

SB1606



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1606

Introduced 2/4/2025, by Sen. David Koehler

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.2

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that subject to federal approval, beginning on January 1, 2026, the reimbursement rates for the support component of the nursing facility rate for facilities licensed under the Nursing Home Care Act as skilled or intermediate care facilities and for facilities licensed under the Specialized Mental Health Rehabilitation Act of 2013 shall be the rate in effect on June 30, 2024 increased by the percent change in the Consumer Price Index-U from September 2016 to September 2025. Effective immediately.

LRB104 10490 KTG 20565 b

A BILL FOR

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-5.2 as follows:

6 (305 ILCS 5/5-5.2)

7 Sec. 5-5.2. Payment.

8 (a) All nursing facilities that are grouped pursuant to
9 Section 5-5.1 of this Act shall receive the same rate of
10 payment for similar services.

11 (b) It shall be a matter of State policy that the Illinois
12 Department shall utilize a uniform billing cycle throughout
13 the State for the long-term care providers.

14 (c) (Blank).

15 (c-1) Notwithstanding any other provisions of this Code,
16 the methodologies for reimbursement of nursing services as
17 provided under this Article shall no longer be applicable for
18 bills payable for nursing services rendered on or after a new
19 reimbursement system based on the Patient Driven Payment Model
20 (PDPM) has been fully operationalized, which shall take effect
21 for services provided on or after the implementation of the
22 PDPM reimbursement system begins. For the purposes of Public
23 Act 102-1035, the implementation date of the PDPM

1 reimbursement system and all related provisions shall be July
2 1, 2022 if the following conditions are met: (i) the Centers
3 for Medicare and Medicaid Services has approved corresponding
4 changes in the reimbursement system and bed assessment; and
5 (ii) the Department has filed rules to implement these changes
6 no later than June 1, 2022. Failure of the Department to file
7 rules to implement the changes provided in Public Act 102-1035
8 no later than June 1, 2022 shall result in the implementation
9 date being delayed to October 1, 2022.

10 (d) The new nursing services reimbursement methodology
11 utilizing the Patient Driven Payment Model, which shall be
12 referred to as the PDPM reimbursement system, taking effect
13 July 1, 2022, upon federal approval by the Centers for
14 Medicare and Medicaid Services, shall be based on the
15 following:

16 (1) The methodology shall be resident-centered,
17 facility-specific, cost-based, and based on guidance from
18 the Centers for Medicare and Medicaid Services.

19 (2) Costs shall be annually rebased and case mix index
20 quarterly updated. The nursing services methodology will
21 be assigned to the Medicaid enrolled residents on record
22 as of 30 days prior to the beginning of the rate period in
23 the Department's Medicaid Management Information System
24 (MMIS) as present on the last day of the second quarter
25 preceding the rate period based upon the Assessment
26 Reference Date of the Minimum Data Set (MDS).

1 (3) Regional wage adjustors based on the Health
2 Service Areas (HSA) groupings and adjusters in effect on
3 April 30, 2012 shall be included, except no adjuster shall
4 be lower than 1.06.

5 (4) PDPM nursing case mix indices in effect on March
6 1, 2022 shall be assigned to each resident class at no less
7 than 0.7858 of the Centers for Medicare and Medicaid
8 Services PDPM unadjusted case mix values, in effect on
9 March 1, 2022.

10 (5) The pool of funds available for distribution by
11 case mix and the base facility rate shall be determined
12 using the formula contained in subsection (d-1).

13 (6) The Department shall establish a variable per diem
14 staffing add-on in accordance with the most recent
15 available federal staffing report, currently the Payroll
16 Based Journal, for the same period of time, and if
17 applicable adjusted for acuity using the same quarter's
18 MDS. The Department shall rely on Payroll Based Journals
19 provided to the Department of Public Health to make a
20 determination of non-submission. If the Department is
21 notified by a facility of missing or inaccurate Payroll
22 Based Journal data or an incorrect calculation of
23 staffing, the Department must make a correction as soon as
24 the error is verified for the applicable quarter.

