

Rep. Robyn Gabel

12

13

14

15

16

Filed: 11/25/2014

09800SB0636ham005

LRB098 04421 RPS 62520 a

1 AMENDMENT TO SENATE BILL 636 2 AMENDMENT NO. . Amend Senate Bill 636, AS AMENDED, by replacing everything after the enacting clause with the 3 4 following: "Section 5. The Open Meetings Act is amended by changing 5 6 Section 1.02 as follows: 7 (5 ILCS 120/1.02) (from Ch. 102, par. 41.02) Sec. 1.02. For the purposes of this Act: 8 "Meeting" means any gathering, whether in person or by 9 video or audio conference, telephone call, electronic means 10 (such as, without limitation, electronic mail, electronic 11

chat, and instant messaging), or other means of contemporaneous

interactive communication, of a majority of a quorum of the

members of a public body held for the purpose of discussing

public business or, for a 5-member public body, a quorum of the

members of a public body held for the purpose of discussing

public business.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

Accordingly, for a 5-member public body, 3 members of the body constitute a quorum and the affirmative vote of 3 members is necessary to adopt any motion, resolution, or ordinance, unless a greater number is otherwise required.

"Public body" includes all legislative, executive, administrative or advisory bodies of the State, counties, townships, cities, villages, incorporated towns, districts and all other municipal corporations, boards, bureaus, committees or commissions of this State, and any subsidiary bodies of any of the foregoing including but not limited to committees and subcommittees which are supported in whole or in part by tax revenue, or which expend tax revenue, except the General Assembly and committees or commissions thereof. "Public body" includes tourism boards and convention or civic center boards located in counties that are contiquous to the Mississippi River with populations of more than 250,000 but less than 300,000. "Public body" includes the Health Facilities and Services Review Board and the Illinois Health Benefits Exchange Board. "Public body" does not include a child death review team or the Illinois Child Death Review Teams Executive Council established under the Child Death Review Team Act, an ethics commission acting under the State Officials and Employees Ethics Act, a regional youth advisory board or the Statewide Youth Advisory Board established under Department of Children and Family Services Statewide Youth

- 1 Advisory Board Act, or the Illinois Independent Tax Tribunal.
- (Source: P.A. 97-1129, eff. 8-28-12; 98-806, eff. 1-1-15.) 2
- 3 Section 6. The Freedom of Information Act is amended by
- 4 changing Section 2 as follows:
- (5 ILCS 140/2) (from Ch. 116, par. 202) 5
- Sec. 2. Definitions. As used in this Act: 6
- 7 "Public body" means all legislative, executive,
- 8 administrative, or advisory bodies of the State, state
- 9 universities and colleges, counties, townships, cities,
- villages, incorporated towns, school districts and all other 10
- municipal corporations, boards, bureaus, committees, 11
- 12 commissions of this State, any subsidiary bodies of any of the
- 13 foregoing including but not limited to committees
- 14 subcommittees thereof, and a School Finance Authority created
- under Article 1E of the School Code. "Public body" includes the 15
- <u>Illinois Health Benefits Exchange.</u> "Public body" does not 16
- include a child death review team or the Illinois Child Death 17
- 18 Review Teams Executive Council established under the Child
- Death Review Team Act, or a regional youth advisory board or 19
- 20 the Statewide Youth Advisory Board established under the
- 21 Department of Children and Family Services Statewide Youth
- 22 Advisory Board Act.
- 23 (b) "Person" means any individual, corporation,
- 24 partnership, firm, organization or association,

- 1 individually or as a group.
- 2 (c) "Public records" means all records, reports, forms,
- 3 writings, letters, memoranda, books, papers, maps,
- 4 photographs, microfilms, cards, tapes, recordings, electronic
- 5 data processing records, electronic communications, recorded
- 6 information and all other documentary materials pertaining to
- 7 the transaction of public business, regardless of physical form
- 8 or characteristics, having been prepared by or for, or having
- 9 been or being used by, received by, in the possession of, or
- 10 under the control of any public body.
- 11 (c-5) "Private information" means unique identifiers,
- including a person's social security number, driver's license
- 13 number, employee identification number, biometric identifiers,
- 14 personal financial information, passwords or other access
- 15 codes, medical records, home or personal telephone numbers, and
- 16 personal email addresses. Private information also includes
- 17 home address and personal license plates, except as otherwise
- 18 provided by law or when compiled without possibility of
- 19 attribution to any person.
- 20 (c-10) "Commercial purpose" means the use of any part of a
- 21 public record or records, or information derived from public
- 22 records, in any form for sale, resale, or solicitation or
- 23 advertisement for sales or services. For purposes of this
- 24 definition, requests made by news media and non-profit,
- 25 scientific, or academic organizations shall not be considered
- 26 to be made for a "commercial purpose" when the principal

- 1 purpose of the request is (i) to access and disseminate
- 2 information concerning news and current or passing events, (ii)
- 3 for articles of opinion or features of interest to the public,
- 4 or (iii) for the purpose of academic, scientific, or public
- 5 research or education.
- 6 (d) "Copying" means the reproduction of any public record
- 7 by means of any photographic, electronic, mechanical or other
- 8 process, device or means now known or hereafter developed and
- 9 available to the public body.
- 10 (e) "Head of the public body" means the president, mayor,
- 11 chairman, presiding officer, director, superintendent,
- 12 manager, supervisor or individual otherwise holding primary
- 13 executive and administrative authority for the public body, or
- such person's duly authorized designee.
- 15 (f) "News media" means a newspaper or other periodical
- issued at regular intervals whether in print or electronic
- format, a news service whether in print or electronic format, a
- 18 radio station, a television station, a television network, a
- 19 community antenna television service, or a person or
- 20 corporation engaged in making news reels or other motion
- 21 picture news for public showing.
- 22 (g) "Recurrent requester", as used in Section 3.2 of this
- 23 Act, means a person that, in the 12 months immediately
- 24 preceding the request, has submitted to the same public body
- 25 (i) a minimum of 50 requests for records, (ii) a minimum of 15
- requests for records within a 30-day period, or (iii) a minimum

- 1 of 7 requests for records within a 7-day period. For purposes of this definition, requests made by news media and non-profit, 2 3 scientific, or academic organizations shall not be considered 4 in calculating the number of requests made in the time periods 5 in this definition when the principal purpose of the requests is (i) to access and disseminate information concerning news 6 and current or passing events, (ii) for articles of opinion or 7 features of interest to the public, or (iii) for the purpose of 8
- For the purposes of this subsection (g), "request" means a written document (or oral request, if the public body chooses to honor oral requests) that is submitted to a public body via personal delivery, mail, telefax, electronic mail, or other means available to the public body and that identifies the particular public record the requester seeks. One request may identify multiple records to be inspected or copied.

academic, scientific, or public research or education.

- 17 (Source: P.A. 97-579, eff. 8-26-11; 98-806, eff. 1-1-15.)
- Section 7. The Illinois Public Labor Relations Act is amended by changing Section 3 as follows:
- 20 (5 ILCS 315/3) (from Ch. 48, par. 1603)
- Sec. 3. Definitions. As used in this Act, unless the context otherwise requires:
- 23 (a) "Board" means the Illinois Labor Relations Board or, 24 with respect to a matter over which the jurisdiction of the

- Board is assigned to the State Panel or the Local Panel under Section 5, the panel having jurisdiction over the matter.
 - (b) "Collective bargaining" means bargaining over terms and conditions of employment, including hours, wages, and other conditions of employment, as detailed in Section 7 and which are not excluded by Section 4.
 - (c) "Confidential employee" means an employee who, in the regular course of his or her duties, assists and acts in a confidential capacity to persons who formulate, determine, and effectuate management policies with regard to labor relations or who, in the regular course of his or her duties, has authorized access to information relating to the effectuation or review of the employer's collective bargaining policies.
- 14 (d) "Craft employees" means skilled journeymen, crafts
 15 persons, and their apprentices and helpers.
 - (e) "Essential services employees" means those public employees performing functions so essential that the interruption or termination of the function will constitute a clear and present danger to the health and safety of the persons in the affected community.
 - (f) "Exclusive representative", except with respect to non-State fire fighters and paramedics employed by fire departments and fire protection districts, non-State peace officers, and peace officers in the Department of State Police, means the labor organization that has been (i) designated by the Board as the representative of a majority of public

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

employees in an appropriate bargaining unit in accordance with the procedures contained in this Act, (ii) historically recognized by the State of Illinois or any political subdivision of the State before July 1, 1984 (the effective date of this Act) as the exclusive representative of the employees in an appropriate bargaining unit, (iii) after July 1, 1984 (the effective date of this Act) recognized by an employer upon evidence, acceptable to the Board, that the labor organization has been designated as the exclusive representative by a majority of the employees in an appropriate bargaining unit; (iv) recognized exclusive as t.he representative of personal assistants under Executive Order 2003-8 prior to the effective date of this amendatory Act of the 93rd General Assembly, and the organization shall be considered to be the exclusive representative of the personal assistants as defined in this Section; or (v) recognized as the exclusive representative of child and day care home providers, including licensed and license exempt providers, pursuant to an election held under Executive Order 2005-1 prior to the effective date of this amendatory Act of the 94th General Assembly, and the organization shall be considered to be the exclusive representative of the child and day care home providers as defined in this Section.

With respect to non-State fire fighters and paramedics employed by fire departments and fire protection districts, non-State peace officers, and peace officers in the Department

of State Police, "exclusive representative" means the labor organization that has been (i) designated by the Board as the representative of a majority of peace officers or fire fighters in an appropriate bargaining unit in accordance with the procedures contained in this Act, (ii) historically recognized by the State of Illinois or any political subdivision of the State before January 1, 1986 (the effective date of this amendatory Act of 1985) as the exclusive representative by a majority of the peace officers or fire fighters in an appropriate bargaining unit, or (iii) after January 1, 1986 (the effective date of this amendatory Act of 1985) recognized by an employer upon evidence, acceptable to the Board, that the labor organization has been designated as the exclusive representative by a majority of the peace officers or fire fighters in an appropriate bargaining unit.

Where a historical pattern of representation exists for the workers of a water system that was owned by a public utility, as defined in Section 3-105 of the Public Utilities Act, prior to becoming certified employees of a municipality or municipalities once the municipality or municipalities have acquired the water system as authorized in Section 11-124-5 of the Illinois Municipal Code, the Board shall find the labor organization that has historically represented the workers to be the exclusive representative under this Act, and shall find the unit represented by the exclusive representative to be the appropriate unit.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

- (q) "Fair share agreement" means an agreement between the employer and an employee organization under which all or any of the employees in a collective bargaining unit are required to pay their proportionate share of the costs of the collective bargaining process, contract administration, and pursuing matters affecting wages, hours, and other conditions of employment, but not to exceed the amount of dues uniformly required of members. The amount certified by the exclusive representative shall not include any fees for contributions related to the election or support of any candidate for political office. Nothing in this subsection (g) shall preclude an employee from making voluntary political contributions in conjunction with his or her fair share payment.
- (q-1) "Fire fighter" means, for the purposes of this Act only, any person who has been or is hereafter appointed to a fire department or fire protection district or employed by a state university and sworn or commissioned to perform fire fighter duties or paramedic duties, except that the following persons are not included: part-time fire fighters, auxiliary, reserve or voluntary fire fighters, including paid on-call fire fighters, clerks and dispatchers or other civilian employees of a fire department or fire protection district who are not routinely expected to perform fire fighter duties, or elected officials.
- (q-2) "General Assembly of the State of Illinois" means the legislative branch of the government of the State of Illinois,

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

- 1 as provided for under Article IV of the Constitution of the 2 State of Illinois, and includes but is not limited to the House of Representatives, the Senate, the Speaker of the House of 3 4 Representatives, the Minority Leader of the House 5 Representatives, the President of the Senate, the Minority 6 Leader of the Senate, the Joint Committee on Legislative Support Services and any legislative support services agency 7 8 listed in the Legislative Commission Reorganization Act of 9 1984.
 - (h) "Governing body" means, in the case of the State, the State Panel of the Illinois Labor Relations Board, the Director of the Department of Central Management Services, and the Director of the Department of Labor; the county board in the case of a county; the corporate authorities in the case of a municipality; and the appropriate body authorized to provide for expenditures of its funds in the case of any other unit of government.
 - (i) "Labor organization" means any organization in which public employees participate and that exists for the purpose, in whole or in part, of dealing with a public employer concerning wages, hours, and other terms and conditions of employment, including the settlement of grievances.
 - (i-5) "Legislative liaison" means a person who is an employee of a State agency, the Attorney General, the Secretary of State, the Comptroller, or the Treasurer, as the case may be, and whose job duties require the person to regularly

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 communicate in the course of his or her employment with any official or staff of the General Assembly of the State of Illinois for the purpose of influencing any legislative action.

