



Human Services Committee

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1 AMENDMENT TO HOUSE BILL 6205

2 AMENDMENT NO. _____. Amend House Bill 6205 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Reproductive Health and Access Act.

6 Section 5. Findings and policy. The General Assembly finds
7 and declares that every individual possesses a fundamental
8 right of privacy with respect to reproductive decisions.

9 It is the public policy of this State to ensure that all
10 individuals have appropriate and necessary access to the full
11 range of reproductive education, healthcare, and services,
12 including, but not limited to, prenatal care, adoption,
13 contraceptive care including timely access to emergency
14 contraception, pregnancy termination, comprehensive sexual
15 health education, and screening and treatment for sexually
16 transmitted infections.

1 Section 10. Definitions. In this Act:

2 "Physician" means a person licensed to practice medicine in
3 all of its branches under the Medical Practice Act of 1987.

4 "Pregnancy termination" or "termination of pregnancy"
5 means any medical treatment intended to terminate a pregnancy.
6 Pregnancy termination shall not include medical treatment
7 conducted for the purpose of increasing the probability of the
8 birth of a sustainable life.

9 "Viability" means that stage of fetal development when, in
10 the medical judgment of the attending physician, based on the
11 particular medical facts of the case before the physician,
12 there is a reasonable likelihood of the sustained survival of
13 the fetus outside of the uterus with or without artificial
14 support.

15 Section 15. Prohibition of interference.

16 (a) Notwithstanding any other provision of this Act or any
17 other law to the contrary, the State of Illinois, any
18 municipality, county, township, school district, or other
19 political subdivision of the State, or any agency, department,
20 or division of any governmental entity shall not:

21 (1) deny or interfere with an individual's right to use
22 or refuse contraception;

23 (2) deny or interfere with a pregnant woman's right to
24 bear a child;

1 (3) deny or interfere with a pregnant woman's right to
2 terminate a pregnancy: (i) prior to the viability of the
3 fetus or (ii) when the abortion is necessary to protect the
4 life or health of the pregnant woman; or

5 (4) require any woman to terminate pregnancy without
6 her consent.

7 (b) Any party aggrieved by conduct that violates subsection
8 (a) of this Section may bring a civil lawsuit against the
9 offending governmental entity, including the State or Illinois
10 or any city, county, township, school district, or other
11 political subdivision of the State, or any agency, department
12 or division of any such governmental entity, in a State circuit
13 court or in a federal district court, for declaratory or
14 injunctive relief, compensatory and punitive damages, and any
15 other appropriate relief. A prevailing plaintiff shall, upon
16 motion, be awarded reasonable attorneys' fees, costs and
17 expenses, including expert witness and other litigation
18 expenses, including where the plaintiff's pursuit of a
19 non-frivolous claim was a catalyst for a unilateral change in
20 position by the opposing party.

21 Section 20. Non-discrimination in funding. Notwithstanding
22 any other provision of this Act or any other law to the
23 contrary, the State shall ensure that individuals eligible for
24 medical assistance under the Public Aid Code, or other State
25 medical assistance, or health benefits under the Children's

1 Health Insurance Program Act, the Covering ALL KIDS Health
2 Insurance Act, or the Veterans' Health Insurance Program Act of
3 2008 shall receive coverage for reproductive healthcare at
4 least to the same extent as other comparable services.
5 Violation of this provision shall constitute a denial or
6 interference in contravention of Section 15 of this Act. Such
7 provision shall not prohibit the Department from establishing
8 reasonable utilization control or cost containment measures
9 designed to assure the quality, cost effectiveness, and
10 appropriateness of healthcare services provided.

11 Section 25. Pregnancy terminations.

12 (a) Pregnancy terminations shall be performed in
13 accordance with accepted standards of medical practice, by the
14 method that, in the clinical judgment of the attending
15 physician, will best serve the interests of the pregnant
16 patient. A qualified medical professional shall not be liable
17 for civil damages or subject to criminal penalty relating to a
18 pregnancy termination performed in good faith and in accordance
19 with accepted standards of medical practice.

20 (b) Notwithstanding any other provision of this Act or any
21 other law to the contrary, a report of each pregnancy
22 termination performed shall be made to the Illinois Department
23 of Public Health on forms prescribed by the Department. Such
24 report forms shall not identify the patient by name and shall
25 preserve the anonymity of each woman who has obtained a

1 pregnancy termination. The Department of Public Health shall
2 promulgate and enforce regulations regarding the
3 administration of these reporting requirements that secure
4 protection of patient identity and ensure the anonymity of each
5 woman who has undergone a pregnancy termination. Failure of the
6 Department to preserve confidentiality and anonymity shall
7 constitute interference in contravention of Section 15 of this
8 Act.

