



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB3741

Introduced 2/5/2026, by Sen. Mattie Hunter

#### SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-90	was 20 ILCS 2310/55.09
30 ILCS 500/1-10	
305 ILCS 5/5-5	
410 ILCS 240/Act title	
410 ILCS 240/0.01	from Ch. 111 1/2, par. 4902.9
410 ILCS 240/2	from Ch. 111 1/2, par. 4904
410 ILCS 513/30	

Amends the Newborn Screening Act. Changes the title of the Act and the short title. Provides that, beginning July 1, 2026, an additional newborn screening fee of at least \$45, determined by the Department by rule, may be collected and deposited into the Metabolic Screening and Treatment Fund for specified purposes. Provides that nothing in the Act shall be construed to override, replace, preempt, or supersede any provision, requirement, or other duty or prohibition under the Early Hearing Detection and Intervention Act. Limits the application of certain provisions to hearing screenings and makes technical and conforming changes. Makes conforming changes in the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois, the Illinois Procurement Code, the Illinois Public Aid Code, and the Genetic Information Privacy Act. Effective immediately.

LRB104 20276 BDA 33727 b

1 AN ACT concerning State government.

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

4 Section 5. The Department of Public Health Powers and  
5 Duties Law of the Civil Administrative Code of Illinois is  
6 amended by changing Section 2310-90 as follows:

7 (20 ILCS 2310/2310-90) (was 20 ILCS 2310/55.09)

8 Sec. 2310-90. Laboratories; fees; Public Health Laboratory  
9 Services Revolving Fund. To maintain physical, chemical,  
10 bacteriological, and biological laboratories; to make  
11 examinations of milk, water, atmosphere, sewage, wastes, and  
12 other substances, and equipment and processes relating  
13 thereto; to make diagnostic tests for diseases and tests for  
14 the evaluation of health hazards considered necessary for the  
15 protection of the people of the State; and to assess a  
16 reasonable fee for services provided as established by  
17 regulation, under the Illinois Administrative Procedure Act,  
18 which shall not exceed the Department's actual costs to  
19 provide these services.

20 Excepting fees collected under the Newborn ~~Metabolic~~  
21 Screening Act and the Lead Poisoning Prevention Act, all fees  
22 shall be deposited into the Public Health Laboratory Services  
23 Revolving Fund. Other State and federal funds related to

1 laboratory services may also be deposited into the Fund, and  
2 all interest that accrues on the moneys in the Fund shall be  
3 deposited into the Fund.

4 Moneys shall be appropriated from the Fund solely for the  
5 purposes of testing specimens submitted in support of  
6 Department programs established for the protection of human  
7 health, welfare, and safety, and for testing specimens  
8 submitted by physicians and other health care providers, to  
9 determine whether chemically hazardous, biologically  
10 infectious substances, or other disease causing conditions are  
11 present.

12 (Source: P.A. 96-328, eff. 8-11-09.)

13 Section 10. The Illinois Procurement Code is amended by  
14 changing Section 1-10 as follows:

15 (30 ILCS 500/1-10)

16 (Text of Section before amendment by P.A. 104-458)

17 Sec. 1-10. Application.

18 (a) This Code applies only to procurements for which  
19 bidders, offerors, potential contractors, or contractors were  
20 first solicited on or after July 1, 1998. This Code shall not  
21 be construed to affect or impair any contract, or any  
22 provision of a contract, entered into based on a solicitation  
23 prior to the implementation date of this Code as described in  
24 Article 99, including, but not limited to, any covenant

1 entered into with respect to any revenue bonds or similar  
2 instruments. All procurements for which contracts are  
3 solicited between the effective date of Articles 50 and 99 and  
4 July 1, 1998 shall be substantially in accordance with this  
5 Code and its intent.

6 (b) This Code shall apply regardless of the source of the  
7 funds with which the contracts are paid, including federal  
8 assistance moneys. This Code shall not apply to:

9 (1) Contracts between the State and its political  
10 subdivisions or other governments, or between State  
11 governmental bodies, except as specifically provided in  
12 this Code.

13 (2) Grants, except for the filing requirements of  
14 Section 20-80.

15 (3) Purchase of care, except as provided in Section  
16 5-30.6 of the Illinois Public Aid Code and this Section.

17 (4) Hiring of an individual as an employee and not as  
18 an independent contractor, whether pursuant to an  
19 employment code or policy or by contract directly with  
20 that individual.

21 (5) Collective bargaining contracts.

22 (6) Purchase of real estate, except that notice of  
23 this type of contract with a value of more than \$25,000  
24 must be published in the Procurement Bulletin within 10  
25 calendar days after the deed is recorded in the county of  
26 jurisdiction. The notice shall identify the real estate

1 purchased, the names of all parties to the contract, the  
2 value of the contract, and the effective date of the  
3 contract.

4 (7) Contracts necessary to prepare for anticipated  
5 litigation, enforcement actions, or investigations,  
6 provided that the chief legal counsel to the Governor  
7 shall give his or her prior approval when the procuring  
8 agency is one subject to the jurisdiction of the Governor,  
9 and provided that the chief legal counsel of any other  
10 procuring entity subject to this Code shall give his or  
11 her prior approval when the procuring entity is not one  
12 subject to the jurisdiction of the Governor.

13 (8) (Blank).

14 (9) Procurement expenditures by the Illinois  
15 Conservation Foundation when only private funds are used.

16 (10) (Blank).

17 (11) Public-private agreements entered into according  
18 to the procurement requirements of Section 20 of the  
19 Public-Private Partnerships for Transportation Act and  
20 design-build agreements entered into according to the  
21 procurement requirements of Section 25 of the  
22 Public-Private Partnerships for Transportation Act.

23 (12) (A) Contracts for legal, financial, and other  
24 professional and artistic services entered into by the  
25 Illinois Finance Authority in which the State of Illinois  
26 is not obligated. Such contracts shall be awarded through

1 a competitive process authorized by the members of the  
2 Illinois Finance Authority and are subject to Sections  
3 5-30, 20-160, 50-13, 50-20, 50-35, and 50-37 of this Code,  
4 as well as the final approval by the members of the  
5 Illinois Finance Authority of the terms of the contract.

6 (B) Contracts for legal and financial services entered  
7 into by the Illinois Housing Development Authority in  
8 connection with the issuance of bonds in which the State  
9 of Illinois is not obligated. Such contracts shall be  
10 awarded through a competitive process authorized by the  
11 members of the Illinois Housing Development Authority and  
12 are subject to Sections 5-30, 20-160, 50-13, 50-20, 50-35,  
13 and 50-37 of this Code, as well as the final approval by  
14 the members of the Illinois Housing Development Authority  
15 of the terms of the contract.

16 (13) Contracts for services, commodities, and  
17 equipment to support the delivery of timely forensic  
18 science services in consultation with and subject to the  
19 approval of the Chief Procurement Officer as provided in  
20 subsection (d) of Section 5-4-3a of the Unified Code of  
21 Corrections, except for the requirements of Sections  
22 20-60, 20-65, 20-70, and 20-160 and Article 50 of this  
23 Code; however, the Chief Procurement Officer may, in  
24 writing with justification, waive any certification  
25 required under Article 50 of this Code. For any contracts  
26 for services which are currently provided by members of a

1 collective bargaining agreement, the applicable terms of  
2 the collective bargaining agreement concerning  
3 subcontracting shall be followed.

4 On and after January 1, 2019, this paragraph (13),  
5 except for this sentence, is inoperative.

6 (14) Contracts for participation expenditures required  
7 by a domestic or international trade show or exhibition of  
8 an exhibitor, member, or sponsor.

9 (15) Contracts with a railroad or utility that  
10 requires the State to reimburse the railroad or utilities  
11 for the relocation of utilities for construction or other  
12 public purpose. Contracts included within this paragraph  
13 (15) shall include, but not be limited to, those  
14 associated with: relocations, crossings, installations,  
15 and maintenance. For the purposes of this paragraph (15),  
16 "railroad" means any form of non-highway ground  
17 transportation that runs on rails or electromagnetic  
18 guideways and "utility" means: (1) public utilities as  
19 defined in Section 3-105 of the Public Utilities Act, (2)  
20 telecommunications carriers as defined in Section 13-202  
21 of the Public Utilities Act, (3) electric cooperatives as  
22 defined in Section 3.4 of the Electric Supplier Act, (4)  
23 telephone or telecommunications cooperatives as defined in  
24 Section 13-212 of the Public Utilities Act, (5) rural  
25 water or wastewater ~~waste-water~~ systems with 10,000  
26 connections or less, (6) a holder as defined in Section

1 21-201 of the Public Utilities Act, and (7) municipalities  
2 owning or operating utility systems consisting of public  
3 utilities as that term is defined in Section 11-117-2 of  
4 the Illinois Municipal Code.

5 (16) Procurement expenditures necessary for the  
6 Department of Public Health to provide the delivery of  
7 timely newborn screening services in accordance with the  
8 Newborn Metabolic Screening Act.

9 (17) Procurement expenditures necessary for the  
10 Department of Agriculture, the Department of Financial and  
11 Professional Regulation, the Department of Human Services,  
12 and the Department of Public Health to implement the  
13 Compassionate Use of Medical Cannabis Program and Opioid  
14 Alternative Pilot Program requirements and ensure access  
15 to medical cannabis for patients with debilitating medical  
16 conditions in accordance with the Compassionate Use of  
17 Medical Cannabis Program Act.

18 (18) This Code does not apply to any procurements  
19 necessary for the Department of Agriculture, the  
20 Department of Financial and Professional Regulation, the  
21 Department of Human Services, the Department of Commerce  
22 and Economic Opportunity, and the Department of Public  
23 Health to implement the Cannabis Regulation and Tax Act if  
24 the applicable agency has made a good faith determination  
25 that it is necessary and appropriate for the expenditure  
26 to fall within this exemption and if the process is

1 conducted in a manner substantially in accordance with the  
2 requirements of Sections 20-160, 25-60, 30-22, 50-5,  
3 50-10, 50-10.5, 50-12, 50-13, 50-15, 50-20, 50-21, 50-35,  
4 50-36, 50-37, 50-38, and 50-50 of this Code; however, for  
5 Section 50-35, compliance applies only to contracts or  
6 subcontracts over \$100,000. Notice of each contract  
7 entered into under this paragraph (18) that is related to  
8 the procurement of goods and services identified in  
9 paragraph (1) through (9) of this subsection shall be  
10 published in the Procurement Bulletin within 14 calendar  
11 days after contract execution. The Chief Procurement  
12 Officer shall prescribe the form and content of the  
13 notice. Each agency shall provide the Chief Procurement  
14 Officer, on a monthly basis, in the form and content  
15 prescribed by the Chief Procurement Officer, a report of  
16 contracts that are related to the procurement of goods and  
17 services identified in this subsection. At a minimum, this  
18 report shall include the name of the contractor, a  
19 description of the supply or service provided, the total  
20 amount of the contract, the term of the contract, and the  
21 exception to this Code utilized. A copy of any or all of  
22 these contracts shall be made available to the Chief  
23 Procurement Officer immediately upon request. The Chief  
24 Procurement Officer shall submit a report to the Governor  
25 and General Assembly no later than November 1 of each year  
26 that includes, at a minimum, an annual summary of the

1 monthly information reported to the Chief Procurement  
2 Officer. This exemption becomes inoperative 5 years after  
3 June 25, 2019 (the effective date of Public Act 101-27).

4 (19) Acquisition of modifications or adjustments,  
5 limited to assistive technology devices and assistive  
6 technology services, adaptive equipment, repairs, and  
7 replacement parts to provide reasonable accommodations (i)  
8 that enable a qualified applicant with a disability to  
9 complete the job application process and be considered for  
10 the position such qualified applicant desires, (ii) that  
11 modify or adjust the work environment to enable a  
12 qualified current employee with a disability to perform  
13 the essential functions of the position held by that  
14 employee, (iii) to enable a qualified current employee  
15 with a disability to enjoy equal benefits and privileges  
16 of employment as are enjoyed by other similarly situated  
17 employees without disabilities, and (iv) that allow a  
18 customer, client, claimant, or member of the public  
19 seeking State services full use and enjoyment of and  
20 access to its programs, services, or benefits.

21 For purposes of this paragraph (19):

22 "Assistive technology devices" means any item, piece  
23 of equipment, or product system, whether acquired  
24 commercially off the shelf, modified, or customized, that  
25 is used to increase, maintain, or improve functional  
26 capabilities of individuals with disabilities.

1           "Assistive technology services" means any service that  
2 directly assists an individual with a disability in  
3 selection, acquisition, or use of an assistive technology  
4 device.

