2895

AMENDMENT NO. 1. Amend Senate Bill 2895 by replacing everything after the enacting clause with the following:

"Section 5. The Adoption Act is amended by changing Section 18.4 as follows:

(750 ILCS 50/18.4) (from Ch. 40, par. 1522.4)

Sec. 18.4. Information provided to adoptive parents. (a) The agency, Department of Children and Family Services, Court Supportive Services, Juvenile Division of the Circuit Court, or the Probation Officers of the Circuit Court involved in the adoption proceedings shall give in writing the following non-identifying information, if known, to the adoptive parents not later than the date of placement with the petitioning adoptive parents: (i) age of biological parents; (ii) their race, religion and ethnic background; (iii) general physical appearance of biological parents; (iv) their education, occupation, hobbies, interests and talents; (v) existence of any other children born to the biological parents; (vi) information about biological grandparents; reason for emigrating into the United States, if applicable, and country of origin; (vii) relationship between biological parents; (viii) detailed medical and mental health histories of the child, the biological parents, and their immediate relatives; (ix) the actual date and place of birth of the adopted person; ~~and~~ (x) the reason or reasons the birth parent or parents stated for placing the child for adoption, how and why the adoptive parent or parents were selected and who selected the adoptive parent or parents, and whether the birth parent or parents requested or agreed to post-adoption contact with the child at the time of placement, and, if so, the frequency and type of contact; and (xi) whether the child was placed in foster care before adoption, and if so, available information about significant developmental milestones observed or documented that occurred while the child was placed under the custody and guardianship of the Department. This information may include, but is not limited to, the child's first steps, first words, toilet training, and other notable developmental progress. However, no information provided under this subsection shall disclose the name or last known address of the biological parents, grandparents, the siblings of the

biological parents, the adopted person, or any other relative of the adopted person. Disclosure under this subsection is subject to applicable State or federal confidentiality laws. On or before January 1, 2027, the Department of Children and Family Services shall adopt any rules necessary to implement the changes made to this subsection by this amendatory Act of the 104th General Assembly.

(b) Any adoptee 18 years of age or over shall be given the information in subsection (a) upon request.

(c) The Illinois Adoption Registry shall release any non-identifying information listed in (a) of this Section that appears on the certified copy of the original birth certificate or the Certificate of Adoption to an adopted person, adoptive parent, or legal guardian who is a registrant of the Illinois Adoption Registry.

(d) The Illinois Adoption Registry shall release the actual date and place of birth of an adopted person who is 21 years of age or over to the birth parent if the birth parent is a registrant of the Illinois Adoption Registry and has completed a Medical Information Exchange Authorization.

(e) The Illinois Adoption Registry shall release information regarding the date the adoption was finalized and the county in which the adoption was finalized to a certified confidential intermediary upon submission of a court order.

(f) In cases where the Illinois Adoption Registry possesses information indicating that an adopted person who is 21 years of age or over was adopted in a state other than Illinois or a country other than the United States, the Illinois Adoption Registry shall release the name of the state or country where the adoption was finalized and, if available, the agency involved in the adoption to a registrant of the Illinois Adoption Registry, provided the registrant is not the subject of a Denial of Information Exchange and the registrant has completed a Medical Information Exchange Authorization.

(g) Any of the above available information for any adoption proceedings completed before the effective date of this Act shall be supplied to the adoptive parents or an adoptee 18 years of age or over upon request.

(h) The agency, Department of Children and Family Services, Court Supportive Services, Juvenile Division of the Circuit Court, the Probation Officers of the Circuit Court and any other governmental bodies having any of the above information shall retain the file until the adoptee would have reached the age of 99 years.

(Source: P.A. 99-832, eff. 1-1-17.)"

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Morrison, **Senate Bill No. 3051** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Education, adopted and ordered printed:

#### **AMENDMENT NO. 1 TO SENATE BILL 3051**

AMENDMENT NO. 1 . Amend Senate Bill 3051 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 22-30 as follows:

(105 ILCS 5/22-30)

Sec. 22-30. Administration and carry of ~~Self administration and self carry of asthma medication and epinephrine injectors; administration of undesignated epinephrine injectors; administration of an opioid antagonist; administration of undesignated asthma~~ medication; supply of undesignated oxygen tanks; asthma episode emergency response protocol.

(a) For the purpose of this Section only, the following terms shall have the meanings set forth below:

"Asthma action plan" means a written plan developed with a pupil's medical provider to help control the pupil's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through day-to-day management and to serve as a student-specific document to be referenced in the event of an asthma episode.

"Asthma episode emergency response protocol" means a procedure to provide assistance to a pupil experiencing symptoms of wheezing, coughing, shortness of breath, chest tightness, or breathing difficulty.

"Epinephrine injector" includes an auto-injector approved by the United States Food and Drug Administration for the administration of epinephrine and a pre-filled syringe approved by the United States

Food and Drug Administration and used for the administration of epinephrine that contains a pre-measured dose of epinephrine that is equivalent to the dosages used in an auto-injector.

"Asthma medication" means quick-relief asthma medication, including albuterol or other short-acting bronchodilators, that is approved by the United States Food and Drug Administration for the treatment of respiratory distress. "Asthma medication" includes medication delivered through a device, including a metered dose inhaler with a reusable or disposable spacer or a nebulizer with a mouthpiece or mask.

"Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

"Respiratory distress" means the perceived or actual presence of wheezing, coughing, shortness of breath, chest tightness, breathing difficulty, or any other symptoms consistent with asthma. Respiratory distress may be categorized as "mild-to-moderate" or "severe".

"School nurse" means a registered nurse working in a school with or without licensure endorsed in school nursing.

"Self-administration" means a pupil's discretionary use of his or her prescribed asthma medication or epinephrine injector.

"Self-carry" means a pupil's ability to carry his or her prescribed asthma medication or epinephrine injector.

"Standing protocol" may be issued by (i) a physician licensed to practice medicine in all its branches, (ii) a licensed physician assistant with prescriptive authority, or (iii) a licensed advanced practice registered nurse with prescriptive authority.

"Trained personnel" means any school employee or volunteer personnel authorized in Sections 10-22.34, 10-22.34a, and 10-22.34b of this Code who has completed training under subsection (g) of this Section to recognize and respond to anaphylaxis, an opioid overdose, ~~or~~ respiratory distress, or a severe hypoglycemia emergency.

"Undesignated asthma medication" means asthma medication prescribed in the name of a school district, public school, charter school, or nonpublic school.

"Undesignated epinephrine injector" means an epinephrine injector prescribed in the name of a school district, public school, charter school, or nonpublic school.

