



Sen. Mattie Hunter

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10400SB3741sam001

LRB104 20276 BDA 35009 a

1 AMENDMENT TO SENATE BILL 3741

2 AMENDMENT NO. _____. Amend Senate Bill 3741 by replacing
3 everything after the enacting clause with the following:

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

1 regulation, under the Illinois Administrative Procedure Act,
2 which shall not exceed the Department's actual costs to
3 provide these services.

4 Excepting fees collected under the Newborn ~~Metabolic~~
5 Screening Act and the Lead Poisoning Prevention Act, all fees
6 shall be deposited into the Public Health Laboratory Services
7 Revolving Fund. Other State and federal funds related to
8 laboratory services may also be deposited into the Fund, and
9 all interest that accrues on the moneys in the Fund shall be
10 deposited into the Fund.

11 Moneys shall be appropriated from the Fund solely for the
12 purposes of testing specimens submitted in support of
13 Department programs established for the protection of human
14 health, welfare, and safety, and for testing specimens
15 submitted by physicians and other health care providers, to
16 determine whether chemically hazardous, biologically
17 infectious substances, or other disease causing conditions are
18 present.

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

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

22 (30 ILCS 500/1-10)

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

24 Sec. 1-10. Application.

1 (a) This Code applies only to procurements for which
2 bidders, offerors, potential contractors, or contractors were
3 first solicited on or after July 1, 1998. This Code shall not
4 be construed to affect or impair any contract, or any
5 provision of a contract, entered into based on a solicitation
6 prior to the implementation date of this Code as described in
7 Article 99, including, but not limited to, any covenant
8 entered into with respect to any revenue bonds or similar
9 instruments. All procurements for which contracts are
10 solicited between the effective date of Articles 50 and 99 and
11 July 1, 1998 shall be substantially in accordance with this
12 Code and its intent.

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

16 (1) Contracts between the State and its political
17 subdivisions or other governments, or between State
18 governmental bodies, except as specifically provided in
19 this Code.

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

22 (3) Purchase of care, except as provided in Section
23 5-30.6 of the Illinois Public Aid Code and this Section.

24 (4) Hiring of an individual as an employee and not as
25 an independent contractor, whether pursuant to an
26 employment code or policy or by contract directly with

1 that individual.

2 (5) Collective bargaining contracts.

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

11 (7) Contracts necessary to prepare for anticipated
12 litigation, enforcement actions, or investigations,
13 provided that the chief legal counsel to the Governor
14 shall give his or her prior approval when the procuring
15 agency is one subject to the jurisdiction of the Governor,
16 and provided that the chief legal counsel of any other
17 procuring entity subject to this Code shall give his or
18 her prior approval when the procuring entity is not one
19 subject to the jurisdiction of the Governor.

20 (8) (Blank).

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

23 (10) (Blank).

24 (11) Public-private agreements entered into according
25 to the procurement requirements of Section 20 of the
26 Public-Private Partnerships for Transportation Act and

1 design-build agreements entered into according to the
2 procurement requirements of Section 25 of the
3 Public-Private Partnerships for Transportation Act.

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

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

23 (13) Contracts for services, commodities, and
24 equipment to support the delivery of timely forensic
25 science services in consultation with and subject to the
26 approval of the Chief Procurement Officer as provided in

1 subsection (d) of Section 5-4-3a of the Unified Code of
2 Corrections, except for the requirements of Sections
3 20-60, 20-65, 20-70, and 20-160 and Article 50 of this
4 Code; however, the Chief Procurement Officer may, in
5 writing with justification, waive any certification
6 required under Article 50 of this Code. For any contracts
7 for services which are currently provided by members of a
8 collective bargaining agreement, the applicable terms of
9 the collective bargaining agreement concerning
10 subcontracting shall be followed.

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

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

16 (15) Contracts with a railroad or utility that
17 requires the State to reimburse the railroad or utilities
18 for the relocation of utilities for construction or other
19 public purpose. Contracts included within this paragraph
20 (15) shall include, but not be limited to, those
21 associated with: relocations, crossings, installations,
22 and maintenance. For the purposes of this paragraph (15),
23 "railroad" means any form of non-highway ground
24 transportation that runs on rails or electromagnetic
25 guideways and "utility" means: (1) public utilities as
26 defined in Section 3-105 of the Public Utilities Act, (2)

1 telecommunications carriers as defined in Section 13-202
2 of the Public Utilities Act, (3) electric cooperatives as
3 defined in Section 3.4 of the Electric Supplier Act, (4)
4 telephone or telecommunications cooperatives as defined in
5 Section 13-212 of the Public Utilities Act, (5) rural
6 water or wastewater ~~waste-water~~ systems with 10,000
7 connections or less, (6) a holder as defined in Section
8 21-201 of the Public Utilities Act, and (7) municipalities
9 owning or operating utility systems consisting of public
10 utilities as that term is defined in Section 11-117-2 of
11 the Illinois Municipal Code.

12 (16) Procurement expenditures necessary for the
13 Department of Public Health to provide the delivery of
14 timely newborn screening services in accordance with the
15 Newborn Metabolic Screening Act.

16 (17) Procurement expenditures necessary for the
17 Department of Agriculture, the Department of Financial and
18 Professional Regulation, the Department of Human Services,
19 and the Department of Public Health to implement the
20 Compassionate Use of Medical Cannabis Program and Opioid
21 Alternative Pilot Program requirements and ensure access
22 to medical cannabis for patients with debilitating medical
23 conditions in accordance with the Compassionate Use of
24 Medical Cannabis Program Act.

25 (18) This Code does not apply to any procurements
26 necessary for the Department of Agriculture, the

1 Department of Financial and Professional Regulation, the
2 Department of Human Services, the Department of Commerce
3 and Economic Opportunity, and the Department of Public
4 Health to implement the Cannabis Regulation and Tax Act if
5 the applicable agency has made a good faith determination
6 that it is necessary and appropriate for the expenditure
7 to fall within this exemption and if the process is
8 conducted in a manner substantially in accordance with the
9 requirements of Sections 20-160, 25-60, 30-22, 50-5,
10 50-10, 50-10.5, 50-12, 50-13, 50-15, 50-20, 50-21, 50-35,
11 50-36, 50-37, 50-38, and 50-50 of this Code; however, for
12 Section 50-35, compliance applies only to contracts or
13 subcontracts over \$100,000. Notice of each contract
14 entered into under this paragraph (18) that is related to
15 the procurement of goods and services identified in
16 paragraph (1) through (9) of this subsection shall be
17 published in the Procurement Bulletin within 14 calendar
18 days after contract execution. The Chief Procurement
19 Officer shall prescribe the form and content of the
20 notice. Each agency shall provide the Chief Procurement
21 Officer, on a monthly basis, in the form and content
22 prescribed by the Chief Procurement Officer, a report of
23 contracts that are related to the procurement of goods and
24 services identified in this subsection. At a minimum, this
25 report shall include the name of the contractor, a
26 description of the supply or service provided, the total

1 amount of the contract, the term of the contract, and the
2 exception to this Code utilized. A copy of any or all of
3 these contracts shall be made available to the Chief
4 Procurement Officer immediately upon request. The Chief
5 Procurement Officer shall submit a report to the Governor
6 and General Assembly no later than November 1 of each year
7 that includes, at a minimum, an annual summary of the
8 monthly information reported to the Chief Procurement
9 Officer. This exemption becomes inoperative 5 years after
10 June 25, 2019 (the effective date of Public Act 101-27).

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

1 access to its programs, services, or benefits.

2 For purposes of this paragraph (19):

3 "Assistive technology devices" means any item, piece
4 of equipment, or product system, whether acquired
5 commercially off the shelf, modified, or customized, that
6 is used to increase, maintain, or improve functional
7 capabilities of individuals with disabilities.

8 "Assistive technology services" means any service that
9 directly assists an individual with a disability in
10 selection, acquisition, or use of an assistive technology
11 device.

12 "Qualified" has the same meaning and use as provided
13 under the federal Americans with Disabilities Act when
14 describing an individual with a disability.

15 (20) Procurement expenditures necessary for the
16 Illinois Commerce Commission to hire third-party
17 facilitators pursuant to Sections 16-105.17 and 16-108.18
18 of the Public Utilities Act or an ombudsman pursuant to
19 Section 16-107.5 of the Public Utilities Act, a
20 facilitator pursuant to Section 16-105.17 of the Public
21 Utilities Act, or a grid auditor pursuant to Section
22 16-105.10 of the Public Utilities Act.

23 (21) Procurement expenditures for the purchase,
24 renewal, and expansion of software, software licenses, or
25 software maintenance agreements that support the efforts
26 of the Illinois State Police to enforce, regulate, and

1 administer the Firearm Owners Identification Card Act, the
2 Firearm Concealed Carry Act, the Firearms Restraining
3 Order Act, the Firearm Dealer License Certification Act,
4 the Law Enforcement Agencies Data System (LEADS), the
5 Uniform Crime Reporting Act, the Criminal Identification
6 Act, the Illinois Uniform Conviction Information Act, and
7 the Gun Trafficking Information Act, or establish or
8 maintain record management systems necessary to conduct
9 human trafficking investigations or gun trafficking or
10 other stolen firearm investigations. This paragraph (21)
11 applies to contracts entered into on or after January 10,
12 2023 (the effective date of Public Act 102-1116) and the
13 renewal of contracts that are in effect on January 10,
14 2023 (the effective date of Public Act 102-1116).