5           "Qualified" has the same meaning and use as provided  
6 under the federal Americans with Disabilities Act when  
7 describing an individual with a disability.

8           (20) Procurement expenditures necessary for the  
9 Illinois Commerce Commission to hire third-party  
10 facilitators pursuant to Sections 16-105.17 and 16-108.18  
11 of the Public Utilities Act or an ombudsman pursuant to  
12 Section 16-107.5 of the Public Utilities Act, a  
13 facilitator pursuant to Section 16-105.17 of the Public  
14 Utilities Act, or a grid auditor pursuant to Section  
15 16-105.10 of the Public Utilities Act.

16           (21) Procurement expenditures for the purchase,  
17 renewal, and expansion of software, software licenses, or  
18 software maintenance agreements that support the efforts  
19 of the Illinois State Police to enforce, regulate, and  
20 administer the Firearm Owners Identification Card Act, the  
21 Firearm Concealed Carry Act, the Firearms Restraining  
22 Order Act, the Firearm Dealer License Certification Act,  
23 the Law Enforcement Agencies Data System (LEADS), the  
24 Uniform Crime Reporting Act, the Criminal Identification  
25 Act, the Illinois Uniform Conviction Information Act, and  
26 the Gun Trafficking Information Act, or establish or

1 maintain record management systems necessary to conduct  
2 human trafficking investigations or gun trafficking or  
3 other stolen firearm investigations. This paragraph (21)  
4 applies to contracts entered into on or after January 10,  
5 2023 (the effective date of Public Act 102-1116) and the  
6 renewal of contracts that are in effect on January 10,  
7 2023 (the effective date of Public Act 102-1116).

8 (22) Contracts for project management services and  
9 system integration services required for the completion of  
10 the State's enterprise resource planning project. This  
11 exemption becomes inoperative 5 years after June 7, 2023  
12 (the effective date of the changes made to this Section by  
13 Public Act 103-8). This paragraph (22) applies to  
14 contracts entered into on or after June 7, 2023 (the  
15 effective date of the changes made to this Section by  
16 Public Act 103-8) and the renewal of contracts that are in  
17 effect on June 7, 2023 (the effective date of the changes  
18 made to this Section by Public Act 103-8).

19 (23) Procurements necessary for the Department of  
20 Insurance to implement the Illinois Health Benefits  
21 Exchange Law if the Department of Insurance has made a  
22 good faith determination that it is necessary and  
23 appropriate for the expenditure to fall within this  
24 exemption. The procurement process shall be conducted in a  
25 manner substantially in accordance with the requirements  
26 of Sections 20-160 and 25-60 and Article 50 of this Code. A

1 copy of these contracts shall be made available to the  
2 Chief Procurement Officer immediately upon request. This  
3 paragraph is inoperative 5 years after June 27, 2023 (the  
4 effective date of Public Act 103-103).

5 (24) Contracts for public education programming,  
6 noncommercial sustaining announcements, public service  
7 announcements, and public awareness and education  
8 messaging with the nonprofit trade associations of the  
9 providers of those services that inform the public on  
10 immediate and ongoing health and safety risks and hazards.

11 (25) Procurements necessary for the Department of  
12 Early Childhood to implement the Department of Early  
13 Childhood Act if the Department has made a good faith  
14 determination that it is necessary and appropriate for the  
15 expenditure to fall within this exemption. This exemption  
16 shall only be used for products and services procured  
17 solely for use by the Department of Early Childhood. The  
18 procurements may include those necessary to design and  
19 build integrated, operational systems of programs and  
20 services. The procurements may include, but are not  
21 limited to, those necessary to align and update program  
22 standards, integrate funding systems, design and establish  
23 data and reporting systems, align and update models for  
24 technical assistance and professional development, design  
25 systems to manage grants and ensure compliance, design and  
26 implement management and operational structures, and

1 establish new means of engaging with families, educators,  
2 providers, and stakeholders. The procurement processes  
3 shall be conducted in a manner substantially in accordance  
4 with the requirements of Article 50 (ethics) and Sections  
5 5-5 (Procurement Policy Board), 5-7 (Commission on Equity  
6 and Inclusion), 20-80 (contract files), 20-120  
7 (subcontractors), 20-155 (paperwork), 20-160  
8 (ethics/campaign contribution prohibitions), 25-60  
9 (prevailing wage), and 25-90 (prohibited and authorized  
10 cybersecurity) of this Code. Beginning January 1, 2025,  
11 the Department of Early Childhood shall provide a  
12 quarterly report to the General Assembly detailing a list  
13 of expenditures and contracts for which the Department  
14 uses this exemption. This paragraph is inoperative on and  
15 after July 1, 2027.

16 (26) Procurements that are necessary for increasing  
17 the recruitment and retention of State employees,  
18 particularly minority candidates for employment,  
19 including:

20 (A) procurements related to registration fees for  
21 job fairs and other outreach and recruitment events;

22 (B) production of recruitment materials; and

23 (C) other services related to recruitment and  
24 retention of State employees.

25 The exemption under this paragraph (26) applies only  
26 if the State agency has made a good faith determination

1 that it is necessary and appropriate for the expenditure  
2 to fall within this paragraph (26). The procurement  
3 process under this paragraph (26) shall be conducted in a  
4 manner substantially in accordance with the requirements  
5 of Sections 20-160 and 25-60 and Article 50 of this Code. A  
6 copy of these contracts shall be made available to the  
7 Chief Procurement Officer immediately upon request.  
8 Nothing in this paragraph (26) authorizes the replacement  
9 or diminishment of State responsibilities in hiring or the  
10 positions that effectuate that hiring. This paragraph (26)  
11 is inoperative on and after June 30, 2029.

12 (27) Procurements necessary for the Department of  
13 Healthcare and Family Services to implement changes to the  
14 State's Integrated Eligibility System to ensure the  
15 system's compliance with federal implementation mandates  
16 and deadlines, if the Department of Healthcare and Family  
17 Services has made a good faith determination that it is  
18 necessary and appropriate for the procurement to fall  
19 within this exemption.

20 Notwithstanding any other provision of law, for contracts  
21 with an annual value of more than \$100,000 entered into on or  
22 after October 1, 2017 under an exemption provided in any  
23 paragraph of this subsection (b), except paragraph (1), (2),  
24 or (5), each State agency shall post to the appropriate  
25 procurement bulletin the name of the contractor, a description  
26 of the supply or service provided, the total amount of the

1 contract, the term of the contract, and the exception to the  
2 Code utilized. The chief procurement officer shall submit a  
3 report to the Governor and General Assembly no later than  
4 November 1 of each year that shall include, at a minimum, an  
5 annual summary of the monthly information reported to the  
6 chief procurement officer.

7 (c) This Code does not apply to the electric power  
8 procurement process provided for under Section 1-75 of the  
9 Illinois Power Agency Act and Section 16-111.5 of the Public  
10 Utilities Act. This Code does not apply to the procurement of  
11 technical and policy experts pursuant to Section 1-129 of the  
12 Illinois Power Agency Act.

13 (d) Except for Section 20-160 and Article 50 of this Code,  
14 and as expressly required by Section 9.1 of the Illinois  
15 Lottery Law, the provisions of this Code do not apply to the  
16 procurement process provided for under Section 9.1 of the  
17 Illinois Lottery Law.

18 (e) This Code does not apply to the process used by the  
19 Capital Development Board to retain a person or entity to  
20 assist the Capital Development Board with its duties related  
21 to the determination of costs of a clean coal SNG brownfield  
22 facility, as defined by Section 1-10 of the Illinois Power  
23 Agency Act, as required in subsection (h-3) of Section 9-220  
24 of the Public Utilities Act, including calculating the range  
25 of capital costs, the range of operating and maintenance  
26 costs, or the sequestration costs or monitoring the

1 construction of clean coal SNG brownfield facility for the  
2 full duration of construction.

3 (f) (Blank).

4 (g) (Blank).

5 (h) This Code does not apply to the process to procure or  
6 contracts entered into in accordance with Sections 11-5.2 and  
7 11-5.3 of the Illinois Public Aid Code.

8 (i) Each chief procurement officer may access records  
9 necessary to review whether a contract, purchase, or other  
10 expenditure is or is not subject to the provisions of this  
11 Code, unless such records would be subject to attorney-client  
12 privilege.

13 (j) This Code does not apply to the process used by the  
14 Capital Development Board to retain an artist or work or works  
15 of art as required in Section 14 of the Capital Development  
16 Board Act.

17 (k) This Code does not apply to the process to procure  
18 contracts, or contracts entered into, by the State Board of  
19 Elections or the State Electoral Board for hearing officers  
20 appointed pursuant to the Election Code.

21 (l) This Code does not apply to the processes used by the  
22 Illinois Student Assistance Commission to procure supplies and  
23 services paid for from the private funds of the Illinois  
24 Prepaid Tuition Fund. As used in this subsection (l), "private  
25 funds" means funds derived from deposits paid into the  
26 Illinois Prepaid Tuition Trust Fund and the earnings thereon.

1 (m) This Code shall apply regardless of the source of  
2 funds with which contracts are paid, including federal  
3 assistance moneys. Except as specifically provided in this  
4 Code, this Code shall not apply to procurement expenditures  
5 necessary for the Department of Public Health to conduct the  
6 Healthy Illinois Survey in accordance with Section 2310-431 of  
7 the Department of Public Health Powers and Duties Law of the  
8 Civil Administrative Code of Illinois.

9 (Source: P.A. 103-8, eff. 6-7-23; 103-103, eff. 6-27-23;  
10 103-570, eff. 1-1-24; 103-580, eff. 12-8-23; 103-594, eff.  
11 6-25-24; 103-605, eff. 7-1-24; 103-865, eff. 1-1-25; 104-2,  
12 eff. 6-16-25; 104-417, eff. 8-15-25)

13 (Text of Section after amendment by P.A. 104-458)

14 Sec. 1-10. Application.

15 (a) This Code applies only to procurements for which  
16 bidders, offerors, potential contractors, or contractors were  
17 first solicited on or after July 1, 1998. This Code shall not  
18 be construed to affect or impair any contract, or any  
19 provision of a contract, entered into based on a solicitation  
20 prior to the implementation date of this Code as described in  
21 Article 99, including, but not limited to, any covenant  
22 entered into with respect to any revenue bonds or similar  
23 instruments. All procurements for which contracts are  
24 solicited between the effective date of Articles 50 and 99 and  
25 July 1, 1998 shall be substantially in accordance with this

1 Code and its intent.

2 (b) This Code shall apply regardless of the source of the  
3 funds with which the contracts are paid, including federal  
4 assistance moneys. This Code shall not apply to:

5 (1) Contracts between the State and its political  
6 subdivisions or other governments, or between State  
7 governmental bodies, except as specifically provided in  
8 this Code.

9 (2) Grants, except for the filing requirements of  
10 Section 20-80.

11 (3) Purchase of care, except as provided in Section  
12 5-30.6 of the Illinois Public Aid Code and this Section.

13 (4) Hiring of an individual as an employee and not as  
14 an independent contractor, whether pursuant to an  
15 employment code or policy or by contract directly with  
16 that individual.

17 (5) Collective bargaining contracts.

18 (6) Purchase of real estate, except that notice of  
19 this type of contract with a value of more than \$25,000  
20 must be published in the Procurement Bulletin within 10  
21 calendar days after the deed is recorded in the county of  
22 jurisdiction. The notice shall identify the real estate  
23 purchased, the names of all parties to the contract, the  
24 value of the contract, and the effective date of the  
25 contract.

26 (7) Contracts necessary to prepare for anticipated

1 litigation, enforcement actions, or investigations,  
2 provided that the chief legal counsel to the Governor  
3 shall give his or her prior approval when the procuring  
4 agency is one subject to the jurisdiction of the Governor,  
5 and provided that the chief legal counsel of any other  
6 procuring entity subject to this Code shall give his or  
7 her prior approval when the procuring entity is not one  
8 subject to the jurisdiction of the Governor.

9 (8) (Blank).

10 (9) Procurement expenditures by the Illinois  
11 Conservation Foundation when only private funds are used.

12 (10) (Blank).

13 (11) Public-private agreements entered into according  
14 to the procurement requirements of Section 20 of the  
15 Public-Private Partnerships for Transportation Act and  
16 design-build agreements entered into according to the  
17 procurement requirements of Section 25 of the  
18 Public-Private Partnerships for Transportation Act.

