



Rep. Sara Feigenholtz

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1 AMENDMENT TO HOUSE BILL 6253

2 AMENDMENT NO. _____. Amend House Bill 6253 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Findings. The General Assembly finds it is in
5 the best interests of the State to take advantage of the
6 Patient Protection and Affordable Care Act to enable Illinois
7 to receive enhanced federal revenue to cover the costs of
8 health care for low-income adults who are otherwise not
9 eligible for Medicaid. The General Assembly further finds that
10 the administration and financing of the Medicaid program must
11 be sound to ensure Illinois may take full advantage of national
12 health care reform to keep people healthier; reimburse
13 hospitals and clinics for uncompensated and charity care for
14 the uninsured; and replace spending by county and local
15 governments for healthcare costs now borne by local health
16 departments, social service agencies, homeless shelters,
17 mental health clinics, drug treatment centers, township

1 organizations, and others for the care of the uninsured.
2 Accordingly, the General Assembly finds that, while filling the
3 current gap in Medicaid coverage, it is essential that the
4 State preserve and extend recent efforts to reform Illinois'
5 Medicaid program. Changes designed to increase efficiencies
6 and enhance program integrity must continue to prevent client
7 and provider fraud and abuse; to impose controls on use of
8 Medicaid services to prevent over-use or waste; to rationalize
9 the Medicaid health care delivery system by adopting care
10 coordination models wherever feasible to achieve effective and
11 efficient care delivery across all covered services; and to
12 operate the program within budget limits.

13 Section 5. The Illinois Public Aid Code is amended by
14 changing Sections 5-1.1, 5-1.4, and 5-2 as follows:

15 (305 ILCS 5/5-1.1) (from Ch. 23, par. 5-1.1)

16 Sec. 5-1.1. Definitions. The terms defined in this Section
17 shall have the meanings ascribed to them, except when the
18 context otherwise requires.

19 (a) "Nursing facility" means a facility, licensed by the
20 Department of Public Health under the Nursing Home Care Act,
21 that provides nursing facility services within the meaning of
22 Title XIX of the federal Social Security Act.

23 (b) "Intermediate care facility for the developmentally
24 disabled" or "ICF/DD" means a facility, licensed by the

1 Department of Public Health under the ID/DD Community Care Act,
2 that is an intermediate care facility for the mentally retarded
3 within the meaning of Title XIX of the federal Social Security
4 Act.

5 (c) "Standard services" means those services required for
6 the care of all patients in the facility and shall, as a
7 minimum, include the following: (1) administration; (2)
8 dietary (standard); (3) housekeeping; (4) laundry and linen;
9 (5) maintenance of property and equipment, including
10 utilities; (6) medical records; (7) training of employees; (8)
11 utilization review; (9) activities services; (10) social
12 services; (11) disability services; and all other similar
13 services required by either the laws of the State of Illinois
14 or one of its political subdivisions or municipalities or by
15 Title XIX of the Social Security Act.

16 (d) "Patient services" means those which vary with the
17 number of personnel; professional and para-professional skills
18 of the personnel; specialized equipment, and reflect the
19 intensity of the medical and psycho-social needs of the
20 patients. Patient services shall as a minimum include: (1)
21 physical services; (2) nursing services, including restorative
22 nursing; (3) medical direction and patient care planning; (4)
23 health related supportive and habilitative services and all
24 similar services required by either the laws of the State of
25 Illinois or one of its political subdivisions or municipalities
26 or by Title XIX of the Social Security Act.

1 (e) "Ancillary services" means those services which
2 require a specific physician's order and defined as under the
3 medical assistance program as not being routine in nature for
4 skilled nursing facilities and ICF/DDs. Such services
5 generally must be authorized prior to delivery and payment as
6 provided for under the rules of the Department of Healthcare
7 and Family Services.

8 (f) "Capital" means the investment in a facility's assets
9 for both debt and non-debt funds. Non-debt capital is the
10 difference between an adjusted replacement value of the assets
11 and the actual amount of debt capital.

12 (g) "Profit" means the amount which shall accrue to a
13 facility as a result of its revenues exceeding its expenses as
14 determined in accordance with generally accepted accounting
15 principles.