25 Beginning October 1, 2024, the staffing percentage
26 used in the calculation of the per diem staffing add-on

1 shall be its PDPM STRIVE Staffing Ratio which equals: its
2 Reported Total Nurse Staffing Hours Per Resident Per Day
3 as published in the most recent federal staffing report
4 (the Provider Information File), divided by the facility's
5 PDPM STRIVE Staffing Target. Each facility's PDPM STRIVE
6 Staffing Target is equal to .82 times the facility's
7 Illinois Adjusted Facility Case-Mix Hours Per Resident Per
8 Day. A facility's Illinois Adjusted Facility Case Mix
9 Hours Per Resident Per Day is equal to its Case-Mix Total
10 Nurse Staffing Hours Per Resident Per Day (as published in
11 the most recent federal staffing report) times 3.662
12 (which reflects the national resident days-weighted mean
13 Reported Total Nurse Staffing Hours Per Resident Per Day
14 as calculated using the January 2024 federal Provider
15 Information Files), divided by the national resident
16 days-weighted mean Reported Total Nurse Staffing Hours Per
17 Resident Per Day calculated using the most recent federal
18 Provider Information File.

19 (6.5) Beginning July 1, 2024, the paid per diem
20 staffing add-on shall be the paid per diem staffing add-on
21 in effect April 1, 2024. For dates beginning October 1,
22 2024 and through September 30, 2025, the denominator for
23 the staffing percentage shall be the lesser of the
24 facility's PDPM STRIVE Staffing Target and:

25 (A) For the quarter beginning October 1, 2024, the
26 sum of 20% of the facility's PDPM STRIVE Staffing

1 Target and 80% of the facility's Case-Mix Total Nurse
2 Staffing Hours Per Resident Per Day (as published in
3 the January 2024 federal staffing report).

4 (B) For the quarter beginning January 1, 2025, the
5 sum of 40% of the facility's PDPM STRIVE Staffing
6 Target and 60% of the facility's Case-Mix Total Nurse
7 Staffing Hours Per Resident Per Day (as published in
8 the January 2024 federal staffing report).

9 (C) For the quarter beginning March 1, 2025, the
10 sum of 60% of the facility's PDPM STRIVE Staffing
11 Target and 40% of the facility's Case-Mix Total Nurse
12 Staffing Hours Per Resident Per Day (as published in
13 the January 2024 federal staffing report).

14 (D) For the quarter beginning July 1, 2025, the
15 sum of 80% of the facility's PDPM STRIVE Staffing
16 Target and 20% of the facility's Case-Mix Total Nurse
17 Staffing Hours Per Resident Per Day (as published in
18 the January 2024 federal staffing report).

19 Facilities with at least 70% of the staffing
20 indicated by the STRIVE study shall be paid a per diem
21 add-on of \$9, increasing by equivalent steps for each
22 whole percentage point until the facilities reach a per
23 diem of \$16.52. Facilities with at least 80% of the
24 staffing indicated by the STRIVE study shall be paid a per
25 diem add-on of \$16.52, increasing by equivalent steps for
26 each whole percentage point until the facilities reach a

1 per diem add-on of \$25.77. Facilities with at least 92% of
2 the staffing indicated by the STRIVE study shall be paid a
3 per diem add-on of \$25.77, increasing by equivalent steps
4 for each whole percentage point until the facilities reach
5 a per diem add-on of \$30.98. Facilities with at least 100%
6 of the staffing indicated by the STRIVE study shall be
7 paid a per diem add-on of \$30.98, increasing by equivalent
8 steps for each whole percentage point until the facilities
9 reach a per diem add-on of \$36.44. Facilities with at
10 least 110% of the staffing indicated by the STRIVE study
11 shall be paid a per diem add-on of \$36.44, increasing by
12 equivalent steps for each whole percentage point until the
13 facilities reach a per diem add-on of \$38.68. Facilities
14 with at least 125% or higher of the staffing indicated by
15 the STRIVE study shall be paid a per diem add-on of \$38.68.
16 No nursing facility's variable staffing per diem add-on
17 shall be reduced by more than 5% in 2 consecutive
18 quarters. For the quarters beginning July 1, 2022 and
19 October 1, 2022, no facility's variable per diem staffing
20 add-on shall be calculated at a rate lower than 85% of the
21 staffing indicated by the STRIVE study. No facility below
22 70% of the staffing indicated by the STRIVE study shall
23 receive a variable per diem staffing add-on after December
24 31, 2022.