19 (12) (A) Contracts for legal, financial, and other  
20 professional and artistic services entered into by the  
21 Illinois Finance Authority in which the State of Illinois  
22 is not obligated. Such contracts shall be awarded through  
23 a competitive process authorized by the members of the  
24 Illinois Finance Authority and are subject to Sections  
25 5-30, 20-160, 50-13, 50-20, 50-35, and 50-37 of this Code,  
26 as well as the final approval by the members of the

1 Illinois Finance Authority of the terms of the contract.

2 (B) Contracts for legal and financial services entered  
3 into by the Illinois Housing Development Authority in  
4 connection with the issuance of bonds in which the State  
5 of Illinois is not obligated. Such contracts shall be  
6 awarded through a competitive process authorized by the  
7 members of the Illinois Housing Development Authority and  
8 are subject to Sections 5-30, 20-160, 50-13, 50-20, 50-35,  
9 and 50-37 of this Code, as well as the final approval by  
10 the members of the Illinois Housing Development Authority  
11 of the terms of the contract.

12 (13) Contracts for services, commodities, and  
13 equipment to support the delivery of timely forensic  
14 science services in consultation with and subject to the  
15 approval of the Chief Procurement Officer as provided in  
16 subsection (d) of Section 5-4-3a of the Unified Code of  
17 Corrections, except for the requirements of Sections  
18 20-60, 20-65, 20-70, and 20-160 and Article 50 of this  
19 Code; however, the Chief Procurement Officer may, in  
20 writing with justification, waive any certification  
21 required under Article 50 of this Code. For any contracts  
22 for services which are currently provided by members of a  
23 collective bargaining agreement, the applicable terms of  
24 the collective bargaining agreement concerning  
25 subcontracting shall be followed.

26 On and after January 1, 2019, this paragraph (13),

1           except for this sentence, is inoperative.

2           (14) Contracts for participation expenditures required  
3           by a domestic or international trade show or exhibition of  
4           an exhibitor, member, or sponsor.

5           (15) Contracts with a railroad or utility that  
6           requires the State to reimburse the railroad or utilities  
7           for the relocation of utilities for construction or other  
8           public purpose. Contracts included within this paragraph  
9           (15) shall include, but not be limited to, those  
10          associated with: relocations, crossings, installations,  
11          and maintenance. For the purposes of this paragraph (15),  
12          "railroad" means any form of non-highway ground  
13          transportation that runs on rails or electromagnetic  
14          guideways and "utility" means: (1) public utilities as  
15          defined in Section 3-105 of the Public Utilities Act, (2)  
16          telecommunications carriers as defined in Section 13-202  
17          of the Public Utilities Act, (3) electric cooperatives as  
18          defined in Section 3.4 of the Electric Supplier Act, (4)  
19          telephone or telecommunications cooperatives as defined in  
20          Section 13-212 of the Public Utilities Act, (5) rural  
21          water or wastewater ~~waste-water~~ systems with 10,000  
22          connections or less, (6) a holder as defined in Section  
23          21-201 of the Public Utilities Act, and (7) municipalities  
24          owning or operating utility systems consisting of public  
25          utilities as that term is defined in Section 11-117-2 of  
26          the Illinois Municipal Code.

1           (16) Procurement expenditures necessary for the  
2 Department of Public Health to provide the delivery of  
3 timely newborn screening services in accordance with the  
4 Newborn ~~Metabolic~~ Screening Act.

5           (17) Procurement expenditures necessary for the  
6 Department of Agriculture, the Department of Financial and  
7 Professional Regulation, the Department of Human Services,  
8 and the Department of Public Health to implement the  
9 Compassionate Use of Medical Cannabis Program and Opioid  
10 Alternative Pilot Program requirements and ensure access  
11 to medical cannabis for patients with debilitating medical  
12 conditions in accordance with the Compassionate Use of  
13 Medical Cannabis Program Act.

14           (18) This Code does not apply to any procurements  
15 necessary for the Department of Agriculture, the  
16 Department of Financial and Professional Regulation, the  
17 Department of Human Services, the Department of Commerce  
18 and Economic Opportunity, and the Department of Public  
19 Health to implement the Cannabis Regulation and Tax Act if  
20 the applicable agency has made a good faith determination  
21 that it is necessary and appropriate for the expenditure  
22 to fall within this exemption and if the process is  
23 conducted in a manner substantially in accordance with the  
24 requirements of Sections 20-160, 25-60, 30-22, 50-5,  
25 50-10, 50-10.5, 50-12, 50-13, 50-15, 50-20, 50-21, 50-35,  
26 50-36, 50-37, 50-38, and 50-50 of this Code; however, for

1 Section 50-35, compliance applies only to contracts or  
2 subcontracts over \$100,000. Notice of each contract  
3 entered into under this paragraph (18) that is related to  
4 the procurement of goods and services identified in  
5 paragraph (1) through (9) of this subsection shall be  
6 published in the Procurement Bulletin within 14 calendar  
7 days after contract execution. The Chief Procurement  
8 Officer shall prescribe the form and content of the  
9 notice. Each agency shall provide the Chief Procurement  
10 Officer, on a monthly basis, in the form and content  
11 prescribed by the Chief Procurement Officer, a report of  
12 contracts that are related to the procurement of goods and  
13 services identified in this subsection. At a minimum, this  
14 report shall include the name of the contractor, a  
15 description of the supply or service provided, the total  
16 amount of the contract, the term of the contract, and the  
17 exception to this Code utilized. A copy of any or all of  
18 these contracts shall be made available to the Chief  
19 Procurement Officer immediately upon request. The Chief  
20 Procurement Officer shall submit a report to the Governor  
21 and General Assembly no later than November 1 of each year  
22 that includes, at a minimum, an annual summary of the  
23 monthly information reported to the Chief Procurement  
24 Officer. This exemption becomes inoperative 5 years after  
25 June 25, 2019 (the effective date of Public Act 101-27).

26 (19) Acquisition of modifications or adjustments,

1 limited to assistive technology devices and assistive  
2 technology services, adaptive equipment, repairs, and  
3 replacement parts to provide reasonable accommodations (i)  
4 that enable a qualified applicant with a disability to  
5 complete the job application process and be considered for  
6 the position such qualified applicant desires, (ii) that  
7 modify or adjust the work environment to enable a  
8 qualified current employee with a disability to perform  
9 the essential functions of the position held by that  
10 employee, (iii) to enable a qualified current employee  
11 with a disability to enjoy equal benefits and privileges  
12 of employment as are enjoyed by other similarly situated  
13 employees without disabilities, and (iv) that allow a  
14 customer, client, claimant, or member of the public  
15 seeking State services full use and enjoyment of and  
16 access to its programs, services, or benefits.

17 For purposes of this paragraph (19):

18 "Assistive technology devices" means any item, piece  
19 of equipment, or product system, whether acquired  
20 commercially off the shelf, modified, or customized, that  
21 is used to increase, maintain, or improve functional  
22 capabilities of individuals with disabilities.

23 "Assistive technology services" means any service that  
24 directly assists an individual with a disability in  
25 selection, acquisition, or use of an assistive technology  
26 device.

1           "Qualified" has the same meaning and use as provided  
2           under the federal Americans with Disabilities Act when  
3           describing an individual with a disability.

4           (20) Procurement expenditures necessary for the  
5           Illinois Commerce Commission to hire third-party  
6           facilitators pursuant to Sections 16-105.17 and 16-108.18  
7           of the Public Utilities Act or an ombudsman pursuant to  
8           Section 16-107.5 of the Public Utilities Act, a  
9           facilitator pursuant to Section 16-105.17 of the Public  
10          Utilities Act, a grid auditor pursuant to Section  
11          16-105.10 of the Public Utilities Act, a facilitator,  
12          expert, or consultant pursuant to Sections 16-126.2 and  
13          16-202 of the Public Utilities Act, a procurement monitor  
14          pursuant to Section 16-111.5 of the Public Utilities Act,  
15          an ombudsperson pursuant to Section 20-145 of the Public  
16          Utilities Act, or consultants and experts pursuant to  
17          Section 5-15 of the Utility Data Access Act.

18          (21) Procurement expenditures for the purchase,  
19          renewal, and expansion of software, software licenses, or  
20          software maintenance agreements that support the efforts  
21          of the Illinois State Police to enforce, regulate, and  
22          administer the Firearm Owners Identification Card Act, the  
23          Firearm Concealed Carry Act, the Firearms Restraining  
24          Order Act, the Firearm Dealer License Certification Act,  
25          the Law Enforcement Agencies Data System (LEADS), the  
26          Uniform Crime Reporting Act, the Criminal Identification

1 Act, the Illinois Uniform Conviction Information Act, and  
2 the Gun Trafficking Information Act, or establish or  
3 maintain record management systems necessary to conduct  
4 human trafficking investigations or gun trafficking or  
5 other stolen firearm investigations. This paragraph (21)  
6 applies to contracts entered into on or after January 10,  
7 2023 (the effective date of Public Act 102-1116) and the  
8 renewal of contracts that are in effect on January 10,  
9 2023 (the effective date of Public Act 102-1116).

10 (22) Contracts for project management services and  
11 system integration services required for the completion of  
12 the State's enterprise resource planning project. This  
13 exemption becomes inoperative 5 years after June 7, 2023  
14 (the effective date of the changes made to this Section by  
15 Public Act 103-8). This paragraph (22) applies to  
16 contracts entered into on or after June 7, 2023 (the  
17 effective date of the changes made to this Section by  
18 Public Act 103-8) and the renewal of contracts that are in  
19 effect on June 7, 2023 (the effective date of the changes  
20 made to this Section by Public Act 103-8).

21 (23) Procurements necessary for the Department of  
22 Insurance to implement the Illinois Health Benefits  
23 Exchange Law if the Department of Insurance has made a  
24 good faith determination that it is necessary and  
25 appropriate for the expenditure to fall within this  
26 exemption. The procurement process shall be conducted in a

1 manner substantially in accordance with the requirements  
2 of Sections 20-160 and 25-60 and Article 50 of this Code. A  
3 copy of these contracts shall be made available to the  
4 Chief Procurement Officer immediately upon request. This  
5 paragraph is inoperative 5 years after June 27, 2023 (the  
6 effective date of Public Act 103-103).

7 (24) Contracts for public education programming,  
8 noncommercial sustaining announcements, public service  
9 announcements, and public awareness and education  
10 messaging with the nonprofit trade associations of the  
11 providers of those services that inform the public on  
12 immediate and ongoing health and safety risks and hazards.

13 (25) Procurements necessary for the Department of  
14 Early Childhood to implement the Department of Early  
15 Childhood Act if the Department has made a good faith  
16 determination that it is necessary and appropriate for the  
17 expenditure to fall within this exemption. This exemption  
18 shall only be used for products and services procured  
19 solely for use by the Department of Early Childhood. The  
20 procurements may include those necessary to design and  
21 build integrated, operational systems of programs and  
22 services. The procurements may include, but are not  
23 limited to, those necessary to align and update program  
24 standards, integrate funding systems, design and establish  
25 data and reporting systems, align and update models for  
26 technical assistance and professional development, design

1 systems to manage grants and ensure compliance, design and  
2 implement management and operational structures, and  
3 establish new means of engaging with families, educators,  
4 providers, and stakeholders. The procurement processes  
5 shall be conducted in a manner substantially in accordance  
6 with the requirements of Article 50 (ethics) and Sections  
7 5-5 (Procurement Policy Board), 5-7 (Commission on Equity  
8 and Inclusion), 20-80 (contract files), 20-120  
9 (subcontractors), 20-155 (paperwork), 20-160  
10 (ethics/campaign contribution prohibitions), 25-60  
11 (prevailing wage), and 25-90 (prohibited and authorized  
12 cybersecurity) of this Code. Beginning January 1, 2025,  
13 the Department of Early Childhood shall provide a  
14 quarterly report to the General Assembly detailing a list  
15 of expenditures and contracts for which the Department  
16 uses this exemption. This paragraph is inoperative on and  
17 after July 1, 2027.

18 (26) Procurements that are necessary for increasing  
19 the recruitment and retention of State employees,  
20 particularly minority candidates for employment,  
21 including:

22 (A) procurements related to registration fees for  
23 job fairs and other outreach and recruitment events;

24 (B) production of recruitment materials; and

25 (C) other services related to recruitment and  
26 retention of State employees.

1           The exemption under this paragraph (26) applies only  
2           if the State agency has made a good faith determination  
3           that it is necessary and appropriate for the expenditure  
4           to fall within this paragraph (26). The procurement  
5           process under this paragraph (26) shall be conducted in a  
6           manner substantially in accordance with the requirements  
7           of Sections 20-160 and 25-60 and Article 50 of this Code. A  
8           copy of these contracts shall be made available to the  
9           Chief Procurement Officer immediately upon request.  
10          Nothing in this paragraph (26) authorizes the replacement  
11          or diminishment of State responsibilities in hiring or the  
12          positions that effectuate that hiring. This paragraph (26)  
13          is inoperative on and after June 30, 2029.