16 (h) "Non-institutional services" means those services
17 provided under paragraph (f) of Section 3 of the Disabled
18 Persons Rehabilitation Act and those services provided under
19 Section 4.02 of the Illinois Act on the Aging.

20 (i) (Blank).

21 (j) "Institutionalized person" means an individual who is
22 an inpatient in an ICF/DD or nursing facility, or who is an
23 inpatient in a medical institution receiving a level of care
24 equivalent to that of an ICF/DD or nursing facility, or who is
25 receiving services under Section 1915(c) of the Social Security
26 Act.

1 (k) "Institutionalized spouse" means an institutionalized
2 person who is expected to receive services at the same level of
3 care for at least 30 days and is married to a spouse who is not
4 an institutionalized person.

5 (l) "Community spouse" is the spouse of an
6 institutionalized spouse.

7 (m) "Health Benefits Service Package" means, subject to
8 federal approval, benefits covered by the medical assistance
9 program as determined by the Department by rule for individuals
10 eligible for medical assistance under paragraph 18 of Section
11 5-2 of this Code.

12 (Source: P.A. 96-1530, eff. 2-16-11; 97-227, eff. 1-1-12;
13 97-820, eff. 7-17-12.)

14 (305 ILCS 5/5-1.4)

15 Sec. 5-1.4. Moratorium on eligibility expansions.
16 Beginning on January 25, 2011 (the effective date of Public Act
17 96-1501), there shall be a 4-year moratorium on the expansion
18 of eligibility through increasing financial eligibility
19 standards, or through increasing income disregards, or through
20 the creation of new programs which would add new categories of
21 eligible individuals under the medical assistance program in
22 addition to those categories covered on January 1, 2011 or
23 above the level of any subsequent reduction in eligibility.
24 This moratorium shall not apply to expansions required as a
25 federal condition of State participation in the medical

1 assistance program or to expansions approved by the federal
2 government that are financed entirely by units of local
3 government and federal matching funds. If the State of Illinois
4 finds that the State has borne a cost related to such an
5 expansion, the unit of local government shall reimburse the
6 State. All federal funds associated with an expansion funded by
7 a unit of local government shall be returned to the local
8 government entity funding the expansion, pursuant to an
9 intergovernmental agreement between the Department of
10 Healthcare and Family Services and the local government entity.
11 Within 10 calendar days of the effective date of this
12 amendatory Act of the 97th General Assembly, the Department of
13 Healthcare and Family Services shall formally advise the
14 Centers for Medicare and Medicaid Services of the passage of
15 this amendatory Act of the 97th General Assembly. The State is
16 prohibited from submitting additional waiver requests that
17 expand or allow for an increase in the classes of persons
18 eligible for medical assistance under this Article to the
19 federal government for its consideration beginning on the 20th
20 calendar day following the effective date of this amendatory
21 Act of the 97th General Assembly until January 25, 2015. This
22 moratorium shall not apply to those persons eligible for
23 medical assistance pursuant to 42 U.S.C.
24 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of
25 Section 5-2 of this Code.

26 (Source: P.A. 96-1501, eff. 1-25-11; 97-687, eff. 6-14-12.)

1 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

2 Sec. 5-2. Classes of Persons Eligible. Medical assistance
3 under this Article shall be available to any of the following
4 classes of persons in respect to whom a plan for coverage has
5 been submitted to the Governor by the Illinois Department and
6 approved by him:

7 1. Recipients of basic maintenance grants under
8 Articles III and IV.

9 2. Persons otherwise eligible for basic maintenance
10 under Articles III and IV, excluding any eligibility
11 requirements that are inconsistent with any federal law or
12 federal regulation, as interpreted by the U.S. Department
13 of Health and Human Services, but who fail to qualify
14 thereunder on the basis of need or who qualify but are not
15 receiving basic maintenance under Article IV, and who have
16 insufficient income and resources to meet the costs of
17 necessary medical care, including but not limited to the
18 following:

19 (a) All persons otherwise eligible for basic
20 maintenance under Article III but who fail to qualify
21 under that Article on the basis of need and who meet
22 either of the following requirements:

23 (i) their income, as determined by the
24 Illinois Department in accordance with any federal
25 requirements, is equal to or less than 70% in