25 (7) For dates of services beginning July 1, 2022, the
26 PDPM nursing component per diem for each nursing facility

1 shall be the product of the facility's (i) statewide PDPM
2 nursing base per diem rate, \$92.25, adjusted for the
3 facility average PDPM case mix index calculated quarterly
4 and (ii) the regional wage adjuster, and then add the
5 Medicaid access adjustment as defined in (e-3) of this
6 Section. Transition rates for services provided between
7 July 1, 2022 and October 1, 2023 shall be the greater of
8 the PDPM nursing component per diem or:

9 (A) for the quarter beginning July 1, 2022, the
10 RUG-IV nursing component per diem;

11 (B) for the quarter beginning October 1, 2022, the
12 sum of the RUG-IV nursing component per diem
13 multiplied by 0.80 and the PDPM nursing component per
14 diem multiplied by 0.20;

15 (C) for the quarter beginning January 1, 2023, the
16 sum of the RUG-IV nursing component per diem
17 multiplied by 0.60 and the PDPM nursing component per
18 diem multiplied by 0.40;

19 (D) for the quarter beginning April 1, 2023, the
20 sum of the RUG-IV nursing component per diem
21 multiplied by 0.40 and the PDPM nursing component per
22 diem multiplied by 0.60;

23 (E) for the quarter beginning July 1, 2023, the
24 sum of the RUG-IV nursing component per diem
25 multiplied by 0.20 and the PDPM nursing component per
26 diem multiplied by 0.80; or

1 (F) for the quarter beginning October 1, 2023 and
2 each subsequent quarter, the transition rate shall end
3 and a nursing facility shall be paid 100% of the PDPM
4 nursing component per diem.

5 (d-1) Calculation of base year Statewide RUG-IV nursing
6 base per diem rate.

7 (1) Base rate spending pool shall be:

8 (A) The base year resident days which are
9 calculated by multiplying the number of Medicaid
10 residents in each nursing home as indicated in the MDS
11 data defined in paragraph (4) by 365.

12 (B) Each facility's nursing component per diem in
13 effect on July 1, 2012 shall be multiplied by
14 subsection (A).

15 (C) Thirteen million is added to the product of
16 subparagraph (A) and subparagraph (B) to adjust for
17 the exclusion of nursing homes defined in paragraph
18 (5).

19 (2) For each nursing home with Medicaid residents as
20 indicated by the MDS data defined in paragraph (4),
21 weighted days adjusted for case mix and regional wage
22 adjustment shall be calculated. For each home this
23 calculation is the product of:

24 (A) Base year resident days as calculated in
25 subparagraph (A) of paragraph (1).

26 (B) The nursing home's regional wage adjustor

1 based on the Health Service Areas (HSA) groupings and
2 adjustors in effect on April 30, 2012.

3 (C) Facility weighted case mix which is the number
4 of Medicaid residents as indicated by the MDS data
5 defined in paragraph (4) multiplied by the associated
6 case weight for the RUG-IV 48 grouper model using
7 standard RUG-IV procedures for index maximization.

8 (D) The sum of the products calculated for each
9 nursing home in subparagraphs (A) through (C) above
10 shall be the base year case mix, rate adjusted
11 weighted days.

12 (3) The Statewide RUG-IV nursing base per diem rate:

13 (A) on January 1, 2014 shall be the quotient of the
14 paragraph (1) divided by the sum calculated under
15 subparagraph (D) of paragraph (2);

16 (B) on and after July 1, 2014 and until July 1,
17 2022, shall be the amount calculated under
18 subparagraph (A) of this paragraph (3) plus \$1.76; and

19 (C) beginning July 1, 2022 and thereafter, \$7
20 shall be added to the amount calculated under
21 subparagraph (B) of this paragraph (3) of this
22 Section.

23 (4) Minimum Data Set (MDS) comprehensive assessments
24 for Medicaid residents on the last day of the quarter used
25 to establish the base rate.

26 (5) Nursing facilities designated as of July 1, 2012

1 by the Department as "Institutions for Mental Disease"
2 shall be excluded from all calculations under this
3 subsection. The data from these facilities shall not be
4 used in the computations described in paragraphs (1)
5 through (4) above to establish the base rate.