"Undesignated glucagon" means a glucagon rescue therapy approved by the United States Food and Drug Administration and prescribed in the name of a school district, public school, charter school, or nonpublic school for the treatment of severe hypoglycemia in a dosage form that can be rapidly administered to a person in an emergency, including pre-filled or nasally administered glucagon.

(b) A school, whether public, charter, or nonpublic, must permit the self-administration and self-carry of asthma medication by a pupil with asthma or the self-administration and self-carry of an epinephrine injector by a pupil, provided that:

(1) the parents or guardians of the pupil provide to the school (i) written authorization from the parents or guardians for (A) the self-administration and self-carry of asthma medication or (B) the self-carry of asthma medication or (ii) for (A) the self-administration and self-carry of an epinephrine injector or (B) the self-carry of an epinephrine injector, written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse; and

(2) the parents or guardians of the pupil provide to the school (i) the prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered, or (ii) for the self-administration or self-carry of an epinephrine injector, a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the following information:

(A) the name and purpose of the epinephrine injector;

(B) the prescribed dosage; and

(C) the time or times at which or the special circumstances under which the epinephrine injector is to be administered.

The information provided shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator.

(b-5) A school district, public school, charter school, or nonpublic school may authorize the provision of a student-specific or undesignated epinephrine injector to a student or any personnel authorized under a student's Individual Health Care Action Plan, allergy emergency action plan, or plan pursuant to Section 504

of the federal Rehabilitation Act of 1973 to administer an epinephrine injector to the student, that meets the student's prescription on file.

(b-10) The school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to do the following: (i) provide an undesignated epinephrine injector to a student for self-administration only or any personnel authorized under a student's Individual Health Care Action Plan, allergy emergency action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (ii) administer an undesignated epinephrine injector that meets the prescription on file to any student who has an Individual Health Care Action Plan, allergy emergency action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of an epinephrine injector; (iii) administer an undesignated epinephrine injector to any person that the school nurse or trained personnel in good faith believes is having an anaphylactic reaction; (iv) administer an opioid antagonist to any person that the school nurse or trained personnel in good faith believes is having an opioid overdose; (v) provide undesignated asthma medication to a student for self-administration only or to any personnel authorized under a student's Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan to administer to the student that meets the student's prescription on file; (vi) administer undesignated asthma medication that meets the prescription on file to any student who has an Individual Health Care Action Plan or asthma action plan, plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or individualized education program plan that authorizes the use of asthma medication; ~~and~~ (vii) administer undesignated asthma medication to any person that the school nurse or trained personnel believes in good faith is having respiratory distress; (viii) provide undesignated glucagon to any personnel authorized under a student's Individual Health Care Action Plan, in accordance with the student's prescriber's order or Section 504 plan, individualized education program, or other written accommodations plan, to administer glucagon to the student; and (ix) administer undesignated glucagon to a student in accordance with the student's prescriber's order, Individual Health Care Action Plan, or Section 504 plan, individualized education program, or other written accommodations plan that authorizes the use of glucagon.

(c) The school district, public school, charter school, or nonpublic school must inform the parents or guardians of the pupil, in writing, that the school district, public school, charter school, or nonpublic school and its employees and agents, including a physician, physician assistant, or advanced practice registered nurse providing standing protocol and a prescription for school epinephrine injectors, an opioid antagonist, ~~or~~ undesignated asthma medication, or undesignated glucagon are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine injector, ~~or~~ an opioid antagonist, or glucagon, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse. The parents or guardians of the pupil must sign a statement acknowledging that the school district, public school, charter school, or nonpublic school and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication, an epinephrine injector, ~~or~~ an opioid antagonist, or glucagon, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse, and that the parents or guardians must indemnify and hold harmless the school district, public school, charter school, or nonpublic school and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of asthma medication, an epinephrine injector, ~~or~~ an opioid antagonist, or glucagon, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(c-5) When a school nurse or trained personnel administers an undesignated epinephrine injector to a person whom the school nurse or trained personnel in good faith believes is having an anaphylactic reaction, administers an opioid antagonist to a person whom the school nurse or trained personnel in good faith believes is having an opioid overdose, or administers undesignated asthma medication to a person whom the school nurse or trained personnel in good faith believes is having respiratory distress, notwithstanding the lack of notice to the parents or guardians of the pupil or the absence of the parents or guardians signed statement acknowledging no liability, except for willful and wanton conduct, the school district, public school, charter school, or nonpublic school and its employees and agents, and a physician, a physician assistant, or an advanced practice registered nurse providing standing protocol and a prescription for undesignated epinephrine injectors, an opioid antagonist, ~~or~~ undesignated asthma medication, or

undesigned glucagon are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the use of an undesignated epinephrine injector, the use of an opioid antagonist, ~~or~~ the use of undesignated asthma medication, or the use of undesignated glucagon, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician assistant, or advanced practice registered nurse.

(d) The permission for self-administration and self-carry of asthma medication or the self-administration and self-carry of an epinephrine injector is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements of this Section.

(e) Provided that the requirements of this Section are fulfilled, a pupil with asthma may self-administer and self-carry his or her asthma medication or a pupil may self-administer and self-carry an epinephrine injector (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus.

(e-5) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an undesignated epinephrine injector to any person whom the school nurse or trained personnel in good faith believes to be having an anaphylactic reaction (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property or while being transported on a school bus. A school nurse or trained personnel may carry undesignated epinephrine injectors on his or her person while in school or at a school-sponsored activity.

(e-10) Provided that the requirements of this Section are fulfilled, a school nurse or trained personnel may administer an opioid antagonist to any person whom the school nurse or trained personnel in good faith believes to be having an opioid overdose (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, such as while in before-school or after-school care on school-operated property. A school nurse or trained personnel may carry an opioid antagonist on his or her person while in school or at a school-sponsored activity.

(e-15) If the requirements of this Section are met, a school nurse or trained personnel may administer undesignated asthma medication to any person whom the school nurse or trained personnel in good faith believes to be experiencing respiratory distress (i) while in school, (ii) while at a school-sponsored activity, (iii) while under the supervision of school personnel, or (iv) before or after normal school activities, including before-school or after-school care on school-operated property. A school nurse or trained personnel may carry undesignated asthma medication on his or her person while in school or at a school-sponsored activity.

(e-20) A school nurse or trained personnel may carry undesignated glucagon on his or her person while in school or at a school-sponsored activity.