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

26 (23) Procurements necessary for the Department of

1 Insurance to implement the Illinois Health Benefits
2 Exchange Law if the Department of Insurance has made a
3 good faith determination that it is necessary and
4 appropriate for the expenditure to fall within this
5 exemption. The procurement process 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. This
10 paragraph is inoperative 5 years after June 27, 2023 (the
11 effective date of Public Act 103-103).

12 (24) Contracts for public education programming,
13 noncommercial sustaining announcements, public service
14 announcements, and public awareness and education
15 messaging with the nonprofit trade associations of the
16 providers of those services that inform the public on
17 immediate and ongoing health and safety risks and hazards.

18 (25) Procurements necessary for the Department of
19 Early Childhood to implement the Department of Early
20 Childhood Act if the Department has made a good faith
21 determination that it is necessary and appropriate for the
22 expenditure to fall within this exemption. This exemption
23 shall only be used for products and services procured
24 solely for use by the Department of Early Childhood. The
25 procurements may include those necessary to design and
26 build integrated, operational systems of programs and

1 services. The procurements may include, but are not
2 limited to, those necessary to align and update program
3 standards, integrate funding systems, design and establish
4 data and reporting systems, align and update models for
5 technical assistance and professional development, design
6 systems to manage grants and ensure compliance, design and
7 implement management and operational structures, and
8 establish new means of engaging with families, educators,
9 providers, and stakeholders. The procurement processes
10 shall be conducted in a manner substantially in accordance
11 with the requirements of Article 50 (ethics) and Sections
12 5-5 (Procurement Policy Board), 5-7 (Commission on Equity
13 and Inclusion), 20-80 (contract files), 20-120
14 (subcontractors), 20-155 (paperwork), 20-160
15 (ethics/campaign contribution prohibitions), 25-60
16 (prevailing wage), and 25-90 (prohibited and authorized
17 cybersecurity) of this Code. Beginning January 1, 2025,
18 the Department of Early Childhood shall provide a
19 quarterly report to the General Assembly detailing a list
20 of expenditures and contracts for which the Department
21 uses this exemption. This paragraph is inoperative on and
22 after July 1, 2027.

23 (26) Procurements that are necessary for increasing
24 the recruitment and retention of State employees,
25 particularly minority candidates for employment,
26 including:

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

3 (B) production of recruitment materials; and

4 (C) other services related to recruitment and
5 retention of State employees.

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

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

1 Notwithstanding any other provision of law, for contracts
2 with an annual value of more than \$100,000 entered into on or
3 after October 1, 2017 under an exemption provided in any
4 paragraph of this subsection (b), except paragraph (1), (2),
5 or (5), each State agency shall post to the appropriate
6 procurement bulletin the name of the contractor, a description
7 of the supply or service provided, the total amount of the
8 contract, the term of the contract, and the exception to the
9 Code utilized. The chief procurement officer shall submit a
10 report to the Governor and General Assembly no later than
11 November 1 of each year that shall include, at a minimum, an
12 annual summary of the monthly information reported to the
13 chief procurement officer.

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

20 (d) Except for Section 20-160 and Article 50 of this Code,
21 and as expressly required by Section 9.1 of the Illinois
22 Lottery Law, the provisions of this Code do not apply to the
23 procurement process provided for under Section 9.1 of the
24 Illinois Lottery Law.

25 (e) This Code does not apply to the process used by the
26 Capital Development Board to retain a person or entity to

1 assist the Capital Development Board with its duties related
2 to the determination of costs of a clean coal SNG brownfield
3 facility, as defined by Section 1-10 of the Illinois Power
4 Agency Act, as required in subsection (h-3) of Section 9-220
5 of the Public Utilities Act, including calculating the range
6 of capital costs, the range of operating and maintenance
7 costs, or the sequestration costs or monitoring the
8 construction of clean coal SNG brownfield facility for the
9 full duration of construction.

10 (f) (Blank).

11 (g) (Blank).

12 (h) This Code does not apply to the process to procure or
13 contracts entered into in accordance with Sections 11-5.2 and
14 11-5.3 of the Illinois Public Aid Code.

15 (i) Each chief procurement officer may access records
16 necessary to review whether a contract, purchase, or other
17 expenditure is or is not subject to the provisions of this
18 Code, unless such records would be subject to attorney-client
19 privilege.

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

24 (k) This Code does not apply to the process to procure
25 contracts, or contracts entered into, by the State Board of
26 Elections or the State Electoral Board for hearing officers

1 appointed pursuant to the Election Code.

2 (l) This Code does not apply to the processes used by the
3 Illinois Student Assistance Commission to procure supplies and
4 services paid for from the private funds of the Illinois
5 Prepaid Tuition Fund. As used in this subsection (l), "private
6 funds" means funds derived from deposits paid into the
7 Illinois Prepaid Tuition Trust Fund and the earnings thereon.

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

16 (Source: P.A. 103-8, eff. 6-7-23; 103-103, eff. 6-27-23;
17 103-570, eff. 1-1-24; 103-580, eff. 12-8-23; 103-594, eff.
18 6-25-24; 103-605, eff. 7-1-24; 103-865, eff. 1-1-25; 104-2,
19 eff. 6-16-25; 104-417, eff. 8-15-25)

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

21 Sec. 1-10. Application.

22 (a) This Code applies only to procurements for which
23 bidders, offerors, potential contractors, or contractors were
24 first solicited on or after July 1, 1998. This Code shall not
25 be construed to affect or impair any contract, or any

1 provision of a contract, entered into based on a solicitation
2 prior to the implementation date of this Code as described in
3 Article 99, including, but not limited to, any covenant
4 entered into with respect to any revenue bonds or similar
5 instruments. All procurements for which contracts are
6 solicited between the effective date of Articles 50 and 99 and
7 July 1, 1998 shall be substantially in accordance with this
8 Code and its intent.

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

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

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

18 (3) Purchase of care, except as provided in Section
19 5-30.6 of the Illinois Public Aid Code and this Section.

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

24 (5) Collective bargaining contracts.

25 (6) Purchase of real estate, except that notice of
26 this type of contract with a value of more than \$25,000

1 must be published in the Procurement Bulletin within 10
2 calendar days after the deed is recorded in the county of
3 jurisdiction. The notice shall identify the real estate
4 purchased, the names of all parties to the contract, the
5 value of the contract, and the effective date of the
6 contract.

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

16 (8) (Blank).

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

19 (10) (Blank).

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

26 (12) (A) Contracts for legal, financial, and other

1 professional and artistic services entered into by the
2 Illinois Finance Authority in which the State of Illinois
3 is not obligated. Such contracts shall be awarded through
4 a competitive process authorized by the members of the
5 Illinois Finance Authority and are subject to Sections
6 5-30, 20-160, 50-13, 50-20, 50-35, and 50-37 of this Code,
7 as well as the final approval by the members of the
8 Illinois Finance Authority of the terms of the contract.

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

19 (13) Contracts for services, commodities, and
20 equipment to support the delivery of timely forensic
21 science services in consultation with and subject to the
22 approval of the Chief Procurement Officer as provided in
23 subsection (d) of Section 5-4-3a of the Unified Code of
24 Corrections, except for the requirements of Sections
25 20-60, 20-65, 20-70, and 20-160 and Article 50 of this
26 Code; however, the Chief Procurement Officer may, in

1 writing with justification, waive any certification
2 required under Article 50 of this Code. For any contracts
3 for services which are currently provided by members of a
4 collective bargaining agreement, the applicable terms of
5 the collective bargaining agreement concerning
6 subcontracting shall be followed.

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

9 (14) Contracts for participation expenditures required
10 by a domestic or international trade show or exhibition of
11 an exhibitor, member, or sponsor.

12 (15) Contracts with a railroad or utility that
13 requires the State to reimburse the railroad or utilities
14 for the relocation of utilities for construction or other
15 public purpose. Contracts included within this paragraph
16 (15) shall include, but not be limited to, those
17 associated with: relocations, crossings, installations,
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20 transportation that runs on rails or electromagnetic
21 guideways and "utility" means: (1) public utilities as
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12 (17) Procurement expenditures necessary for the
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14 Professional Regulation, the Department of Human Services,
15 and the Department of Public Health to implement the
16 Compassionate Use of Medical Cannabis Program and Opioid
17 Alternative Pilot Program requirements and ensure access
18 to medical cannabis for patients with debilitating medical
19 conditions in accordance with the Compassionate Use of
20 Medical Cannabis Program Act.