6 (e) Beginning July 1, 2014, the Department shall allocate
7 funding in the amount up to \$10,000,000 for per diem add-ons to
8 the RUGS methodology for dates of service on and after July 1,
9 2014:

10 (1) \$0.63 for each resident who scores in I4200
11 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.

12 (2) \$2.67 for each resident who scores either a "1" or
13 "2" in any items S1200A through S1200I and also scores in
14 RUG groups PA1, PA2, BA1, or BA2.

15 (e-1) (Blank).

16 (e-2) For dates of services beginning January 1, 2014 and
17 ending September 30, 2023, the RUG-IV nursing component per
18 diem for a nursing home shall be the product of the statewide
19 RUG-IV nursing base per diem rate, the facility average case
20 mix index, and the regional wage adjustor. For dates of
21 service beginning July 1, 2022 and ending September 30, 2023,
22 the Medicaid access adjustment described in subsection (e-3)
23 shall be added to the product.

24 (e-3) A Medicaid Access Adjustment of \$4 adjusted for the
25 facility average PDPM case mix index calculated quarterly
26 shall be added to the statewide PDPM nursing per diem for all

1 facilities with annual Medicaid bed days of at least 70% of all
2 occupied bed days adjusted quarterly. For each new calendar
3 year and for the 6-month period beginning July 1, 2022, the
4 percentage of a facility's occupied bed days comprised of
5 Medicaid bed days shall be determined by the Department
6 quarterly. For dates of service beginning January 1, 2023, the
7 Medicaid Access Adjustment shall be increased to \$4.75. This
8 subsection shall be inoperative on and after January 1, 2028.

9 (e-4) Subject to federal approval, on and after January 1,
10 2024, the Department shall increase the rate add-on at
11 paragraph (7) subsection (a) under 89 Ill. Adm. Code 147.335
12 for ventilator services from \$208 per day to \$481 per day.
13 Payment is subject to the criteria and requirements under 89
14 Ill. Adm. Code 147.335.

15 (f) (Blank).

16 (g) Notwithstanding any other provision of this Code, on
17 and after July 1, 2012, for facilities not designated by the
18 Department of Healthcare and Family Services as "Institutions
19 for Mental Disease", rates effective May 1, 2011 shall be
20 adjusted as follows:

21 (1) (Blank);

22 (2) (Blank);

23 (3) Facility rates for the capital and support
24 components shall be reduced by 1.7%.

25 (h) Notwithstanding any other provision of this Code, on
26 and after July 1, 2012, nursing facilities designated by the

1 Department of Healthcare and Family Services as "Institutions
2 for Mental Disease" and "Institutions for Mental Disease" that
3 are facilities licensed under the Specialized Mental Health
4 Rehabilitation Act of 2013 shall have the nursing,
5 socio-developmental, capital, and support components of their
6 reimbursement rate effective May 1, 2011 reduced in total by
7 2.7%.

8 (i) On and after July 1, 2014, the reimbursement rates for
9 the support component of the nursing facility rate for
10 facilities licensed under the Nursing Home Care Act as skilled
11 or intermediate care facilities shall be the rate in effect on
12 June 30, 2014 increased by 8.17%.

13 (i-1) Subject to federal approval, on and after January 1,
14 2024, the reimbursement rates for the support component of the
15 nursing facility rate for facilities licensed under the
16 Nursing Home Care Act as skilled or intermediate care
17 facilities shall be the rate in effect on June 30, 2023
18 increased by 12%.

19 (i-2) Subject to federal approval, beginning on January 1,
20 2026, the reimbursement rates for the support component of the
21 nursing facility rate for facilities licensed under the
22 Nursing Home Care Act as skilled or intermediate care
23 facilities and for facilities licensed under the Specialized
24 Mental Health Rehabilitation Act of 2013 shall be the rate in
25 effect on June 30, 2024 increased by the percent change in the
26 Consumer Price Index-U from September 2016 to September 2025.

1 As used in this subsection, "Consumer Price Index-U" means the
2 index published by the Bureau of Labor Statistics of the
3 United States Department of Labor that measures the average
4 change in prices of goods and services purchased by all urban
5 consumers, United States city average, all items, 1982-84 =
6 100.