(f) The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated epinephrine injectors in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated epinephrine injectors in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of epinephrine injectors shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school shall maintain a supply of an opioid antagonist in any secure location where an individual may have an opioid overdose, unless there is a shortage of opioid antagonists, in which case the school district, public school, charter school, or nonpublic school shall make a reasonable effort to maintain a supply of an opioid antagonist. Unless the school district, public school, charter school, or nonpublic school is able to obtain opioid antagonists without a prescription, a health care professional who has been delegated prescriptive authority for opioid antagonists in accordance with Section 5-23 of the Substance Use Disorder Act shall prescribe opioid antagonists in the name of the school district, public school, charter school, or nonpublic school, to be maintained for use when necessary. Any supply of opioid antagonists shall be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of asthma medication in any secure location that is accessible before, during, or after school where a person is most at risk, including, but not limited to, a classroom or the nurse's office. A physician, a physician assistant who has prescriptive authority under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority under Section 65-40 of the Nurse Practice Act may prescribe undesignated asthma medication in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of undesignated asthma medication must be maintained in accordance with the manufacturer's instructions.

The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated glucagon in any secure location that is accessible before, during, or after school where a person is most at risk, including, but not limited to, a classroom or the nurse's office. A physician, a physician assistant who has prescriptive authority under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority under Section 65-40 of the Nurse Practice Act may prescribe undesignated glucagon in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of undesignated glucagon must be maintained in accordance with the manufacturer's instructions.

A school district that provides special educational facilities for children with disabilities under Section 14-4.01 of this Code may maintain a supply of undesignated oxygen tanks in any secure location that is accessible before, during, and after school where a person with developmental disabilities is most at risk, including, but not limited to, classrooms and lunchrooms. A physician, a physician assistant who has prescriptive authority in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority in accordance with Section 65-40 of the Nurse Practice Act may prescribe undesignated oxygen tanks in the name of the school district that provides special educational facilities for children with disabilities under Section 14-4.01 of this Code to be maintained for use when necessary. Any supply of oxygen tanks shall be maintained in accordance with the manufacturer's instructions and with the local fire department's rules.

(f-3) Whichever entity initiates the process of obtaining undesignated epinephrine injectors and providing training to personnel for carrying and administering undesignated epinephrine injectors shall pay for the costs of the undesignated epinephrine injectors.

(f-5) Upon any administration of an epinephrine injector, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.

Upon any administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must immediately activate the EMS system and notify the student's parent, guardian, or emergency contact, if known.

(f-10) Within 24 hours of the administration of an undesignated epinephrine injector, a school district, public school, charter school, or nonpublic school must notify the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated epinephrine injector of its use.

Within 24 hours after the administration of an opioid antagonist, a school district, public school, charter school, or nonpublic school must notify the health care professional who provided the prescription for the opioid antagonist of its use.

Within 24 hours after the administration of undesignated asthma medication, a school district, public school, charter school, or nonpublic school must notify the student's parent or guardian or emergency contact, if known, and the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated asthma medication of its use. The district or school must follow up with the school nurse, if available, and may, with the consent of the child's parent or guardian, notify the child's health care provider of record, as determined under this Section, of its use.

Within 24 hours after the administration of undesignated glucagon, a school district, public school, charter school, or nonpublic school must notify the student's parent or guardian or emergency contact, if known, and the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and a prescription for the undesignated glucagon of its use.

(g) Prior to the administration of an undesignated epinephrine injector, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to anaphylaxis that meets the requirements of subsection (h) of this Section. Training must be completed

annually. The school district, public school, charter school, or nonpublic school must maintain records related to the training curriculum and trained personnel.

Prior to the administration of an opioid antagonist, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to an opioid overdose, which curriculum must meet the requirements of subsection (h-5) of this Section. The school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

Prior to the administration of undesignated asthma medication, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to respiratory distress, which must meet the requirements of subsection (h-10) of this Section. Training must be completed annually, and the school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

Prior to the administration of undesignated glucagon, trained personnel must submit to the school's administration proof of completion of a training curriculum to recognize and respond to severe hypoglycemia emergencies, which must meet the requirements of subsection (h-15) of this Section. Training must be completed annually, and the school district, public school, charter school, or nonpublic school must maintain records relating to the training curriculum and the trained personnel.

(h) A training curriculum to recognize and respond to anaphylaxis, including the administration of an undesignated epinephrine injector, may be conducted online or in person.

Training shall include, but is not limited to:

- (1) how to recognize signs and symptoms of an allergic reaction, including anaphylaxis;
- (2) how to administer an epinephrine injector; and
- (3) a test demonstrating competency of the knowledge required to recognize anaphylaxis and administer an epinephrine injector.

Training may also include, but is not limited to:

- (A) a review of high-risk areas within a school and its related facilities;
- (B) steps to take to prevent exposure to allergens;
- (C) emergency follow-up procedures, including the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;
- (D) how to respond to a student with a known allergy, as well as a student with a previously unknown allergy;
- (E) other criteria as determined in rules adopted pursuant to this Section; and
- (F) any policy developed by the State Board of Education under Section 2-3.190.

In consultation with statewide professional organizations representing physicians licensed to practice medicine in all of its branches, registered nurses, and school nurses, the State Board of Education shall make available resource materials consistent with criteria in this subsection (h) for educating trained personnel to recognize and respond to anaphylaxis. The State Board may take into consideration the curriculum on this subject developed by other states, as well as any other curricular materials suggested by medical experts and other groups that work on life-threatening allergy issues. The State Board is not required to create new resource materials. The State Board shall make these resource materials available on its Internet website.

(h-5) A training curriculum to recognize and respond to an opioid overdose, including the administration of an opioid antagonist, may be conducted online or in person. The training must comply with any training requirements under Section 5-23 of the Substance Use Disorder Act and the corresponding rules. It must include, but is not limited to:

- (1) how to recognize symptoms of an opioid overdose;
- (2) information on drug overdose prevention and recognition;
- (3) how to perform rescue breathing and resuscitation;
- (4) how to respond to an emergency involving an opioid overdose;
- (5) opioid antagonist dosage and administration;
- (6) the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;
- (7) care for the overdose victim after administration of the overdose antagonist;
- (8) a test demonstrating competency of the knowledge required to recognize an opioid overdose and administer a dose of an opioid antagonist; and
- (9) other criteria as determined in rules adopted pursuant to this Section.

(h-10) A training curriculum to recognize and respond to respiratory distress, including the administration of undesignated asthma medication, may be conducted online or in person. The training must include, but is not limited to:

- (1) how to recognize symptoms of respiratory distress and how to distinguish respiratory distress from anaphylaxis;
- (2) how to respond to an emergency involving respiratory distress;
- (3) asthma medication dosage and administration;
- (4) the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;
- (5) a test demonstrating competency of the knowledge required to recognize respiratory distress and administer asthma medication; and
- (6) other criteria as determined in rules adopted under this Section.