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24 Department of Human Services, the Department of Commerce
25 and Economic Opportunity, and the Department of Public
26 Health to implement the Cannabis Regulation and Tax Act if

1 the applicable agency has made a good faith determination
2 that it is necessary and appropriate for the expenditure
3 to fall within this exemption and if the process is
4 conducted in a manner substantially in accordance with the
5 requirements of Sections 20-160, 25-60, 30-22, 50-5,
6 50-10, 50-10.5, 50-12, 50-13, 50-15, 50-20, 50-21, 50-35,
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9 technology services, adaptive equipment, repairs, and
10 replacement parts to provide reasonable accommodations (i)
11 that enable a qualified applicant with a disability to
12 complete the job application process and be considered for
13 the position such qualified applicant desires, (ii) that
14 modify or adjust the work environment to enable a
15 qualified current employee with a disability to perform
16 the essential functions of the position held by that
17 employee, (iii) to enable a qualified current employee
18 with a disability to enjoy equal benefits and privileges
19 of employment as are enjoyed by other similarly situated
20 employees without disabilities, and (iv) that allow a
21 customer, client, claimant, or member of the public
22 seeking State services full use and enjoyment of and
23 access to its programs, services, or benefits.

24 For purposes of this paragraph (19):

25 "Assistive technology devices" means any item, piece
26 of equipment, or product system, whether acquired

1 commercially off the shelf, modified, or customized, that
2 is used to increase, maintain, or improve functional
3 capabilities of individuals with disabilities.

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

8 "Qualified" has the same meaning and use as provided
9 under the federal Americans with Disabilities Act when
10 describing an individual with a disability.

11 (20) Procurement expenditures necessary for the
12 Illinois Commerce Commission to hire third-party
13 facilitators pursuant to Sections 16-105.17 and 16-108.18
14 of the Public Utilities Act or an ombudsman pursuant to
15 Section 16-107.5 of the Public Utilities Act, a
16 facilitator pursuant to Section 16-105.17 of the Public
17 Utilities Act, a grid auditor pursuant to Section
18 16-105.10 of the Public Utilities Act, a facilitator,
19 expert, or consultant pursuant to Sections 16-126.2 and
20 16-202 of the Public Utilities Act, a procurement monitor
21 pursuant to Section 16-111.5 of the Public Utilities Act,
22 an ombudsperson pursuant to Section 20-145 of the Public
23 Utilities Act, or consultants and experts pursuant to
24 Section 5-15 of the Utility Data Access Act.

25 (21) Procurement expenditures for the purchase,
26 renewal, and expansion of software, software licenses, or

1 software maintenance agreements that support the efforts
2 of the Illinois State Police to enforce, regulate, and
3 administer the Firearm Owners Identification Card Act, the
4 Firearm Concealed Carry Act, the Firearms Restraining
5 Order Act, the Firearm Dealer License Certification Act,
6 the Law Enforcement Agencies Data System (LEADS), the
7 Uniform Crime Reporting Act, the Criminal Identification
8 Act, the Illinois Uniform Conviction Information Act, and
9 the Gun Trafficking Information Act, or establish or
10 maintain record management systems necessary to conduct
11 human trafficking investigations or gun trafficking or
12 other stolen firearm investigations. This paragraph (21)
13 applies to contracts entered into on or after January 10,
14 2023 (the effective date of Public Act 102-1116) and the
15 renewal of contracts that are in effect on January 10,
16 2023 (the effective date of Public Act 102-1116).

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

1 made to this Section by Public Act 103-8).

2 (23) Procurements necessary for the Department of
3 Insurance to implement the Illinois Health Benefits
4 Exchange Law if the Department of Insurance has made a
5 good faith determination that it is necessary and
6 appropriate for the expenditure to fall within this
7 exemption. The procurement process shall be conducted in a
8 manner substantially in accordance with the requirements
9 of Sections 20-160 and 25-60 and Article 50 of this Code. A
10 copy of these contracts shall be made available to the
11 Chief Procurement Officer immediately upon request. This
12 paragraph is inoperative 5 years after June 27, 2023 (the
13 effective date of Public Act 103-103).

14 (24) Contracts for public education programming,
15 noncommercial sustaining announcements, public service
16 announcements, and public awareness and education
17 messaging with the nonprofit trade associations of the
18 providers of those services that inform the public on
19 immediate and ongoing health and safety risks and hazards.

20 (25) Procurements necessary for the Department of
21 Early Childhood to implement the Department of Early
22 Childhood Act if the Department has made a good faith
23 determination that it is necessary and appropriate for the
24 expenditure to fall within this exemption. This exemption
25 shall only be used for products and services procured
26 solely for use by the Department of Early Childhood. The

1 procurements may include those necessary to design and
2 build integrated, operational systems of programs and
3 services. The procurements may include, but are not
4 limited to, those necessary to align and update program
5 standards, integrate funding systems, design and establish
6 data and reporting systems, align and update models for
7 technical assistance and professional development, design
8 systems to manage grants and ensure compliance, design and
9 implement management and operational structures, and
10 establish new means of engaging with families, educators,
11 providers, and stakeholders. The procurement processes
12 shall be conducted in a manner substantially in accordance
13 with the requirements of Article 50 (ethics) and Sections
14 5-5 (Procurement Policy Board), 5-7 (Commission on Equity
15 and Inclusion), 20-80 (contract files), 20-120
16 (subcontractors), 20-155 (paperwork), 20-160
17 (ethics/campaign contribution prohibitions), 25-60
18 (prevailing wage), and 25-90 (prohibited and authorized
19 cybersecurity) of this Code. Beginning January 1, 2025,
20 the Department of Early Childhood shall provide a
21 quarterly report to the General Assembly detailing a list
22 of expenditures and contracts for which the Department
23 uses this exemption. This paragraph is inoperative on and
24 after July 1, 2027.

25 (26) Procurements that are necessary for increasing
26 the recruitment and retention of State employees,

1 particularly minority candidates for employment,
2 including:

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

5 (B) production of recruitment materials; and

6 (C) other services related to recruitment and
7 retention of State employees.

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

21 (27) Procurements necessary for the Department of
22 Healthcare and Family Services to implement changes to the
23 State's Integrated Eligibility System to ensure the
24 system's compliance with federal implementation mandates
25 and deadlines, if the Department of Healthcare and Family
26 Services has made a good faith determination that it is

1 necessary and appropriate for the procurement to fall
2 within this exemption.

3 Notwithstanding any other provision of law, for contracts
4 with an annual value of more than \$100,000 entered into on or
5 after October 1, 2017 under an exemption provided in any
6 paragraph of this subsection (b), except paragraph (1), (2),
7 or (5), each State agency shall post to the appropriate
8 procurement bulletin the name of the contractor, a description
9 of the supply or service provided, the total amount of the
10 contract, the term of the contract, and the exception to the
11 Code utilized. The chief procurement officer shall submit a
12 report to the Governor and General Assembly no later than
13 November 1 of each year that shall include, at a minimum, an
14 annual summary of the monthly information reported to the
15 chief procurement officer.

16 (c) This Code does not apply to the electric power
17 procurement process provided for under Section 1-75 of the
18 Illinois Power Agency Act and Section 16-111.5 of the Public
19 Utilities Act. This Code does not apply to the procurement of
20 technical and policy experts pursuant to Section 1-129 of the
21 Illinois Power Agency Act.

22 (d) Except for Section 20-160 and Article 50 of this Code,
23 and as expressly required by Section 9.1 of the Illinois
24 Lottery Law, the provisions of this Code do not apply to the
25 procurement process provided for under Section 9.1 of the
26 Illinois Lottery Law.

1 (e) This Code does not apply to the process used by the
2 Capital Development Board to retain a person or entity to
3 assist the Capital Development Board with its duties related
4 to the determination of costs of a clean coal SNG brownfield
5 facility, as defined by Section 1-10 of the Illinois Power
6 Agency Act, as required in subsection (h-3) of Section 9-220
7 of the Public Utilities Act, including calculating the range
8 of capital costs, the range of operating and maintenance
9 costs, or the sequestration costs or monitoring the
10 construction of clean coal SNG brownfield facility for the
11 full duration of construction.

12 (f) (Blank).

13 (g) (Blank).

14 (h) This Code does not apply to the process to procure or
15 contracts entered into in accordance with Sections 11-5.2 and
16 11-5.3 of the Illinois Public Aid Code.

17 (i) Each chief procurement officer may access records
18 necessary to review whether a contract, purchase, or other
19 expenditure is or is not subject to the provisions of this
20 Code, unless such records would be subject to attorney-client
21 privilege.

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

26 (k) This Code does not apply to the process to procure

1 contracts, or contracts entered into, by the State Board of
2 Elections or the State Electoral Board for hearing officers
3 appointed pursuant to the Election Code.

4 (l) This Code does not apply to the processes used by the
5 Illinois Student Assistance Commission to procure supplies and
6 services paid for from the private funds of the Illinois
7 Prepaid Tuition Fund. As used in this subsection (l), "private
8 funds" means funds derived from deposits paid into the
9 Illinois Prepaid Tuition Trust Fund and the earnings thereon.

10 (m) This Code shall apply regardless of the source of
11 funds with which contracts are paid, including federal
12 assistance moneys. Except as specifically provided in this
13 Code, this Code shall not apply to procurement expenditures
14 necessary for the Department of Public Health to conduct the
15 Healthy Illinois Survey in accordance with Section 2310-431 of
16 the Department of Public Health Powers and Duties Law of the
17 Civil Administrative Code of Illinois.