7 (j) Notwithstanding any other provision of law, subject to
8 federal approval, effective July 1, 2019, sufficient funds
9 shall be allocated for changes to rates for facilities
10 licensed under the Nursing Home Care Act as skilled nursing
11 facilities or intermediate care facilities for dates of
12 services on and after July 1, 2019: (i) to establish, through
13 June 30, 2022 a per diem add-on to the direct care per diem
14 rate not to exceed \$70,000,000 annually in the aggregate
15 taking into account federal matching funds for the purpose of
16 addressing the facility's unique staffing needs, adjusted
17 quarterly and distributed by a weighted formula based on
18 Medicaid bed days on the last day of the second quarter
19 preceding the quarter for which the rate is being adjusted.
20 Beginning July 1, 2022, the annual \$70,000,000 described in
21 the preceding sentence shall be dedicated to the variable per
22 diem add-on for staffing under paragraph (6) of subsection
23 (d); and (ii) in an amount not to exceed \$170,000,000 annually
24 in the aggregate taking into account federal matching funds to
25 permit the support component of the nursing facility rate to
26 be updated as follows:

1 (1) 80%, or \$136,000,000, of the funds shall be used
2 to update each facility's rate in effect on June 30, 2019
3 using the most recent cost reports on file, which have had
4 a limited review conducted by the Department of Healthcare
5 and Family Services and will not hold up enacting the rate
6 increase, with the Department of Healthcare and Family
7 Services.

8 (2) After completing the calculation in paragraph (1),
9 any facility whose rate is less than the rate in effect on
10 June 30, 2019 shall have its rate restored to the rate in
11 effect on June 30, 2019 from the 20% of the funds set
12 aside.

13 (3) The remainder of the 20%, or \$34,000,000, shall be
14 used to increase each facility's rate by an equal
15 percentage.

16 (k) During the first quarter of State Fiscal Year 2020,
17 the Department of Healthcare of Family Services must convene a
18 technical advisory group consisting of members of all trade
19 associations representing Illinois skilled nursing providers
20 to discuss changes necessary with federal implementation of
21 Medicare's Patient-Driven Payment Model. Implementation of
22 Medicare's Patient-Driven Payment Model shall, by September 1,
23 2020, end the collection of the MDS data that is necessary to
24 maintain the current RUG-IV Medicaid payment methodology. The
25 technical advisory group must consider a revised reimbursement
26 methodology that takes into account transparency,

1 accountability, actual staffing as reported under the
2 federally required Payroll Based Journal system, changes to
3 the minimum wage, adequacy in coverage of the cost of care, and
4 a quality component that rewards quality improvements.

5 (1) The Department shall establish per diem add-on
6 payments to improve the quality of care delivered by
7 facilities, including:

8 (1) Incentive payments determined by facility
9 performance on specified quality measures in an initial
10 amount of \$70,000,000. Nothing in this subsection shall be
11 construed to limit the quality of care payments in the
12 aggregate statewide to \$70,000,000, and, if quality of
13 care has improved across nursing facilities, the
14 Department shall adjust those add-on payments accordingly.
15 The quality payment methodology described in this
16 subsection must be used for at least State Fiscal Year
17 2023. Beginning with the quarter starting July 1, 2023,
18 the Department may add, remove, or change quality metrics
19 and make associated changes to the quality payment
20 methodology as outlined in subparagraph (E). Facilities
21 designated by the Centers for Medicare and Medicaid
22 Services as a special focus facility or a hospital-based
23 nursing home do not qualify for quality payments.

24 (A) Each quality pool must be distributed by
25 assigning a quality weighted score for each nursing
26 home which is calculated by multiplying the nursing

1 home's quality base period Medicaid days by the
2 nursing home's star rating weight in that period.

3 (B) Star rating weights are assigned based on the
4 nursing home's star rating for the LTS quality star
5 rating. As used in this subparagraph, "LTS quality
6 star rating" means the long-term stay quality rating
7 for each nursing facility, as assigned by the Centers
8 for Medicare and Medicaid Services under the Five-Star
9 Quality Rating System. The rating is a number ranging
10 from 0 (lowest) to 5 (highest).

11 (i) Zero-star or one-star rating has a weight
12 of 0.

13 (ii) Two-star rating has a weight of 0.75.