(h-15) A training curriculum to recognize and respond to severe hypoglycemia emergencies, including the administration of undesignated glucagon, may be conducted online or in person. The training must include, but is not limited to:

- (1) how to recognize the symptoms of severe hypoglycemia emergencies;
- (2) how to respond to an emergency involving severe hypoglycemia;
- (3) glucagon dosage and administration;
- (4) the importance of calling 9-1-1 or, if 9-1-1 is not available, other local emergency medical services;
- (5) a test demonstrating competency of the knowledge required to recognize severe hypoglycemia emergencies and administer glucagon; and
- (6) other criteria as determined in rules adopted under this Section.

(i) Within 3 days after the administration of an undesignated epinephrine injector by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education in a form and manner prescribed by the State Board the following information:

- (1) age and type of person receiving epinephrine (student, staff, visitor);
- (2) any previously known diagnosis of a severe allergy;
- (3) trigger that precipitated allergic episode;
- (4) location where symptoms developed;
- (5) number of doses administered;
- (6) type of person administering epinephrine (school nurse, trained personnel, student); and
- (7) any other information required by the State Board.

If a school district, public school, charter school, or nonpublic school maintains or has an independent contractor providing transportation to students who maintains a supply of undesignated epinephrine injectors, then the school district, public school, charter school, or nonpublic school must report that information to the State Board of Education upon adoption or change of the policy of the school district, public school, charter school, nonpublic school, or independent contractor, in a manner as prescribed by the State Board. The report must include the number of undesignated epinephrine injectors in supply.

(i-5) Within 3 days after the administration of an opioid antagonist by a school nurse or trained personnel, the school must report to the State Board of Education, in a form and manner prescribed by the State Board, the following information:

- (1) the age and type of person receiving the opioid antagonist (student, staff, or visitor);
  - (2) the location where symptoms developed;
  - (3) the type of person administering the opioid antagonist (school nurse or trained personnel);
- and
- (4) any other information required by the State Board.

(i-10) Within 3 days after the administration of undesignated asthma medication by a school nurse, trained personnel, or a student at a school or school-sponsored activity, the school must report to the State Board of Education, on a form and in a manner prescribed by the State Board of Education, the following information:

- (1) the age and type of person receiving the asthma medication (student, staff, or visitor);
- (2) any previously known diagnosis of asthma for the person;
- (3) the trigger that precipitated respiratory distress, if identifiable;
- (4) the location of where the symptoms developed;
- (5) the number of doses administered;

(6) the type of person administering the asthma medication (school nurse, trained personnel, or student);

(7) the outcome of the asthma medication administration; and

(8) any other information required by the State Board.

(i-15) Within 3 days after the administration of undesignated glucagon by a school nurse or trained personnel, the school must report to the State Board of Education, on a form and in a manner prescribed by the State Board of Education, the following information:

(1) the age of the student receiving the undesignated glucagon;

(2) any previously known diagnosis of severe hypoglycemia for the person;

(3) the trigger that precipitated the severe hypoglycemia emergency, if identifiable;

(4) the location of where the symptoms developed;

(5) the number of doses administered;

(6) the type of person administering the undesignated glucagon (school nurse or trained personnel);

(7) the outcome of the glucagon administration; and

(8) any other information required by the State Board.

(j) By October 1, 2015 and every year thereafter, the State Board of Education shall submit a report to the General Assembly identifying the frequency and circumstances of undesignated epinephrine and undesignated asthma medication administration during the preceding academic year. Beginning with the 2017 report, the report shall also contain information on which school districts, public schools, charter schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesignated epinephrine injectors. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(j-5) Annually, each school district, public school, charter school, or nonpublic school shall request an asthma action plan from the parents or guardians of a pupil with asthma. If provided, the asthma action plan must be kept on file in the office of the school nurse or, in the absence of a school nurse, the school administrator. Copies of the asthma action plan may be distributed to appropriate school staff who interact with the pupil on a regular basis, and, if applicable, may be attached to the pupil's federal Section 504 plan or individualized education program plan.

(j-10) To assist schools with emergency response procedures for asthma, the State Board of Education, in consultation with statewide professional organizations with expertise in asthma management and a statewide organization representing school administrators, shall develop a model asthma episode emergency response protocol before September 1, 2016. Each school district, charter school, and nonpublic school shall adopt an asthma episode emergency response protocol before January 1, 2017 that includes all of the components of the State Board's model protocol.

(j-15) (Blank).

(j-20) On or before October 1, 2016 and every year thereafter, the State Board of Education shall submit a report to the General Assembly and the Department of Public Health identifying the frequency and circumstances of opioid antagonist administration during the preceding academic year. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(j-25) On or before October 1, 2027 and every year thereafter, the State Board of Education shall submit a report to the General Assembly and the Department of Public Health identifying the frequency and circumstances of undesignated glucagon administration during the preceding school year. This report shall be published on the State Board's Internet website on the date the report is delivered to the General Assembly.

(k) The State Board of Education may adopt rules necessary to implement this Section.

(l) Nothing in this Section shall limit the amount of epinephrine injectors that any type of school or student may carry or maintain a supply of.

(Source: P.A. 102-413, eff. 8-20-21; 102-813, eff. 5-13-22; 103-175, eff. 6-30-23; 103-196, eff. 1-1-24; 103-348, eff. 1-1-24; 103-542, eff. 7-1-24 (see Section 905 of P.A. 103-563 for effective date of P.A. 103-542); 103-605, eff. 7-1-24.)"

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator D. Turner, **Senate Bill No. 3226** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Education, adopted and ordered printed:

**AMENDMENT NO. 1 TO SENATE BILL 3226**

AMENDMENT NO. 1. Amend Senate Bill 3226 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 2-3.80 as follows:

(105 ILCS 5/2-3.80) (from Ch. 122, par. 2-3.80)

Sec. 2-3.80. (a) The General Assembly recognizes that agriculture is the most basic and singularly important industry in the State, that agriculture is of central importance to the welfare and economic stability of the State, and that the maintenance of this vital industry requires a continued source of trained and qualified individuals for employment in agriculture and agribusiness. The General Assembly hereby declares that it is in the best interests of the people of the State of Illinois that a comprehensive education program in agriculture be created and maintained by the State's public school system in order to ensure an adequate supply of trained and skilled individuals and to ensure appropriate representation of racial and ethnic groups in all phases of the industry. It is the intent of the General Assembly that a State program for agricultural education shall be a part of the curriculum of the public school system K through adult, and made readily available to all school districts which may, at their option, include programs in education in agriculture as a part of the curriculum of that district.

(b) The State Board of Education shall adopt such rules and regulations as are necessary to implement the provisions of this Section. The rules and regulations shall not create any new State mandates on school districts as a condition of receiving federal, State, and local funds by those entities. It is in the intent of the General Assembly that, although this Section does not create any new mandates, school districts are strongly advised to follow the guidelines set forth in this Section.