- "Managerial employee" means an individual who is engaged predominantly in executive and management functions and is charged with the responsibility of directing the effectuation of management policies and practices. With respect only to State employees in positions under the jurisdiction of the Attorney General, Secretary of State, Comptroller, or Treasurer (i) that were certified in a bargaining unit on or after December 2, 2008, (ii) for which a petition is filed with the Illinois Public Labor Relations Board on or after April 5, 2013 (the effective date of Public Act 97-1172), or (iii) for which a petition is pending before the Illinois Public Labor Relations Board on that date, "managerial employee" means an individual who is engaged in executive and management functions or who is charged with the effectuation of management policies and practices or who represents management interests by taking or recommending discretionary actions that effectively control or implement policy. Nothing in this definition prohibits an individual from also meeting the definition of "supervisor" under subsection (r) of this Section.
- (k) "Peace officer" means, for the purposes of this Act only, any persons who have been or are hereafter appointed to a police force, department, or agency and sworn or commissioned

17

18

19

20

21

22

23

24

25

- 1 to perform police duties, except that the following persons are included: part-time police officers, special police 2 3 officers, auxiliary police as defined by Section 3.1-30-20 of 4 Illinois Municipal Code, night watchmen, "merchant 5 police", court security officers as defined by Section 3-6012.1 6 of the Counties Code, temporary employees, traffic guards or wardens, civilian parking meter and parking facilities 7 personnel or other individuals specially appointed to aid or 8 9 direct traffic at or near schools or public functions or to aid 10 in civil defense or disaster, parking enforcement employees who 11 are not commissioned as peace officers and who are not armed and who are not routinely expected to effect arrests, parking 12 13 lot attendants, clerks and dispatchers or other civilian 14 employees of a police department who are not routinely expected 15 to effect arrests, or elected officials.
 - (1) "Person" includes one or more individuals, labor organizations, public employees, associations, corporations, legal representatives, trustees, trustees in bankruptcy, receivers, or the State of Illinois or any political subdivision of the State or governing body, but does not include the General Assembly of the State of Illinois or any individual employed by the General Assembly of the State of Illinois.
 - (m) "Professional employee" means any employee engaged in work predominantly intellectual and varied in character rather than routine mental, manual, mechanical or physical work;

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

involving the consistent exercise of discretion and adjustment in its performance; of such a character that the output produced or the result accomplished cannot be standardized in relation to a given period of time; and requiring advanced knowledge in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction and study in an institution of higher learning or a hospital, as distinguished from a general academic education or from apprenticeship or from training in the performance of routine mental, manual, or physical processes; or any employee who has completed the courses of specialized intellectual instruction and study prescribed in this subsection (m) and is performing related work under the supervision of a professional person to qualify to become a professional employee as defined in this subsection (m).

(n) "Public employee" or "employee", for the purposes of this Act, means any individual employed by a public employer, including (i) interns and residents at public hospitals, (ii) as of the effective date of this amendatory Act of the 93rd General Assembly, but not before, personal assistants working under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act, subject to the limitations set forth in this Act and in the Disabled Persons Rehabilitation Act, (iii) as of the effective date of this amendatory Act of the 94th General Assembly, but not before, child and day care home providers participating in the child care assistance

1 program under Section 9A-11 of the Illinois Public Aid Code, 2 subject to the limitations set forth in this Act and in Section 9A-11 of the Illinois Public Aid Code, (iv) as of January 29, 3 4 2013 (the effective date of Public Act 97-1158), but not before 5 except as otherwise provided in this subsection (n), home care 6 and home health workers who function as personal assistants and individual maintenance home health workers and who also work 7 8 under the Home Services Program under Section 3 of the Disabled 9 Persons Rehabilitation Act, no matter whether the State 10 provides those services through direct fee-for-service 11 arrangements, with the assistance of a managed intermediary, or otherwise, 12 organization or other 13 beginning on the effective date of this amendatory Act of the 98th General Assembly and notwithstanding any other provision 14 15 of this Act, any person employed by a public employer and who 16 is classified as or who holds the employment title of Chief Stationary Engineer, Assistant Chief Stationary Engineer, 17 Sewage Plant Operator, Water Plant Operator, Stationary 18 Engineer, Plant Operating Engineer, and any other employee who 19 20 holds the position of: Civil Engineer V, Civil Engineer VI, Civil Engineer VII, Technical Manager I, Technical Manager II, 21 Technical Manager III, Technical Manager IV, Technical Manager 22 Technical Manager VI, Realty Specialist III, 23 24 Specialist IV, Realty Specialist V, Technical Advisor I, 25 Technical Advisor II, Technical Advisor III, Technical Advisor 26 IV, or Technical Advisor V employed by the Department of

1 Transportation who is in a position which is certified in a 2 bargaining unit on or before the effective date of this amendatory Act of the 98th General Assembly, and (vi) beginning 3 4 on the effective date of this amendatory Act of the 98th 5 General Assembly and notwithstanding any other provision of 6 this Act, any mental health administrator in the Department of Corrections who is classified as or who holds the position of 7 Public Service Administrator (Option 8K), any employee of the 8 9 Office of the Inspector General in the Department of Human 10 Services who is classified as or who holds the position of 11 Public Service Administrator (Option 7), any Deputy of Intelligence in the Department of Corrections who is classified 12 13 as or who holds the position of Public Service Administrator 14 (Option 7), and any employee of the Department of State Police 15 who handles issues concerning the Illinois State Police Sex 16 Offender Registry and who is classified as or holds the position of Public Service Administrator (Option 7), 17 excluding all of the following: employees of the General 18 19 Assembly of the State of Illinois; elected officials; executive 20 heads of a department; members of boards or commissions; the 21 Executive Inspectors General; any special Executive Inspectors 22 General; employees of each Office of an Executive Inspector 23 General; commissioners and employees of the Executive Ethics 24 Commission; the Auditor General's Inspector General; employees 25 of the Office of the Auditor General's Inspector General; the 26 Legislative Inspector General; any special Legislative

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

Inspectors General; employees of the Office of the Legislative General; commissioners Inspector and employees of Legislative Ethics Commission; employees of any agency, board or commission created by this Act; members of the Illinois Health Benefits Exchange Board and employees of the Illinois Health Benefits Exchange; employees appointed to positions of a temporary or emergency nature; all employees of school districts and higher education institutions except firefighters and peace officers employed by a state university and except peace officers employed by a school district in its own police department in existence on the effective date of this amendatory Act of the 96th General Assembly; managerial employees; short-term employees; legislative liaisons; person who is a State employee under the jurisdiction of the Office of the Attorney General who is licensed to practice law or whose position authorizes, either directly or indirectly, meaningful input into government decision-making on issues where there is room for principled disagreement on goals or their implementation; a person who is a State employee under the jurisdiction of the Office of the Comptroller who holds the position of Public Service Administrator or whose position is otherwise exempt under the Comptroller Merit Employment Code; a person who is a State employee under the jurisdiction of the Secretary of State who holds the position classification of Executive I or higher, whose position authorizes, either directly or indirectly, meaningful input into government

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1 decision-making on issues where there is room for principled disagreement on goals or their implementation, or who is otherwise exempt under the Secretary of State Merit Employment Code; employees in the Office of the Secretary of State who are completely exempt from jurisdiction B of the Secretary of State Merit Employment Code and who are in Rutan-exempt positions on or after April 5, 2013 (the effective date of Public Act 97-1172); a person who is a State employee under the jurisdiction of the Treasurer who holds a position that is exempt from the State Treasurer Employment Code; any employee of a State agency who (i) holds the title or position of, or exercises substantially similar duties as a legislative liaison, Agency General Counsel, Agency Chief of Staff, Agency Executive Director, Agency Deputy Director, Agency Chief Fiscal Officer, Agency Human Resources Director, Public Information Officer, or Chief Information Officer and (ii) was neither included in a bargaining unit nor subject to an active petition for certification in a bargaining unit; any employee a State agency who (i) is in a position that Rutan-exempt, as designated by the employer, and completely exempt from jurisdiction B of the Personnel Code and (ii) was neither included in a bargaining unit nor subject to an active petition for certification in a bargaining unit; any term appointed employee of a State agency pursuant to Section 8b.18 or 8b.19 of the Personnel Code who was neither included in a 26 bargaining unit nor subject to an active petition for

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 certification in a bargaining unit; any employment position

properly designated pursuant to Section 6.1 of this Act;

3 confidential employees; independent contractors; and

supervisors except as provided in this Act.

Home care and home health workers who function as personal assistants and individual maintenance home health workers and who also work under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act shall not be considered public employees for any purposes not specifically provided for in Public Act 93-204 or Public Act 97-1158, including but not limited to, purposes of vicarious liability in tort and purposes of statutory retirement or health insurance benefits. Home care and home health workers who function as personal assistants and individual maintenance home health workers and who also work under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act shall not be covered by the State Employees Group Insurance Act of 1971 (5 ILCS 375/).

Child and day care home providers shall not be considered public employees for any purposes not specifically provided for in this amendatory Act of the 94th General Assembly, including but not limited to, purposes of vicarious liability in tort and purposes of statutory retirement or health insurance benefits. Child and day care home providers shall not be covered by the State Employees Group Insurance Act of 1971.

Notwithstanding Section 9, subsection (c), or any other

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 provisions of this Act, all peace officers above the rank of captain in municipalities with more than 1,000,000 inhabitants 2 shall be excluded from this Act. 3

(o) Except as otherwise in subsection (o-5), "public employer" or "employer" means the State of Illinois; any political subdivision of the State, unit of local government or school district; authorities including departments, divisions, bureaus, boards, commissions, or other agencies of foregoing entities; and any person acting within the scope of his or her authority, express or implied, on behalf of those entities in dealing with its employees. As of the effective date of the amendatory Act of the 93rd General Assembly, but not before, the State of Illinois shall be considered the employer of the personal assistants working under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act, subject to the limitations set forth in this Act and in the Disabled Persons Rehabilitation Act. As of January 29, 2013 (the effective date of Public Act 97-1158), but not before except as otherwise provided in this subsection (o), the State shall be considered the employer of home care and home health workers who function as personal assistants and individual maintenance home health workers and who also work under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act, no matter whether the State provides those services through direct fee-for-service arrangements, with the assistance of a managed

2

3

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

organization or other intermediary, or otherwise, but subject to the limitations set forth in this Act and the Disabled Persons Rehabilitation Act. The State shall not be considered to be the employer of home care and home health workers who function as personal assistants and individual maintenance home health workers and who also work under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act, for any purposes not specifically provided for in Public Act 93-204 or Public Act 97-1158, including but not limited to, purposes of vicarious liability in tort and purposes of statutory retirement or health insurance benefits. Home care and home health workers who function as personal assistants and individual maintenance home health workers and who also work under the Home Services Program under Section 3 of the Disabled Persons Rehabilitation Act shall not be covered by the State Employees Group Insurance Act of 1971 (5 ILCS 375/). As of the effective date of this amendatory Act of the 94th General Assembly but not before, the State of Illinois shall be considered the employer of the day and child care home providers participating in the child care assistance program under Section 9A-11 of the Illinois Public Aid Code, subject to the limitations set forth in this Act and in Section 9A-11 of the Illinois Public Aid Code. The State shall not be considered to be the employer of child and day care home providers for any purposes not specifically provided for in this amendatory Act of the 94th General Assembly, including but not limited to,

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 purposes of vicarious liability in tort and purposes of statutory retirement or health insurance benefits. Child and 2

day care home providers shall not be covered by the State

Employees Group Insurance Act of 1971.