14 (iii) Three-star rating has a weight of 1.5.

15 (iv) Four-star rating has a weight of 2.5.

16 (v) Five-star rating has a weight of 3.5.

17 (C) Each nursing home's quality weight score is
18 divided by the sum of all quality weight scores for
19 qualifying nursing homes to determine the proportion
20 of the quality pool to be paid to the nursing home.

21 (D) The quality pool is no less than \$70,000,000
22 annually or \$17,500,000 per quarter. The Department
23 shall publish on its website the estimated payments
24 and the associated weights for each facility 45 days
25 prior to when the initial payments for the quarter are
26 to be paid. The Department shall assign each facility

1 the most recent and applicable quarter's STAR value
2 unless the facility notifies the Department within 15
3 days of an issue and the facility provides reasonable
4 evidence demonstrating its timely compliance with
5 federal data submission requirements for the quarter
6 of record. If such evidence cannot be provided to the
7 Department, the STAR rating assigned to the facility
8 shall be reduced by one from the prior quarter.

9 (E) The Department shall review quality metrics
10 used for payment of the quality pool and make
11 recommendations for any associated changes to the
12 methodology for distributing quality pool payments in
13 consultation with associations representing long-term
14 care providers, consumer advocates, organizations
15 representing workers of long-term care facilities, and
16 payors. The Department may establish, by rule, changes
17 to the methodology for distributing quality pool
18 payments.

19 (F) The Department shall disburse quality pool
20 payments from the Long-Term Care Provider Fund on a
21 monthly basis in amounts proportional to the total
22 quality pool payment determined for the quarter.

23 (G) The Department shall publish any changes in
24 the methodology for distributing quality pool payments
25 prior to the beginning of the measurement period or
26 quality base period for any metric added to the

1 distribution's methodology.

2 (2) Payments based on CNA tenure, promotion, and CNA
3 training for the purpose of increasing CNA compensation.
4 It is the intent of this subsection that payments made in
5 accordance with this paragraph be directly incorporated
6 into increased compensation for CNAs. As used in this
7 paragraph, "CNA" means a certified nursing assistant as
8 that term is described in Section 3-206 of the Nursing
9 Home Care Act, Section 3-206 of the ID/DD Community Care
10 Act, and Section 3-206 of the MC/DD Act. The Department
11 shall establish, by rule, payments to nursing facilities
12 equal to Medicaid's share of the tenure wage increments
13 specified in this paragraph for all reported CNA employee
14 hours compensated according to a posted schedule
15 consisting of increments at least as large as those
16 specified in this paragraph. The increments are as
17 follows: an additional \$1.50 per hour for CNAs with at
18 least one and less than 2 years' experience plus another
19 \$1 per hour for each additional year of experience up to a
20 maximum of \$6.50 for CNAs with at least 6 years of
21 experience. For purposes of this paragraph, Medicaid's
22 share shall be the ratio determined by paid Medicaid bed
23 days divided by total bed days for the applicable time
24 period used in the calculation. In addition, and additive
25 to any tenure increments paid as specified in this
26 paragraph, the Department shall establish, by rule,

1 payments supporting Medicaid's share of the
2 promotion-based wage increments for CNA employee hours
3 compensated for that promotion with at least a \$1.50
4 hourly increase. Medicaid's share shall be established as
5 it is for the tenure increments described in this
6 paragraph. Qualifying promotions shall be defined by the
7 Department in rules for an expected 10-15% subset of CNAs
8 assigned intermediate, specialized, or added roles such as
9 CNA trainers, CNA scheduling "captains", and CNA
10 specialists for resident conditions like dementia or
11 memory care or behavioral health.

12 (m) The Department shall work with nursing facility
13 industry representatives to design policies and procedures to
14 permit facilities to address the integrity of data from
15 federal reporting sites used by the Department in setting
16 facility rates.

17 (Source: P.A. 102-77, eff. 7-9-21; 102-558, eff. 8-20-21;
18 102-1035, eff. 5-31-22; 102-1118, eff. 1-18-23; 103-102,
19 Article 40, Section 40-5, eff. 1-1-24; 103-102, Article 50,
20 Section 50-5, eff. 1-1-24; 103-593, eff. 6-7-24; 103-605, eff.
21 7-1-24.)

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