14          (27) Procurements necessary for the Department of  
15          Healthcare and Family Services to implement changes to the  
16          State's Integrated Eligibility System to ensure the  
17          system's compliance with federal implementation mandates  
18          and deadlines, if the Department of Healthcare and Family  
19          Services has made a good faith determination that it is  
20          necessary and appropriate for the procurement to fall  
21          within this exemption.

22          Notwithstanding any other provision of law, for contracts  
23          with an annual value of more than \$100,000 entered into on or  
24          after October 1, 2017 under an exemption provided in any  
25          paragraph of this subsection (b), except paragraph (1), (2),  
26          or (5), each State agency shall post to the appropriate

1 procurement bulletin the name of the contractor, a description  
2 of the supply or service provided, the total amount of the  
3 contract, the term of the contract, and the exception to the  
4 Code utilized. The chief procurement officer shall submit a  
5 report to the Governor and General Assembly no later than  
6 November 1 of each year that shall include, at a minimum, an  
7 annual summary of the monthly information reported to the  
8 chief procurement officer.

9 (c) This Code does not apply to the electric power  
10 procurement process provided for under Section 1-75 of the  
11 Illinois Power Agency Act and Section 16-111.5 of the Public  
12 Utilities Act. This Code does not apply to the procurement of  
13 technical and policy experts pursuant to Section 1-129 of the  
14 Illinois Power Agency Act.

15 (d) Except for Section 20-160 and Article 50 of this Code,  
16 and as expressly required by Section 9.1 of the Illinois  
17 Lottery Law, the provisions of this Code do not apply to the  
18 procurement process provided for under Section 9.1 of the  
19 Illinois Lottery Law.

20 (e) This Code does not apply to the process used by the  
21 Capital Development Board to retain a person or entity to  
22 assist the Capital Development Board with its duties related  
23 to the determination of costs of a clean coal SNG brownfield  
24 facility, as defined by Section 1-10 of the Illinois Power  
25 Agency Act, as required in subsection (h-3) of Section 9-220  
26 of the Public Utilities Act, including calculating the range

1 of capital costs, the range of operating and maintenance  
2 costs, or the sequestration costs or monitoring the  
3 construction of clean coal SNG brownfield facility for the  
4 full duration of construction.

5 (f) (Blank).

6 (g) (Blank).

7 (h) This Code does not apply to the process to procure or  
8 contracts entered into in accordance with Sections 11-5.2 and  
9 11-5.3 of the Illinois Public Aid Code.

10 (i) Each chief procurement officer may access records  
11 necessary to review whether a contract, purchase, or other  
12 expenditure is or is not subject to the provisions of this  
13 Code, unless such records would be subject to attorney-client  
14 privilege.

15 (j) This Code does not apply to the process used by the  
16 Capital Development Board to retain an artist or work or works  
17 of art as required in Section 14 of the Capital Development  
18 Board Act.

19 (k) This Code does not apply to the process to procure  
20 contracts, or contracts entered into, by the State Board of  
21 Elections or the State Electoral Board for hearing officers  
22 appointed pursuant to the Election Code.

23 (l) This Code does not apply to the processes used by the  
24 Illinois Student Assistance Commission to procure supplies and  
25 services paid for from the private funds of the Illinois  
26 Prepaid Tuition Fund. As used in this subsection (l), "private

1 funds" means funds derived from deposits paid into the  
2 Illinois Prepaid Tuition Trust Fund and the earnings thereon.

3 (m) This Code shall apply regardless of the source of  
4 funds with which contracts are paid, including federal  
5 assistance moneys. Except as specifically provided in this  
6 Code, this Code shall not apply to procurement expenditures  
7 necessary for the Department of Public Health to conduct the  
8 Healthy Illinois Survey in accordance with Section 2310-431 of  
9 the Department of Public Health Powers and Duties Law of the  
10 Civil Administrative Code of Illinois.

11 (Source: P.A. 103-8, eff. 6-7-23; 103-103, eff. 6-27-23;  
12 103-570, eff. 1-1-24; 103-580, eff. 12-8-23; 103-594, eff.  
13 6-25-24; 103-605, eff. 7-1-24; 103-865, eff. 1-1-25; 104-2,  
14 eff. 6-16-25; 104-417, eff. 8-15-25; 104-458, eff. 6-1-26;  
15 revised 1-12-26.)

16 Section 15. The Illinois Public Aid Code is amended by  
17 changing Section 5-5 as follows:

18 (305 ILCS 5/5-5)

19 Sec. 5-5. Medical services. The Illinois Department, by  
20 rule, shall determine the quantity and quality of and the rate  
21 of reimbursement for the medical assistance for which payment  
22 will be authorized, and the medical services to be provided,  
23 which may include all or part of the following: (1) inpatient  
24 hospital services; (2) outpatient hospital services; (3) other

1 laboratory and X-ray services; (4) skilled nursing home  
2 services; (5) physicians' services whether furnished in the  
3 office, the patient's home, a hospital, a skilled nursing  
4 home, or elsewhere; (6) medical care, or any other type of  
5 remedial care furnished by licensed practitioners; (7) home  
6 health care services; (8) private duty nursing service; (9)  
7 clinic services; (10) dental services, including prevention  
8 and treatment of periodontal disease and dental caries disease  
9 for pregnant individuals, provided by an individual licensed  
10 to practice dentistry or dental surgery; for purposes of this  
11 item (10), "dental services" means diagnostic, preventive, or  
12 corrective procedures provided by or under the supervision of  
13 a dentist in the practice of his or her profession; (11)  
14 physical therapy and related services; (12) prescribed drugs,  
15 dentures, and prosthetic devices; and eyeglasses prescribed by  
16 a physician skilled in the diseases of the eye, or by an  
17 optometrist, whichever the person may select; (13) other  
18 diagnostic, screening, preventive, and rehabilitative  
19 services, including to ensure that the individual's need for  
20 intervention or treatment of mental disorders or substance use  
21 disorders or co-occurring mental health and substance use  
22 disorders is determined using a uniform screening, assessment,  
23 and evaluation process inclusive of criteria, for children and  
24 adults; for purposes of this item (13), a uniform screening,  
25 assessment, and evaluation process refers to a process that  
26 includes an appropriate evaluation and, as warranted, a

1 referral; "uniform" does not mean the use of a singular  
2 instrument, tool, or process that all must utilize; (14)  
3 transportation and such other expenses as may be necessary;  
4 (15) medical treatment of sexual assault survivors, as defined  
5 in Section 1a of the Sexual Assault Survivors Emergency  
6 Treatment Act, for injuries sustained as a result of the  
7 sexual assault, including examinations and laboratory tests to  
8 discover evidence which may be used in criminal proceedings  
9 arising from the sexual assault; (16) the diagnosis and  
10 treatment of sickle cell anemia; (16.5) services performed by  
11 a chiropractic physician licensed under the Medical Practice  
12 Act of 1987 and acting within the scope of his or her license,  
13 including, but not limited to, chiropractic manipulative  
14 treatment; and (17) any other medical care, and any other type  
15 of remedial care recognized under the laws of this State. The  
16 term "any other type of remedial care" shall include nursing  
17 care and nursing home service for persons who rely on  
18 treatment by spiritual means alone through prayer for healing.

19 Notwithstanding any other provision of this Section, a  
20 comprehensive tobacco use cessation program that includes  
21 purchasing prescription drugs or prescription medical devices  
22 approved by the Food and Drug Administration shall be covered  
23 under the medical assistance program under this Article for  
24 persons who are otherwise eligible for assistance under this  
25 Article.

26 Notwithstanding any other provision of this Code,

1 reproductive health care that is otherwise legal in Illinois  
2 shall be covered under the medical assistance program for  
3 persons who are otherwise eligible for medical assistance  
4 under this Article.

5 Notwithstanding any other provision of this Section, all  
6 tobacco cessation medications approved by the United States  
7 Food and Drug Administration and all individual and group  
8 tobacco cessation counseling services and telephone-based  
9 counseling services and tobacco cessation medications provided  
10 through the Illinois Tobacco Quitline shall be covered under  
11 the medical assistance program for persons who are otherwise  
12 eligible for assistance under this Article. The Department  
13 shall comply with all federal requirements necessary to obtain  
14 federal financial participation, as specified in 42 CFR  
15 433.15(b)(7), for telephone-based counseling services provided  
16 through the Illinois Tobacco Quitline, including, but not  
17 limited to: (i) entering into a memorandum of understanding or  
18 interagency agreement with the Department of Public Health, as  
19 administrator of the Illinois Tobacco Quitline; and (ii)  
20 developing a cost allocation plan for Medicaid-allowable  
21 Illinois Tobacco Quitline services in accordance with 45 CFR  
22 95.507. The Department shall submit the memorandum of  
23 understanding or interagency agreement, the cost allocation  
24 plan, and all other necessary documentation to the Centers for  
25 Medicare and Medicaid Services for review and approval.  
26 Coverage under this paragraph shall be contingent upon federal

1 approval.

2 Notwithstanding any other provision of this Code, the  
3 Illinois Department may not require, as a condition of payment  
4 for any laboratory test authorized under this Article, that a  
5 physician's handwritten signature appear on the laboratory  
6 test order form. The Illinois Department may, however, impose  
7 other appropriate requirements regarding laboratory test order  
8 documentation.

9 Upon receipt of federal approval of an amendment to the  
10 Illinois Title XIX State Plan for this purpose, the Department  
11 shall authorize the Chicago Public Schools (CPS) to procure a  
12 vendor or vendors to manufacture eyeglasses for individuals  
13 enrolled in a school within the CPS system. CPS shall ensure  
14 that its vendor or vendors are enrolled as providers in the  
15 medical assistance program and in any capitated Medicaid  
16 managed care entity (MCE) serving individuals enrolled in a  
17 school within the CPS system. Under any contract procured  
18 under this provision, the vendor or vendors must serve only  
19 individuals enrolled in a school within the CPS system. Claims  
20 for services provided by CPS's vendor or vendors to recipients  
21 of benefits in the medical assistance program under this Code,  
22 the Children's Health Insurance Program, or the Covering ALL  
23 KIDS Health Insurance Program shall be submitted to the  
24 Department or the MCE in which the individual is enrolled for  
25 payment and shall be reimbursed at the Department's or the  
26 MCE's established rates or rate methodologies for eyeglasses.

1           On and after July 1, 2012, the Department of Healthcare  
2 and Family Services may provide the following services to  
3 persons eligible for assistance under this Article who are  
4 participating in education, training or employment programs  
5 operated by the Department of Human Services as successor to  
6 the Department of Public Aid:

7           (1) dental services provided by or under the  
8 supervision of a dentist; and

9           (2) eyeglasses prescribed by a physician skilled in  
10 the diseases of the eye, or by an optometrist, whichever  
11 the person may select.

12           On and after July 1, 2018, the Department of Healthcare  
13 and Family Services shall provide dental services to any adult  
14 who is otherwise eligible for assistance under the medical  
15 assistance program. As used in this paragraph, "dental  
16 services" means diagnostic, preventative, restorative, or  
17 corrective procedures, including procedures and services for  
18 the prevention and treatment of periodontal disease and dental  
19 caries disease, provided by an individual who is licensed to  
20 practice dentistry or dental surgery or who is under the  
21 supervision of a dentist in the practice of his or her  
22 profession.

23           On and after July 1, 2018, targeted dental services, as  
24 set forth in Exhibit D of the Consent Decree entered by the  
25 United States District Court for the Northern District of  
26 Illinois, Eastern Division, in the matter of Memisovski v.

1 Maram, Case No. 92 C 1982, that are provided to adults under  
2 the medical assistance program shall be established at no less  
3 than the rates set forth in the "New Rate" column in Exhibit D  
4 of the Consent Decree for targeted dental services that are  
5 provided to persons under the age of 18 under the medical  
6 assistance program.

7 Subject to federal approval, on and after January 1, 2025,  
8 the rates paid for sedation evaluation and the provision of  
9 deep sedation and intravenous sedation for the purpose of  
10 dental services shall be increased by 33% above the rates in  
11 effect on December 31, 2024. The rates paid for nitrous oxide  
12 sedation shall not be impacted by this paragraph and shall  
13 remain the same as the rates in effect on December 31, 2024.

