



Rep. Lindsey LaPointe

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10400HB4785ham001

LRB104 18498 BAB 35041 a

1 AMENDMENT TO HOUSE BILL 4785

2 AMENDMENT NO. _____. Amend House Bill 4785 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Finance Act is amended by changing
5 Section 6z-134 as follows:

6 (30 ILCS 105/6z-134)

7 Sec. 6z-134. Statewide 9-8-8 Trust Fund.

8 (a) The Statewide 9-8-8 Trust Fund is created as a special
9 fund in the State treasury. This Fund is administered by the
10 Department of Human Services. Moneys in the Fund shall be used
11 by the Department of Human Services for the purposes of
12 establishing and maintaining a statewide 9-8-8 suicide
13 prevention and mental health crisis system pursuant to the
14 National Suicide Hotline Designation Act of 2020 as codified
15 in 47 U.S.C. 251 and 251a and any subsequent amendments, the
16 Federal Communication Commission's rules adopted to administer

1 the National Suicide Hotline Designation Act of 2020 as
2 codified in 47 U.S.C. 251 and 251a and any subsequent
3 amendments, and national guidelines for crisis care. The Fund
4 shall consist of:

5 (1) appropriations by the General Assembly;

6 (2) grants and gifts intended for deposit in the Fund;

7 (3) interest, premiums, gains, or other earnings on
8 the Fund;

9 (3.1) proceeds from the statewide 9-8-8 surcharge
10 imposed under Sections 3 and 4 of the Telecommunication
11 Excise Tax Act; and

12 (4) moneys received from any other source that are
13 deposited ~~in~~ or transferred into the Fund.

14 (b) Moneys in the Fund:

15 (1) do not revert at the end of any State fiscal year
16 but remain available for the purposes of the Fund in
17 subsequent State fiscal years;

18 (2) are not subject to transfer to any other Fund or to
19 transfer, assignment, or reassignment for any other use or
20 purpose outside of those specified in this Section; and

21 (3) shall be used by the Department of Human Services
22 to pay expenses pursuant to 47 U.S.C. 251a.

23 (c) An annual report of Fund deposits and expenditures
24 shall be made to the General Assembly and the Federal
25 Communications Commission by the Department of Human Services
26 pursuant to 47 U.S.C. 251a.

1 (d) (Blank).

2 (e) For the purposes of this Section, "statewide 9-8-8
3 suicide prevention and mental health crisis system" means the
4 core elements or pillars of the crisis system, as described by
5 the Substance Abuse and Mental Health Services Administration,
6 and includes Illinois' 9-8-8 Lifeline Contact Centers,
7 community crisis response services, including mobile crisis
8 teams, and crisis receiving and stabilization facilities and
9 programs, including Living Room Programs.

10 (f) In addition to the purposes specified in subsection
11 (a), there is created as a special account within the
12 Statewide 9-8-8 Trust Fund to be known as the Behavioral
13 Health Emergency Services Assessment Account. Moneys deposited
14 into this Account shall consist of assessments, interest, and
15 civil penalties collected pursuant to Section 417 of the
16 Illinois Insurance Code.

17 (g) Moneys in the Behavioral Health Emergency Services
18 Assessment Account shall be used solely, consistent with the
19 purposes described in subsection (a), for behavioral health
20 emergency services, including mobile crisis response services
21 and crisis receiving and stabilization services, refunds of
22 erroneous or excessive payments, and administrative costs
23 related to implementation of Section 417 of the Illinois
24 Insurance Code, including all reasonable administrative costs
25 incurred by the Department of Insurance in implementing,
26 administering, collecting, and enforcing the assessment

1 established under that Section.

2 (h) Moneys in the Behavioral Health Emergency Services
3 Assessment Account shall not be used:

4 (1) to reimburse services provided to individuals
5 enrolled in medical assistance programs under Title XIX or
6 Title XXI of the Social Security Act;

7 (2) for services that have been directly billed to and
8 reimbursed by a covered entity;

9 (3) as the nonfederal share for purposes of drawing
10 down federal matching funds under Title XIX or Title XXI
11 of the Social Security Act; or

12 (4) to supplant existing State general revenue
13 appropriations for behavioral health emergency services.