18 (Source: P.A. 103-8, eff. 6-7-23; 103-103, eff. 6-27-23;
19 103-570, eff. 1-1-24; 103-580, eff. 12-8-23; 103-594, eff.
20 6-25-24; 103-605, eff. 7-1-24; 103-865, eff. 1-1-25; 104-2,
21 eff. 6-16-25; 104-417, eff. 8-15-25; 104-458, eff. 6-1-26;
22 revised 1-12-26.)

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

1 (305 ILCS 5/5-5)

2 Sec. 5-5. Medical services. The Illinois Department, by
3 rule, shall determine the quantity and quality of and the rate
4 of reimbursement for the medical assistance for which payment
5 will be authorized, and the medical services to be provided,
6 which may include all or part of the following: (1) inpatient
7 hospital services; (2) outpatient hospital services; (3) other
8 laboratory and X-ray services; (4) skilled nursing home
9 services; (5) physicians' services whether furnished in the
10 office, the patient's home, a hospital, a skilled nursing
11 home, or elsewhere; (6) medical care, or any other type of
12 remedial care furnished by licensed practitioners; (7) home
13 health care services; (8) private duty nursing service; (9)
14 clinic services; (10) dental services, including prevention
15 and treatment of periodontal disease and dental caries disease
16 for pregnant individuals, provided by an individual licensed
17 to practice dentistry or dental surgery; for purposes of this
18 item (10), "dental services" means diagnostic, preventive, or
19 corrective procedures provided by or under the supervision of
20 a dentist in the practice of his or her profession; (11)
21 physical therapy and related services; (12) prescribed drugs,
22 dentures, and prosthetic devices; and eyeglasses prescribed by
23 a physician skilled in the diseases of the eye, or by an
24 optometrist, whichever the person may select; (13) other
25 diagnostic, screening, preventive, and rehabilitative
26 services, including to ensure that the individual's need for

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

26 Notwithstanding any other provision of this Section, a

1 comprehensive tobacco use cessation program that includes
2 purchasing prescription drugs or prescription medical devices
3 approved by the Food and Drug Administration shall be covered
4 under the medical assistance program under this Article for
5 persons who are otherwise eligible for assistance under this
6 Article.

7 Notwithstanding any other provision of this Code,
8 reproductive health care that is otherwise legal in Illinois
9 shall be covered under the medical assistance program for
10 persons who are otherwise eligible for medical assistance
11 under this Article.

12 Notwithstanding any other provision of this Section, all
13 tobacco cessation medications approved by the United States
14 Food and Drug Administration and all individual and group
15 tobacco cessation counseling services and telephone-based
16 counseling services and tobacco cessation medications provided
17 through the Illinois Tobacco Quitline shall be covered under
18 the medical assistance program for persons who are otherwise
19 eligible for assistance under this Article. The Department
20 shall comply with all federal requirements necessary to obtain
21 federal financial participation, as specified in 42 CFR
22 433.15(b) (7), for telephone-based counseling services provided
23 through the Illinois Tobacco Quitline, including, but not
24 limited to: (i) entering into a memorandum of understanding or
25 interagency agreement with the Department of Public Health, as
26 administrator of the Illinois Tobacco Quitline; and (ii)

1 developing a cost allocation plan for Medicaid-allowable
2 Illinois Tobacco Quitline services in accordance with 45 CFR
3 95.507. The Department shall submit the memorandum of
4 understanding or interagency agreement, the cost allocation
5 plan, and all other necessary documentation to the Centers for
6 Medicare and Medicaid Services for review and approval.
7 Coverage under this paragraph shall be contingent upon federal
8 approval.

9 Notwithstanding any other provision of this Code, the
10 Illinois Department may not require, as a condition of payment
11 for any laboratory test authorized under this Article, that a
12 physician's handwritten signature appear on the laboratory
13 test order form. The Illinois Department may, however, impose
14 other appropriate requirements regarding laboratory test order
15 documentation.

16 Upon receipt of federal approval of an amendment to the
17 Illinois Title XIX State Plan for this purpose, the Department
18 shall authorize the Chicago Public Schools (CPS) to procure a
19 vendor or vendors to manufacture eyeglasses for individuals
20 enrolled in a school within the CPS system. CPS shall ensure
21 that its vendor or vendors are enrolled as providers in the
22 medical assistance program and in any capitated Medicaid
23 managed care entity (MCE) serving individuals enrolled in a
24 school within the CPS system. Under any contract procured
25 under this provision, the vendor or vendors must serve only
26 individuals enrolled in a school within the CPS system. Claims

1 for services provided by CPS's vendor or vendors to recipients
2 of benefits in the medical assistance program under this Code,
3 the Children's Health Insurance Program, or the Covering ALL
4 KIDS Health Insurance Program shall be submitted to the
5 Department or the MCE in which the individual is enrolled for
6 payment and shall be reimbursed at the Department's or the
7 MCE's established rates or rate methodologies for eyeglasses.

8 On and after July 1, 2012, the Department of Healthcare
9 and Family Services may provide the following services to
10 persons eligible for assistance under this Article who are
11 participating in education, training or employment programs
12 operated by the Department of Human Services as successor to
13 the Department of Public Aid:

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

16 (2) eyeglasses prescribed by a physician skilled in
17 the diseases of the eye, or by an optometrist, whichever
18 the person may select.

19 On and after July 1, 2018, the Department of Healthcare
20 and Family Services shall provide dental services to any adult
21 who is otherwise eligible for assistance under the medical
22 assistance program. As used in this paragraph, "dental
23 services" means diagnostic, preventative, restorative, or
24 corrective procedures, including procedures and services for
25 the prevention and treatment of periodontal disease and dental
26 caries disease, provided by an individual who is licensed to

1 practice dentistry or dental surgery or who is under the
2 supervision of a dentist in the practice of his or her
3 profession.

4 On and after July 1, 2018, targeted dental services, as
5 set forth in Exhibit D of the Consent Decree entered by the
6 United States District Court for the Northern District of
7 Illinois, Eastern Division, in the matter of Memisovski v.
8 Maram, Case No. 92 C 1982, that are provided to adults under
9 the medical assistance program shall be established at no less
10 than the rates set forth in the "New Rate" column in Exhibit D
11 of the Consent Decree for targeted dental services that are
12 provided to persons under the age of 18 under the medical
13 assistance program.

14 Subject to federal approval, on and after January 1, 2025,
15 the rates paid for sedation evaluation and the provision of
16 deep sedation and intravenous sedation for the purpose of
17 dental services shall be increased by 33% above the rates in
18 effect on December 31, 2024. The rates paid for nitrous oxide
19 sedation shall not be impacted by this paragraph and shall
20 remain the same as the rates in effect on December 31, 2024.

21 Notwithstanding any other provision of this Code and
22 subject to federal approval, the Department may adopt rules to
23 allow a dentist who is volunteering his or her service at no
24 cost to render dental services through an enrolled
25 not-for-profit health clinic without the dentist personally
26 enrolling as a participating provider in the medical

1 assistance program. A not-for-profit health clinic shall
2 include a public health clinic or Federally Qualified Health
3 Center or other enrolled provider, as determined by the
4 Department, through which dental services covered under this
5 Section are performed. The Department shall establish a
6 process for payment of claims for reimbursement for covered
7 dental services rendered under this provision.

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

12 On and after January 1, 2022, the Department of Healthcare
13 and Family Services shall administer and regulate a
14 school-based dental program that allows for the out-of-office
15 delivery of preventative dental services in a school setting
16 to children under 19 years of age. The Department shall
17 establish, by rule, guidelines for participation by providers
18 and set requirements for follow-up referral care based on the
19 requirements established in the Dental Office Reference Manual
20 published by the Department that establishes the requirements
21 for dentists participating in the All Kids Dental School
22 Program. Every effort shall be made by the Department when
23 developing the program requirements to consider the different
24 geographic differences of both urban and rural areas of the
25 State for initial treatment and necessary follow-up care. No
26 provider shall be charged a fee by any unit of local government

1 to participate in the school-based dental program administered
2 by the Department. Nothing in this paragraph shall be
3 construed to limit or preempt a home rule unit's or school
4 district's authority to establish, change, or administer a
5 school-based dental program in addition to, or independent of,
6 the school-based dental program administered by the
7 Department.

8 The Illinois Department, by rule, may distinguish and
9 classify the medical services to be provided only in
10 accordance with the classes of persons designated in Section
11 5-2.

12 The Department of Healthcare and Family Services must
13 provide coverage and reimbursement for amino acid-based
14 elemental formulas, regardless of delivery method, for the
15 diagnosis and treatment of (i) eosinophilic disorders and (ii)
16 short bowel syndrome when the prescribing physician has issued
17 a written order stating that the amino acid-based elemental
18 formula is medically necessary.

19 The Illinois Department shall authorize the provision of,
20 and shall authorize payment for, screening by low-dose
21 mammography for the presence of occult breast cancer for
22 individuals 35 years of age or older who are eligible for
23 medical assistance under this Article, as follows:

24 (A) A baseline mammogram for individuals 35 to 39
25 years of age.

26 (B) An annual mammogram for individuals 40 years of

1 age or older.

2 (C) A mammogram at the age and intervals considered
3 medically necessary by the individual's health care
4 provider for individuals under 40 years of age and having
5 a family history of breast cancer, prior personal history
6 of breast cancer, positive genetic testing, or other risk
7 factors.