"Public employer" or "employer" as used in this Act, however, does not mean and shall not include the General Assembly of the State of Illinois, the Executive Ethics Commission, the Offices of the Executive Inspectors General, Legislative Ethics Commission, the Office of Legislative Inspector General, the Office of the Auditor General's Inspector General, the Office of the Governor, the Governor's Office of Management and Budget, the Illinois Finance Authority, the Office of the Lieutenant Governor, the State Board of Elections, the Illinois Health Benefits Exchange, and educational employers or employers as defined in the Illinois Educational Labor Relations Act, except with respect to a state university in its employment of firefighters and peace officers and except with respect to a school district in the employment of peace officers in its own police department in existence on the effective date of this amendatory Act of the 96th General Assembly. County boards and county sheriffs shall be designated as joint or co-employers of county peace officers appointed under the authority of a county sheriff. Nothing in this subsection (o) shall be construed to prevent the State Panel or the Local Panel from determining that employers are joint or co-employers.

- 1 (o-5) With respect to wages, fringe benefits, hours,
 2 holidays, vacations, proficiency examinations, sick leave, and
 3 other conditions of employment, the public employer of public
 4 employees who are court reporters, as defined in the Court
 5 Reporters Act, shall be determined as follows:
 - (1) For court reporters employed by the Cook County Judicial Circuit, the chief judge of the Cook County Circuit Court is the public employer and employer representative.
 - (2) For court reporters employed by the 12th, 18th, 19th, and, on and after December 4, 2006, the 22nd judicial circuits, a group consisting of the chief judges of those circuits, acting jointly by majority vote, is the public employer and employer representative.
 - (3) For court reporters employed by all other judicial circuits, a group consisting of the chief judges of those circuits, acting jointly by majority vote, is the public employer and employer representative.
 - (p) "Security employee" means an employee who is responsible for the supervision and control of inmates at correctional facilities. The term also includes other non-security employees in bargaining units having the majority of employees being responsible for the supervision and control of inmates at correctional facilities.
 - (q) "Short-term employee" means an employee who is employed for less than 2 consecutive calendar quarters during a calendar

1 year and who does not have a reasonable assurance that he or

she will be rehired by the same employer for the same service

3 in a subsequent calendar year.

4 (q-5) "State agency" means an agency directly responsible

5 to the Governor, as defined in Section 3.1 of the Executive

Reorganization Implementation Act, and the Illinois Commerce 6

Commission, the Illinois Workers' Compensation Commission, the

Civil Service Commission, the Pollution Control Board, the

Illinois Racing Board, and the Department of State Police Merit

10 Board.

2

7

8

9

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

(r) "Supervisor" is:

(1) An employee whose principal work is substantially different from that of his or her subordinates and who has authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, direct, reward, or discipline employees, to adjust their grievances, or to effectively recommend any of those actions, if the exercise of that authority is not of a merely routine or clerical nature, but requires the consistent use of independent judgment. Except with respect to police employment, the term "supervisor" includes only those individuals who devote a preponderance of their employment time to exercising that authority, supervisors notwithstanding. Nothing in definition prohibits an individual from also meeting the definition of "managerial employee" under subsection (j)

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

of this Section. In addition, in determining supervisory status in police employment, rank shall not determinative. The Board shall consider, as evidence of bargaining unit inclusion or exclusion, the common law enforcement policies and relationships between police officer ranks and certification under applicable civil service law, ordinances, personnel codes, or Division 2.1 of Article 10 of the Illinois Municipal Code, but these factors shall not be the sole or predominant factors considered by the Board in determining police supervisory status.

Notwithstanding the provisions of the preceding in determining supervisory status in fire paragraph, fighter employment, no fire fighter shall be excluded as a supervisor who has established representation rights under Section 9 of this Act. Further, in new fire fighter units, employees shall consist of fire fighters of the rank of company officer and below. If a company officer otherwise qualifies as a supervisor under the preceding paragraph, however, he or she shall not be included in the fire fighter unit. If there is no rank between that of chief and the highest company officer, the employer may designate a position on each shift as a Shift Commander, and the persons occupying those positions shall be supervisors. All other ranks above that of company officer shall be supervisors.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

(2) With respect only to State employees in positions under the jurisdiction of the Attorney General, Secretary of State, Comptroller, or Treasurer (i) that were certified in a bargaining unit on or after December 2, 2008, (ii) for which a petition is filed with the Illinois Public Labor Relations Board on or after April 5, 2013 (the effective date of Public Act 97-1172), or (iii) for which a petition is pending before the Illinois Public Labor Relations Board on that date, an employee who qualifies as a supervisor under (A) Section 152 of the National Labor Relations Act and (B) orders of the National Labor Relations Board interpreting that provision or decisions of reviewing decisions of the National Labor Relations Board.

(s)(1) "Unit" means a class of jobs or positions that are held by employees whose collective interests may suitably be represented by a labor organization for collective bargaining. Except with respect to non-State fire fighters and paramedics employed by fire departments and fire protection districts, non-State peace officers, and peace officers in the Department of State Police, a bargaining unit determined by the Board shall not include both employees and supervisors, supervisors only, except as provided in paragraph (2) of this subsection (s) and except for bargaining units in existence on July 1, 1984 (the effective date of this Act). With respect to non-State fire fighters and paramedics employed by fire departments and fire protection districts, non-State peace

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

officers, and peace officers in the Department of State Police, a bargaining unit determined by the Board shall not include both supervisors and nonsupervisors, or supervisors only, except as provided in paragraph (2) of this subsection (s) and except for bargaining units in existence on January 1, 1986 (the effective date of this amendatory Act of 1985). A bargaining unit determined by the Board to contain peace officers shall contain no employees other than peace officers unless otherwise agreed to by the employer and the labor organization or labor organizations involved. Notwithstanding any other provision of this Act, a bargaining unit, including a historical bargaining unit, containing sworn peace officers of the Department of Natural Resources (formerly designated the Department of Conservation) shall contain no employees other than such sworn peace officers upon the effective date of this amendatory Act of 1990 or upon the expiration date of any collective bargaining agreement in effect upon the effective date of this amendatory Act of 1990 covering both such sworn peace officers and other employees.

- (2) Notwithstanding the exclusion of supervisors from bargaining units as provided in paragraph (1) of subsection (s), a public employer may agree to permit its supervisory employees to form bargaining units and may bargain with those units. This Act shall apply if the public employer chooses to bargain under this subsection.
- (3) Public employees who are court reporters, as defined in

- the Court Reporters Act, shall be divided into 3 units for collective bargaining purposes. One unit shall be court reporters employed by the Cook County Judicial Circuit; one unit shall be court reporters employed by the 12th, 18th, 19th, and, on and after December 4, 2006, the 22nd judicial circuits; and one unit shall be court reporters employed by all other judicial circuits.
- 8 (t) "Active petition for certification in a bargaining 9 unit" means a petition for certification filed with the Board 10 under one of the following case numbers: S-RC-11-110; 11 S-RC-11-098; S-UC-11-080; S-RC-11-086; S-RC-11-074;12 S-RC-11-076; S-RC-11-078; S-UC-11-052; S-UC-11-054; 13 S-RC-11-062; S-RC-11-060; S-RC-11-042; S-RC-11-014; S-RC-11-016; 14 S-RC-11-020; S-RC-11-030; S-RC-11-004; 15 S-RC-10-244; S-RC-10-228; S-RC-10-222; S-RC-10-220; 16 S-RC-10-214; S-RC-10-196; S-RC-10-194; S-RC-10-178; 17 S-RC-10-176; S-RC-10-162; S-RC-10-156; S-RC-10-088; 18 S-RC-10-074;S-RC-10-076; S-RC-10-078; S-RC-10-060;S-RC-10-044; S-RC-10-070;S-RC-10-038; 19 S-RC-10-040;20 S-RC-10-042; S-RC-10-018; S-RC-10-024; S-RC-10-004; 21 S-RC-10-006; S-RC-10-008; S-RC-10-010; S-RC-10-012; 22 S-RC-09-202; S-RC-09-182; S-RC-09-180; S-RC-09-156; 23 S-UC-09-196; S-UC-09-182; S-RC-08-130; S-RC-07-110; or 24 S-RC-07-100.
- 25 (Source: P.A. 97-586, eff. 8-26-11; 97-1158, eff. 1-29-13;
- 26 97-1172, eff. 4-5-13; 98-100, eff. 7-19-13; 98-1004, eff.

- 1 8-18-14.)
- 2 Section 8. The State Employee Indemnification Act is
- 3 amended by changing Section 1 as follows:
- (5 ILCS 350/1) (from Ch. 127, par. 1301) 4
- 5 Sec. 1. Definitions. For the purpose of this Act:
- 6 (a) The term "State" means the State of Illinois, the
- 7 General Assembly, the court, or any State office, department,
- 8 division, bureau, board, commission, or committee,
- 9 governing boards of the public institutions of higher education
- created by the State, the Illinois National Guard, the 10
- 11 Comprehensive Health Insurance Board, any poison control
- 12 center designated under the Poison Control System Act that
- 13 receives State funding, the Illinois Health Benefits Exchange,
- 14 or any other agency or instrumentality of the State. It does
- not mean any local public entity as that term is defined in 15
- Section 1-206 of the Local Governmental and Governmental 16
- 17 Employees Tort Immunity Act or a pension fund.
- 18 (b) The term "employee" means: any present or former
- elected or appointed officer, trustee or employee of the State, 19
- 20 or of a pension fund; any present or former commissioner or
- 21 employee of the Executive Ethics Commission or of
- 22 Legislative Ethics Commission; any present or
- 23 Executive, Legislative, or Auditor General's Inspector
- 24 General; any present or former employee of an Office of an

1 Legislative, or Auditor General's Executive, Inspector General; any present or former member of the Illinois National 2 3 Guard while on active duty; individuals or organizations who 4 contract with the Department of Corrections, the Department of 5 Juvenile Justice, the Comprehensive Health Insurance Board, or 6 the Department of Veterans' Affairs to provide services; 7 individuals or organizations who contract with the Department 8 of Human Services (as successor to the Department of Mental 9 Health and Developmental Disabilities) to provide services 10 including but not limited to treatment and other services for 11 sexually violent persons; individuals or organizations who contract with the Department of Military Affairs for youth 12 13 programs; individuals or organizations who contract to perform 14 carnival and amusement ride safety inspections for 15 Department of Labor; individuals who contract with the Office 16 of the State's Attorneys Appellate Prosecutor to provide legal services, but only when performing duties within the scope of 17 18 t.he Office's prosecutorial activities; individual 19 representatives of or designated organizations authorized to 20 represent the Office of State Long-Term Ombudsman for the 21 Aging; individual representatives Department on 22 organizations designated by the Department on Aging in the 23 performance of their duties as adult protective services 24 agencies or regional administrative agencies under the Adult 25 Protective Services Act: individuals or organizations 26 appointed as members of a review team or the Advisory Council