1 fiscal year 2001, equal to or less than 85% in
2 fiscal year 2002 and until a date to be determined
3 by the Department by rule, and equal to or less
4 than 100% beginning on the date determined by the
5 Department by rule, of the nonfarm income official
6 poverty line, as defined by the federal Office of
7 Management and Budget and revised annually in
8 accordance with Section 673(2) of the Omnibus
9 Budget Reconciliation Act of 1981, applicable to
10 families of the same size; or

11 (ii) their income, after the deduction of
12 costs incurred for medical care and for other types
13 of remedial care, is equal to or less than 70% in
14 fiscal year 2001, equal to or less than 85% in
15 fiscal year 2002 and until a date to be determined
16 by the Department by rule, and equal to or less
17 than 100% beginning on the date determined by the
18 Department by rule, of the nonfarm income official
19 poverty line, as defined in item (i) of this
20 subparagraph (a).

21 (b) All persons who, excluding any eligibility
22 requirements that are inconsistent with any federal
23 law or federal regulation, as interpreted by the U.S.
24 Department of Health and Human Services, would be
25 determined eligible for such basic maintenance under
26 Article IV by disregarding the maximum earned income

1 permitted by federal law.

2 3. Persons who would otherwise qualify for Aid to the
3 Medically Indigent under Article VII.

4 4. Persons not eligible under any of the preceding
5 paragraphs who fall sick, are injured, or die, not having
6 sufficient money, property or other resources to meet the
7 costs of necessary medical care or funeral and burial
8 expenses.

9 5.(a) Women during pregnancy, after the fact of
10 pregnancy has been determined by medical diagnosis, and
11 during the 60-day period beginning on the last day of the
12 pregnancy, together with their infants and children born
13 after September 30, 1983, whose income and resources are
14 insufficient to meet the costs of necessary medical care to
15 the maximum extent possible under Title XIX of the Federal
16 Social Security Act.

17 (b) The Illinois Department and the Governor shall
18 provide a plan for coverage of the persons eligible under
19 paragraph 5(a) by April 1, 1990. Such plan shall provide
20 ambulatory prenatal care to pregnant women during a
21 presumptive eligibility period and establish an income
22 eligibility standard that is equal to 133% of the nonfarm
23 income official poverty line, as defined by the federal
24 Office of Management and Budget and revised annually in
25 accordance with Section 673(2) of the Omnibus Budget
26 Reconciliation Act of 1981, applicable to families of the

1 same size, provided that costs incurred for medical care
2 are not taken into account in determining such income
3 eligibility.

4 (c) The Illinois Department may conduct a
5 demonstration in at least one county that will provide
6 medical assistance to pregnant women, together with their
7 infants and children up to one year of age, where the
8 income eligibility standard is set up to 185% of the
9 nonfarm income official poverty line, as defined by the
10 federal Office of Management and Budget. The Illinois
11 Department shall seek and obtain necessary authorization
12 provided under federal law to implement such a
13 demonstration. Such demonstration may establish resource
14 standards that are not more restrictive than those
15 established under Article IV of this Code.

16 6. Persons under the age of 18 who fail to qualify as
17 dependent under Article IV and who have insufficient income
18 and resources to meet the costs of necessary medical care
19 to the maximum extent permitted under Title XIX of the
20 Federal Social Security Act.

21 7. (Blank).

22 8. Persons who become ineligible for basic maintenance
23 assistance under Article IV of this Code in programs
24 administered by the Illinois Department due to employment
25 earnings and persons in assistance units comprised of
26 adults and children who become ineligible for basic

1 maintenance assistance under Article VI of this Code due to
2 employment earnings. The plan for coverage for this class
3 of persons shall:

4 (a) extend the medical assistance coverage for up
5 to 12 months following termination of basic
6 maintenance assistance; and

7 (b) offer persons who have initially received 6
8 months of the coverage provided in paragraph (a) above,
9 the option of receiving an additional 6 months of
10 coverage, subject to the following:

11 (i) such coverage shall be pursuant to
12 provisions of the federal Social Security Act;

13 (ii) such coverage shall include all services
14 covered while the person was eligible for basic
15 maintenance assistance;

16 (iii) no premium shall be charged for such
17 coverage; and

18 (iv) such coverage shall be suspended in the
19 event of a person's failure without good cause to
20 file in a timely fashion reports required for this
21 coverage under the Social Security Act and
22 coverage shall be reinstated upon the filing of
23 such reports if the person remains otherwise
24 eligible.