8 (D) A comprehensive ultrasound screening and MRI of an
9 entire breast or breasts if a mammogram demonstrates
10 heterogeneous or dense breast tissue or when medically
11 necessary as determined by a physician licensed to
12 practice medicine in all of its branches.

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

16 (F) A diagnostic mammogram when medically necessary,
17 as determined by a physician licensed to practice medicine
18 in all its branches, advanced practice registered nurse,
19 or physician assistant.

20 (G) Molecular breast imaging (MBI) and MRI of an
21 entire breast or breasts if a mammogram demonstrates
22 heterogeneous or dense breast tissue or when medically
23 necessary as determined by a physician licensed to
24 practice medicine in all of its branches, advanced
25 practice registered nurse, or physician assistant.

26 The Department shall not impose a deductible, coinsurance,

1 copayment, or any other cost-sharing requirement on the
2 coverage provided under this paragraph; except that this
3 sentence does not apply to coverage of diagnostic mammograms
4 to the extent such coverage would disqualify a high-deductible
5 health plan from eligibility for a health savings account
6 pursuant to Section 223 of the Internal Revenue Code (26
7 U.S.C. 223).

8 All screenings shall include a physical breast exam,
9 instruction on self-examination and information regarding the
10 frequency of self-examination and its value as a preventative
11 tool.

12 For purposes of this Section:

13 "Diagnostic mammogram" means a mammogram obtained using
14 diagnostic mammography.

15 "Diagnostic mammography" means a method of screening that
16 is designed to evaluate an abnormality in a breast, including
17 an abnormality seen or suspected on a screening mammogram or a
18 subjective or objective abnormality otherwise detected in the
19 breast.

20 "Low-dose mammography" means the x-ray examination of the
21 breast using equipment dedicated specifically for mammography,
22 including the x-ray tube, filter, compression device, and
23 image receptor, with an average radiation exposure delivery of
24 less than one rad per breast for 2 views of an average size
25 breast. The term also includes digital mammography and
26 includes breast tomosynthesis.

1 "Breast tomosynthesis" means a radiologic procedure that
2 involves the acquisition of projection images over the
3 stationary breast to produce cross-sectional digital
4 three-dimensional images of the breast.

5 If, at any time, the Secretary of the United States
6 Department of Health and Human Services, or its successor
7 agency, promulgates rules or regulations to be published in
8 the Federal Register or publishes a comment in the Federal
9 Register or issues an opinion, guidance, or other action that
10 would require the State, pursuant to any provision of the
11 Patient Protection and Affordable Care Act (Public Law
12 111-148), including, but not limited to, 42 U.S.C.
13 18031(d)(3)(B) or any successor provision, to defray the cost
14 of any coverage for breast tomosynthesis outlined in this
15 paragraph, then the requirement that an insurer cover breast
16 tomosynthesis is inoperative other than any such coverage
17 authorized under Section 1902 of the Social Security Act, 42
18 U.S.C. 1396a, and the State shall not assume any obligation
19 for the cost of coverage for breast tomosynthesis set forth in
20 this paragraph.

21 On and after January 1, 2016, the Department shall ensure
22 that all networks of care for adult clients of the Department
23 include access to at least one breast imaging Center of
24 Imaging Excellence as certified by the American College of
25 Radiology.

26 On and after January 1, 2012, providers participating in a

1 quality improvement program approved by the Department shall
2 be reimbursed for screening and diagnostic mammography at the
3 same rate as the Medicare program's rates, including the
4 increased reimbursement for digital mammography and, after
5 January 1, 2023 (the effective date of Public Act 102-1018),
6 breast tomosynthesis.

7 The Department shall convene an expert panel including
8 representatives of hospitals, free-standing mammography
9 facilities, and doctors, including radiologists, to establish
10 quality standards for mammography.

11 On and after January 1, 2017, providers participating in a
12 breast cancer treatment quality improvement program approved
13 by the Department shall be reimbursed for breast cancer
14 treatment at a rate that is no lower than 95% of the Medicare
15 program's rates for the data elements included in the breast
16 cancer treatment quality program.

17 The Department shall convene an expert panel, including
18 representatives of hospitals, free-standing breast cancer
19 treatment centers, breast cancer quality organizations, and
20 doctors, including radiologists that are trained in all forms
21 of FDA-approved breast imaging technologies, breast surgeons,
22 reconstructive breast surgeons, oncologists, and primary care
23 providers to establish quality standards for breast cancer
24 treatment.

25 Subject to federal approval, the Department shall
26 establish a rate methodology for mammography at federally

1 qualified health centers and other encounter-rate clinics.
2 These clinics or centers may also collaborate with other
3 hospital-based mammography facilities. By January 1, 2016, the
4 Department shall report to the General Assembly on the status
5 of the provision set forth in this paragraph.

6 The Department shall establish a methodology to remind
7 individuals who are age-appropriate for screening mammography,
8 but who have not received a mammogram within the previous 18
9 months, of the importance and benefit of screening
10 mammography. The Department shall work with experts in breast
11 cancer outreach and patient navigation to optimize these
12 reminders and shall establish a methodology for evaluating
13 their effectiveness and modifying the methodology based on the
14 evaluation.

15 The Department shall establish a performance goal for
16 primary care providers with respect to their female patients
17 over age 40 receiving an annual mammogram. This performance
18 goal shall be used to provide additional reimbursement in the
19 form of a quality performance bonus to primary care providers
20 who meet that goal.

21 The Department shall devise a means of case-managing or
22 patient navigation for beneficiaries diagnosed with breast
23 cancer. This program shall initially operate as a pilot
24 program in areas of the State with the highest incidence of
25 mortality related to breast cancer. At least one pilot program
26 site shall be in the metropolitan Chicago area and at least one

1 site shall be outside the metropolitan Chicago area. On or
2 after July 1, 2016, the pilot program shall be expanded to
3 include one site in western Illinois, one site in southern
4 Illinois, one site in central Illinois, and 4 sites within
5 metropolitan Chicago. An evaluation of the pilot program shall
6 be carried out measuring health outcomes and cost of care for
7 those served by the pilot program compared to similarly
8 situated patients who are not served by the pilot program.

9 The Department shall require all networks of care to
10 develop a means either internally or by contract with experts
11 in navigation and community outreach to navigate cancer
12 patients to comprehensive care in a timely fashion. The
13 Department shall require all networks of care to include
14 access for patients diagnosed with cancer to at least one
15 academic commission on cancer-accredited cancer program as an
16 in-network covered benefit.

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

1 human papillomavirus (HPV) vaccine.

2 On or after July 1, 2022, individuals who are otherwise
3 eligible for medical assistance under this Article shall
4 receive coverage for perinatal depression screenings for the
5 12-month period beginning on the last day of their pregnancy.
6 Medical assistance coverage under this paragraph shall be
7 conditioned on the use of a screening instrument approved by
8 the Department.

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

21 All medical providers providing medical assistance to
22 pregnant individuals under this Code shall receive information
23 from the Department on the availability of services under any
24 program providing case management services for addicted
25 individuals, including information on appropriate referrals
26 for other social services that may be needed by addicted

1 individuals in addition to treatment for addiction.

2 The Illinois Department, in cooperation with the
3 Departments of Human Services (as successor to the Department
4 of Alcoholism and Substance Abuse) and Public Health, through
5 a public awareness campaign, may provide information
6 concerning treatment for alcoholism and drug abuse and
7 addiction, prenatal health care, and other pertinent programs
8 directed at reducing the number of drug-affected infants born
9 to recipients of medical assistance.

10 Neither the Department of Healthcare and Family Services
11 nor the Department of Human Services shall sanction the
12 recipient solely on the basis of the recipient's substance
13 abuse.

14 The Illinois Department shall establish such regulations
15 governing the dispensing of health services under this Article
16 as it shall deem appropriate. The Department should seek the
17 advice of formal professional advisory committees appointed by
18 the Director of the Illinois Department for the purpose of
19 providing regular advice on policy and administrative matters,
20 information dissemination and educational activities for
21 medical and health care providers, and consistency in
22 procedures to the Illinois Department.

23 The Illinois Department may develop and contract with
24 Partnerships of medical providers to arrange medical services
25 for persons eligible under Section 5-2 of this Code.
26 Implementation of this Section may be by demonstration

1 projects in certain geographic areas. The Partnership shall be
2 represented by a sponsor organization. The Department, by
3 rule, shall develop qualifications for sponsors of
4 Partnerships. Nothing in this Section shall be construed to
5 require that the sponsor organization be a medical
6 organization.

7 The sponsor must negotiate formal written contracts with
8 medical providers for physician services, inpatient and
9 outpatient hospital care, home health services, treatment for
10 alcoholism and substance abuse, and other services determined
11 necessary by the Illinois Department by rule for delivery by
12 Partnerships. Physician services must include prenatal and
13 obstetrical care. The Illinois Department shall reimburse
14 medical services delivered by Partnership providers to clients
15 in target areas according to provisions of this Article and
16 the Illinois Health Finance Reform Act, except that:

17 (1) Physicians participating in a Partnership and
18 providing certain services, which shall be determined by
19 the Illinois Department, to persons in areas covered by
20 the Partnership may receive an additional surcharge for
21 such services.