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

under the Adult Protective Services Act; individuals or organizations who perform volunteer services for the State where such volunteer relationship is reduced to writing; individuals who serve on any public entity (whether created by law or administrative action) described in paragraph (a) of this Section; individuals or not for profit organizations who, either as volunteers, where such volunteer relationship is writing, or pursuant to contract, reduced to professional advice or consultation to any agency instrumentality of the State; individuals who serve as foster parents for the Department of Children and Family Services when caring for a Department ward; individuals who serve as members of an independent team of experts under Brian's Law; and individuals who serve as arbitrators pursuant to Part 10A of Article II of the Code of Civil Procedure and the rules of the Supreme Court implementing Part 10A, each as now or hereafter amended; the term "employee" does not mean an independent contractor except as provided in this Section. The term includes an individual appointed as an inspector by the Director of State Police when performing duties within the scope of the activities of a Metropolitan Enforcement Group or law enforcement organization established under Intergovernmental Cooperation Act. An individual who renders professional advice and consultation to the State through an organization which qualifies as an "employee" under the Act is also an employee. The term includes the estate or personal

- representative of an employee. 1
- 2 (c) The term "pension fund" means a retirement system or
- 3 pension fund created under the Illinois Pension Code.
- 4 (Source: P.A. 98-49, eff. 7-1-13; 98-83, eff. 7-15-13; 98-732,
- 5 eff. 7-16-14; 98-756, eff. 7-16-14.)
- 6 Section 10. The Personnel Code is amended by changing
- 7 Section 4c as follows:
- 8 (20 ILCS 415/4c) (from Ch. 127, par. 63b104c)
- Sec. 4c. General exemptions. The following positions in 9
- State service shall be exempt from jurisdictions A, B, and C, 10
- 11 unless the jurisdictions shall be extended as provided in this
- 12 Act:
- 13 (1) All officers elected by the people.
- 14 (2) All positions under the Lieutenant Governor,
- Secretary of State, State Treasurer, State Comptroller, 15
- State Board of Education, Clerk of the Supreme Court, 16
- 17 Attorney General, and State Board of Elections.
- 18 (3) Judges, and officers and employees of the courts,
- and notaries public. 19
- 20 (4) All officers and employees of the Illinois General
- 21 Assembly, all employees of legislative commissions, all
- 22 officers and employees of the Illinois Legislative
- 23 Reference Bureau, the Legislative Research Unit, and the
- 24 Legislative Printing Unit.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

- (5) All positions in the Illinois National Guard and Illinois State Guard, paid from federal funds or positions in the State Military Service filled by enlistment and paid from State funds.
 - (6) All employees of the Governor at the executive mansion and on his immediate personal staff.
 - (7) Directors of Departments, the Adjutant General, the Assistant Adjutant General, the Director of the Illinois Emergency Management Agency, members of boards and commissions, and all other positions appointed by the Governor by and with the consent of the Senate.
 - (8) The presidents, other principal administrative officers, and teaching, research and extension faculties of Chicago State University, Eastern Illinois University, Governors State University, Illinois State University, Illinois University, Northern Northeastern Illinois University, Western Illinois University, the Illinois Community College Board, Southern Illinois University, Illinois Board of Higher Education, University of Illinois, State Universities Civil Service System, University Retirement System of Illinois, and administrative officers and scientific and technical staff of the Illinois State Museum.
 - (9) All other employees except the presidents, other principal administrative officers, and teaching, research and extension faculties of the universities under the

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

jurisdiction of the Board of Regents and the colleges and universities under the jurisdiction of the Board of Governors of State Colleges and Universities, Illinois Community College Board, Southern Illinois University, Illinois Board of Higher Education, Board of Governors of State Colleges and Universities, the Board of Regents, University of Illinois, State Universities Civil Service System, University Retirement System of Illinois, so long these are subject to the provisions of the State Universities Civil Service Act.

- (10) The State Police so long as they are subject to the merit provisions of the State Police Act.
 - (11) (Blank).
- The technical and engineering staffs of (12)Department of Transportation, the Department of Nuclear Safety, the Pollution Control Board, and the Illinois Commerce Commission, and the technical and engineering staff providing architectural and engineering services in the Department of Central Management Services.
- (13) All employees of the Illinois State Toll Highway Authority.
- (14)The Secretary of the Illinois Workers' Compensation Commission.
- (15) All persons who are appointed or employed by the Director of Insurance under authority of Section 202 of the Illinois Insurance Code to assist the Director of Insurance

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1	in	discharging	his	responsi	bili	ities	relating	to	the
2	reha	abilitation,	liquid	ation, co	onse	rvat	ion, and dis	ssolu	tion
3	of	companies tha	at are	subject	to	the	jurisdictio	n of	the
4	I11:	inois Insuran	ce Cod	e.					

- (16) All employees of the St. Louis Metropolitan Area Airport Authority.
 - (17) All investment officers employed by the Illinois State Board of Investment.
 - (18)Employees of the Illinois Young Adult Conservation Corps program, administered by the Illinois Department of Natural Resources, authorized grantee under Title VIII of the Comprehensive Employment and Training Act of 1973, 29 USC 993.
 - (19)Seasonal employees of the Department Agriculture for the operation of the Illinois State Fair and the DuQuoin State Fair, no one person receiving more than 29 days of such employment in any calendar year.
 - (20) All "temporary" employees hired under Department of Natural Resources' Illinois Conservation Service, a youth employment program that hires young people to work in State parks for a period of one year or less.
 - (21) All hearing officers of the Human Commission.
- (22) All employees of the Illinois Mathematics and Science Academy.
 - (23) All employees of the Kankakee River Valley Area

1 Airport Author	city.
------------------	-------

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- (24) The commissioners and employees of the Executive 2 Ethics Commission. 3
 - (25)The Executive Inspectors General, including special Executive Inspectors General, and employees of each Office of an Executive Inspector General.
 - of The commissioners and employees the Legislative Ethics Commission.
 - (27) The Legislative Inspector General, including special Legislative Inspectors General, and employees of the Office of the Legislative Inspector General.
 - The Auditor General's Inspector General (28)employees of the Office of the Auditor General's Inspector General.
 - (29) All employees of the Illinois Power Agency.
 - (30) Employees having demonstrable, defined advanced skills in accounting, financial reporting, or technical employed within executive branch expertise who are agencies and whose duties are directly related to the submission to the Office of the Comptroller of financial information for the publication of the Comprehensive Annual Financial Report (CAFR).
 - (31) All employees of the Illinois Sentencing Policy Advisory Council.
- 2.5 (32) The employees of the Illinois Health Benefits 26 Exchange.

- 1 (Source: P.A. 97-618, eff. 10-26-11; 97-1055, eff. 8-23-12;
- 2 98-65, eff. 7-15-13.)
- 3 Section 15. The Department of Insurance Law of the Civil
- 4 Administrative Code of Illinois is amended by adding Section
- 1405-40 as follows: 5
- 6 (20 ILCS 1405/1405-40 new)
- 7 Sec. 1405-40. Transfer of the Comprehensive Health
- 8 Insurance Plan.
- 9 (a) On January 1, 2016, all powers, duties, rights, and
- responsibilities of the Comprehensive Health Insurance Plan 10
- and the Illinois Comprehensive Health Insurance Board shall be 11
- 12 transferred to the Department of Insurance.
- 13 (b) The Department of Insurance shall act on behalf of the
- Comprehensive Health Insurance Plan and the Illinois 14
- Comprehensive Health Insurance Board and shall have the power 15
- and duty to receive and answer correspondence, pay claims due 16
- 17 and owing to the Department of Central Management Services
- 18 revolving fund from any unencumbered funds, refer unpaid
- vendors to the court of claims, and arrange for the orderly 19
- termination of any affairs of the Comprehensive Health 20
- 21 Insurance Plan and the Illinois Comprehensive Health Insurance
- Board that remain unresolved on or after January 1, 2016. 22
- 23 (c) All books, records, papers, documents, property (real
- and personal), contracts, causes of action, and pending 24

Accountability Act of 1996.

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

- 1 business pertaining to the powers, duties, rights, and responsibilities transferred by this amendatory Act of the 98th 2 3 General Assembly from the Comprehensive Health Insurance Plan 4 and the Illinois Comprehensive Health Insurance Board to the 5 Department of Insurance, including, but not limited to, 6 material in electronic or magnetic format and necessary 7 computer hardware and software, shall be transferred to the Department of Insurance. Records shall remain intact as 8 9 regulated by the federal Health Insurance Portability and
 - (d) The personnel of the Comprehensive Health Insurance Plan and the Illinois Comprehensive Health Insurance Board shall be transferred to the Department of Insurance. The status and rights of those employees under the Personnel Code shall not be affected by the transfer. The rights of the employees and the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement, or annuity plan shall not be affected by this amendatory Act of the 98th General Assembly.
 - (e) All unexpended appropriations and balances and other funds available for use by the Comprehensive Health Insurance Plan and the Illinois Comprehensive Health Insurance Board shall be transferred for use by the Department of Insurance. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made.
 - (f) The powers, duties, rights, and responsibilities

- 1 transferred from the Comprehensive Health Insurance Plan and
- 2 the Illinois Comprehensive Health Insurance Board shall be
- 3 vested in and shall be exercised by the Department of
- 4 Insurance.
- 5 (g) Whenever reports or notices are now required to be made
- or given or papers or documents furnished or served by any 6
- 7 person to or upon the Comprehensive Health Insurance Plan or
- the Illinois Comprehensive Health Insurance Board in 8
- 9 connection with any of the powers, duties, rights, and
- 10 responsibilities transferred by this amendatory Act of the 98th
- 11 General Assembly, the same shall be made, given, furnished, or
- served in the same manner to or upon the Department of 12
- 13 Insurance.
- 14 (h) This amendatory Act of the 98th General Assembly does
- 15 not affect any act done, ratified, or canceled or any right
- 16 occurring or established or any action or proceeding had or
- commenced in an administrative, civil, or criminal cause by the 17
- Comprehensive Health Insurance Plan or the Illinois 18
- 19 Comprehensive Health Insurance Board prior to January 1, 2016;
- such actions or proceedings may be prosecuted and continued by 20
- 21 the Department of Insurance.
- 22 Section 20. The Illinois State Auditing Act is amended by
- 23 changing Section 3-1 as follows:
- 24 (30 ILCS 5/3-1) (from Ch. 15, par. 303-1)

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 Sec. 3-1. Jurisdiction of Auditor General. The Auditor General has jurisdiction over all State agencies to make post 2 3 audits and investigations authorized by or under this Act or 4 the Constitution.

The Auditor General has jurisdiction over local government agencies and private agencies only:

- (a) to make such post audits authorized by or under this Act as are necessary and incidental to a post audit of a State agency or of a program administered by a State agency involving public funds of the State, but this jurisdiction does not include any authority to review local in governmental agencies the obligation, receipt, expenditure or use of public funds of the State that are granted without limitation or condition imposed by law, other than the general limitation that such funds be used for public purposes;
- (b) to make investigations authorized by or under this Act or the Constitution; and
- (c) to make audits of the records of local government agencies to verify actual costs of state-mandated programs when directed to do so by the Legislative Audit Commission at the request of the State Board of Appeals under the State Mandates Act.

In addition to the foregoing, the Auditor General may conduct an audit of the Metropolitan Pier and Exposition Authority, the Regional Transportation Authority, the Suburban

- 1 Bus Division, the Commuter Rail Division and the Chicago
- Transit Authority and any other subsidized carrier when 2
- 3 authorized by the Legislative Audit Commission. Such audit may
- 4 be a financial, management or program audit, or any combination
- 5 thereof.
- The audit shall determine whether they are operating in 6
- accordance with all applicable laws and regulations. Subject to 7
- the limitations of this Act, the Legislative Audit Commission 8
- 9 may by resolution specify additional determinations to be
- 10 included in the scope of the audit.
- 11 In addition to the foregoing, the Auditor General must also
- conduct a financial audit of the Illinois Sports Facilities 12
- 13 Authority's expenditures of public funds in connection with the
- 14 reconstruction, renovation, remodeling, extension,
- 15 improvement of all or substantially all of any existing
- 16 "facility", as that term is defined in the Illinois Sports
- Facilities Authority Act. 17
- The Auditor General may also conduct an audit, when 18
- 19 authorized by the Legislative Audit Commission, of any hospital
- 20 which receives 10% or more of its gross revenues from payments
- 21 from the State of Illinois, Department of Healthcare and Family
- 22 Services (formerly Department of Public Aid),
- 23 Assistance Program.
- The Auditor General is authorized to conduct financial and 24
- 25 compliance audits of the Illinois Distance Learning Foundation
- 26 and the Illinois Conservation Foundation.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

As soon as practical after the effective date of this amendatory Act of 1995, the Auditor General shall conduct a compliance and management audit of the City of Chicago and any other entity with regard to the operation of Chicago O'Hare International Airport, Chicago Midway Airport and Merrill C. Meigs Field. The audit shall include, but not be limited to, an examination of revenues, expenses, and transfers of funds; purchasing and contracting policies and practices; staffing levels; and hiring practices and procedures. When completed, the audit required by this paragraph shall be distributed in accordance with Section 3-14.