25 9. Persons with acquired immunodeficiency syndrome
26 (AIDS) or with AIDS-related conditions with respect to whom

1 there has been a determination that but for home or
2 community-based services such individuals would require
3 the level of care provided in an inpatient hospital,
4 skilled nursing facility or intermediate care facility the
5 cost of which is reimbursed under this Article. Assistance
6 shall be provided to such persons to the maximum extent
7 permitted under Title XIX of the Federal Social Security
8 Act.

9 10. Participants in the long-term care insurance
10 partnership program established under the Illinois
11 Long-Term Care Partnership Program Act who meet the
12 qualifications for protection of resources described in
13 Section 15 of that Act.

14 11. Persons with disabilities who are employed and
15 eligible for Medicaid, pursuant to Section
16 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,
17 subject to federal approval, persons with a medically
18 improved disability who are employed and eligible for
19 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
20 the Social Security Act, as provided by the Illinois
21 Department by rule. In establishing eligibility standards
22 under this paragraph 11, the Department shall, subject to
23 federal approval:

24 (a) set the income eligibility standard at not
25 lower than 350% of the federal poverty level;

26 (b) exempt retirement accounts that the person

1 cannot access without penalty before the age of 59 1/2,
2 and medical savings accounts established pursuant to
3 26 U.S.C. 220;

4 (c) allow non-exempt assets up to \$25,000 as to
5 those assets accumulated during periods of eligibility
6 under this paragraph 11; and

7 (d) continue to apply subparagraphs (b) and (c) in
8 determining the eligibility of the person under this
9 Article even if the person loses eligibility under this
10 paragraph 11.

11 12. Subject to federal approval, persons who are
12 eligible for medical assistance coverage under applicable
13 provisions of the federal Social Security Act and the
14 federal Breast and Cervical Cancer Prevention and
15 Treatment Act of 2000. Those eligible persons are defined
16 to include, but not be limited to, the following persons:

17 (1) persons who have been screened for breast or
18 cervical cancer under the U.S. Centers for Disease
19 Control and Prevention Breast and Cervical Cancer
20 Program established under Title XV of the federal
21 Public Health Services Act in accordance with the
22 requirements of Section 1504 of that Act as
23 administered by the Illinois Department of Public
24 Health; and

25 (2) persons whose screenings under the above
26 program were funded in whole or in part by funds

1 appropriated to the Illinois Department of Public
2 Health for breast or cervical cancer screening.

3 "Medical assistance" under this paragraph 12 shall be
4 identical to the benefits provided under the State's
5 approved plan under Title XIX of the Social Security Act.
6 The Department must request federal approval of the
7 coverage under this paragraph 12 within 30 days after the
8 effective date of this amendatory Act of the 92nd General
9 Assembly.

10 In addition to the persons who are eligible for medical
11 assistance pursuant to subparagraphs (1) and (2) of this
12 paragraph 12, and to be paid from funds appropriated to the
13 Department for its medical programs, any uninsured person
14 as defined by the Department in rules residing in Illinois
15 who is younger than 65 years of age, who has been screened
16 for breast and cervical cancer in accordance with standards
17 and procedures adopted by the Department of Public Health
18 for screening, and who is referred to the Department by the
19 Department of Public Health as being in need of treatment
20 for breast or cervical cancer is eligible for medical
21 assistance benefits that are consistent with the benefits
22 provided to those persons described in subparagraphs (1)
23 and (2). Medical assistance coverage for the persons who
24 are eligible under the preceding sentence is not dependent
25 on federal approval, but federal moneys may be used to pay
26 for services provided under that coverage upon federal

1 approval.

2 13. Subject to appropriation and to federal approval,
3 persons living with HIV/AIDS who are not otherwise eligible
4 under this Article and who qualify for services covered
5 under Section 5-5.04 as provided by the Illinois Department
6 by rule.