22 (2) The Department may elect to consider and negotiate
23 financial incentives to encourage the development of
24 Partnerships and the efficient delivery of medical care.

25 (3) Persons receiving medical services through
26 Partnerships may receive medical and case management

1 services above the level usually offered through the
2 medical assistance program.

3 Medical providers shall be required to meet certain
4 qualifications to participate in Partnerships to ensure the
5 delivery of high quality medical services. These
6 qualifications shall be determined by rule of the Illinois
7 Department and may be higher than qualifications for
8 participation in the medical assistance program. Partnership
9 sponsors may prescribe reasonable additional qualifications
10 for participation by medical providers, only with the prior
11 written approval of the Illinois Department.

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

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

24 The Illinois Department shall require health care
25 providers to maintain records that document the medical care
26 and services provided to recipients of Medical Assistance

1 under this Article. Such records must be retained for a period
2 of not less than 6 years from the date of service or as
3 provided by applicable State law, whichever period is longer,
4 except that if an audit is initiated within the required
5 retention period then the records must be retained until the
6 audit is completed and every exception is resolved. The
7 Illinois Department shall require health care providers to
8 make available, when authorized by the patient, in writing,
9 the medical records in a timely fashion to other health care
10 providers who are treating or serving persons eligible for
11 Medical Assistance under this Article. All dispensers of
12 medical services shall be required to maintain and retain
13 business and professional records sufficient to fully and
14 accurately document the nature, scope, details and receipt of
15 the health care provided to persons eligible for medical
16 assistance under this Code, in accordance with regulations
17 promulgated by the Illinois Department. The rules and
18 regulations shall require that proof of the receipt of
19 prescription drugs, dentures, prosthetic devices and
20 eyeglasses by eligible persons under this Section accompany
21 each claim for reimbursement submitted by the dispenser of
22 such medical services. No such claims for reimbursement shall
23 be approved for payment by the Illinois Department without
24 such proof of receipt, unless the Illinois Department shall
25 have put into effect and shall be operating a system of
26 post-payment audit and review which shall, on a sampling

1 basis, be deemed adequate by the Illinois Department to assure
2 that such drugs, dentures, prosthetic devices and eyeglasses
3 for which payment is being made are actually being received by
4 eligible recipients. Within 90 days after September 16, 1984
5 (the effective date of Public Act 83-1439), the Illinois
6 Department shall establish a current list of acquisition costs
7 for all prosthetic devices and any other items recognized as
8 medical equipment and supplies reimbursable under this Article
9 and shall update such list on a quarterly basis, except that
10 the acquisition costs of all prescription drugs shall be
11 updated no less frequently than every 30 days as required by
12 Section 5-5.12.

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

24 Notwithstanding any other law to the contrary, the
25 Illinois Department shall, within 365 days after August 15,
26 2014 (the effective date of Public Act 98-963), establish

1 procedures to permit ID/DD facilities licensed under the ID/DD
2 Community Care Act and MC/DD facilities licensed under the
3 MC/DD Act to submit monthly billing claims for reimbursement
4 purposes. Following development of these procedures, the
5 Department shall have an additional 365 days to test the
6 viability of the new system and to ensure that any necessary
7 operational or structural changes to its information
8 technology platforms are implemented.

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

18 The Illinois Department may require that all dispensers of
19 medical services desiring to participate in the medical
20 assistance program established under this Article disclose,
21 under such terms and conditions as the Illinois Department may
22 by rule establish, all inquiries from clients and attorneys
23 regarding medical bills paid by the Illinois Department, which
24 inquiries could indicate potential existence of claims or
25 liens for the Illinois Department.

26 Enrollment of a vendor shall be subject to a provisional

1 period and shall be conditional for one year. During the
2 period of conditional enrollment, the Department may terminate
3 the vendor's eligibility to participate in, or may disenroll
4 the vendor from, the medical assistance program without cause.
5 Unless otherwise specified, such termination of eligibility or
6 disenrollment is not subject to the Department's hearing
7 process. However, a disenrolled vendor may reapply without
8 penalty.

9 The Department has the discretion to limit the conditional
10 enrollment period for vendors based upon the category of risk
11 of the vendor.

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

24 The Department shall define or specify the following: (i)
25 by provider notice, the "category of risk of the vendor" for
26 each type of vendor, which shall take into account the level of

1 screening applicable to a particular category of vendor under
2 federal law and regulations; (ii) by rule or provider notice,
3 the maximum length of the conditional enrollment period for
4 each category of risk of the vendor; and (iii) by rule, the
5 hearing rights, if any, afforded to a vendor in each category
6 of risk of the vendor that is terminated or disenrolled during
7 the conditional enrollment period.

8 To be eligible for payment consideration, a vendor's
9 payment claim or bill, either as an initial claim or as a
10 resubmitted claim following prior rejection, must be received
11 by the Illinois Department, or its fiscal intermediary, no
12 later than 180 days after the latest date on the claim on which
13 medical goods or services were provided, with the following
14 exceptions:

15 (1) In the case of a provider whose enrollment is in
16 process by the Illinois Department, the 180-day period
17 shall not begin until the date on the written notice from
18 the Illinois Department that the provider enrollment is
19 complete.

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

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

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

5 For claims for services rendered during a period for which
6 a recipient received retroactive eligibility, claims must be
7 filed within 180 days after the Department determines the
8 applicant is eligible. For claims for which the Illinois
9 Department is not the primary payer, claims must be submitted
10 to the Illinois Department within 180 days after the final
11 adjudication by the primary payer.

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

1 Claims that are not submitted and received in compliance
2 with the foregoing requirements shall not be eligible for
3 payment under the medical assistance program, and the State
4 shall have no liability for payment of those claims.

5 To the extent consistent with applicable information and
6 privacy, security, and disclosure laws, State and federal
7 agencies and departments shall provide the Illinois Department
8 access to confidential and other information and data
9 necessary to perform eligibility and payment verifications and
10 other Illinois Department functions. This includes, but is not
11 limited to: information pertaining to licensure;
12 certification; earnings; immigration status; citizenship; wage
13 reporting; unearned and earned income; pension income;
14 employment; supplemental security income; social security
15 numbers; National Provider Identifier (NPI) numbers; the
16 National Practitioner Data Bank (NPDB); program and agency
17 exclusions; taxpayer identification numbers; tax delinquency;
18 corporate information; and death records.

19 The Illinois Department shall enter into agreements with
20 State agencies and departments, and is authorized to enter
21 into agreements with federal agencies and departments, under
22 which such agencies and departments shall share data necessary
23 for medical assistance program integrity functions and
24 oversight. The Illinois Department shall develop, in
25 cooperation with other State departments and agencies, and in
26 compliance with applicable federal laws and regulations,

1 appropriate and effective methods to share such data. At a
2 minimum, and to the extent necessary to provide data sharing,
3 the Illinois Department shall enter into agreements with State
4 agencies and departments, and is authorized to enter into
5 agreements with federal agencies and departments, including,
6 but not limited to: the Secretary of State; the Department of
7 Revenue; the Department of Public Health; the Department of
8 Human Services; and the Department of Financial and
9 Professional Regulation.

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

24 The Illinois Department shall establish policies,
25 procedures, standards and criteria by rule for the
26 acquisition, repair and replacement of orthotic and prosthetic

1 devices and durable medical equipment. Such rules shall
2 provide, but not be limited to, the following services: (1)
3 immediate repair or replacement of such devices by recipients;
4 and (2) rental, lease, purchase or lease-purchase of durable
5 medical equipment in a cost-effective manner, taking into
6 consideration the recipient's medical prognosis, the extent of
7 the recipient's needs, and the requirements and costs for
8 maintaining such equipment. Subject to prior approval, such
9 rules shall enable a recipient to temporarily acquire and use
10 alternative or substitute devices or equipment pending repairs
11 or replacements of any device or equipment previously
12 authorized for such recipient by the Department.
13 Notwithstanding any provision of Section 5-5f to the contrary,
14 the Department may, by rule, exempt certain replacement
15 wheelchair parts from prior approval and, for wheelchairs,
16 wheelchair parts, wheelchair accessories, and related seating
17 and positioning items, determine the wholesale price by
18 methods other than actual acquisition costs.

19 The Department shall require, by rule, all providers of
20 durable medical equipment to be accredited by an accreditation
21 organization approved by the federal Centers for Medicare and
22 Medicaid Services and recognized by the Department in order to
23 bill the Department for providing durable medical equipment to
24 recipients. No later than 15 months after the effective date
25 of the rule adopted pursuant to this paragraph, all providers
26 must meet the accreditation requirement.