14 Notwithstanding any other provision of this Code and  
15 subject to federal approval, the Department may adopt rules to  
16 allow a dentist who is volunteering his or her service at no  
17 cost to render dental services through an enrolled  
18 not-for-profit health clinic without the dentist personally  
19 enrolling as a participating provider in the medical  
20 assistance program. A not-for-profit health clinic shall  
21 include a public health clinic or Federally Qualified Health  
22 Center or other enrolled provider, as determined by the  
23 Department, through which dental services covered under this  
24 Section are performed. The Department shall establish a  
25 process for payment of claims for reimbursement for covered  
26 dental services rendered under this provision.

1           Subject to appropriation and to federal approval, the  
2 Department shall file administrative rules updating the  
3 Handicapping Labio-Lingual Deviation orthodontic scoring tool  
4 by January 1, 2025, or as soon as practicable.

5           On and after January 1, 2022, the Department of Healthcare  
6 and Family Services shall administer and regulate a  
7 school-based dental program that allows for the out-of-office  
8 delivery of preventative dental services in a school setting  
9 to children under 19 years of age. The Department shall  
10 establish, by rule, guidelines for participation by providers  
11 and set requirements for follow-up referral care based on the  
12 requirements established in the Dental Office Reference Manual  
13 published by the Department that establishes the requirements  
14 for dentists participating in the All Kids Dental School  
15 Program. Every effort shall be made by the Department when  
16 developing the program requirements to consider the different  
17 geographic differences of both urban and rural areas of the  
18 State for initial treatment and necessary follow-up care. No  
19 provider shall be charged a fee by any unit of local government  
20 to participate in the school-based dental program administered  
21 by the Department. Nothing in this paragraph shall be  
22 construed to limit or preempt a home rule unit's or school  
23 district's authority to establish, change, or administer a  
24 school-based dental program in addition to, or independent of,  
25 the school-based dental program administered by the  
26 Department.

1           The Illinois Department, by rule, may distinguish and  
2           classify the medical services to be provided only in  
3           accordance with the classes of persons designated in Section  
4           5-2.

5           The Department of Healthcare and Family Services must  
6           provide coverage and reimbursement for amino acid-based  
7           elemental formulas, regardless of delivery method, for the  
8           diagnosis and treatment of (i) eosinophilic disorders and (ii)  
9           short bowel syndrome when the prescribing physician has issued  
10          a written order stating that the amino acid-based elemental  
11          formula is medically necessary.

12          The Illinois Department shall authorize the provision of,  
13          and shall authorize payment for, screening by low-dose  
14          mammography for the presence of occult breast cancer for  
15          individuals 35 years of age or older who are eligible for  
16          medical assistance under this Article, as follows:

17                (A) A baseline mammogram for individuals 35 to 39  
18                years of age.

19                (B) An annual mammogram for individuals 40 years of  
20                age or older.

21                (C) A mammogram at the age and intervals considered  
22                medically necessary by the individual's health care  
23                provider for individuals under 40 years of age and having  
24                a family history of breast cancer, prior personal history  
25                of breast cancer, positive genetic testing, or other risk  
26                factors.

1           (D) A comprehensive ultrasound screening and MRI of an  
2           entire breast or breasts if a mammogram demonstrates  
3           heterogeneous or dense breast tissue or when medically  
4           necessary as determined by a physician licensed to  
5           practice medicine in all of its branches.

6           (E) A screening MRI when medically necessary, as  
7           determined by a physician licensed to practice medicine in  
8           all of its branches.

9           (F) A diagnostic mammogram when medically necessary,  
10          as determined by a physician licensed to practice medicine  
11          in all its branches, advanced practice registered nurse,  
12          or physician assistant.

13          (G) Molecular breast imaging (MBI) and MRI of an  
14          entire breast or breasts if a mammogram demonstrates  
15          heterogeneous or dense breast tissue or when medically  
16          necessary as determined by a physician licensed to  
17          practice medicine in all of its branches, advanced  
18          practice registered nurse, or physician assistant.

19          The Department shall not impose a deductible, coinsurance,  
20          copayment, or any other cost-sharing requirement on the  
21          coverage provided under this paragraph; except that this  
22          sentence does not apply to coverage of diagnostic mammograms  
23          to the extent such coverage would disqualify a high-deductible  
24          health plan from eligibility for a health savings account  
25          pursuant to Section 223 of the Internal Revenue Code (26  
26          U.S.C. 223).

1 All screenings shall include a physical breast exam,  
2 instruction on self-examination and information regarding the  
3 frequency of self-examination and its value as a preventative  
4 tool.

5 For purposes of this Section:

6 "Diagnostic mammogram" means a mammogram obtained using  
7 diagnostic mammography.

8 "Diagnostic mammography" means a method of screening that  
9 is designed to evaluate an abnormality in a breast, including  
10 an abnormality seen or suspected on a screening mammogram or a  
11 subjective or objective abnormality otherwise detected in the  
12 breast.

13 "Low-dose mammography" means the x-ray examination of the  
14 breast using equipment dedicated specifically for mammography,  
15 including the x-ray tube, filter, compression device, and  
16 image receptor, with an average radiation exposure delivery of  
17 less than one rad per breast for 2 views of an average size  
18 breast. The term also includes digital mammography and  
19 includes breast tomosynthesis.

20 "Breast tomosynthesis" means a radiologic procedure that  
21 involves the acquisition of projection images over the  
22 stationary breast to produce cross-sectional digital  
23 three-dimensional images of the breast.

24 If, at any time, the Secretary of the United States  
25 Department of Health and Human Services, or its successor  
26 agency, promulgates rules or regulations to be published in

1 the Federal Register or publishes a comment in the Federal  
2 Register or issues an opinion, guidance, or other action that  
3 would require the State, pursuant to any provision of the  
4 Patient Protection and Affordable Care Act (Public Law  
5 111-148), including, but not limited to, 42 U.S.C.  
6 18031(d)(3)(B) or any successor provision, to defray the cost  
7 of any coverage for breast tomosynthesis outlined in this  
8 paragraph, then the requirement that an insurer cover breast  
9 tomosynthesis is inoperative other than any such coverage  
10 authorized under Section 1902 of the Social Security Act, 42  
11 U.S.C. 1396a, and the State shall not assume any obligation  
12 for the cost of coverage for breast tomosynthesis set forth in  
13 this paragraph.

14 On and after January 1, 2016, the Department shall ensure  
15 that all networks of care for adult clients of the Department  
16 include access to at least one breast imaging Center of  
17 Imaging Excellence as certified by the American College of  
18 Radiology.

19 On and after January 1, 2012, providers participating in a  
20 quality improvement program approved by the Department shall  
21 be reimbursed for screening and diagnostic mammography at the  
22 same rate as the Medicare program's rates, including the  
23 increased reimbursement for digital mammography and, after  
24 January 1, 2023 (the effective date of Public Act 102-1018),  
25 breast tomosynthesis.

26 The Department shall convene an expert panel including

1 representatives of hospitals, free-standing mammography  
2 facilities, and doctors, including radiologists, to establish  
3 quality standards for mammography.

4 On and after January 1, 2017, providers participating in a  
5 breast cancer treatment quality improvement program approved  
6 by the Department shall be reimbursed for breast cancer  
7 treatment at a rate that is no lower than 95% of the Medicare  
8 program's rates for the data elements included in the breast  
9 cancer treatment quality program.

10 The Department shall convene an expert panel, including  
11 representatives of hospitals, free-standing breast cancer  
12 treatment centers, breast cancer quality organizations, and  
13 doctors, including radiologists that are trained in all forms  
14 of FDA-approved breast imaging technologies, breast surgeons,  
15 reconstructive breast surgeons, oncologists, and primary care  
16 providers to establish quality standards for breast cancer  
17 treatment.

18 Subject to federal approval, the Department shall  
19 establish a rate methodology for mammography at federally  
20 qualified health centers and other encounter-rate clinics.  
21 These clinics or centers may also collaborate with other  
22 hospital-based mammography facilities. By January 1, 2016, the  
23 Department shall report to the General Assembly on the status  
24 of the provision set forth in this paragraph.

25 The Department shall establish a methodology to remind  
26 individuals who are age-appropriate for screening mammography,

1 but who have not received a mammogram within the previous 18  
2 months, of the importance and benefit of screening  
3 mammography. The Department shall work with experts in breast  
4 cancer outreach and patient navigation to optimize these  
5 reminders and shall establish a methodology for evaluating  
6 their effectiveness and modifying the methodology based on the  
7 evaluation.

8 The Department shall establish a performance goal for  
9 primary care providers with respect to their female patients  
10 over age 40 receiving an annual mammogram. This performance  
11 goal shall be used to provide additional reimbursement in the  
12 form of a quality performance bonus to primary care providers  
13 who meet that goal.

14 The Department shall devise a means of case-managing or  
15 patient navigation for beneficiaries diagnosed with breast  
16 cancer. This program shall initially operate as a pilot  
17 program in areas of the State with the highest incidence of  
18 mortality related to breast cancer. At least one pilot program  
19 site shall be in the metropolitan Chicago area and at least one  
20 site shall be outside the metropolitan Chicago area. On or  
21 after July 1, 2016, the pilot program shall be expanded to  
22 include one site in western Illinois, one site in southern  
23 Illinois, one site in central Illinois, and 4 sites within  
24 metropolitan Chicago. An evaluation of the pilot program shall  
25 be carried out measuring health outcomes and cost of care for  
26 those served by the pilot program compared to similarly

1 situated patients who are not served by the pilot program.

2 The Department shall require all networks of care to  
3 develop a means either internally or by contract with experts  
4 in navigation and community outreach to navigate cancer  
5 patients to comprehensive care in a timely fashion. The  
6 Department shall require all networks of care to include  
7 access for patients diagnosed with cancer to at least one  
8 academic commission on cancer-accredited cancer program as an  
9 in-network covered benefit.

10 The Department shall provide coverage and reimbursement  
11 for a human papillomavirus (HPV) vaccine that is approved for  
12 marketing by the federal Food and Drug Administration for all  
13 persons between the ages of 9 and 45. Subject to federal  
14 approval, the Department shall provide coverage and  
15 reimbursement for a human papillomavirus (HPV) vaccine for  
16 persons of the age of 46 and above who have been diagnosed with  
17 cervical dysplasia with a high risk of recurrence or  
18 progression. The Department shall disallow any  
19 preauthorization requirements for the administration of the  
20 human papillomavirus (HPV) vaccine.

21 On or after July 1, 2022, individuals who are otherwise  
22 eligible for medical assistance under this Article shall  
23 receive coverage for perinatal depression screenings for the  
24 12-month period beginning on the last day of their pregnancy.  
25 Medical assistance coverage under this paragraph shall be  
26 conditioned on the use of a screening instrument approved by

1 the Department.

2 Any medical or health care provider shall immediately  
3 recommend, to any pregnant individual who is being provided  
4 prenatal services and is suspected of having a substance use  
5 disorder as defined in the Substance Use Disorder Act,  
6 referral to a local substance use disorder treatment program  
7 licensed by the Department of Human Services or to a licensed  
8 hospital which provides substance abuse treatment services.  
9 The Department of Healthcare and Family Services shall assure  
10 coverage for the cost of treatment of the drug abuse or  
11 addiction for pregnant recipients in accordance with the  
12 Illinois Medicaid Program in conjunction with the Department  
13 of Human Services.

14 All medical providers providing medical assistance to  
15 pregnant individuals under this Code shall receive information  
16 from the Department on the availability of services under any  
17 program providing case management services for addicted  
18 individuals, including information on appropriate referrals  
19 for other social services that may be needed by addicted  
20 individuals in addition to treatment for addiction.

21 The Illinois Department, in cooperation with the  
22 Departments of Human Services (as successor to the Department  
23 of Alcoholism and Substance Abuse) and Public Health, through  
24 a public awareness campaign, may provide information  
25 concerning treatment for alcoholism and drug abuse and  
26 addiction, prenatal health care, and other pertinent programs

1 directed at reducing the number of drug-affected infants born  
2 to recipients of medical assistance.

3 Neither the Department of Healthcare and Family Services  
4 nor the Department of Human Services shall sanction the  
5 recipient solely on the basis of the recipient's substance  
6 abuse.

7 The Illinois Department shall establish such regulations  
8 governing the dispensing of health services under this Article  
9 as it shall deem appropriate. The Department should seek the  
10 advice of formal professional advisory committees appointed by  
11 the Director of the Illinois Department for the purpose of  
12 providing regular advice on policy and administrative matters,  
13 information dissemination and educational activities for  
14 medical and health care providers, and consistency in  
15 procedures to the Illinois Department.

16 The Illinois Department may develop and contract with  
17 Partnerships of medical providers to arrange medical services  
18 for persons eligible under Section 5-2 of this Code.  
19 Implementation of this Section may be by demonstration  
20 projects in certain geographic areas. The Partnership shall be  
21 represented by a sponsor organization. The Department, by  
22 rule, shall develop qualifications for sponsors of  
23 Partnerships. Nothing in this Section shall be construed to  
24 require that the sponsor organization be a medical  
25 organization.