Auditor General shall conduct a financial and compliance and program audit of distributions from the Municipal Economic Development Fund during the immediately preceding calendar year pursuant to Section 8-403.1 of the Public Utilities Act at no cost to the city, village, or incorporated town that received the distributions.

The Auditor General must conduct an audit of the Health Facilities and Services Review Board pursuant to Section 19.5 of the Illinois Health Facilities Planning Act.

The Auditor General of the State of Illinois shall annually conduct or cause to be conducted a financial and compliance audit of the books and records of any county water commission organized pursuant to the Water Commission Act of 1985 and shall file a copy of the report of that audit with the Governor and the Legislative Audit Commission. The filed audit shall be

- 1 open to the public for inspection. The cost of the audit shall
- be charged to the county water commission in accordance with 2
- Section 6z-27 of the State Finance Act. The county water 3
- 4 commission shall make available to the Auditor General its
- 5 books and records and any other documentation, whether in the
- possession of its trustees or other parties, necessary to 6
- 7 conduct the audit required. These audit requirements apply only
- 8 through July 1, 2007.
- 9 The Auditor General must conduct audits of the Rend Lake
- 10 Conservancy District as provided in Section 25.5 of the River
- 11 Conservancy Districts Act.
- The Auditor General must conduct financial audits of the 12
- 13 Southeastern Illinois Economic Development Authority
- provided in Section 70 of the Southeastern Illinois Economic 14
- 15 Development Authority Act.
- 16 The Auditor General shall conduct a compliance audit in
- accordance with subsections (d) and (f) of Section 30 of the 17
- 18 Innovation Development and Economy Act.
- 19 The Auditor General shall have the authority to conduct an
- 20 audit of the Illinois Health Benefits Exchange. The audit may
- be a financial audit, a management audit, a program audit, or 21
- 22 any combination thereof.
- (Source: P.A. 95-331, eff. 8-21-07; 96-31, eff. 6-30-09; 23
- 24 96-939, eff. 6-24-10.)
- 25 Section 25. The Illinois Procurement Code is amended by

changing Section 1-15.100 as follows:

```
2
          (30 ILCS 500/1-15.100)
```

3 Sec. 1-15.100. State agency. "State agency" means and 4 includes all boards, commissions, agencies, institutions, 5 authorities, and bodies politic and corporate of the State, created by or in accordance with the constitution or statute, 6 of the executive branch of State government and does include 7 8 colleges, universities, and institutions under the 9 jurisdiction of the governing boards of the University of 10 Illinois, Southern Illinois University, Illinois University, Eastern Illinois University, Northern Illinois 11 12 University, Western Illinois University, Chicago State 13 University, Governor State University, Northeastern Illinois 14 University, and the Board of Higher Education. However, this 15 term does not apply to public employee retirement systems or investment boards that are subject to fiduciary duties imposed 16 17 by the Illinois Pension Code or to the University of Illinois Foundation. "State agency" does not include units of local 18 19 government, school districts, community colleges under the 20 Public Community College Act, and the Illinois Comprehensive Health Insurance Board, and the Illinois Health Benefits 21 22 Exchange.

- (Source: P.A. 90-572, eff. 2-6-98.) 23
- 24 Section 30. The Comprehensive Health Insurance Plan Act is

- 1 amended by adding Sections 16 and 17 as follows:
- 2 (215 ILCS 105/16 new)
- 3 Sec. 16. Cessation of operations.
- 4 (a) Except as otherwise provided in this Section, the
- 5 insurance operations of the Plan authorized by this Act shall
- cease on January 1, 2016. 6
- 7 (b) Coverage under the Plan does not apply to service
- 8 provided on or after January 1, 2016.
- 9 (c) The Plan shall cease enrolling new participants on
- December 31, 2015. 10
- The Plan shall cease providing coverage for 11 (d)
- 12 participants enrolled prior to January 1, 2016 at 11:59 p.m. on
- 13 December 31, 2015. Except as otherwise provided in this
- 14 subsection (d), the Board shall provide at least 90 days
- written notice to all Plan participants of the cessation of 15
- coverage under this Section. For participants enrolled less 16
- than 90 days before January 1, 2016, notice of the cessation of 17
- coverage under this Section shall be provided to all applicants 18
- 19 and to all participants upon enrollment.
- 20 (e) Any claim for payment under the Plan must be submitted
- no later than 90 days after January 1, 2016, and any valid 21
- claim submitted on or after January 1, 2016 must be paid within 22
- 23 90 days after receipt.
- 24 (f) Any grievance shall be resolved by the Board not later
- than October 31, 2016. 25

1	(g) Balance billing under this Section by a health care
2	provider that is not a member of the provider network
3	arrangement used by the Plan is prohibited.
4	(h) The Board shall, not later than June 30, 2015, submit
5	to the Director a plan of dissolution, which must provide for,
6	but not be limited to, the following:
7	(1) Continuity of care for an individual who is covered
8	under the Plan and is an inpatient on at the time the Plan
9	ceases.
10	(2) A final accounting of assessments.
11	(3) Resolution of any net asset deficiency.
12	(4) Cessation of all liability of the Plan.
13	(5) Final dissolution of the Plan.
14	(i) No legal action by or against the Plan may be filed on
15	or after January 1, 2017.
16	(j) General Revenue Fund funds remaining in the Plan after
17	satisfaction of all of the Plan's liabilities shall be
18	transferred back into the General Revenue Fund.
19	(k) The Board shall cease charging insurer assessments on
20	January 1, 2016; however, the Board may charge and collect
21	insurer assessments pursuant to Section 12 of this Act as
22	necessary to satisfy any remaining liabilities of the Plan.
23	Insurer assessments remaining in the Plan after satisfaction of
24	all of the Plan's liabilities shall be returned to insurers
25	based on subsection (e) of Section 12 of this Act.

1 (215 ILCS 105/17 new)

Sec. 17. Repealer. This Act is repealed on July 1, 2017. 2

3 Section 35. The Illinois Health Benefits Exchange Law is

4 amended by changing Sections 5-3, 5-5, 5-10, and 5-15 and by

adding Sections 5-4, 5-11, 5-12, 5-16, 5-17, 5-18, 5-21, 5-23,

and 5-30 as follows:

5

6

7

10

11

12

14

15

18

19

20

21

23

24

(215 ILCS 122/5-3)

8 Sec. 5-3. Legislative intent. The General Assembly finds

9 the health benefits exchanges authorized by the federal Patient

Protection and Affordable Care Act represent one of a number of

ways in which the State can address coverage gaps and provide

individual consumers and small employers access to greater

13 coverage options. The General Assembly also finds that the

State is best positioned to implement an exchange that is

sensitive to the coverage gaps and market landscape unique to

16 this State.

17 The purpose of this Law is to provide for the establishment

of an Illinois Health Benefits Exchange (the Exchange) to

facilitate the purchase and sale of qualified health plans and

qualified dental plans in the individual market in this State

and to provide for the establishment of a Small Business Health

22 Options Program (SHOP Exchange) to assist qualified small

employers in this State in facilitating the enrollment of their

employees in qualified health plans and qualified dental plans

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

offered in the small group market. The intent of the Exchange is to supplement the existing health insurance market to simplify shopping for individual and small employers by increasing access to benefit options, encouraging a competitive market both inside and outside the Exchange, reducing the number of uninsured, and providing a transparent marketplace and effective consumer education and programmatic assistance tools. The purpose of this Law is to ensure that the State is making sufficient progress towards establishing an exchange within the quidelines outlined by the federal law and to protect Illinoisans from undue federal regulation. Although the federal law imposes a number of core requirements on state-level exchanges, the State has significant flexibility in the design and operation of a State exchange that make it prudent for the State to carefully analyze, plan, and prepare for the exchange. The General Assembly finds that in order for the State to craft a tenable exchange that meets the fundamental goals outlined by the Patient Protection Affordable Care Act of expanding access to affordable coverage and improving the quality of care, the implementation process should (1) provide for broad stakeholder representation; (2) foster a robust and competitive marketplace, both inside and outside of the exchange; and (3) provide for a broad-based approach to the fiscal solvency of the exchange. (Source: P.A. 97-142, eff. 7-14-11.)

- 1 (215 ILCS 122/5-4 new)
- 2 Sec. 5-4. Definitions. In this Law:
- 3 "Board" means the Illinois Health Benefits Exchange Board
- 4 <u>established pursuant</u> to this Law.
- 5 "Department" means the Department of Insurance.
- "Director" means the Director of Insurance. 6
- 7 "Educated health care consumer" means an individual who is
- 8 knowledgeable about the health care system, has background or
- 9 experience in making informed decisions regarding health,
- 10 medical, and public health matters, and represents the
- interests of healthcare consumers. 11
- 12 "Essential health benefits" has the meaning provided under
- 13 Section 1302(b) of the Federal Act.
- 14 "Exchange" means the Illinois Health Benefits Exchange
- 15 established by this Law and includes the Individual Exchange
- and the SHOP Exchange, unless otherwise specified. 16
- "Executive Director" means the Executive Director of the 17
- Illinois Health Benefits Exchange. 18
- 19 "Federal Act" means the federal Patient Protection and
- 20 Affordable Care Act (Public Law 111-148), as amended by the
- 21 federal Health Care and Education Reconciliation Act of 2010
- (Public Law 111-152), and any amendments thereto, or 22
- 23 regulations or guidance issued under, those Acts.
- 24 "Health benefit plan" means a policy, contract,
- 25 certificate, or agreement offered or issued by a health
- 26 insurance carrier to provide, deliver, arrange for, pay for, or

1	reimburse any of the costs of health care services. "Health
2	benefit plan" does not include:
3	(1) coverage for accident only or disability income
4	insurance or any combination thereof;
5	(2) coverage issued as a supplement to liability
6	insurance;
7	(3) liability insurance, including general liability
8	insurance and automobile liability insurance;
9	(4) workers' compensation or similar insurance;
10	(5) automobile medical payment insurance;
11	(6) credit-only insurance;
12	(7) coverage for on-site medical clinics; or
13	(8) other similar insurance coverage, specified in
14	federal regulations issued pursuant to the federal Health
15	Information Portability and Accountability Act of 1996,
16	Public Law 104-191, under which benefits for health care
17	services are secondary or incidental to other insurance
18	<pre>benefits.</pre>
19	"Health benefit plan" does not include the following
20	benefits if they are provided under a separate policy,
21	certificate, or contract of insurance or are otherwise not an
22	<pre>integral part of the plan:</pre>
23	(a) limited scope dental or vision benefits;
24	(b) benefits for long-term care, nursing home care,
25	home health care, community-based care, or any combination
26	thereof; or

1	(c) other similar, limited benefits specified in
2	federal regulations issued pursuant to Public Law 104-191.
3	"Health benefit plan" does not include the following
4	benefits if the benefits are provided under a separate policy,
5	certificate, or contract of insurance, there is no coordination
6	between the provision of the benefits and any exclusion of
7	benefits under any group health plan maintained by the same
8	plan sponsor, and the benefits are paid with respect to an
9	event without regard to whether benefits are provided with
10	respect to such an event under any group health plan maintained
11	by the same plan sponsor:
12	(i) coverage only for a specified disease or illness;
13	<u>or</u>
14	(ii) hospital indemnity or other fixed indemnity
15	<u>insurance.</u>
16	"Health benefit plan" does not include the following if
17	offered as a separate policy, certificate, or contract of
18	<pre>insurance:</pre>
19	(A) Medicare supplemental health insurance as defined
20	under Section 1882(g)(1) of the federal Social Security
21	Act;
22	(B) coverage supplemental to the coverage provided
23	under Chapter 55 of Title 10, United States Code (Civilian
24	Health and Medical Program of the Uniformed Services
25	(CHAMPUS)); or
26	(C) similar supplemental coverage provided to coverage

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

under a group health plan. 1

> "Health benefit plan" does not include a group health plan or multiple employer welfare arrangement to the extent the plan or arrangement is not subject to State insurance regulation under Section 514 of the federal Employee Retirement Income Security Act of 1974.