1 In order to promote environmental responsibility, meet the
2 needs of recipients and enrollees, and achieve significant
3 cost savings, the Department, or a managed care organization
4 under contract with the Department, may provide recipients or
5 managed care enrollees who have a prescription or Certificate
6 of Medical Necessity access to refurbished durable medical
7 equipment under this Section (excluding prosthetic and
8 orthotic devices as defined in the Orthotics, Prosthetics, and
9 Pedorthics Practice Act and complex rehabilitation technology
10 products and associated services) through the State's
11 assistive technology program's reutilization program, using
12 staff with the Assistive Technology Professional (ATP)
13 Certification if the refurbished durable medical equipment:
14 (i) is available; (ii) is less expensive, including shipping
15 costs, than new durable medical equipment of the same type;
16 (iii) is able to withstand at least 3 years of use; (iv) is
17 cleaned, disinfected, sterilized, and safe in accordance with
18 federal Food and Drug Administration regulations and guidance
19 governing the reprocessing of medical devices in health care
20 settings; and (v) equally meets the needs of the recipient or
21 enrollee. The reutilization program shall confirm that the
22 recipient or enrollee is not already in receipt of the same or
23 similar equipment from another service provider, and that the
24 refurbished durable medical equipment equally meets the needs
25 of the recipient or enrollee. Nothing in this paragraph shall
26 be construed to limit recipient or enrollee choice to obtain

1 new durable medical equipment or place any additional prior
2 authorization conditions on enrollees of managed care
3 organizations.

4 The Department shall execute, relative to the nursing home
5 prescreening project, written inter-agency agreements with the
6 Department of Human Services and the Department on Aging, to
7 effect the following: (i) intake procedures and common
8 eligibility criteria for those persons who are receiving
9 non-institutional services; and (ii) the establishment and
10 development of non-institutional services in areas of the
11 State where they are not currently available or are
12 undeveloped; and (iii) notwithstanding any other provision of
13 law, subject to federal approval, on and after July 1, 2012, an
14 increase in the determination of need (DON) scores from 29 to
15 37 for applicants for institutional and home and
16 community-based long term care; if and only if federal
17 approval is not granted, the Department may, in conjunction
18 with other affected agencies, implement utilization controls
19 or changes in benefit packages to effectuate a similar savings
20 amount for this population; and (iv) no later than July 1,
21 2013, minimum level of care eligibility criteria for
22 institutional and home and community-based long term care; and
23 (v) no later than October 1, 2013, establish procedures to
24 permit long term care providers access to eligibility scores
25 for individuals with an admission date who are seeking or
26 receiving services from the long term care provider. In order

1 to select the minimum level of care eligibility criteria, the
2 Governor shall establish a workgroup that includes affected
3 agency representatives and stakeholders representing the
4 institutional and home and community-based long term care
5 interests. This Section shall not restrict the Department from
6 implementing lower level of care eligibility criteria for
7 community-based services in circumstances where federal
8 approval has been granted.

9 The Illinois Department shall develop and operate, in
10 cooperation with other State Departments and agencies and in
11 compliance with applicable federal laws and regulations,
12 appropriate and effective systems of health care evaluation
13 and programs for monitoring of utilization of health care
14 services and facilities, as it affects persons eligible for
15 medical assistance under this Code.

16 The Illinois Department shall report annually to the
17 General Assembly, no later than the second Friday in April of
18 1979 and each year thereafter, in regard to:

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

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

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

25 (d) efforts at utilization review and control by the
26 Illinois Department.

1 The period covered by each report shall be the 3 years
2 ending on the June 30 prior to the report. The report shall
3 include suggested legislation for consideration by the General
4 Assembly. The requirement for reporting to the General
5 Assembly shall be satisfied by filing copies of the report as
6 required by Section 3.1 of the General Assembly Organization
7 Act, and filing such additional copies with the State
8 Government Report Distribution Center for the General Assembly
9 as is required under paragraph (t) of Section 7 of the State
10 Library Act.

11 Rulemaking authority to implement Public Act 95-1045, if
12 any, is conditioned on the rules being adopted in accordance
13 with all provisions of the Illinois Administrative Procedure
14 Act and all rules and procedures of the Joint Committee on
15 Administrative Rules; any purported rule not so adopted, for
16 whatever reason, is unauthorized.

17 On and after July 1, 2012, the Department shall reduce any
18 rate of reimbursement for services or other payments or alter
19 any methodologies authorized by this Code to reduce any rate
20 of reimbursement for services or other payments in accordance
21 with Section 5-5e.

22 Because kidney transplantation can be an appropriate,
23 cost-effective alternative to renal dialysis when medically
24 necessary and notwithstanding the provisions of Section 1-11
25 of this Code, beginning October 1, 2014, the Department shall
26 cover kidney transplantation for noncitizens with end-stage

1 renal disease who are not eligible for comprehensive medical
2 benefits, who meet the residency requirements of Section 5-3
3 of this Code, and who would otherwise meet the financial
4 requirements of the appropriate class of eligible persons
5 under Section 5-2 of this Code. To qualify for coverage of
6 kidney transplantation, such person must be receiving
7 emergency renal dialysis services covered by the Department.
8 Providers under this Section shall be prior approved and
9 certified by the Department to perform kidney transplantation
10 and the services under this Section shall be limited to
11 services associated with kidney transplantation.

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

24 On or after July 1, 2015, opioid antagonists prescribed
25 for the treatment of an opioid overdose, including the
26 medication product, administration devices, and any pharmacy

1 fees or hospital fees related to the dispensing, distribution,
2 and administration of the opioid antagonist, shall be covered
3 under the medical assistance program for persons who are
4 otherwise eligible for medical assistance under this Article.
5 As used in this Section, "opioid antagonist" means a drug that
6 binds to opioid receptors and blocks or inhibits the effect of
7 opioids acting on those receptors, including, but not limited
8 to, naloxone hydrochloride or any other similarly acting drug
9 approved by the U.S. Food and Drug Administration. The
10 Department shall not impose a copayment on the coverage
11 provided for naloxone hydrochloride under the medical
12 assistance program.

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

25 A federally qualified health center, as defined in Section
26 1905(1)(2)(B) of the federal Social Security Act, shall be

1 reimbursed by the Department in accordance with the federally
2 qualified health center's encounter rate for services provided
3 to medical assistance recipients that are performed by a
4 dental hygienist, as defined under the Illinois Dental
5 Practice Act, working under the general supervision of a
6 dentist and employed by a federally qualified health center.

7 Within 90 days after October 8, 2021 (the effective date
8 of Public Act 102-665), the Department shall seek federal
9 approval of a State Plan amendment to expand coverage for
10 family planning services that includes presumptive eligibility
11 to individuals whose income is at or below 208% of the federal
12 poverty level. Coverage under this Section shall be effective
13 beginning no later than December 1, 2022.

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

25 Notwithstanding any other provision of this Code,
26 community-based pediatric palliative care from a trained

1 interdisciplinary team shall be covered under the medical
2 assistance program as provided in Section 15 of the Pediatric
3 Palliative Care Act.

4 Notwithstanding any other provision of this Code, within
5 12 months after June 2, 2022 (the effective date of Public Act
6 102-1037) and subject to federal approval, acupuncture
7 services performed by an acupuncturist licensed under the
8 Acupuncture Practice Act who is acting within the scope of his
9 or her license shall be covered under the medical assistance
10 program. The Department shall apply for any federal waiver or
11 State Plan amendment, if required, to implement this
12 paragraph. The Department may adopt any rules, including
13 standards and criteria, necessary to implement this paragraph.

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

1 the fee charged by the Department of Public Health. The
2 Department shall seek federal approval before the
3 implementation of the newborn screening test fees by the
4 Department of Public Health.

5 Notwithstanding any other provision of this Code,
6 beginning on January 1, 2024, subject to federal approval,
7 cognitive assessment and care planning services provided to a
8 person who experiences signs or symptoms of cognitive
9 impairment, as defined by the Diagnostic and Statistical
10 Manual of Mental Disorders, Fifth Edition, shall be covered
11 under the medical assistance program for persons who are
12 otherwise eligible for medical assistance under this Article.

13 Notwithstanding any other provision of this Code,
14 medically necessary reconstructive services that are intended
15 to restore physical appearance shall be covered under the
16 medical assistance program for persons who are otherwise
17 eligible for medical assistance under this Article. As used in
18 this paragraph, "reconstructive services" means treatments
19 performed on structures of the body damaged by trauma to
20 restore physical appearance.

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

25 (Source: P.A. 103-102, Article 15, Section 15-5, eff. 1-1-24;
26 103-102, Article 95, Section 95-15, eff. 1-1-24; 103-123, eff.

1 1-1-24; 103-154, eff. 6-30-23; 103-368, eff. 1-1-24; 103-593,
2 Article 5, Section 5-5, eff. 6-7-24; 103-593, Article 90,
3 Section 90-5, eff. 6-7-24; 103-605, eff. 7-1-24; 103-808, eff.
4 1-1-26; 103-909, eff. 8-9-24; 103-1040, eff. 8-9-24; 104-9,
5 eff. 6-16-25; 104-417, eff. 8-15-25.)

6 Section 20. The Newborn Screening Act is amended by
7 changing the title of the Act and Sections 0.01 and 2 as
8 follows:

9 (410 ILCS 240/Act title)

10 An Act concerning health ~~the disease of phenylketonuria~~
11 ~~and other metabolic diseases, designating certain powers and~~
12 ~~duties in relation thereto, providing penalties for violation~~
13 ~~thereof, to repeal an Act therein named and to make an~~
14 ~~appropriation in connection therewith.~~

15 (410 ILCS 240/0.01) (from Ch. 111 1/2, par. 4902.9)

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

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

19 (410 ILCS 240/2) (from Ch. 111 1/2, par. 4904)

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

22 (a) Institute and carry on an intensive educational

1 program among physicians, hospitals, public health nurses and
2 the public concerning disorders included in newborn screening.
3 This educational program shall include information about the
4 nature of the diseases and examinations for the detection of
5 the diseases in early infancy in order that measures may be
6 taken to prevent the disabilities resulting from the diseases.