26 The sponsor must negotiate formal written contracts with

1 medical providers for physician services, inpatient and  
2 outpatient hospital care, home health services, treatment for  
3 alcoholism and substance abuse, and other services determined  
4 necessary by the Illinois Department by rule for delivery by  
5 Partnerships. Physician services must include prenatal and  
6 obstetrical care. The Illinois Department shall reimburse  
7 medical services delivered by Partnership providers to clients  
8 in target areas according to provisions of this Article and  
9 the Illinois Health Finance Reform Act, except that:

10 (1) Physicians participating in a Partnership and  
11 providing certain services, which shall be determined by  
12 the Illinois Department, to persons in areas covered by  
13 the Partnership may receive an additional surcharge for  
14 such services.

15 (2) The Department may elect to consider and negotiate  
16 financial incentives to encourage the development of  
17 Partnerships and the efficient delivery of medical care.

18 (3) Persons receiving medical services through  
19 Partnerships may receive medical and case management  
20 services above the level usually offered through the  
21 medical assistance program.

22 Medical providers shall be required to meet certain  
23 qualifications to participate in Partnerships to ensure the  
24 delivery of high quality medical services. These  
25 qualifications shall be determined by rule of the Illinois  
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership  
2 sponsors may prescribe reasonable additional qualifications  
3 for participation by medical providers, only with the prior  
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of  
6 practitioners, hospitals, and other providers of medical  
7 services by clients. In order to ensure patient freedom of  
8 choice, the Illinois Department shall immediately promulgate  
9 all rules and take all other necessary actions so that  
10 provided services may be accessed from therapeutically  
11 certified optometrists to the full extent of the Illinois  
12 Optometric Practice Act of 1987 without discriminating between  
13 service providers.

14 The Department shall apply for a waiver from the United  
15 States Health Care Financing Administration to allow for the  
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care  
18 providers to maintain records that document the medical care  
19 and services provided to recipients of Medical Assistance  
20 under this Article. Such records must be retained for a period  
21 of not less than 6 years from the date of service or as  
22 provided by applicable State law, whichever period is longer,  
23 except that if an audit is initiated within the required  
24 retention period then the records must be retained until the  
25 audit is completed and every exception is resolved. The  
26 Illinois Department shall require health care providers to

1 make available, when authorized by the patient, in writing,  
2 the medical records in a timely fashion to other health care  
3 providers who are treating or serving persons eligible for  
4 Medical Assistance under this Article. All dispensers of  
5 medical services shall be required to maintain and retain  
6 business and professional records sufficient to fully and  
7 accurately document the nature, scope, details and receipt of  
8 the health care provided to persons eligible for medical  
9 assistance under this Code, in accordance with regulations  
10 promulgated by the Illinois Department. The rules and  
11 regulations shall require that proof of the receipt of  
12 prescription drugs, dentures, prosthetic devices and  
13 eyeglasses by eligible persons under this Section accompany  
14 each claim for reimbursement submitted by the dispenser of  
15 such medical services. No such claims for reimbursement shall  
16 be approved for payment by the Illinois Department without  
17 such proof of receipt, unless the Illinois Department shall  
18 have put into effect and shall be operating a system of  
19 post-payment audit and review which shall, on a sampling  
20 basis, be deemed adequate by the Illinois Department to assure  
21 that such drugs, dentures, prosthetic devices and eyeglasses  
22 for which payment is being made are actually being received by  
23 eligible recipients. Within 90 days after September 16, 1984  
24 (the effective date of Public Act 83-1439), the Illinois  
25 Department shall establish a current list of acquisition costs  
26 for all prosthetic devices and any other items recognized as

1 medical equipment and supplies reimbursable under this Article  
2 and shall update such list on a quarterly basis, except that  
3 the acquisition costs of all prescription drugs shall be  
4 updated no less frequently than every 30 days as required by  
5 Section 5-5.12.

6 Notwithstanding any other law to the contrary, the  
7 Illinois Department shall, within 365 days after July 22, 2013  
8 (the effective date of Public Act 98-104), establish  
9 procedures to permit skilled care facilities licensed under  
10 the Nursing Home Care Act to submit monthly billing claims for  
11 reimbursement purposes. Following development of these  
12 procedures, the Department shall, by July 1, 2016, test the  
13 viability of the new system and implement any necessary  
14 operational or structural changes to its information  
15 technology platforms in order to allow for the direct  
16 acceptance and payment of nursing home claims.

17 Notwithstanding any other law to the contrary, the  
18 Illinois Department shall, within 365 days after August 15,  
19 2014 (the effective date of Public Act 98-963), establish  
20 procedures to permit ID/DD facilities licensed under the ID/DD  
21 Community Care Act and MC/DD facilities licensed under the  
22 MC/DD Act to submit monthly billing claims for reimbursement  
23 purposes. Following development of these procedures, the  
24 Department shall have an additional 365 days to test the  
25 viability of the new system and to ensure that any necessary  
26 operational or structural changes to its information

1 technology platforms are implemented.

2 The Illinois Department shall require all dispensers of  
3 medical services, other than an individual practitioner or  
4 group of practitioners, desiring to participate in the Medical  
5 Assistance program established under this Article to disclose  
6 all financial, beneficial, ownership, equity, surety or other  
7 interests in any and all firms, corporations, partnerships,  
8 associations, business enterprises, joint ventures, agencies,  
9 institutions or other legal entities providing any form of  
10 health care services in this State under this Article.

11 The Illinois Department may require that all dispensers of  
12 medical services desiring to participate in the medical  
13 assistance program established under this Article disclose,  
14 under such terms and conditions as the Illinois Department may  
15 by rule establish, all inquiries from clients and attorneys  
16 regarding medical bills paid by the Illinois Department, which  
17 inquiries could indicate potential existence of claims or  
18 liens for the Illinois Department.

19 Enrollment of a vendor shall be subject to a provisional  
20 period and shall be conditional for one year. During the  
21 period of conditional enrollment, the Department may terminate  
22 the vendor's eligibility to participate in, or may disenroll  
23 the vendor from, the medical assistance program without cause.  
24 Unless otherwise specified, such termination of eligibility or  
25 disenrollment is not subject to the Department's hearing  
26 process. However, a disenrolled vendor may reapply without

1 penalty.

2 The Department has the discretion to limit the conditional  
3 enrollment period for vendors based upon the category of risk  
4 of the vendor.

5 Prior to enrollment and during the conditional enrollment  
6 period in the medical assistance program, all vendors shall be  
7 subject to enhanced oversight, screening, and review based on  
8 the risk of fraud, waste, and abuse that is posed by the  
9 category of risk of the vendor. The Illinois Department shall  
10 establish the procedures for oversight, screening, and review,  
11 which may include, but need not be limited to: criminal and  
12 financial background checks; fingerprinting; license,  
13 certification, and authorization verifications; unscheduled or  
14 unannounced site visits; database checks; prepayment audit  
15 reviews; audits; payment caps; payment suspensions; and other  
16 screening as required by federal or State law.

17 The Department shall define or specify the following: (i)  
18 by provider notice, the "category of risk of the vendor" for  
19 each type of vendor, which shall take into account the level of  
20 screening applicable to a particular category of vendor under  
21 federal law and regulations; (ii) by rule or provider notice,  
22 the maximum length of the conditional enrollment period for  
23 each category of risk of the vendor; and (iii) by rule, the  
24 hearing rights, if any, afforded to a vendor in each category  
25 of risk of the vendor that is terminated or disenrolled during  
26 the conditional enrollment period.

1 To be eligible for payment consideration, a vendor's  
2 payment claim or bill, either as an initial claim or as a  
3 resubmitted claim following prior rejection, must be received  
4 by the Illinois Department, or its fiscal intermediary, no  
5 later than 180 days after the latest date on the claim on which  
6 medical goods or services were provided, with the following  
7 exceptions:

8 (1) In the case of a provider whose enrollment is in  
9 process by the Illinois Department, the 180-day period  
10 shall not begin until the date on the written notice from  
11 the Illinois Department that the provider enrollment is  
12 complete.

13 (2) In the case of errors attributable to the Illinois  
14 Department or any of its claims processing intermediaries  
15 which result in an inability to receive, process, or  
16 adjudicate a claim, the 180-day period shall not begin  
17 until the provider has been notified of the error.

18 (3) In the case of a provider for whom the Illinois  
19 Department initiates the monthly billing process.

20 (4) In the case of a provider operated by a unit of  
21 local government with a population exceeding 3,000,000  
22 when local government funds finance federal participation  
23 for claims payments.

24 For claims for services rendered during a period for which  
25 a recipient received retroactive eligibility, claims must be  
26 filed within 180 days after the Department determines the

1 applicant is eligible. For claims for which the Illinois  
2 Department is not the primary payer, claims must be submitted  
3 to the Illinois Department within 180 days after the final  
4 adjudication by the primary payer.

5 In the case of long term care facilities, within 120  
6 calendar days of receipt by the facility of required  
7 prescreening information, new admissions with associated  
8 admission documents shall be submitted through the Medical  
9 Electronic Data Interchange (MEDI) or the Recipient  
10 Eligibility Verification (REV) System or shall be submitted  
11 directly to the Department of Human Services using required  
12 admission forms. Effective September 1, 2014, admission  
13 documents, including all prescreening information, must be  
14 submitted through MEDI or REV. Confirmation numbers assigned  
15 to an accepted transaction shall be retained by a facility to  
16 verify timely submittal. Once an admission transaction has  
17 been completed, all resubmitted claims following prior  
18 rejection are subject to receipt no later than 180 days after  
19 the admission transaction has been completed.

20 Claims that are not submitted and received in compliance  
21 with the foregoing requirements shall not be eligible for  
22 payment under the medical assistance program, and the State  
23 shall have no liability for payment of those claims.

24 To the extent consistent with applicable information and  
25 privacy, security, and disclosure laws, State and federal  
26 agencies and departments shall provide the Illinois Department

1 access to confidential and other information and data  
2 necessary to perform eligibility and payment verifications and  
3 other Illinois Department functions. This includes, but is not  
4 limited to: information pertaining to licensure;  
5 certification; earnings; immigration status; citizenship; wage  
6 reporting; unearned and earned income; pension income;  
7 employment; supplemental security income; social security  
8 numbers; National Provider Identifier (NPI) numbers; the  
9 National Practitioner Data Bank (NPDB); program and agency  
10 exclusions; taxpayer identification numbers; tax delinquency;  
11 corporate information; and death records.

12 The Illinois Department shall enter into agreements with  
13 State agencies and departments, and is authorized to enter  
14 into agreements with federal agencies and departments, under  
15 which such agencies and departments shall share data necessary  
16 for medical assistance program integrity functions and  
17 oversight. The Illinois Department shall develop, in  
18 cooperation with other State departments and agencies, and in  
19 compliance with applicable federal laws and regulations,  
20 appropriate and effective methods to share such data. At a  
21 minimum, and to the extent necessary to provide data sharing,  
22 the Illinois Department shall enter into agreements with State  
23 agencies and departments, and is authorized to enter into  
24 agreements with federal agencies and departments, including,  
25 but not limited to: the Secretary of State; the Department of  
26 Revenue; the Department of Public Health; the Department of

1 Human Services; and the Department of Financial and  
2 Professional Regulation.

3 Beginning in fiscal year 2013, the Illinois Department  
4 shall set forth a request for information to identify the  
5 benefits of a pre-payment, post-adjudication, and post-edit  
6 claims system with the goals of streamlining claims processing  
7 and provider reimbursement, reducing the number of pending or  
8 rejected claims, and helping to ensure a more transparent  
9 adjudication process through the utilization of: (i) provider  
10 data verification and provider screening technology; and (ii)  
11 clinical code editing; and (iii) pre-pay, pre-adjudicated, or  
12 post-adjudicated predictive modeling with an integrated case  
13 management system with link analysis. Such a request for  
14 information shall not be considered as a request for proposal  
15 or as an obligation on the part of the Illinois Department to  
16 take any action or acquire any products or services.