> "Health insurance carrier" or "carrier" means an entity subject to the insurance laws and regulations of this State, or subject to the jurisdiction of the Director, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including a sickness and accident insurance company, a health maintenance organization, or any other entity providing a plan of health insurance, or health benefits. "Health insurance carrier" does not include short term, accident only, disability income, hospital confinement or fixed indemnity, vision only, limited benefit, or credit insurance, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payment insurance, insurance under which benefits are payable with or without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance, or a Consumer Operated and Oriented Plan.

> "Illinois Health Benefits Exchange Fund" means the fund created outside of the State treasury to be used exclusively to

21

22

23

24

25

26

provide funding for the operation and administration of the

2	Exchange in carrying out the purposes authorized by this Law.
3	"Individual Exchange" means the exchange marketplace
4	established by this Law through which qualified individuals may
5	obtain coverage through an individual market qualified health
6	plan.
7	"Participating insurer" means a health insurance carrier
8	that offers a qualified health plan or qualified dental plan
9	through the Exchange.
10	"Principal place of business" means the location in a state
11	where an employer has its headquarters or significant place of
12	business and where the persons with direction and control
13	authority over the business are employed.
14	"Qualified dental plan" means a limited scope dental plan
15	that has been certified in accordance with this Law.
16	"Qualified employee" means an eligible individual employed
17	by a qualified employer who has been offered health insurance
18	coverage by that qualified employer through the SHOP Exchange.
19	"Qualified employer" means a small employer that elects to
20	make its full-time employees eligible for one or more qualified

provide coverage through the SHOP Exchange to all of its eligible employees, wherever employed, or (ii) offers coverage

health plans or qualified dental plans offered through the SHOP

Exchange, and at the option of the employer, some or all of its

part-time employees, provided that the employer either (i) has

its principal place of business in this State and elects to

1	through the SHOP Exchange to each eligible employee whose
2	primary worksite is in this State.
3	"Qualified health plan" or "QHP" means a health benefit
4	plan that has in effect a certification that the plan meets the
5	criteria for certification described in Section 1311(c) of the
6	Federal Act.
7	"Qualified health plan issuer" or "QHP issuer" means a
8	health insurance carrier that offers a health plan that the
9	Exchange has certified as a qualified health plan.
10	"Qualified individual" means an individual, including a
11	<pre>minor, who:</pre>
12	(1) is seeking to enroll in a qualified health plan or
13	qualified dental plan offered to individuals through the
14	Exchange;
15	(2) resides in this State;
16	(3) at the time of enrollment, is not incarcerated,
17	other than incarceration pending the disposition of
18	<pre>charges; and</pre>
19	(4) is, and is reasonably expected to be, for the
20	entire period for which enrollment is sought, a citizen or
21	national of the United States or an alien lawfully present
22	in the United States.
23	"Secretary" means the Secretary of the federal Department
24	of Health and Human Services.
25	"SHOP Exchange" means the Small Business Health Options
26	Program established under this Law through which a qualified

"Small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least one but no more than 50 employees before January 1, 2016 and no more than 100 employees on and after January 1, 2016 on business days during the preceding calendar year and who employs at least one employee on the first day of the plan year. For purposes of this definition:

- (a) all persons treated as a single employer under subsection (b), (c), (m) or (o) of Section 414 of the federal Internal Revenue Code of 1986 shall be treated as a single employer;
- (b) an employer and any predecessor employer shall be treated as a single employer;
- (c) employees shall be counted in accordance with federal law and regulations and State law and regulations; provided however, that in the event of a conflict between the federal law and regulations and the State law and regulations, the federal law and regulations shall

l <u>prevail;</u>

3

4

5

6

7

8

9

10

11

12

13

14

- (d) if an employer was not in existence throughout the preceding calendar year, then the determination of whether that employer is a small employer shall be based on the average number of employees that is reasonably expected that employer will employ on business days in the current calendar year; and
- (e) an employer that makes enrollment in qualified health plans or qualified dental plans available to its employees through the SHOP Exchange, and would cease to be a small employer by reason of an increase in the number of its employees, shall continue to be treated as a small employer for purposes of this Law as long as it continuously makes enrollment through the SHOP Exchange available to its employees.
- 16 (215 ILCS 122/5-5)
- Sec. 5-5. Establishment of the Exchange State health 17 18 benefits exchange.
- 19 (a) It is declared that this State, beginning on the effective date of this amendatory Act of the 98th General 20 Assembly October 1, 2013, in accordance with Section 1311 of 21 22 the federal Patient Protection and Affordable Care Act, shall establish a State health benefits exchange to be known as the 23 24 Illinois Health Benefits Exchange in order to help individuals and small employers with no more than 50 employees shop for, 25

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

select, and enroll in qualified, affordable private health 1 2 plans that fit their needs at competitive prices. The Exchange 3 shall separate coverage pools for individuals and small employers and shall supplement and not supplant any existing 4 5 private health insurance market for individuals and small 6 employers. These health plans shall be available to individuals and small employers for enrollment by October 1, 2015. 7

- (b) There is hereby created a political subdivision, body politic and corporate, named the Illinois Health Benefits Exchange. The Exchange shall be a public entity, but shall not be considered a department, institution, or agency of the State, except as otherwise expressly provided by law.
- (c) The Exchange shall be comprised of an individual and a small business health options (SHOP) exchange. Pursuant to Section 1311(b)(2) of the Federal Act, the Exchange shall provide individual exchange services to qualified individuals and SHOP Exchange services to qualified employers under a single governance and administrative structure. The Board shall produce an assessment, which must include a premium impact study, by July 1, 2017 to determine the viability of merging the SHOP Exchange and Individual Exchange functions into a single exchange by January 1, 2018. Any recommended merger of the SHOP Exchange and Individual Exchange functions shall be subject to legislative approval.
- (d) The Exchange shall promote a competitive marketplace for consumer access to affordable health coverage options. The

- Department shall review and recommend that the Board certify 1
- health benefit plans on the individual and SHOP Exchange, as 2
- applicable, provided that any such health benefit plan meets 3
- 4 the requirements set forth in Section 1311(c) of the Federal
- 5 Act and any other requirements of the Illinois Insurance Code.
- The Board shall certify health benefit plans that the 6
- 7 Department recommends for certification.
- 8 (e) The Exchange shall not supersede the provisions of the
- 9 Illinois Insurance Code, nor the functions of the Department of
- 10 Insurance, the Department of Healthcare and Family Services, or
- the Department of Public Health. 11
- (Source: P.A. 97-142, eff. 7-14-11.) 12
- 13 (215 ILCS 122/5-10)
- 14 Sec. 5-10. Exchange functions.
- (a) On or before October 1, 2015, in compliance with 15
- 16 paragraph (4) of subdivision (d) of Section 1311 of the federal
- Patient Protection and Affordable Care Act, the Exchange shall, 17
- 18 at a minimum, do all of the following to implement Section 1311
- 19 of the federal Patient Protection and Affordable Care Act:
- 20 (1) Make qualified health plans available to qualified
- 21 individuals and qualified employers.
- 22 (2) Implement procedures for the certification,
- 23 recertification, and decertification, consistent with
- 24 Section 5-12 of this Act and the quidelines established by
- 25 the U.S. Secretary of Health and Human Services, of health

plans as qualified health plans.

2	(3) Provide for the operation of a toll-free telephone
3	hotline and call center to respond to requests for
4	assistance.
5	(4) Maintain an Internet website through which
6	enrollees and prospective enrollees of qualified health
7	plans may obtain standardized comparative information on
8	those plans. The Exchange shall include on its website a
9	navigator and producer locator section, featured
10	prominently, through which individuals and small employers
11	can find Exchange-certified producers and navigators.
12	(5) With respect to each qualified health plan offered
13	through the Exchange, do both of the following:
14	(A) assign a rating to each qualified health plan
15	offered through the Exchange in accordance with the
16	criteria developed by the U.S. Secretary of Health and
17	Human Services; and
18	(B) determine each qualified health plan's level
19	of coverage in accordance with regulations adopted by
20	the U.S. Secretary of Health and Human Services under
21	paragraph (A) of subdivision (2) of Section 1302(d) of
22	the federal Patient Protection and Affordable Care Act
23	and any additional regulations adopted by the Exchange
24	under this Law.
25	(6) Utilize a standardized format for presenting
26	health benefits plan options in the Exchange, including the

1	use of the uniform outline of coverage established under
2	Section 2715 of the federal Public Health Service Act.
3	(7) Inform individuals of eligibility requirements for
4	the Medicaid program, the Covering ALL KIDS Health
5	Insurance Program, or any applicable State or local public
6	program and, if through screening of the application by the
7	Exchange the Exchange determines that an individual is
8	eligible for any such program, enroll that individual in
9	the program.
10	(8) Establish and make available by electronic means a
11	calculator to determine the actual cost of coverage after
12	the application of any premium tax credit under Section 36B
13	of the Internal Revenue Code of 1986 and any cost sharing
14	reduction under Section 1402 of the federal Patient
15	Protection and Affordable Care Act.
16	(9) Grant a certification attesting that, for purposes
17	of the individual responsibility penalty under Section
18	5000A of the Internal Revenue Code of 1986, an individual
19	is exempt from the individual requirement or from the
20	penalty imposed by that Section because of either of the
21	<pre>following:</pre>
22	(A) There is no affordable qualified health plan
23	available through the Exchange or the individual's
24	employer covering the individual.
25	(B) The individual meets the requirements for any
26	other exemption from the individual responsibility

1	requirement or penalty.
2	(10) Transfer to the Secretary of the Treasury of the
3	United States all of the following:
4	(A) a list of the individuals who are issued a
5	certification, including the name and taxpayer
6	identification number of each individual;
7	(B) the name and taxpayer identification number of
8	each individual who was an employee of an employer, but
9	who was determined to be eligible for the premium tax
10	credit under Section 36B of the Internal Revenue Code
11	of 1986 because:
12	(i) the employer did not provide the minimum
13	essential coverage or the employer provided the
14	minimum essential coverage but it was determined
15	under item (C) of paragraph (2) of subdivision (c)
16	of Section 36B of the Internal Revenue Code to
17	either be unaffordable to the employee or not
18	provide the required minimum actuarial value; and
19	(ii) the name and taxpayer identification
20	number of each individual who notifies the
21	Exchange under paragraph (4) of subdivision (b) of
22	Section 1411 of the federal Patient Protection and
23	Affordable Care Act that they have changed
24	employers and of each individual who ceases
25	coverage under a qualified health plan during a
26	plan year, and the effective date of such

cessation.