7 (a-5) Require that all newborns be screened for the
8 presence of certain genetic, metabolic, and congenital
9 anomalies, including hearing conditions, as determined by the
10 Department, by rule.

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

16 (1) Beginning July 1, 2015, the base fee for newborn
17 screening services shall be \$118. Beginning July 1, 2026,
18 the Department shall collect an additional newborn
19 screening fee in an amount determined by the Department by
20 rule but not less than an additional \$45 per newborn for
21 the Early Hearing Detection and Intervention Program
22 (EHDI), through which the Department provides
23 Cytomegalovirus education and parent-to-parent support.
24 The Department may develop a reasonable fee structure and
25 may levy additional fees according to such structure to
26 cover the cost of providing these ~~this~~ testing services

1 ~~service~~ and for the follow-up of infants with an abnormal
2 screening test; however, additional fees may be levied no
3 sooner than 6 months prior to the beginning of testing for
4 a new genetic, metabolic, or congenital disorder. All fees
5 ~~Fees~~ collected from the provision of this testing service
6 and all additional newborn screening fees collected under
7 this subsection shall be deposited into ~~placed in~~ the
8 Metabolic Screening and Treatment Fund. Other State and
9 federal funds for expenses related to metabolic, hearing,
10 or congenital condition screening, follow-up, and
11 treatment programs may also be placed in the Fund. Nothing
12 in this Section or this Act shall be construed to
13 override, replace, preempt, or supersede any provision,
14 requirement, or other duty or prohibition enumerated in
15 the Early Hearing Detection and Intervention Act.

16 (2) Moneys shall be appropriated from the Fund to the
17 Department solely for the purposes of providing newborn
18 screening, follow-up, and treatment programs, to the Early
19 Hearing Detection and Intervention Program (EHDI), through
20 which the Department provides Cytomegalovirus education
21 and parent-to-parent support. Nothing in this Act shall be
22 construed to prohibit any licensed medical facility from
23 collecting additional specimens for testing for metabolic
24 or neonatal diseases or any other diseases or conditions,
25 as it deems fit. Any person violating the provisions of
26 this subsection (a-5.1) is guilty of a petty offense.

1 (3) If the Department is unable to provide the
2 screening using the State Laboratory, it shall temporarily
3 provide such screening through an accredited laboratory
4 selected by the Department until the Department has the
5 capacity to provide screening through the State
6 Laboratory. If screening is provided on a temporary basis
7 through an accredited laboratory, the Department shall
8 substitute the fee charged by the accredited laboratory,
9 plus a 5% surcharge for documentation and handling, for
10 the fee authorized in this subsection (a-5.1). This
11 paragraph (3) does not apply to hearing screenings.

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

15 (a-5.3) Supply the necessary metabolic treatment formulas
16 where practicable for diagnosed cases of amino acid metabolism
17 disorders, including phenylketonuria, organic acid disorders,
18 and fatty acid oxidation disorders for as long as medically
19 indicated, when the product is not available through other
20 State agencies.

21 (a-5.4) Arrange for or provide public health nursing,
22 nutrition, and social services and clinical consultation as
23 indicated.

24 (a-5.5) Utilize the Genetic and Metabolic Diseases
25 Advisory Committee established under the Genetic and Metabolic
26 Diseases Advisory Committee Act to provide guidance and

1 recommendations to the Department's newborn screening program.
2 The Genetic and Metabolic Diseases Advisory Committee shall
3 review the feasibility and advisability of including
4 additional metabolic, genetic, and congenital conditions or
5 disorders in the newborn screening panel, according to a
6 review protocol applied to each suggested addition to the
7 newborn screening panel. The Department shall consider the
8 recommendations of the Genetic and Metabolic Diseases Advisory
9 Committee in determining whether to include an additional
10 disorder in the newborn screening panel prior to proposing an
11 administrative rule concerning inclusion of an additional
12 disorder in the newborn screening panel. Notwithstanding any
13 other provision of law, no new screening may begin prior to the
14 occurrence of all the following:

15 (1) the establishment and verification of relevant and
16 appropriate performance specifications as defined under
17 the federal Clinical Laboratory Improvement Amendments and
18 regulations thereunder for U.S. Food and Drug
19 Administration-cleared or in-house developed methods,
20 performed under an institutional review board-approved
21 protocol, if required;

22 (2) the availability of quality assurance testing
23 methodology for the processes set forth in item (1) of
24 this subsection (a-5.5);

25 (3) the acquisition and installment by the Department
26 of the equipment necessary to implement the screening

1 tests;

2 (4) the establishment of precise threshold values
3 ensuring defined disorder identification for each
4 screening test;

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

8 (6) the authentication of achieving the potential of
9 high throughput standards for statewide volume of each
10 disorder screening test concomitant with each milestone
11 described in items (1) through (4) of this subsection
12 (a-5.5).

13 (a-6) (Blank).

14 (a-7) (Blank).

15 (a-8) (Blank).

16 (b) (Blank).

17 (c) (Blank).

18 (d) (Blank).

19 (e) (Blank).

20 (Source: P.A. 98-440, eff. 8-16-13; 98-756, eff. 7-16-14;
21 99-403, eff. 8-19-15.)

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

24 (410 ILCS 513/30)

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

2 (a) No person may disclose or be compelled to disclose the
3 identity of any person upon whom a genetic test is performed or
4 the results of a genetic test in a manner that permits
5 identification of the subject of the test, except to the
6 following persons:

7 (1) The subject of the test or the subject's legally
8 authorized representative. This paragraph does not create
9 a duty or obligation under which a health care provider
10 must notify the subject's spouse or legal guardian of the
11 test results, and no such duty or obligation shall be
12 implied. No civil liability or criminal sanction under
13 this Act shall be imposed for any disclosure or
14 nondisclosure of a test result to a spouse by a physician
15 acting in good faith under this paragraph. For the purpose
16 of any proceedings, civil or criminal, the good faith of
17 any physician acting under this paragraph shall be
18 presumed.

19 (2) Any person designated in a specific written
20 legally effective authorization for release of the test
21 results executed by the subject of the test or the
22 subject's legally authorized representative.

23 (3) An authorized agent or employee of a health
24 facility or health care provider if the health facility or
25 health care provider itself is authorized to obtain the
26 test results, the agent or employee provides patient care,

1 and the agent or employee has a need to know the
2 information in order to conduct the tests or provide care
3 or treatment.

4 (4) A health facility, health care provider, or health
5 care professional that procures, processes, distributes,
6 or uses:

7 (A) a human body part from a deceased person with
8 respect to medical information regarding that person;
9 or

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

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

15 (6) In the case of a minor under 18 years of age, the
16 health care provider, health care professional, or health
17 facility who ordered the test shall make a reasonable
18 effort to notify the minor's parent or legal guardian if,
19 in the professional judgment of the health care provider,
20 health care professional, or health facility, notification
21 would be in the best interest of the minor and the health
22 care provider, health care professional, or health
23 facility has first sought unsuccessfully to persuade the
24 minor to notify the parent or legal guardian or after a
25 reasonable time after the minor has agreed to notify the
26 parent or legal guardian, the health care provider, health

1 care professional, or health facility has reason to
2 believe that the minor has not made the notification. This
3 paragraph shall not create a duty or obligation under
4 which a health care provider, health care professional, or
5 health facility must notify the minor's parent or legal
6 guardian of the test results, nor shall a duty or
7 obligation be implied. No civil liability or criminal
8 sanction under this Act shall be imposed for any
9 notification or non-notification of a minor's test result
10 by a health care provider, health care professional, or
11 health facility acting in good faith under this paragraph.
12 For the purpose of any proceeding, civil or criminal, the
13 good faith of any health care provider, health care
14 professional, or health facility acting under this
15 paragraph shall be presumed.

16 (b) All information and records held by a State agency,
17 local health authority, or health oversight agency pertaining
18 to genetic information shall be strictly confidential and
19 exempt from copying and inspection under the Freedom of
20 Information Act. The information and records shall not be
21 released or made public by the State agency, local health
22 authority, or health oversight agency and shall not be
23 admissible as evidence nor discoverable in any action of any
24 kind in any court or before any tribunal, board, agency, or
25 person and shall be treated in the same manner as the
26 information and those records subject to the provisions of

1 Part 21 of Article VIII of the Code of Civil Procedure except
2 under the following circumstances:

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

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

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

9 (D) when made under the authorization of the
10 Illinois Parentage Act of 2015.

11 Disclosure shall be limited to those who have a need to
12 know the information, and no additional disclosures may be
13 made.

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

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

18 Section 95. No acceleration or delay. Where this Act makes
19 changes in a statute that is represented in this Act by text
20 that is not yet or no longer in effect (for example, a Section
21 represented by multiple versions), the use of that text does
22 not accelerate or delay the taking effect of (i) the changes
23 made by this Act or (ii) provisions derived from any other
24 Public Act.

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