(c) The State Superintendent of Education shall assume responsibility for the administration of the State program adopted under this Section throughout the public school system as well as the articulation of the State program to the requirements and mandates of federally assisted education. There is currently within the State Board of Education an agricultural education unit to assist school districts in the establishment and maintenance of educational programs pursuant to the provisions of this Section. The staffing of the unit shall at all times be comprised of an appropriate number of full-time employees who shall serve as program consultants in agricultural education and shall be available to provide assistance to school districts. At least one consultant shall be responsible for the coordination of the State program, as Head Consultant. At least one consultant shall be responsible for the coordination of the activities of student and agricultural organizations and associations.

(d) A committee of 13 agriculturalists representative of the various and diverse areas of the agricultural industry in Illinois shall be established to at least develop a curriculum and overview the implementation of the Build Illinois through Quality Agricultural Education plans of the Illinois Leadership Council for Agricultural Education and to advise the State Board of Education on vocational agricultural education, including the administration of the agricultural education line item appropriation and agency rulemaking that affects agricultural education educators. The committee shall be composed of the following:

- (1) 3 agriculturalists representing the Illinois Leadership Council for Agricultural Education;
- (2) 3 agriculturalists;
- (3) 2 secondary agriculture teachers;
- (4) one representative of "Ag In The Classroom";
- (5) one community college agriculture teacher;
- (6) one adult agriculture educator;
- (7) one university agriculture teacher educator; and
- (8) one FFA representative.

All members of the committee shall be appointed by the Governor by and with the advice and consent of the Senate. The terms of all members so appointed shall be for 3 years, except that of the members initially appointed, 5 shall be appointed to serve for terms of one year, 4 shall be appointed to serve for terms of 2 years, and 4 shall be appointed to serve for terms of 3 years. All members of the committee shall serve until their successors are appointed and qualified. Subject to a requirement that committee members in

office before January 1, 2022 (the effective date of Public Act 102-463) may serve the full term to which they were appointed, the appointment of committee members to terms that commence on or after January 1, 2022 (the effective date of Public Act 102-463) shall be made in a manner that gives effect at the earliest possible time to the changes that are required by Public Act 102-463 in the representative composition of the committee's membership.

Vacancies in terms shall be filled by appointment of the Governor with the advice and consent of the Senate for the extent of the unexpired term.

The State Board of Education shall implement a Build Illinois through Quality Agricultural Education plan following receipt of these recommendations, which shall be made available on or before March 31, 1987. Recommendations shall include, but not be limited to, the development of a curriculum and a strategy for the purpose of establishing a source of trained and qualified individuals in agriculture, a strategy for articulating the State program in agricultural education throughout the public school system, and a consumer education outreach strategy regarding the importance of agriculture in Illinois.

The committee of agriculturalists shall serve without compensation.

(e) A school district that offers a secondary agricultural education program that is approved for State and federal funding must ensure that, at a minimum, all of the following are available to its secondary agricultural education students:

(1) An instructional sequence of courses approved by the State Board of Education.

(2) A State and nationally affiliated FFA (Future Farmers of America) chapter that is integral to instruction and is not treated solely as an extracurricular activity.

(3) A mechanism for ensuring the involvement of all secondary agricultural education students in formal, supervised, agricultural-experience activities and programs.

(f) Nothing in this Section may prevent those secondary agricultural education programs that are in operation before January 1, 2007 (the effective date of Public Act 94-855) and that do not have an active State and nationally affiliated FFA chapter from continuing to operate or from continuing to receive funding from the State Board of Education.

(g) The State Board of Education shall, on or before March 1, 2027, submit a report to the General Assembly regarding the status and availability of agricultural education programs in this State. The report may include statewide trends, a listing of challenges or barriers to agricultural education programs, a listing of opportunities related to agricultural education, and recommendations on alignment of agricultural education programs with workforce and postsecondary opportunities in agriculture and agribusiness.

(Source: P.A. 102-463, eff. 1-1-22; 102-558, eff. 8-20-21; 102-813, eff. 5-13-22.)

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

On motion of Senator Murphy, **Senate Bill No. 3255** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **Senate Bill No. 3295** having been printed, was taken up, read by title a second time.

Floor Amendment No. 1 was held in the Committee on Assignments.

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

On motion of Senator Halpin, **Senate Bill No. 3352** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Halpin, **Senate Bill No. 3545** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Criminal Law, adopted and ordered printed:

**AMENDMENT NO. 1 TO SENATE BILL 3545**

AMENDMENT NO. 1. Amend Senate Bill 3545 by replacing line 4 on page 13 through line 12 on page 14 with the following:

"Section 10. The Pretrial Services Act is amended by adding Section 7.5 as follows:

[March 5, 2026]

(725 ILCS 185/7.5 new)

Sec. 7.5. Collaboration. Pretrial services agencies may collaborate with the policing bodies of this State, the clerks of the circuit court, the sheriffs, and the State's Attorneys to assist in maintaining complete and accurate criminal records of the Illinois State Police under the Criminal Identification Act."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Porfirio, **Senate Bill No. 3737** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Ellman, **Senate Bill No. 3815** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Porfirio, **Senate Bill No. 3818** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Koehler, **Senate Bill No. 3912** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Koehler, **Senate Bill No. 3913** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator McClure, **Senate Bill No. 4010** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hastings, **Senate Bill No. 3029** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Insurance, adopted and ordered printed:

**AMENDMENT NO. 1 TO SENATE BILL 3029**

AMENDMENT NO. 1 . Amend Senate Bill 3029 on page 2, immediately below line 8, by inserting the following:

"This subsection does not apply if the proposal to contract or solicitation to contract is initiated by a consumer."

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

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

**AT EASE**

At the hour of 12:41 o'clock p.m., the Senate resumed consideration of business.  
Senator Hunter, presiding.

**REPORT FROM COMMITTEE ON ASSIGNMENTS**

Senator Murphy, Vice-Chair of the Committee on Assignments, during its March 5, 2026 meeting, reported the following Legislative Measures have been assigned to the indicated Standing Committees of the Senate:

Agriculture: **Committee Amendment No. 1 to Senate Bill 2891.**

[March 5, 2026]

Appropriations- Public Safety and Infrastructure: **Senate Bill No. 3627.**

Criminal Law: **Senate Bill No. 3433; Committee Amendment No. 1 to Senate Bill 2892.**

Education: **Committee Amendment No. 1 to Senate Bill 3669; Committee Amendment No. 1 to Senate Bill 3729.**

Energy and Public Utilities: **Committee Amendment No. 1 to Senate Bill 3268.**

Executive: **Senate Bill No. 3181; Committee Amendment No. 1 to Senate Bill 2279; Committee Amendment No. 1 to Senate Bill 2912; Committee Amendment No. 1 to Senate Bill 3084; Committee Amendment No. 1 to Senate Bill 3120.**

Insurance: **Floor Amendment No. 1 to Senate Bill 3295; Committee Amendment No. 1 to Senate Bill 3517.**

Local Government: **Committee Amendment No. 1 to Senate Bill 2952.**

Revenue: **Committee Amendment No. 1 to Senate Bill 3494.**

State Government: **Senate Bill No. 3661.**

#### READING BILLS OF THE SENATE A SECOND TIME

On motion of Senator Martwick, **Senate Bill No. 1454** having been printed, was taken up, read by title a second time.