2	(11) Provide to each employer the name of each employee
3	of the employer described in subdivision (i) of Section
4	1311 of the federal Patient Protection and Affordable Care
5	Act who ceases coverage under a qualified health plar
6	during a plan year and the effective date of that
7	cessation.
8	(12) Perform duties required of, or delegated to, the
9	Exchange by the U.S. Secretary of Health and Human Services
10	or the Secretary of the Treasury of the United States
11	related to the following:
12	(A) Determining eligibility for premium tax
13	credits, reduced cost sharing, or individual
14	responsibility exemptions.
15	(B) Establishing procedures necessary for the
16	operation of the program, including, but not limited
17	to, procedures for application, enrollment, risk
18	assessment, risk adjustment, plan administration,
19	performance monitoring, and consumer education.
20	(C) Arranging for collection of contributions from
21	participating employers and individuals.
22	(D) Arranging for payment of premiums and other
23	appropriate disbursements based on the selections of
24	products and services by the individual participants.
25	(E) Establishing criteria for disenrollment of
26	participating individuals based on failure to pay the

1	individual's share of any contribution required to
2	maintain enrollment in selected products.
3	(F) Establishing criteria for exclusion of
4	vendors.
5	(G) Developing and implementing a plan for
6	promoting public awareness of and participation in the
7	program.
8	(H) Evaluating options for employer participation
9	which may conform with common insurance practices.
10	(13) Providing for initial, annual, and special
11	enrollment periods, in accordance with guidelines adopted
12	by the U.S. Secretary of Health and Human Services under
13	paragraph (6) of subdivision (c) of Section 1311 of the
14	federal Patient Protection and Affordable Care Act.
15	(14) Establish the Navigator Program in accordance
16	with subdivision (i) of Section 1311 of the federal Patient
17	Protection and Affordable Care Act. The Exchange shall
18	award grants to certain entities to do the following:
19	(A) Conduct public education activities to raise
20	awareness of the availability of qualified health
21	plans.
22	(B) Distribute fair and impartial information
23	concerning enrollment in qualified health plans and
24	the availability of premium tax credits under Section
25	36B of the Internal Revenue Code of 1986 and
26	cost-sharing reductions under Section 1402 of the

Τ	iederal Patient Protection and Alfordable Care Act.
2	(C) Facilitate enrollment in qualified health
3	plans.
4	(D) Provide referrals to any applicable office of
5	health insurance consumer assistance or health
6	insurance ombudsman established under Section 2793 of
7	the federal Public Health Service Act, or any other
8	appropriate State agency or agencies, for any enrollee
9	with a grievance, complaint, or question regarding his
10	or her health plan, coverage, or a determination under
11	that plan or coverage.
12	(E) Refer individuals with a grievance, complaint,
13	or question regarding a plan, a plan's coverage, or a
14	determination under a plan's coverage to a customer
15	relations unit established by the Exchange.
16	(F) Provide information in a manner that is
17	culturally and linguistically appropriate to the needs
18	of the population being served by the Exchange.
19	(15) Establish the Small Business Health Options
20	Program, separate from the activities of the Board related
21	to the individual market, to assist qualified small
22	employers in facilitating the enrollment of their
23	employees in qualified health plans offered through the
24	Exchange in the small employer market in a manner
25	consistent with paragraph (2) of subdivision (a) of Section
26	1312 of the Federal Act. The Illinois Health Benefits

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

25

1 Exchange shall meet the core functions 2 Section 1311 of the Patient Protection and Affordable Care 3 Act and subsequent federal guidance and regulations.

(b) The In order to meet the deadline of October 1, 2013 established by federal law to have operational a State exchange, the Department of Insurance and the Commission on Government Forecasting and Accountability is authorized to apply for, accept, receive, and use as appropriate for and on behalf of the State any grant money provided by the federal government and to share federal grant funding with, give support to, and coordinate with other agencies of the State and federal government or third parties as determined by the Governor, until the Board has the ability to do so, at which time the Board is authorized to apply for, accept, receive, and use as appropriate for and on behalf of the State any grant money provided by the federal government and to share federal grant funding with, give support to, and coordinate with other agencies of the State and federal government or third parties pursuant to Section 5-11 of this Law.

21 (215 ILCS 122/5-11 new)

22 Sec. 5-11. Exchange powers and authorities. In addition to 23 powers set forth elsewhere in this Law, the Board is authorized 24 to do the following:

(Source: P.A. 97-142, eff. 7-14-11; 98-756, eff. 7-16-14.)

(1) Have perpetual successions as a political

1	subdivision, body politic and corporate, and adopt bylaws,
2	rules, and regulations to carry out the provisions of this
3	Law.
4	(2) Adopt an official seal and alter the same at
5	pleasure.
6	(3) Maintain an office in the State at such place or
7	places as it may designate.
8	(4) Acquire, lease, purchase, own, manage, hold, and
9	dispose of real and personal property.
10	(5) Apply for, accept, and spend, as appropriate, any
11	federal or State grant money made available through or
12	pursuant to the federal Patient Protection and Affordable
13	Care Act or any other federal or State-related opportunity
14	in order to assist the Board as it implements the
15	provisions of the federal Patient Protection and
16	Affordable Care Act.
17	(6) Enter into contracts or intergovernmental
18	cooperation agreements as are necessary or proper to carry
19	out the provisions and purposes or perform any of the
20	functions described in this Law.
21	(7) Enter into commercial, banking, and financial
22	arrangements as needed to manage the day-to-day operations
23	of the Exchange.
24	(8) Take or defend any legal actions necessary to
25	effectuate the purposes of this Law.

Τ	(ZIS ILCS IZZ/S-IZ NeW)
2	Sec. 5-12. Health benefit plan certification.
3	(a) To be certified as a qualified health plan, a health
4	benefit plan shall, at a minimum:
5	(1) provide the essential health benefits package
6	described in Section 1302(a) of the Federal Act; except
7	that the plan is not required to provide essential benefits
8	that duplicate the minimum benefits of qualified dental
9	plans, as provided in subsection (e) of this Section if:
10	(A) the Board, in cooperation with the Department,
11	has determined that at least one qualified dental plan
12	is available to supplement the plan's coverage; and
13	(B) the health insurance carrier makes prominent
14	disclosure at the time it offers the plan, in a form
15	approved by the Board, that the plan does not provide
16	the full range of essential pediatric dental benefits
17	and that qualified dental plans providing those
18	benefits and other dental benefits not covered by the
19	plan are offered through the Exchange;
20	(2) fulfill all premium rate and contract filing
21	requirements and ensure that no contract language has been
22	disapproved by the Director;
23	(3) provide at least the minimum level of coverage
24	prescribed by the Federal Act;
25	(4) ensure that the cost-sharing requirements of the
26	plan do not exceed the limits established under Section

1	1302(c)(l) of the Federal Act, and if the plan is offered
2	through the SHOP Exchange, the plan's deductible does not
3	exceed the limits established under Section 1302(c)(2) of
4	the Federal Act;
5	(5) be offered by a health insurance carrier that:
6	(A) is authorized and in good standing to offer
7	health insurance coverage;
8	(B) offers at least one qualified health plan at
9	the silver level and at least one plan at the gold
10	level, as described in the Federal Act, through each
11	component of the Board in which the health insurance
12	carrier participates; for the purposes of this
13	subparagraph (B), "component" means the SHOP Exchange
14	and the exchange for individual coverage within the
15	American Health Benefit Exchange;
16	(C) charges the same premium rate for each
17	qualified health plan without regard to whether the
18	plan is offered through the Exchange and without regard
19	to whether the plan is offered directly from the health
20	insurance carrier or through an insurance producer;
21	(D) does not charge any cancellation fees or
22	<pre>penalties; and</pre>
23	(E) complies with the regulations established by
24	the Secretary under Section 1311 (d) of the Federal Act
25	and any other requirements of the Illinois Insurance

1	(6) meet the requirements of certification pursuant to
2	the requirements of the Department and the Illinois
3	Insurance Code provided in this Law and the requirements
4	issued by the Secretary under Section 1311(c) of the
5	Federal Act and rules promulgated or adopted pursuant to
6	this Law or the Federal Act, which shall include:
7	(A) minimum standards in the areas of marketing
8	<pre>practices;</pre>
9	(B) network adequacy;
10	(C) essential community providers in underserved
11	areas;
12	(D) accreditation;
13	(E) quality improvement;
14	(F) uniform enrollment forms and descriptions of
15	<pre>coverage; and</pre>
16	(G) information on quality measures for health
17	benefit plan performance;
18	(7) include outpatient clinics in the health plan's
19	region that are controlled by an entity that also controls
20	a 340B eligible provider as defined by Section 340B(a)(4)
21	of the federal Public Health Service Act such that the
22	outpatient clinics are subject to the same mission,
23	policies, and medical standards related to the provision of
24	health care services as the 340B eligible provider; and
25	(8) submit a justification for any premium increase
26	prior to the implementation of the increase; the plans

1	shall prominently post that information on their Internet
2	websites; the Board shall take this information, and the
3	information and the recommendations provided to the Board
4	by the Department of Insurance or the Department of Managed
5	Health Care under paragraph (1) of subdivision (b) of
6	Section 2794 of the federal Public Health Service Act, into
7	consideration when determining whether to make the health
8	plan available through the Exchange; the Board shall take
9	into account any excess of premium growth outside the
10	Exchange as compared to the rate of that growth inside the
11	Exchange, including information reported by the Department
12	of Insurance and the Department of Managed Health Care.
13	(b) The Department shall require each health insurance
14	carrier seeking certification of a plan as a qualified health
15	<pre>plan to:</pre>
16	(1) make available to the public, in plain language as
17	defined in Section 1311(e)(3)(B) of the Federal Act, and
18	submit to the Board, the Secretary, and the Department
19	accurate and timely disclosure of the following:
20	(i) claims payment policies and practices;
21	(ii) periodic financial disclosures;
22	(iii) data on enrollment;
23	(iv) data on disenrollment;
24	(v) data on the number of claims that are
25	<pre>denied;</pre>
26	(vi) data on rating practices;

1	(vii) information on cost-sharing and payments
2	with respect to any out-of-network coverage;
3	(viii) information on enrollee and participant
4	rights under Title I of the Federal Act; and
5	(ix) other information as determined
6	appropriate by the Secretary, including, but not
7	limited to, accredited clinical quality measures;
8	<u>and</u>
9	(2) permit individuals to learn, in a timely manner
10	upon the request of the individual, the comparative quality
11	standards of the plans along established clinical
12	data-based standards and the amount of cost-sharing,
13	including deductibles, copayments, and coinsurance, under
14	the individual's plan or coverage that the individual would
15	be responsible for paying with respect to the furnishing of
16	a specific item or service by a participating provider and
17	make this information available to the individual through
18	an Internet website that is publicly accessible and through
19	other means for individuals without access to the Internet.
20	(c) The Department shall not exempt any health insurance
21	carrier seeking certification as a qualified health plan,
22	regardless of the type or size of the health insurance carrier,
23	from licensure or solvency requirements and shall apply the
24	criteria of this Section in a manner that ensures a level
25	playing field between or among health insurance carriers
26	participating in the Exchange.

2.1

<u>(d)</u>	The p	rovi	sions	of	this	Law	that	are	ap	plica	able	to
qualified	hea	ılth	plans	sh	ıall	also	appl	У,	to	the	ext	ent
relevant,	to	qual	ified	den ⁻	tal	plans,	exce	ept a	as	modi	fied	in
accordanc	e wit	h the	e prov.	isic	ns o	f para	agraph	s (1),	(2),	and	(3)
of this s	ubsec	tion	(d) or	bv	rule	s ador	oted b	v the	е Вс	oard.		