17 The Illinois Department shall establish policies,  
18 procedures, standards and criteria by rule for the  
19 acquisition, repair and replacement of orthotic and prosthetic  
20 devices and durable medical equipment. Such rules shall  
21 provide, but not be limited to, the following services: (1)  
22 immediate repair or replacement of such devices by recipients;  
23 and (2) rental, lease, purchase or lease-purchase of durable  
24 medical equipment in a cost-effective manner, taking into  
25 consideration the recipient's medical prognosis, the extent of  
26 the recipient's needs, and the requirements and costs for

1 maintaining such equipment. Subject to prior approval, such  
2 rules shall enable a recipient to temporarily acquire and use  
3 alternative or substitute devices or equipment pending repairs  
4 or replacements of any device or equipment previously  
5 authorized for such recipient by the Department.  
6 Notwithstanding any provision of Section 5-5f to the contrary,  
7 the Department may, by rule, exempt certain replacement  
8 wheelchair parts from prior approval and, for wheelchairs,  
9 wheelchair parts, wheelchair accessories, and related seating  
10 and positioning items, determine the wholesale price by  
11 methods other than actual acquisition costs.

12 The Department shall require, by rule, all providers of  
13 durable medical equipment to be accredited by an accreditation  
14 organization approved by the federal Centers for Medicare and  
15 Medicaid Services and recognized by the Department in order to  
16 bill the Department for providing durable medical equipment to  
17 recipients. No later than 15 months after the effective date  
18 of the rule adopted pursuant to this paragraph, all providers  
19 must meet the accreditation requirement.

20 In order to promote environmental responsibility, meet the  
21 needs of recipients and enrollees, and achieve significant  
22 cost savings, the Department, or a managed care organization  
23 under contract with the Department, may provide recipients or  
24 managed care enrollees who have a prescription or Certificate  
25 of Medical Necessity access to refurbished durable medical  
26 equipment under this Section (excluding prosthetic and

1 orthotic devices as defined in the Orthotics, Prosthetics, and  
2 Pedorthics Practice Act and complex rehabilitation technology  
3 products and associated services) through the State's  
4 assistive technology program's reutilization program, using  
5 staff with the Assistive Technology Professional (ATP)  
6 Certification if the refurbished durable medical equipment:  
7 (i) is available; (ii) is less expensive, including shipping  
8 costs, than new durable medical equipment of the same type;  
9 (iii) is able to withstand at least 3 years of use; (iv) is  
10 cleaned, disinfected, sterilized, and safe in accordance with  
11 federal Food and Drug Administration regulations and guidance  
12 governing the reprocessing of medical devices in health care  
13 settings; and (v) equally meets the needs of the recipient or  
14 enrollee. The reutilization program shall confirm that the  
15 recipient or enrollee is not already in receipt of the same or  
16 similar equipment from another service provider, and that the  
17 refurbished durable medical equipment equally meets the needs  
18 of the recipient or enrollee. Nothing in this paragraph shall  
19 be construed to limit recipient or enrollee choice to obtain  
20 new durable medical equipment or place any additional prior  
21 authorization conditions on enrollees of managed care  
22 organizations.

23 The Department shall execute, relative to the nursing home  
24 prescreening project, written inter-agency agreements with the  
25 Department of Human Services and the Department on Aging, to  
26 effect the following: (i) intake procedures and common

1 eligibility criteria for those persons who are receiving  
2 non-institutional services; and (ii) the establishment and  
3 development of non-institutional services in areas of the  
4 State where they are not currently available or are  
5 undeveloped; and (iii) notwithstanding any other provision of  
6 law, subject to federal approval, on and after July 1, 2012, an  
7 increase in the determination of need (DON) scores from 29 to  
8 37 for applicants for institutional and home and  
9 community-based long term care; if and only if federal  
10 approval is not granted, the Department may, in conjunction  
11 with other affected agencies, implement utilization controls  
12 or changes in benefit packages to effectuate a similar savings  
13 amount for this population; and (iv) no later than July 1,  
14 2013, minimum level of care eligibility criteria for  
15 institutional and home and community-based long term care; and  
16 (v) no later than October 1, 2013, establish procedures to  
17 permit long term care providers access to eligibility scores  
18 for individuals with an admission date who are seeking or  
19 receiving services from the long term care provider. In order  
20 to select the minimum level of care eligibility criteria, the  
21 Governor shall establish a workgroup that includes affected  
22 agency representatives and stakeholders representing the  
23 institutional and home and community-based long term care  
24 interests. This Section shall not restrict the Department from  
25 implementing lower level of care eligibility criteria for  
26 community-based services in circumstances where federal

1 approval has been granted.

2 The Illinois Department shall develop and operate, in  
3 cooperation with other State Departments and agencies and in  
4 compliance with applicable federal laws and regulations,  
5 appropriate and effective systems of health care evaluation  
6 and programs for monitoring of utilization of health care  
7 services and facilities, as it affects persons eligible for  
8 medical assistance under this Code.

9 The Illinois Department shall report annually to the  
10 General Assembly, no later than the second Friday in April of  
11 1979 and each year thereafter, in regard to:

12 (a) actual statistics and trends in utilization of  
13 medical services by public aid recipients;

14 (b) actual statistics and trends in the provision of  
15 the various medical services by medical vendors;

16 (c) current rate structures and proposed changes in  
17 those rate structures for the various medical vendors; and

18 (d) efforts at utilization review and control by the  
19 Illinois Department.

20 The period covered by each report shall be the 3 years  
21 ending on the June 30 prior to the report. The report shall  
22 include suggested legislation for consideration by the General  
23 Assembly. The requirement for reporting to the General  
24 Assembly shall be satisfied by filing copies of the report as  
25 required by Section 3.1 of the General Assembly Organization  
26 Act, and filing such additional copies with the State

1 Government Report Distribution Center for the General Assembly  
2 as is required under paragraph (t) of Section 7 of the State  
3 Library Act.

4 Rulemaking authority to implement Public Act 95-1045, if  
5 any, is conditioned on the rules being adopted in accordance  
6 with all provisions of the Illinois Administrative Procedure  
7 Act and all rules and procedures of the Joint Committee on  
8 Administrative Rules; any purported rule not so adopted, for  
9 whatever reason, is unauthorized.

10 On and after July 1, 2012, the Department shall reduce any  
11 rate of reimbursement for services or other payments or alter  
12 any methodologies authorized by this Code to reduce any rate  
13 of reimbursement for services or other payments in accordance  
14 with Section 5-5e.

15 Because kidney transplantation can be an appropriate,  
16 cost-effective alternative to renal dialysis when medically  
17 necessary and notwithstanding the provisions of Section 1-11  
18 of this Code, beginning October 1, 2014, the Department shall  
19 cover kidney transplantation for noncitizens with end-stage  
20 renal disease who are not eligible for comprehensive medical  
21 benefits, who meet the residency requirements of Section 5-3  
22 of this Code, and who would otherwise meet the financial  
23 requirements of the appropriate class of eligible persons  
24 under Section 5-2 of this Code. To qualify for coverage of  
25 kidney transplantation, such person must be receiving  
26 emergency renal dialysis services covered by the Department.

1 Providers under this Section shall be prior approved and  
2 certified by the Department to perform kidney transplantation  
3 and the services under this Section shall be limited to  
4 services associated with kidney transplantation.

5 Notwithstanding any other provision of this Code to the  
6 contrary, on or after July 1, 2015, all FDA-approved forms of  
7 medication assisted treatment prescribed for the treatment of  
8 alcohol dependence or treatment of opioid dependence shall be  
9 covered under both fee-for-service and managed care medical  
10 assistance programs for persons who are otherwise eligible for  
11 medical assistance under this Article and shall not be subject  
12 to any (1) utilization control, other than those established  
13 under the American Society of Addiction Medicine patient  
14 placement criteria, (2) prior authorization mandate, (3)  
15 lifetime restriction limit mandate, or (4) limitations on  
16 dosage.

17 On or after July 1, 2015, opioid antagonists prescribed  
18 for the treatment of an opioid overdose, including the  
19 medication product, administration devices, and any pharmacy  
20 fees or hospital fees related to the dispensing, distribution,  
21 and administration of the opioid antagonist, shall be covered  
22 under the medical assistance program for persons who are  
23 otherwise eligible for medical assistance under this Article.  
24 As used in this Section, "opioid antagonist" means a drug that  
25 binds to opioid receptors and blocks or inhibits the effect of  
26 opioids acting on those receptors, including, but not limited

1 to, naloxone hydrochloride or any other similarly acting drug  
2 approved by the U.S. Food and Drug Administration. The  
3 Department shall not impose a copayment on the coverage  
4 provided for naloxone hydrochloride under the medical  
5 assistance program.

6 Upon federal approval, the Department shall provide  
7 coverage and reimbursement for all drugs that are approved for  
8 marketing by the federal Food and Drug Administration and that  
9 are recommended by the federal Public Health Service or the  
10 United States Centers for Disease Control and Prevention for  
11 pre-exposure prophylaxis and related pre-exposure prophylaxis  
12 services, including, but not limited to, HIV and sexually  
13 transmitted infection screening, treatment for sexually  
14 transmitted infections, medical monitoring, assorted labs, and  
15 counseling to reduce the likelihood of HIV infection among  
16 individuals who are not infected with HIV but who are at high  
17 risk of HIV infection.

18 A federally qualified health center, as defined in Section  
19 1905(1)(2)(B) of the federal Social Security Act, shall be  
20 reimbursed by the Department in accordance with the federally  
21 qualified health center's encounter rate for services provided  
22 to medical assistance recipients that are performed by a  
23 dental hygienist, as defined under the Illinois Dental  
24 Practice Act, working under the general supervision of a  
25 dentist and employed by a federally qualified health center.

26 Within 90 days after October 8, 2021 (the effective date

1 of Public Act 102-665), the Department shall seek federal  
2 approval of a State Plan amendment to expand coverage for  
3 family planning services that includes presumptive eligibility  
4 to individuals whose income is at or below 208% of the federal  
5 poverty level. Coverage under this Section shall be effective  
6 beginning no later than December 1, 2022.

7 Subject to approval by the federal Centers for Medicare  
8 and Medicaid Services of a Title XIX State Plan amendment  
9 electing the Program of All-Inclusive Care for the Elderly  
10 (PACE) as a State Medicaid option, as provided for by Subtitle  
11 I (commencing with Section 4801) of Title IV of the Balanced  
12 Budget Act of 1997 (Public Law 105-33) and Part 460  
13 (commencing with Section 460.2) of Subchapter E of Title 42 of  
14 the Code of Federal Regulations, PACE program services shall  
15 become a covered benefit of the medical assistance program,  
16 subject to criteria established in accordance with all  
17 applicable laws.

18 Notwithstanding any other provision of this Code,  
19 community-based pediatric palliative care from a trained  
20 interdisciplinary team shall be covered under the medical  
21 assistance program as provided in Section 15 of the Pediatric  
22 Palliative Care Act.

23 Notwithstanding any other provision of this Code, within  
24 12 months after June 2, 2022 (the effective date of Public Act  
25 102-1037) and subject to federal approval, acupuncture  
26 services performed by an acupuncturist licensed under the

1 Acupuncture Practice Act who is acting within the scope of his  
2 or her license shall be covered under the medical assistance  
3 program. The Department shall apply for any federal waiver or  
4 State Plan amendment, if required, to implement this  
5 paragraph. The Department may adopt any rules, including  
6 standards and criteria, necessary to implement this paragraph.

7 Notwithstanding any other provision of this Code, the  
8 medical assistance program shall, subject to federal approval,  
9 reimburse hospitals for costs associated with a newborn  
10 screening test for the presence of metachromatic  
11 leukodystrophy, as required under the Newborn ~~Metabolic~~  
12 Screening Act, at a rate not less than the fee charged by the  
13 Department of Public Health. Notwithstanding any other  
14 provision of this Code, the medical assistance program shall,  
15 subject to appropriation and federal approval, also reimburse  
16 hospitals for costs associated with all newborn screening  
17 tests added on and after August 9, 2024 (the effective date of  
18 Public Act 103-909) to the Newborn ~~Metabolic~~ Screening Act and  
19 required to be performed under that Act at a rate not less than  
20 the fee charged by the Department of Public Health. The  
21 Department shall seek federal approval before the  
22 implementation of the newborn screening test fees by the  
23 Department of Public Health.

24 Notwithstanding any other provision of this Code,  
25 beginning on January 1, 2024, subject to federal approval,  
26 cognitive assessment and care planning services provided to a

1 person who experiences signs or symptoms of cognitive  
2 impairment, as defined by the Diagnostic and Statistical  
3 Manual of Mental Disorders, Fifth Edition, shall be covered  
4 under the medical assistance program for persons who are  
5 otherwise eligible for medical assistance under this Article.

6 Notwithstanding any other provision of this Code,  
7 medically necessary reconstructive services that are intended  
8 to restore physical appearance shall be covered under the  
9 medical assistance program for persons who are otherwise  
10 eligible for medical assistance under this Article. As used in  
11 this paragraph, "reconstructive services" means treatments  
12 performed on structures of the body damaged by trauma to  
13 restore physical appearance.