Floor Amendment No. 1 was referred to the Committee on Assignments earlier today.

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

On motion of Senator Guzmán, **Senate Bill No. 3071** having been printed, was taken up, read by title a second time.

The following amendment was offered in the Committee on Health and Human Services, adopted and ordered printed:

#### AMENDMENT NO. 1 TO SENATE BILL 3071

AMENDMENT NO. 1. Amend Senate Bill 3071 by replacing everything after the enacting clause with the following:

"Section 5. The Authorized Electronic Monitoring in Long-Term Care Facilities Act is amended by changing Sections 5, 15, 20, 25, 30, 40, 45, 55, and 60 as follows:

(210 ILCS 32/5)

Sec. 5. Definitions. As used in this Act:

"Authorized electronic monitoring" means the placement and use of an electronic monitoring device by a resident in his or her room in accordance with this Act.

"Department" means the Department of Public Health.

"Electronic monitoring device" means a surveillance instrument with a fixed position video camera or an audio recording device, or a combination thereof, that is installed in a resident's room under the provisions of this Act and broadcasts or records activity or sounds occurring in the room.

"Establishment" means an assisted living establishment as defined in the Assisted Living and Shared Housing Act.

"Facility" means an intermediate care facility for the developmentally disabled licensed under the ID/DD Community Care Act that has 30 beds or more, a facility licensed under the MC/DD Act, a long-term care facility licensed under the Nursing Home Care Act, or a facility that provides housing to individuals with dementia, as defined in Section 3 of the Alzheimer's Disease Assistance Act.

"Resident" means a person residing in a facility or establishment.

"Resident's representative" has the meaning given to that term in (1) Section 1-123 of the Nursing Home Care Act if the resident resides in a facility licensed under the Nursing Home Care Act, (2) Section 1-123 of the ID/DD Community Care Act if the resident resides in a facility licensed under the ID/DD Community Care Act, (3) Section 9-10 of the Assisted Living and Shared Housing Act if the resident resides in an establishment under the Assisted Living and Shared Housing Act, or (4) ~~(2)~~ Section 1-123 of the MC/DD Act if the resident resides in a facility licensed under the MC/DD Act.

"Room" means a resident's designated private or shared living space, apartment, or living unit designed for personal use and sleeping.

(Source: P.A. 101-160, eff. 7-26-19.)

(210 ILCS 32/15)

Sec. 15. Consent.

(a) Except as otherwise provided in this subsection, a resident, a resident's plenary guardian of the person, or the parent of a resident under the age of 18 must consent in writing on a notification and consent form prescribed by the Department to the authorized electronic monitoring in the resident's room. If the resident has not affirmatively objected to the authorized electronic monitoring and the resident's physician determines that the resident lacks the ability to understand and appreciate the nature and consequences of electronic monitoring, the following individuals may consent on behalf of the resident, in order of priority:

- (1) a health care agent named under the Illinois Power of Attorney Act;
- (2) a resident's representative, as defined in Section 5 of this Act;
- (3) the resident's spouse;
- (4) the resident's parent;
- (5) the resident's adult child who has the written consent of the other adult children of the resident to act as the sole decision maker regarding authorized electronic monitoring; or
- (6) the resident's adult brother or sister who has the written consent of the other adult siblings of the resident to act as the sole decision maker regarding authorized electronic monitoring.

(a-5) Prior to another person, other than a resident's plenary guardian of the person, consenting on behalf of a resident 18 years of age or older in accordance with this Section, the resident must be asked by that person, in the presence of a facility or establishment employee, if he or she wants authorized electronic monitoring to be conducted. The person must explain to the resident:

- (1) the type of electronic monitoring device to be used;
- (2) the standard conditions that may be placed on the electronic monitoring device's use, including those listed in paragraph (7) of subsection (b) of Section 20;
- (3) with whom the recording may be shared according to Section 45; and
- (4) the resident's ability to decline all recording.

For the purposes of this subsection, a resident affirmatively objects when he or she orally, visually, or through the use of auxiliary aids or services declines authorized electronic monitoring. The resident's response must be documented on the notification and consent form.

(b) A resident or roommate may consent to authorized electronic monitoring with any conditions of the resident's choosing, including, but not limited to, the list of standard conditions provided in paragraph (7) of subsection (b) of Section 20. A resident or roommate may request that the electronic monitoring device be turned off or the visual recording component of the electronic monitoring device be blocked at any time.

(c) Prior to the authorized electronic monitoring, a resident must obtain the written consent of any other resident residing in the room on the notification and consent form prescribed by the Department. Except as otherwise provided in this subsection, a roommate, a roommate's plenary guardian of the person, or the parent of a roommate under the age of 18 must consent in writing to the authorized electronic monitoring in the resident's room. If the roommate has not affirmatively objected to the authorized electronic monitoring in accordance with subsection (a-5) and the roommate's physician determines that the roommate lacks the ability to understand and appreciate the nature and consequences of electronic monitoring, the following individuals may consent on behalf of the roommate, in order of priority:

- (1) a health care agent named under the Illinois Power of Attorney Act;
- (2) a roommate's resident's representative, as defined in Section 5 of this Act;
- (3) the roommate's spouse;
- (4) the roommate's parent;

(5) the roommate's adult child who has the written consent of the other adult children of the resident to act as the sole decision maker regarding authorized electronic monitoring; or

(6) the roommate's adult brother or sister who has the written consent of the other adult siblings of the resident to act as the sole decision maker regarding authorized electronic monitoring.

(c-5) Consent by a roommate under subsection (c) authorizes the resident's use of any recording obtained under this Act, as provided in Section 45 of this Act.

(c-7) Any resident previously conducting authorized electronic monitoring must obtain consent from any new roommate before the resident may resume authorized electronic monitoring. If a new roommate does not consent to authorized electronic monitoring and the resident conducting the authorized electronic monitoring does not remove or disable the electronic monitoring device, the facility or establishment shall turn off the device.