7 14. Subject to the availability of funds for this
8 purpose, the Department may provide coverage under this
9 Article to persons who reside in Illinois who are not
10 eligible under any of the preceding paragraphs and who meet
11 the income guidelines of paragraph 2(a) of this Section and
12 (i) have an application for asylum pending before the
13 federal Department of Homeland Security or on appeal before
14 a court of competent jurisdiction and are represented
15 either by counsel or by an advocate accredited by the
16 federal Department of Homeland Security and employed by a
17 not-for-profit organization in regard to that application
18 or appeal, or (ii) are receiving services through a
19 federally funded torture treatment center. Medical
20 coverage under this paragraph 14 may be provided for up to
21 24 continuous months from the initial eligibility date so
22 long as an individual continues to satisfy the criteria of
23 this paragraph 14. If an individual has an appeal pending
24 regarding an application for asylum before the Department
25 of Homeland Security, eligibility under this paragraph 14
26 may be extended until a final decision is rendered on the

1 appeal. The Department may adopt rules governing the
2 implementation of this paragraph 14.

3 15. Family Care Eligibility.

4 (a) On and after July 1, 2012, a caretaker relative
5 who is 19 years of age or older when countable income
6 is at or below 133% of the Federal Poverty Level
7 Guidelines, as published annually in the Federal
8 Register, for the appropriate family size. A person may
9 not spend down to become eligible under this paragraph
10 15.

11 (b) Eligibility shall be reviewed annually.

12 (c) (Blank).

13 (d) (Blank).

14 (e) (Blank).

15 (f) (Blank).

16 (g) (Blank).

17 (h) (Blank).

18 (i) Following termination of an individual's
19 coverage under this paragraph 15, the individual must
20 be determined eligible before the person can be
21 re-enrolled.

22 16. Subject to appropriation, uninsured persons who
23 are not otherwise eligible under this Section who have been
24 certified and referred by the Department of Public Health
25 as having been screened and found to need diagnostic
26 evaluation or treatment, or both diagnostic evaluation and

1 treatment, for prostate or testicular cancer. For the
2 purposes of this paragraph 16, uninsured persons are those
3 who do not have creditable coverage, as defined under the
4 Health Insurance Portability and Accountability Act, or
5 have otherwise exhausted any insurance benefits they may
6 have had, for prostate or testicular cancer diagnostic
7 evaluation or treatment, or both diagnostic evaluation and
8 treatment. To be eligible, a person must furnish a Social
9 Security number. A person's assets are exempt from
10 consideration in determining eligibility under this
11 paragraph 16. Such persons shall be eligible for medical
12 assistance under this paragraph 16 for so long as they need
13 treatment for the cancer. A person shall be considered to
14 need treatment if, in the opinion of the person's treating
15 physician, the person requires therapy directed toward
16 cure or palliation of prostate or testicular cancer,
17 including recurrent metastatic cancer that is a known or
18 presumed complication of prostate or testicular cancer and
19 complications resulting from the treatment modalities
20 themselves. Persons who require only routine monitoring
21 services are not considered to need treatment. "Medical
22 assistance" under this paragraph 16 shall be identical to
23 the benefits provided under the State's approved plan under
24 Title XIX of the Social Security Act. Notwithstanding any
25 other provision of law, the Department (i) does not have a
26 claim against the estate of a deceased recipient of

1 services under this paragraph 16 and (ii) does not have a
2 lien against any homestead property or other legal or
3 equitable real property interest owned by a recipient of
4 services under this paragraph 16.

5 17. Persons who, pursuant to a waiver approved by the
6 Secretary of the U.S. Department of Health and Human
7 Services, are eligible for medical assistance under Title
8 XIX or XXI of the federal Social Security Act.
9 Notwithstanding any other provision of this Code and
10 consistent with the terms of the approved waiver, the
11 Illinois Department, may by rule:

12 (a) Limit the geographic areas in which the waiver
13 program operates.

14 (b) Determine the scope, quantity, duration, and
15 quality, and the rate and method of reimbursement, of
16 the medical services to be provided, which may differ
17 from those for other classes of persons eligible for
18 assistance under this Article.

19 (c) Restrict the persons' freedom in choice of
20 providers.