14 Subject to federal approval, for dates of services on and  
15 after January 1, 2026, over-the-counter choline dietary  
16 supplements for pregnant persons shall be covered under the  
17 medical assistance program.

18 (Source: P.A. 103-102, Article 15, Section 15-5, eff. 1-1-24;  
19 103-102, Article 95, Section 95-15, eff. 1-1-24; 103-123, eff.  
20 1-1-24; 103-154, eff. 6-30-23; 103-368, eff. 1-1-24; 103-593,  
21 Article 5, Section 5-5, eff. 6-7-24; 103-593, Article 90,  
22 Section 90-5, eff. 6-7-24; 103-605, eff. 7-1-24; 103-808, eff.  
23 1-1-26; 103-909, eff. 8-9-24; 103-1040, eff. 8-9-24; 104-9,  
24 eff. 6-16-25; 104-417, eff. 8-15-25.)

25 Section 20. The Newborn Screening Act is amended by

1 changing the title of the Act and Sections 0.01 and 2 as  
2 follows:

3 (410 ILCS 240/Act title)

4 An Act concerning health ~~the disease of phenylketonuria~~  
5 ~~and other metabolic diseases, designating certain powers and~~  
6 ~~duties in relation thereto, providing penalties for violation~~  
7 ~~thereof, to repeal an Act therein named and to make an~~  
8 ~~appropriation in connection therewith.~~

9 (410 ILCS 240/0.01) (from Ch. 111 1/2, par. 4902.9)

10 Sec. 0.01. Short title. This Act may be cited as the  
11 Newborn ~~Metabolic~~ Screening Act.

12 (Source: P.A. 95-695, eff. 11-5-07.)

13 (410 ILCS 240/2) (from Ch. 111 1/2, par. 4904)

14 Sec. 2. General provisions. The Department of Public  
15 Health shall administer the provisions of this Act and shall:

16 (a) Institute and carry on an intensive educational  
17 program among physicians, hospitals, public health nurses and  
18 the public concerning disorders included in newborn screening.  
19 This educational program shall include information about the  
20 nature of the diseases and examinations for the detection of  
21 the diseases in early infancy in order that measures may be  
22 taken to prevent the disabilities resulting from the diseases.

23 (a-5) Require that all newborns be screened for the

1 presence of certain genetic, metabolic, and congenital  
2 anomalies, including hearing conditions, as determined by the  
3 Department, by rule.

4 (a-5.1) Require that all blood and biological specimens  
5 collected pursuant to this Act or the rules adopted under this  
6 Act be submitted for testing to the nearest Department  
7 laboratory designated to perform such tests. The following  
8 provisions shall apply concerning testing:

9 (1) Beginning July 1, 2015, the base fee for newborn  
10 screening services shall be \$118. Beginning July 1, 2026,  
11 the Department shall collect an additional newborn  
12 screening fee in an amount determined by the Department by  
13 rule but not less than an additional \$45 per newborn. The  
14 Department may develop a reasonable fee structure and may  
15 levy additional fees according to such structure to cover  
16 the cost of providing these ~~this~~ testing services ~~service~~  
17 and for the follow-up of infants with an abnormal  
18 screening test; however, additional fees may be levied no  
19 sooner than 6 months prior to the beginning of testing for  
20 a new genetic, metabolic, or congenital disorder. All fees  
21 ~~Fees~~ collected from the provision of this testing service  
22 and all additional newborn screening fees collected under  
23 this subsection shall be deposited into ~~placed in~~ the  
24 Metabolic Screening and Treatment Fund. Other State and  
25 federal funds for expenses related to metabolic hearing or  
26 congenital disorder condition screening, follow-up, and

1 treatment programs may also be placed in the Fund. Nothing  
2 in this Section or this Act shall be construed to  
3 override, replace, preempt, or supersede any provision,  
4 requirement, or other duty or prohibition enumerated in  
5 the Early Hearing Detection and Intervention Act.

6 (2) Moneys shall be appropriated from the Fund to the  
7 Department solely for the purposes of providing newborn  
8 screening, follow-up, and treatment programs, including  
9 the Early Hearing Detection and Intervention Program  
10 (EHDI) through which the Department provides  
11 Cytomegalovirus education and parent-to-parent support.

12 Nothing in this Act shall be construed to prohibit any  
13 licensed medical facility from collecting additional  
14 specimens for testing for metabolic or neonatal diseases  
15 or any other diseases or conditions, as it deems fit. Any  
16 person violating the provisions of this subsection (a-5.1)  
17 is guilty of a petty offense.

18 (3) If the Department is unable to provide the  
19 screening using the State Laboratory, it shall temporarily  
20 provide such screening through an accredited laboratory  
21 selected by the Department until the Department has the  
22 capacity to provide screening through the State  
23 Laboratory. If screening is provided on a temporary basis  
24 through an accredited laboratory, the Department shall  
25 substitute the fee charged by the accredited laboratory,  
26 plus a 5% surcharge for documentation and handling, for

1 the fee authorized in this subsection (a-5.1). This  
2 paragraph (3) does not apply to hearing screenings.

3 (a-5.2) Maintain a registry of cases, including  
4 information of importance for the purpose of follow-up  
5 services to assess long-term outcomes.

6 (a-5.3) Supply the necessary metabolic treatment formulas  
7 where practicable for diagnosed cases of amino acid metabolism  
8 disorders, including phenylketonuria, organic acid disorders,  
9 and fatty acid oxidation disorders for as long as medically  
10 indicated, when the product is not available through other  
11 State agencies.

12 (a-5.4) Arrange for or provide public health nursing,  
13 nutrition, and social services and clinical consultation as  
14 indicated.

15 (a-5.5) Utilize the Genetic and Metabolic Diseases  
16 Advisory Committee established under the Genetic and Metabolic  
17 Diseases Advisory Committee Act to provide guidance and  
18 recommendations to the Department's newborn screening program.  
19 The Genetic and Metabolic Diseases Advisory Committee shall  
20 review the feasibility and advisability of including  
21 additional metabolic, genetic, and congenital conditions or  
22 disorders in the newborn screening panel, according to a  
23 review protocol applied to each suggested addition to the  
24 newborn screening panel. The Department shall consider the  
25 recommendations of the Genetic and Metabolic Diseases Advisory  
26 Committee in determining whether to include an additional

1 disorder in the newborn screening panel prior to proposing an  
2 administrative rule concerning inclusion of an additional  
3 disorder in the newborn screening panel. Notwithstanding any  
4 other provision of law, no new screening may begin prior to the  
5 occurrence of all the following:

6 (1) the establishment and verification of relevant and  
7 appropriate performance specifications as defined under  
8 the federal Clinical Laboratory Improvement Amendments and  
9 regulations thereunder for U.S. Food and Drug  
10 Administration-cleared or in-house developed methods,  
11 performed under an institutional review board-approved  
12 protocol, if required;

13 (2) the availability of quality assurance testing  
14 methodology for the processes set forth in item (1) of  
15 this subsection (a-5.5);

16 (3) the acquisition and installment by the Department  
17 of the equipment necessary to implement the screening  
18 tests;

19 (4) the establishment of precise threshold values  
20 ensuring defined disorder identification for each  
21 screening test;

22 (5) the authentication of pilot testing achieving each  
23 milestone described in items (1) through (4) of this  
24 subsection (a-5.5) for each disorder screening test; and

25 (6) the authentication of achieving the potential of  
26 high throughput standards for statewide volume of each

1 disorder screening test concomitant with each milestone  
2 described in items (1) through (4) of this subsection  
3 (a-5.5).

4 (a-6) (Blank).

5 (a-7) (Blank).

6 (a-8) (Blank).

7 (b) (Blank).

8 (c) (Blank).

9 (d) (Blank).

10 (e) (Blank).

11 (Source: P.A. 98-440, eff. 8-16-13; 98-756, eff. 7-16-14;  
12 99-403, eff. 8-19-15.)

13 Section 25. The Genetic Information Privacy Act is amended  
14 by changing Section 30 as follows:

15 (410 ILCS 513/30)

16 Sec. 30. Disclosure of person tested and test results.

17 (a) No person may disclose or be compelled to disclose the  
18 identity of any person upon whom a genetic test is performed or  
19 the results of a genetic test in a manner that permits  
20 identification of the subject of the test, except to the  
21 following persons:

22 (1) The subject of the test or the subject's legally  
23 authorized representative. This paragraph does not create  
24 a duty or obligation under which a health care provider

1 must notify the subject's spouse or legal guardian of the  
2 test results, and no such duty or obligation shall be  
3 implied. No civil liability or criminal sanction under  
4 this Act shall be imposed for any disclosure or  
5 nondisclosure of a test result to a spouse by a physician  
6 acting in good faith under this paragraph. For the purpose  
7 of any proceedings, civil or criminal, the good faith of  
8 any physician acting under this paragraph shall be  
9 presumed.

10 (2) Any person designated in a specific written  
11 legally effective authorization for release of the test  
12 results executed by the subject of the test or the  
13 subject's legally authorized representative.

14 (3) An authorized agent or employee of a health  
15 facility or health care provider if the health facility or  
16 health care provider itself is authorized to obtain the  
17 test results, the agent or employee provides patient care,  
18 and the agent or employee has a need to know the  
19 information in order to conduct the tests or provide care  
20 or treatment.

21 (4) A health facility, health care provider, or health  
22 care professional that procures, processes, distributes,  
23 or uses:

24 (A) a human body part from a deceased person with  
25 respect to medical information regarding that person;  
26 or

1           (B) semen provided prior to the effective date of  
2           this Act for the purpose of artificial insemination.

3           (5) Health facility staff committees for the purposes  
4           of conducting program monitoring, program evaluation, or  
5           service reviews.

6           (6) In the case of a minor under 18 years of age, the  
7           health care provider, health care professional, or health  
8           facility who ordered the test shall make a reasonable  
9           effort to notify the minor's parent or legal guardian if,  
10          in the professional judgment of the health care provider,  
11          health care professional, or health facility, notification  
12          would be in the best interest of the minor and the health  
13          care provider, health care professional, or health  
14          facility has first sought unsuccessfully to persuade the  
15          minor to notify the parent or legal guardian or after a  
16          reasonable time after the minor has agreed to notify the  
17          parent or legal guardian, the health care provider, health  
18          care professional, or health facility has reason to  
19          believe that the minor has not made the notification. This  
20          paragraph shall not create a duty or obligation under  
21          which a health care provider, health care professional, or  
22          health facility must notify the minor's parent or legal  
23          guardian of the test results, nor shall a duty or  
24          obligation be implied. No civil liability or criminal  
25          sanction under this Act shall be imposed for any  
26          notification or non-notification of a minor's test result

1 by a health care provider, health care professional, or  
2 health facility acting in good faith under this paragraph.  
3 For the purpose of any proceeding, civil or criminal, the  
4 good faith of any health care provider, health care  
5 professional, or health facility acting under this  
6 paragraph shall be presumed.

7 (b) All information and records held by a State agency,  
8 local health authority, or health oversight agency pertaining  
9 to genetic information shall be strictly confidential and  
10 exempt from copying and inspection under the Freedom of  
11 Information Act. The information and records shall not be  
12 released or made public by the State agency, local health  
13 authority, or health oversight agency and shall not be  
14 admissible as evidence nor discoverable in any action of any  
15 kind in any court or before any tribunal, board, agency, or  
16 person and shall be treated in the same manner as the  
17 information and those records subject to the provisions of  
18 Part 21 of Article VIII of the Code of Civil Procedure except  
19 under the following circumstances:

20 (A) when made with the written consent of all  
21 persons to whom the information pertains;

22 (B) when authorized by Section 5-4-3 of the  
23 Unified Code of Corrections;

24 (C) when made for the sole purpose of implementing  
25 the Newborn ~~Metabolic~~ Screening Act and rules; or

26 (D) when made under the authorization of the

1 Illinois Parentage Act of 2015.

2 Disclosure shall be limited to those who have a need to  
3 know the information, and no additional disclosures may be  
4 made.

5 (c) Disclosure by an insurer in accordance with the  
6 requirements of the Article XL of the Illinois Insurance Code  
7 shall be deemed compliance with this Section.

8 (Source: P.A. 98-1046, eff. 1-1-15; 99-85, eff. 1-1-16.)

9 Section 95. No acceleration or delay. Where this Act makes  
10 changes in a statute that is represented in this Act by text  
11 that is not yet or no longer in effect (for example, a Section  
12 represented by multiple versions), the use of that text does  
13 not accelerate or delay the taking effect of (i) the changes  
14 made by this Act or (ii) provisions derived from any other  
15 Public Act.

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