(d) Consent may be withdrawn by the resident or roommate at any time, and the withdrawal of consent shall be documented in the resident's clinical record. If a roommate withdraws consent and the resident conducting the authorized electronic monitoring does not remove or disable the electronic monitoring device, the facility or establishment may turn off the electronic monitoring device.

(e) If a resident who is residing in a shared room wants to conduct authorized electronic monitoring and another resident living in or moving into the same shared room refuses to consent to the use of an electronic monitoring device, the facility or establishment shall make a reasonable attempt to accommodate the resident who wants to conduct authorized electronic monitoring. A facility or establishment has met the requirement to make a reasonable attempt to accommodate a resident who wants to conduct authorized electronic monitoring when upon notification that a roommate has not consented to the use of an electronic monitoring device in his or her room, the facility or establishment offers to move either resident to another shared room that is available at the time of the request. If a resident chooses to reside in a private room in order to accommodate the use of an electronic monitoring device, the resident must pay the private room rate. If a facility or establishment is unable to accommodate a resident due to lack of space, the facility or establishment must reevaluate the request every 2 weeks until the request is fulfilled.

(Source: P.A. 99-430, eff. 1-1-16; 99-784, eff. 1-1-17.)

(210 ILCS 32/20)

Sec. 20. Notice to the facility or establishment.

(a) Authorized electronic monitoring may begin only after a notification and consent form prescribed by the Department has been completed and submitted to the facility or establishment.

(b) A resident shall notify the facility or establishment in writing of his or her intent to install an electronic monitoring device by providing a completed notification and consent form prescribed by the Department that must include, at minimum, the following information:

(1) the resident's signed consent to electronic monitoring or the signature of the person consenting on behalf of the resident in accordance with Section 15 of this Act; if a person other than the resident signs the consent form, the form must document the following:

(A) the date the resident was asked if he or she wants authorized electronic monitoring to be conducted in accordance with subsection (a-5) of Section 15;

(B) who was present when the resident was asked; and

(C) an acknowledgement that the resident did not affirmatively object; and

(2) the resident's roommate's signed consent or the signature of the person consenting on behalf of the resident in accordance with Section 15 of this Act, if applicable, and any conditions placed on the roommate's consent; if a person other than the roommate signs the consent form, the form must document the following:

(A) the date the roommate was asked if he or she wants authorized electronic monitoring to be conducted in accordance with subsection (a-5) of Section 15;

(B) who was present when the roommate was asked; and

(C) an acknowledgement that the roommate did not affirmatively object; and

(3) the type of electronic monitoring device to be used;

(4) any installation needs, such as mounting of a device to a wall or ceiling;

(5) the proposed date of installation for scheduling purposes;

(6) a copy of any contract for maintenance of the electronic monitoring device by a commercial entity;

(7) a list of standard conditions or restrictions that the resident or a roommate may elect to place on use of the electronic monitoring device, including, but not limited to:

- (A) prohibiting audio recording;
- (B) prohibiting broadcasting of audio or video;
- (C) turning off the electronic monitoring device or blocking the visual recording component of the electronic monitoring device for the duration of an exam or procedure by a health care professional;
- (D) turning off the electronic monitoring device or blocking the visual recording component of the electronic monitoring device while dressing or bathing is performed; and
- (E) turning the electronic monitoring device off for the duration of a visit with a spiritual advisor, ombudsman, attorney, financial planner, intimate partner, or other visitor; and
- (8) any other condition or restriction elected by the resident or roommate on the use of an electronic monitoring device.

(c) A copy of the completed notification and consent form shall be placed in the resident's and any roommate's clinical record and a copy shall be provided to the resident and his or her roommate, if applicable.

(d) The Department shall prescribe the notification and consent form required in this Section no later than 60 days after the effective date of this Act. If the Department has not prescribed such a form by that date, the Office of the Attorney General shall post a notification and consent form on its website for resident use until the Department has prescribed the form.

(Source: P.A. 99-430, eff. 1-1-16.)

(210 ILCS 32/25)

Sec. 25. Cost and installation.

(a) A resident choosing to conduct authorized electronic monitoring must do so at his or her own expense, including paying purchase, installation, maintenance, and removal costs.

(b) If a resident chooses to install an electronic monitoring device that uses Internet technology for visual or audio monitoring, that resident is responsible for contracting with an Internet service provider.

(c) The facility or establishment shall make a reasonable attempt to accommodate the resident's installation needs, including, but not limited to, allowing access to the facility's or establishment's telecommunications or equipment room. A facility or establishment has the burden of proving that a requested accommodation is not reasonable.

(d) The electronic monitoring device must be placed in a conspicuously visible location in the room.

(e) A facility or establishment may not charge the resident a fee for the cost of electricity used by an electronic monitoring device.

(f) All electronic monitoring device installations and supporting services shall comply with the requirements of the edition of the National Fire Protection Association (NFPA) 101 Life Safety Code in force at the time of installation and shall remain in compliance with that or any subsequent edition of NFPA 101 enforced pursuant to Part 483 of Title 42 of the Code of Federal Regulations.

(Source: P.A. 99-430, eff. 1-1-16; 99-784, eff. 1-1-17.)

(210 ILCS 32/30)

Sec. 30. Notice to visitors.

(a) If a resident of a facility conducts authorized electronic monitoring, a sign shall be clearly and conspicuously posted at all building entrances accessible to visitors. The notice must be entitled "Electronic Monitoring" and must state, in large, easy-to-read type, "The rooms of some residents may be monitored electronically by or on behalf of the residents.". An assisted living establishment shall not be required to post the notice described in this Section at building entrances.

(b) A sign shall be clearly and conspicuously posted at the entrance to a resident's room where authorized electronic monitoring is being conducted. The notice must state, in large, easy-to-read type, "This room is electronically monitored.".

(c) The facility or establishment is responsible for installing and maintaining the signage required in this Section.

(Source: P.A. 99-430, eff. 1-1-16.)

(210 ILCS 32/40)

Sec. 40. Obstruction of electronic monitoring devices.

(a) A person or entity is prohibited from knowingly hampering, obstructing, tampering with, or destroying an electronic monitoring device installed in a resident's room without the permission of the resident or the individual who consented on behalf of the resident in accordance with Section 15 of this Act.

(b) A person or entity is prohibited from knowingly hampering, obstructing, tampering with, or destroying a video or audio recording obtained in accordance with this Act without the permission of the resident or the individual who consented on behalf of the resident in accordance with Section 15 of this Act.

(c) A person or entity that violates this Section is guilty of a Class B misdemeanor. A person or entity that violates this Section in the commission of or to conceal a misdemeanor offense is guilty of a Class A misdemeanor. A person or entity that violates this Section in the commission of or to conceal a felony offense is guilty of a Class 4 felony.