- (1) The health insurance carrier shall be licensed to offer dental coverage, but need not be licensed to offer other health benefits.
- (2) The plan shall be limited to dental and oral health benefits, without substantially duplicating the benefits typically offered by health benefit plans without dental coverage and shall include, at a minimum, the essential pediatric dental benefits prescribed by the Secretary pursuant to Section 1302(b)(l)(J) of the Federal Act and such other dental benefits as the Board or the Secretary may specify by rule.
- (3) Health insurance carriers may jointly offer a comprehensive plan through the Exchange in which the dental benefits are provided by a health insurance carrier through a qualified dental plan and the other benefits are provided by a health insurance carrier through a qualified health plan, provided that the plans are priced separately and are also made available for purchase separately at the same price.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

1 Sec. 5-15. Illinois Health Benefits Exchange Legislative Oversight Study Committee. 2

- (a) There is created an Illinois Health Benefits Exchange Legislative Oversight Study Committee within the Commission on Government Forecasting and Accountability to provide conduct a study regarding State accountability for implementation and establishment of the Illinois Health Benefits Exchange and to ensure Exchange operations and functions align with the goals and duties outlined by this Law. The Committee shall also be responsible for providing policy recommendations to ensure the Exchange aligns with the Federal Act, amendments to the Federal Act, and regulations promulgated pursuant to the Federal Act.
- (b) Members of the Legislative Oversight Study Committee shall be appointed as follows: 3 members of the Senate shall be appointed by the President of the Senate; 3 members of the Senate shall be appointed by the Minority Leader of the Senate; 3 members of the House of Representatives shall be appointed by the Speaker of the House of Representatives; and 3 members of the House of Representatives shall be appointed by the Minority Leader of the House of Representatives. Each legislative leader shall select one member to serve as co-chair of the committee.

(c) Members of the Legislative Oversight Study Committee shall be appointed within 30 days after the effective date of this Law. The co chairs shall convene the first meeting of committee no later than 45 days after the effective date of 1 this Law.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

2 (Source: P.A. 97-142, eff. 7-14-11.)

3 (215 ILCS 122/5-16 new)

4 Sec. 5-16. Exchange governance. The governing and administrative powers of the Exchange shall be vested in a body 5 6 known as the Illinois Health Benefits Exchange Board. The 7 following provisions shall apply:

- (1) The Board shall consist of 13 voting members appointed by the Governor with the advice and consent of a majority of the members elected to the Senate. In addition, the Director of Insurance, the Director of Public Health, the Secretary of Human Services, the Director of Healthcare and Family Services, and the Executive Director of the Exchange shall serve as non-voting, ex officio members of the Board. The Governor shall also appoint as non-voting, ex officio members one economist with experience in the health care markets and one educated health care consumer advocate. All Board members shall be appointed no later than July 1, 2015.
- (2) The Governor shall make the appointments so as to reflect no less than proportional representation of the geographic, gender, cultural, racial, and ethnic composition of this State and in accordance with subparagraphs (A), (B), and (C) of this paragraph, as follows:

1	(A) No more than 4 voting members may represent the
2	following interests, of which no more than 2 may
3	represent any one interest:
4	(1) the insurance industry;
5	(2) health care administrators; and
6	(3) licensed health care professionals.
7	(B) At least 9 voting members shall represent the
8	following interest groups, with each interest group
9	represented by at least one voting member:
10	(1) a labor interest group;
11	(2) a women's interest group;
12	(3) a minorities' interest group;
13	(4) a disabled persons' interest group;
14	(5) a small business interest group;
15	(6) a public health interest group;
16	(7) hospitals; and
17	(8) essential community hospital providers.
18	(C) Each person appointed to the Board should have
19	demonstrated experience in at least one of the
20	<pre>following areas:</pre>
21	(1) individual health insurance coverage;
22	(2) small employer health insurance;
23	(3) health benefits administration;
24	(4) health care finance;
25	(5) administration of a public or private
26	health care delivery system;

1	(6) the provision of health care services;
2	(7) the purchase of health insurance coverage;
3	(8) health care consumer navigation or
4	assistance;
5	(9) health care economics or health care
6	actuarial sciences;
7	(10) information technology; or
8	(11) operating a small business with 50 or
9	fewer employees.
10	(3) The Board shall elect one voting member of the
11	Board to serve as chairperson and one voting member to
12	serve as vice-chairperson, upon approval of a majority of
13	the Board.
14	(4) The Exchange shall be administered by an Executive
15	Director, who shall be appointed, and may be removed, by a
16	majority of the Board. The Board shall have the power to
17	determine compensation for the Executive Director. The
18	Executive Director shall be responsible for the selection
19	of such other staff and the determination of compensation
20	as may be authorized by the Board's operating budget.
21	(5) The terms of the non-voting, ex officio members of
22	the Board shall run concurrent with their terms of
23	appointment to office, or in the case of the Executive
24	Director, his or her term of appointment to that position,
25	subject to the determination of the Board. The terms of the
2.6	members, including those non-voting, ex officio members

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

appointed by the Governor, shall be 4 years. Upon conclusion of the initial term, the next term and every term subsequent to it shall run for 3 years. Voting members shall serve no more than 3 consecutive terms.

A person appointed to fill a vacancy and complete the unexpired term of a member of the Board shall only be appointed to serve out the unexpired term by the individual who made the original appointment within 45 days after the initial vacancy. A person appointed to fill a vacancy and complete the unexpired term of a member of the Board may be re-appointed to the Board for another term, but shall not serve than more than 2 consecutive terms following their completion of the unexpired term of a member of the Board.

If a voting Board member's qualifications change due to a change in employment during the term of their appointment, then the Board member shall resign their position, subject to reappointment by the individual who made the original appointment.

(6) The Board shall create and appoint qualified persons with requisite expertise to Exchange regional advisory groups. Members of the regional advisory groups shall serve without pay. These Exchange regional advisory groups shall meet in a manner and frequency determined by the Board to discuss exchange-related issues and to provide exchange-related guidance, advice, and recommendations to the Board. There shall be 13 regional advisory groups

6

7

8

9

10

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

<u> </u>	representing each of the qualified health plan rating areas
2	designated by the Department. Each regional advisory group
3	shall, at a minimum, include one member from each of the
1	following interest groups:

- (A) insurers;
- (B) business;
 - (C) consumers;
 - (D) providers;
 - (E) insurance producers;
- (F) navigators; and
- 11 (G) dentists.

(7) The Board shall meet no less than quarterly on a schedule established by the chairperson. Meetings shall be public and public records shall be maintained, subject to the Open Meetings Act. A majority of the Board shall constitute a quorum and the affirmative vote of a majority is necessary for any action of the Board. No vacancy shall impair the ability of the Board to act provided a quorum is reached. Members shall serve without pay, but shall be reimbursed for their actual and reasonable expenses incurred in the performance of their duties. The chairperson of the Board shall file a written report regarding the activities of the Board and the Exchange to the Governor and General Assembly annually, and the Legislative Oversight Committee established in Section 5-15 quarterly, beginning on January 1, 2016 through

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

24

25

26

December 31, 2017.

(8) The Board shall adopt conflict of interest rules and recusal procedures. Such rules and procedures shall (i) prohibit a member of the Board from performing an official act that may have a direct economic benefit on a business or other endeavor in which that member has a direct or substantial financial interest and (ii) require a member of the Board to recuse himself or herself from an official matter, whether direct or indirect. All recusals must be in writing and specify the reason and date of the recusal. All recusals shall be maintained by the Executive Director and shall be disclosed to any person upon written request.

Within 6 months after the Board is convened, the Board shall adopt rules that regulate, in a manner no less restrictive than Sections 5-15 and 5-45 and Article 10 of the State Officials and Employees Ethics Act, (i) the political activities of Board members and employees of the Exchange, (ii) the soliciting and accepting of gifts by, and the offering and making of gifts to, Board members and employees of the Exchange, and (iii) the future employment of Board members and employees of the Exchange with entities that they regulated or conducted business with preceding the termination of their board membership or employment with the Exchange.

(9) The Board shall develop a budget, to be submitted to the General Assembly by August 15, 2015, by March 15,

1	2017, and by March 15 every year thereafter, for the
2	implementation and operation of the Exchange for operating
3	expenses, including, but not limited to:
4	(A) proposed compensation levels for the Executive
5	Director and shall identify personnel and staffing
6	needs for the implementation and operation of the
7	Exchange;
8	(B) disclosure of funds received or expected to be
9	received from the federal government for the
10	infrastructure and systems of the Exchange and those
11	funds received or expected to be received for program
12	administration and operations;
13	(C) delineation of those functions of the Exchange
14	that are to be paid by State and federal programs that
15	are allocable to the State's General Revenue Fund; and
16	(D) insurer assessments.
17	(10) The Board shall, in consultation with the Health
18	Benefits Exchange Legislative Oversight Committee, produce
19	a cost-benefit analysis of the State's essential health
20	benefits no later than August 1, 2016 for the purposes of
21	informing the U.S. Department of Health and Human Services
22	in their re-evaluation of the essential health benefits for
23	plan years 2017 and beyond.
24	(11) Except as otherwise expressly provided by law,
25	employees of the Exchange and members of the Board shall
26	not be considered State employees.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

(12) The purpose of the Board shall be to implement the 1 2 Exchange in accordance with this Law.

(215 ILCS 122/5-17 new)

Sec. 5-17. Insurer's assessment. A participating insurer shall be assessed a monthly fee for each plan it offers through the Exchange in an amount equal to the product of the rate established annually by the Board in accordance with this Section for the applicable benefit year and the monthly premium charged by the insurer prior to application of any premium assistance, including, but not limited to, premium tax credits, for each policy under the plan where enrollment is through the Exchange. No participating insurer shall be assessed while assessments are being made pursuant to Section 12 of the Comprehensive Health Insurance Plan Act. The Board may exempt those insurers whose total assessment would be so minimal as to not exceed the estimated cost of levying the assessment.

The total amount assessed on all participating insurers shall not exceed an amount that is reasonably necessary to support the operation and administration of the Exchange and the related functions of the Department for carrying out the purposes authorized in this Law. The assessment rate established by the Board shall not exceed the lesser of 3.5% or the rate established by the United States Department of Health and Human Services pursuant to 45 CFR 156.50(c) for insurers offering plans through the federal facilitated exchange. In

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

22

23

24

25

Fund.

1 establishing the assessment, the Board shall take into

consideration any unspent federal funds remaining and shall

3 reduce the assessment accordingly.

> The assessed fee shall be remitted to the Board within 30 days after the end of the month in which the fee was assessed. When a carrier fails to pay the full amount of any assessment of \$100 or more due under this Section there shall be added to the amount due as a penalty the greater of \$50 or an amount equal to 5% of the deficiency for each month or part of a month that the deficiency remains unpaid. All moneys collected by the Board shall be placed in the Illinois Health Benefits Exchange

> The Board shall prepare annually a complete and detailed written report accounting for all funds received and dispensed during the preceding fiscal year.

> Assessments or fees charged to carriers under this Law shall not include any amount based on coverage, or premiums associated with such coverage, that is defined as an excepted benefit under Section 2791(c) of the federal Public Health Service Act (42 U.S.C. 300gg-91).

21 (215 ILCS 122/5-18 new)

> Sec. 5-18. Illinois Health Benefits Exchange Fund. There is hereby created as a fund outside of the State treasury the Illinois Health Benefits Exchange Fund to be used exclusively by the Exchange and the Department to provide funding for the

1	operation and administration of the Exchange and for carrying
2	out the purposes authorized in this Law. The Fund shall consist
3	of the following:
4	(1) any user fees or other assessment collected by the
5	Exchange, as authorized by this Law;
6	(2) income from investments made on behalf of the Fund;
7	(3) interest on deposits or investments of money in the
8	Fund;
9	(4) money collected by the Board as a result of legal
10	or other action taken by the Board on behalf of the
11	Exchange or the Fund;
12	(5) money donated to the Fund;
13	(6) money awarded to the Fund through grants; and
14	(7) any other money from any other source accepted for
15	the benefit of the Fund.
16	Any investment earnings of the Fund shall be credited to
17	the Fund. No part of the Fund may revert or be credited to the
18	General Revenue Fund or any special fund in the State Treasury.
19	A debt or an obligation of the Fund is not a debt of the State
20	or a pledge of credit of the State.
21	(215 ILCS 122/5-23 new)
22	Sec. 5-23. Examination or investigation of the Exchange.
23	The Director shall have the ability to examine or investigate
24	the Exchange pursuant to his or her authority under Article
25	XXIV of the Illinois Insurance Code.

- 1 Section 99. Effective date. This Act takes effect June 1,
- 2 2015.".