14 (i) A provider or entity receiving funds attributable to
15 the assessment under Section 417 of the Illinois Insurance
16 Code shall not bill a covered entity for the behavioral health
17 emergency services described in subsection (g) of this Section
18 for a covered life.

19 (j) The Department of Human Services shall submit an
20 annual report to the Governor and the General Assembly on the
21 receipts and expenditures of the Behavioral Health Emergency
22 Services Assessment Account. The report shall include:

23 (1) total assessment revenue collected during the
24 preceding fiscal year;

25 (2) amounts expended by service category; and

26 (3) a summary of supported behavioral health emergency

1 service capacity.

2 (Source: P.A. 104-6, eff. 6-16-25.)

3 Section 10. The Illinois Insurance Code is amended by
4 adding Sections 370c.5 and 417 as follows:

5 (215 ILCS 5/370c.5 new)

6 Sec. 370c.5. Behavioral health emergency services network
7 adequacy.

8 (a) Notwithstanding any other provision of this Code
9 relating to network adequacy, a health insurance issuer or
10 health maintenance organization subject to this Code shall
11 ensure reasonable access to behavioral health emergency
12 services, including mobile crisis response teams, crisis
13 receiving services, and crisis stabilization units.

14 (b) Beginning January 1, 2027, a health insurance issuer
15 or health maintenance organization subject to this Code that
16 is making complete and timely payment of the behavioral health
17 emergency services covered lives assessment established under
18 Section 417 of this Code shall be deemed to satisfy the network
19 adequacy requirements of this Code with respect to behavioral
20 health emergency services.

21 (c) Nothing in this Section shall be construed to alter or
22 limit network adequacy requirements applicable to behavioral
23 health services other than behavioral health emergency
24 services.

1 (215 ILCS 5/417 new)

2 Sec. 417. Preventing Crisis Cost Shifting to Medicaid Law.

3 (a) References to this Section. This Section may be
4 referred to as the Preventing Crisis Cost Shifting to Medicaid
5 Law.

6 (b) Findings. The General Assembly finds that:

7 (1) individuals experiencing behavioral health
8 emergencies, including mental health and substance use
9 crises, require timely access to crisis services to
10 promote safety, stability, and recovery for themselves,
11 their families, and their communities;

12 (2) behavioral health crisis services, including
13 crisis call centers, mobile crisis response teams, crisis
14 receiving services, and crisis stabilization units,
15 function as essential public health infrastructure and
16 must be available statewide without regard to insurance
17 status;

18 (3) commercial health insurance policies and health
19 maintenance organization contracts issued or administered
20 in this State generally do not provide comprehensive
21 coverage for the full continuum of behavioral health
22 crisis services, resulting in the cost of such services
23 being disproportionately borne by Medicaid, local
24 governments, and taxpayers;

25 (4) a predictable, multi-payer financing mechanism is

1 necessary to prevent cost shifting from commercial payors
2 to Medicaid and other publicly financed systems and to
3 ensure the long-term availability and geographic equity of
4 a statewide behavioral health crisis system; and

5 (5) the assessment established under this Section is
6 intended to operate as a broad-based health financing
7 mechanism to support behavioral health emergency services
8 and does not regulate plan benefits, coverage
9 determinations, or claims administration.

10 (c) Definitions. As used in this Section:

11 "Adjustment factor" means the sum of inflation change and
12 population change for the biennium during which an adjustment
13 increase under paragraph (10) of subsection (d) is calculated.