21 18. Beginning January 1, 2014, persons aged 19 or
22 older, but younger than 65, who are not otherwise eligible
23 for medical assistance under this Section 5-2, who qualify
24 for medical assistance pursuant to 42 U.S.C.
25 1396a(a)(10)(A)(i)(VIII) and as set forth in 42 CFR
26 435.119, and who have income at or below 133% of the

1 federal poverty level plus 5% for the applicable family
2 size as determined pursuant to 42 U.S.C. 1396a(e) (14) and
3 as set forth in 42 CFR 435.603. Persons eligible for
4 medical assistance under this paragraph 18 shall receive
5 coverage for the Health Benefits Service Package as that
6 term is defined in subsection (m) of Section 5-1.1 of this
7 Code. If Illinois' federal medical assistance percentage
8 (FMAP) is reduced below 90% for persons eligible for
9 medical assistance under this paragraph 18, eligibility
10 under this paragraph 18 shall cease no later than the end
11 of the third month following the month in which the
12 reduction in FMAP takes effect.

13 In implementing the provisions of Public Act 96-20, the
14 Department is authorized to adopt only those rules necessary,
15 including emergency rules. Nothing in Public Act 96-20 permits
16 the Department to adopt rules or issue a decision that expands
17 eligibility for the FamilyCare Program to a person whose income
18 exceeds 185% of the Federal Poverty Level as determined from
19 time to time by the U.S. Department of Health and Human
20 Services, unless the Department is provided with express
21 statutory authority.

22 The Illinois Department and the Governor shall provide a
23 plan for coverage of the persons eligible under paragraph 7 as
24 soon as possible after July 1, 1984.

25 The eligibility of any such person for medical assistance
26 under this Article is not affected by the payment of any grant

1 under the Senior Citizens and Disabled Persons Property Tax
2 Relief Act or any distributions or items of income described
3 under subparagraph (X) of paragraph (2) of subsection (a) of
4 Section 203 of the Illinois Income Tax Act. The Department
5 shall by rule establish the amounts of assets to be disregarded
6 in determining eligibility for medical assistance, which shall
7 at a minimum equal the amounts to be disregarded under the
8 Federal Supplemental Security Income Program. The amount of
9 assets of a single person to be disregarded shall not be less
10 than \$2,000, and the amount of assets of a married couple to be
11 disregarded shall not be less than \$3,000.

12 To the extent permitted under federal law, any person found
13 guilty of a second violation of Article VIIIA shall be
14 ineligible for medical assistance under this Article, as
15 provided in Section 8A-8.

16 The eligibility of any person for medical assistance under
17 this Article shall not be affected by the receipt by the person
18 of donations or benefits from fundraisers held for the person
19 in cases of serious illness, as long as neither the person nor
20 members of the person's family have actual control over the
21 donations or benefits or the disbursement of the donations or
22 benefits.

23 Notwithstanding any other provision of this Code, if the
24 United States Supreme Court holds Title II, Subtitle A, Section
25 2001(a) of Public Law 111-148 to be unconstitutional, or if a
26 holding of Public Law 111-148 makes Medicaid eligibility

1 allowed under Section 2001(a) inoperable, the State or a unit
2 of local government shall be prohibited from enrolling
3 individuals in the Medical Assistance Program as the result of
4 federal approval of a State Medicaid waiver on or after the
5 effective date of this amendatory Act of the 97th General
6 Assembly, and any individuals enrolled in the Medical
7 Assistance Program pursuant to eligibility permitted as a
8 result of such a State Medicaid waiver shall become immediately
9 ineligible.

10 Notwithstanding any other provision of this Code, if an Act
11 of Congress that becomes a Public Law eliminates Section
12 2001(a) of Public Law 111-148, the State or a unit of local
13 government shall be prohibited from enrolling individuals in
14 the Medical Assistance Program as the result of federal
15 approval of a State Medicaid waiver on or after the effective
16 date of this amendatory Act of the 97th General Assembly, and
17 any individuals enrolled in the Medical Assistance Program
18 pursuant to eligibility permitted as a result of such a State
19 Medicaid waiver shall become immediately ineligible.

20 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;
21 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.
22 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,
23 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;
24 97-687, eff. 6-14-12; 97-689, eff. 6-14-12; 97-813, eff.
25 7-13-12; revised 7-23-12.)

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