(d) It is not a violation of this Section if a person or facility or establishment turns off the electronic monitoring device or blocks the visual recording component of the electronic monitoring device at the direction of the resident or the person who consented on behalf of the resident in accordance with Section 15 of this Act.

(Source: P.A. 99-430, eff. 1-1-16.)

(210 ILCS 32/45)

Sec. 45. Dissemination of recordings.

(a) A facility or establishment may not access any video or audio recording created through authorized electronic monitoring without the written consent of the resident or the person who consented on behalf of the resident in accordance with Section 15 of this Act.

(b) Except as required under the Freedom of Information Act, a recording or copy of a recording made pursuant to this Act may only be disseminated for the purpose of addressing concerns relating to the health, safety, or welfare of a resident or residents.

(c) The resident or person who consented on behalf of the resident in accordance with Section 15 of this Act shall provide a copy of any video or audio recording to parties involved in a civil, criminal, or administrative proceeding, upon a party's request, if the video or audio recording was made during the time period that the conduct at issue in the proceeding allegedly occurred.

(Source: P.A. 99-430, eff. 1-1-16.)

(210 ILCS 32/55)

Sec. 55. Report. Each facility or establishment shall report to the Department, in a manner prescribed by the Department, the number of authorized electronic monitoring notification and consent forms received annually. The Department shall report the total number of authorized electronic monitoring notification and consent forms received by facilities or establishment to the Office of the Attorney General annually.

(Source: P.A. 99-430, eff. 1-1-16.)

(210 ILCS 32/60)

Sec. 60. Liability.

(a) A facility or establishment is not civilly or criminally liable for the inadvertent or intentional disclosure of a recording by a resident or a person who consents on behalf of the resident for any purpose not authorized by this Act.

(b) A facility or establishment is not civilly or criminally liable for a violation of a resident's right to privacy arising out of any electronic monitoring conducted pursuant to this Act.

(Source: P.A. 99-430, eff. 1-1-16.)".

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

On motion of Senator Martwick, **Senate Bill No. 3403** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Guzmán, **Senate Bill No. 3698** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Edly-Allen, **Senate Bill No. 3942** having been printed, was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Guzmán, **Senate Bill No. 3967** having been printed, was taken up, read by title a second time and ordered to a third reading.

**CELEBRATION OF LIFE RESOLUTION CONSENT CALENDAR**

**SENATE RESOLUTION NO. 639**

Offered by Senator Hunter and all Senators:  
Mourns the death of Marie Carmel Muscadin.

**SENATE RESOLUTION NO. 641**

Offered by Senator D. Turner and all Senators:  
Mourns the death of Joan Kay Cully.

**SENATE RESOLUTION NO. 642**

Offered by Senator Harmon and all Senators:  
Mourns the death of Theodore "Ted" Sarantos of Oak Park.

**SENATE RESOLUTION NO. 643**

Offered by Senator Harmon and all Senators:  
Mourns the death of Ernest "Todd" Collins II of Central Lake, Michigan, formerly of River Forest and Pinehurst, North Carolina.

**SENATE RESOLUTION NO. 644**

Offered by Senator Harmon and all Senators:  
Mourns the passing of James "Jim" L. Dooley of River Forest.

**SENATE RESOLUTION NO. 645**

Offered by Senator Harmon and all Senators:  
Mourns the passing of Michael Quinlan of Oak Brook.

**SENATE RESOLUTION NO. 646**

Offered by Senator Harmon and all Senators:  
Mourns the passing of Alice M. (Ondrla) Dunn of Oak Park.

**SENATE RESOLUTION NO. 647**

Offered by Senator Rose and all Senators:  
Mourns the death of Stephen Eurel "Steve" Hoffman of Farmer City.

**SENATE RESOLUTION NO. 650**

Offered by Senator McClure and all Senators:  
Mourns the passing of Dominic Constantino Giacomini of Springfield.

**SENATE RESOLUTION NO. 651**

Offered by Senator D. Turner and all Senators:  
Mourns the passing of Michael L. Smoot.

**SENATE RESOLUTION NO. 652**

Offered by Senator Belt and all Senators:  
Mourns the passing of Linnie R. Taylor of Shiloh.

**SENATE RESOLUTION NO. 654**

Offered by Senator Anderson and all Senators:  
Mourns the death of William Jean "Bill" Meriwether Jr.

**SENATE RESOLUTION NO. 655**

Offered by Senator Anderson and all Senators:  
Mourns the passing of Dan J. Male.

**SENATE RESOLUTION NO. 656**

Offered by Senator Anderson and all Senators:  
Mourns the death of Dr. John B. Dale of Brimfield.

The Chair moved the adoption of the Resolutions Consent Calendar.  
The motion prevailed, and the resolutions were adopted.

**CONGRATULATORY RESOLUTION CONSENT CALENDAR**

**SENATE RESOLUTION NO. 626**

Offered by Senator Lightford:

Congratulates the DeGeratto family and Buddy Bear Car Wash on the City of Chicago designating "Buddy Bear Way" as an honorary street name. Commends Buddy Bear Car Wash and the DeGeratto family for their extraordinary and lasting contributions to the City of Chicago and the State of Illinois.

The Chair moved the adoption of the Resolutions Consent Calendar.  
The motion prevailed, and the resolution was adopted.

**LEGISLATIVE MEASURES FILED**

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

Amendment No. 2 to Senate Bill 3213

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

Amendment No. 2 to Senate Bill 1750  
Amendment No. 1 to Senate Bill 2764  
Amendment No. 3 to Senate Bill 2771  
Amendment No. 1 to Senate Bill 2819  
Amendment No. 1 to Senate Bill 2962  
Amendment No. 1 to Senate Bill 2994  
Amendment No. 1 to Senate Bill 2996  
Amendment No. 1 to Senate Bill 3020  
Amendment No. 1 to Senate Bill 3048  
Amendment No. 1 to Senate Bill 3113  
Amendment No. 2 to Senate Bill 3147  
Amendment No. 1 to Senate Bill 3205  
Amendment No. 1 to Senate Bill 3264  
Amendment No. 1 to Senate Bill 3275  
Amendment No. 1 to Senate Bill 3290  
Amendment No. 1 to Senate Bill 3381  
Amendment No. 1 to Senate Bill 3487  
Amendment No. 1 to Senate Bill 3661  
Amendment No. 2 to Senate Bill 3719  
Amendment No. 1 to Senate Bill 3800  
Amendment No. 1 to Senate Bill 3901  
Amendment No. 1 to Senate Bill 4015  
Amendment No. 1 to Senate Bill 4021

At the hour of 12:47 o'clock p.m., pursuant to **House Joint Resolution No. 57**, the Chair announced that the Senate stands adjourned until Tuesday, March 10, 2026, at 12:00 o'clock p.m., or until the call of the President.