14 "Covered entity" means:

15 (1) an entity authorized to issue or administer
16 accident and health insurance in this State, including
17 individual and group coverage, providing coverage for
18 hospital or medical treatment or services for illness or
19 injury on an expense-incurred basis;

20 (2) a health maintenance organization authorized under
21 the Health Maintenance Organization Act; or

22 (3) a private employer-sponsored self-funded employee
23 welfare benefit plan providing coverage for hospital or
24 medical treatment or services for illness or injury.

25 "Covered lives" means all persons residing in Illinois who
26 are enrolled in health coverage offered by a covered entity.

1 "Covered lives" does not include lives enrolled in Medicaid
2 managed care organizations under contract with the Department
3 of Healthcare and Family Services, lives enrolled in Medicare
4 Advantage plans established under Medicare Part C, lives
5 enrolled in outpatient prescription drug plans established
6 under Medicare Part D, or lives enrolled in Federal Employee
7 Health Benefit plans.

8 "Department" means the Department of Insurance.

9 "Director" means the Director of Insurance.

10 "Inflation change" means the percentage change in the
11 Consumer Price Index for All Urban Consumers, or successor
12 index, as published by the United States Bureau of Labor
13 Statistics, for the biennium during which an adjustment
14 increase under paragraph (10) of subsection (d) is calculated.

15 "Population change" means the percentage change in the
16 population of this State as reported by the Governor's Office
17 of Management and Budget, or successor entity, for the
18 biennium during which an adjustment increase under paragraph
19 (10) of subsection (d) is calculated.

20 (d) Behavioral health emergency services covered lives
21 assessment.

22 (1) Beginning January 1, 2027, each covered entity
23 shall pay to the Department a behavioral health emergency
24 services covered lives assessment for deposit into the
25 Behavioral Health Emergency Services Assessment Account
26 within the Statewide 9-8-8 Trust Fund.

1 (2) The assessment shall be imposed at a rate of \$1.25
2 per member per month per covered life. The Department
3 shall collect the assessment on a quarterly basis. Each
4 covered entity shall report covered lives in a form and
5 manner to be determined by the Department by rule.

6 (3) The assessment imposed under this Section is a
7 health care financing assessment and shall not be
8 considered a premium tax under this Code.

9 (4) The assessment imposed under this Section is an
10 obligation of the covered entity and shall not be
11 construed to regulate plan benefits, cost sharing, claims
12 administration, or the design of coverage for participants
13 or beneficiaries.

14 (5) Payments are due within 45 days after notice from
15 the Department of the amount owed. Interest begins to
16 accrue on the 46th day on amounts received after the
17 45-day period, at a rate to be determined by the
18 Department by rule consistent with State law.

19 (6) A covered entity that fails to pay the assessment
20 within 90 days after notice shall be assessed a civil
21 penalty equal to 150% of the assessment owed, in addition
22 to interest. The assessment, penalty, and interest may be
23 recovered by the Department in a civil action. The
24 Director may suspend or revoke the certificate of
25 authority of an entity regulated by the Department until
26 all amounts due are paid.

1 (7) A covered entity that is unable to pay the full
2 assessment when due may submit a payment plan to the
3 Department for approval. A payment plan shall include an
4 initial payment and a schedule for payment of the
5 remaining balance. The Director may approve, modify, or
6 deny a proposed payment plan and may require compliance
7 with the terms of the approved plan as a condition of
8 avoiding additional penalties.

9 (8) The Department may contract with a third party to
10 obtain covered lives information, administer the
11 assessment, and perform related audit or collection
12 functions consistent with this Section.

13 (9) In the event of a merger, acquisition, or other
14 transfer of ownership, liability for the assessment shall
15 be assumed by the successor entity.

16 (10) Each June of even-numbered years, the Director
17 shall calculate the assessment for the next 2 calendar
18 years by increasing the current assessment by known
19 changes in the adjustment factor, except that the increase
20 shall not exceed 10%.

21 Section 97. Severability. The provisions of this Act are
22 severable under Section 1.31 of the Statute on Statutes.

23 Section 99. Effective date. This Act takes effect January
24 1, 2027."