9 Section 30. Sexual health education. Notwithstanding any
10 other provision of this Act or any other law, all Illinois
11 public schools shall offer medically accurate, age
12 appropriate, comprehensive sexual health education as a part of
13 the Comprehensive Health Education Program established in
14 Section 3 of the Critical Health Problems and Comprehensive
15 Health Education Act. Course material and instruction shall be
16 free of bias in accordance with the nondiscrimination
17 provisions of the Illinois Human Rights Act. The State Board of
18 Education shall promulgate and enforce rules consistent with
19 this provision.

20 Section 35. Construction. This Act and the rules now or
21 hereafter applicable thereto shall be liberally construed
22 consistent with the public policies announced in this Act.

23 Section 40. Parental notice. Notwithstanding any other

1 provision of this Act, nothing in this Act shall be construed
2 to repeal, amend, or otherwise change the Illinois Parental
3 Notice of Abortion Act of 1995. To the extent that this Act
4 conflicts with the Illinois Parental Notice of Abortion Act of
5 1995, the Illinois Parental Notice of Abortion Act of 1995
6 controls.

7 Section 45. Other Acts. Notwithstanding any other
8 provision of this Act, nothing in this Act shall be construed
9 to repeal, amend, or otherwise change the Health Care Right of
10 Conscience Act. To the extent that this Act conflicts with the
11 Health Care Right of Conscience Act, the Health Care Right of
12 Conscience Act controls.

13 Section 85. The State Employees Group Insurance Act of 1971
14 is amended by changing Section 6 as follows:

15 (5 ILCS 375/6) (from Ch. 127, par. 526)

16 Sec. 6. Program of health benefits.

17 (a) The program of health benefits shall provide for
18 protection against the financial costs of health care expenses
19 incurred in and out of hospital including basic
20 hospital-surgical-medical coverages. The program may include,
21 but shall not be limited to, such supplemental coverages as
22 out-patient diagnostic X-ray and laboratory expenses,
23 prescription drugs, dental services, hearing evaluations,

1 hearing aids, the dispensing and fitting of hearing aids, and
2 similar group benefits as are now or may become available.
3 ~~However, nothing in this Act shall be construed to permit, on~~
4 ~~or after July 1, 1980, the non-contributory portion of any such~~
5 ~~program to include the expenses of obtaining an abortion,~~
6 ~~induced miscarriage or induced premature birth unless, in the~~
7 ~~opinion of a physician, such procedures are necessary for the~~
8 ~~preservation of the life of the woman seeking such treatment,~~
9 ~~or except an induced premature birth intended to produce a live~~
10 ~~viable child and such procedure is necessary for the health of~~
11 ~~the mother or the unborn child.~~ The program may also include
12 coverage for those who rely on treatment by prayer or spiritual
13 means alone for healing in accordance with the tenets and
14 practice of a recognized religious denomination.

15 The program of health benefits shall be designed by the
16 Director (1) to provide a reasonable relationship between the
17 benefits to be included and the expected distribution of
18 expenses of each such type to be incurred by the covered
19 members and dependents, (2) to specify, as covered benefits and
20 as optional benefits, the medical services of practitioners in
21 all categories licensed under the Medical Practice Act of 1987,
22 (3) to include reasonable controls, which may include
23 deductible and co-insurance provisions, applicable to some or
24 all of the benefits, or a coordination of benefits provision,
25 to prevent or minimize unnecessary utilization of the various
26 hospital, surgical and medical expenses to be provided and to

1 provide reasonable assurance of stability of the program, and
2 (4) to provide benefits to the extent possible to members
3 throughout the State, wherever located, on an equitable basis.
4 Notwithstanding any other provision of this Section or Act, for
5 all members or dependents who are eligible for benefits under
6 Social Security or the Railroad Retirement system or who had
7 sufficient Medicare-covered government employment, the
8 Department shall reduce benefits which would otherwise be paid
9 by Medicare, by the amount of benefits for which the member or
10 dependents are eligible under Medicare, except that such
11 reduction in benefits shall apply only to those members or
12 dependents who (1) first become eligible for such medicare
13 coverage on or after the effective date of this amendatory Act
14 of 1992; or (2) are Medicare-eligible members or dependents of
15 a local government unit which began participation in the
16 program on or after July 1, 1992; or (3) remain eligible for
17 but no longer receive Medicare coverage which they had been
18 receiving on or after the effective date of this amendatory Act
19 of 1992.

20 Notwithstanding any other provisions of this Act, where a
21 covered member or dependents are eligible for benefits under
22 the federal Medicare health insurance program (Title XVIII of
23 the Social Security Act as added by Public Law 89-97, 89th
24 Congress), benefits paid under the State of Illinois program or
25 plan will be reduced by the amount of benefits paid by
26 Medicare. For members or dependents who are eligible for

1 benefits under Social Security or the Railroad Retirement
2 system or who had sufficient Medicare-covered government
3 employment, benefits shall be reduced by the amount for which
4 the member or dependent is eligible under Medicare, except that
5 such reduction in benefits shall apply only to those members or
6 dependents who (1) first become eligible for such Medicare
7 coverage on or after the effective date of this amendatory Act
8 of 1992; or (2) are Medicare-eligible members or dependents of
9 a local government unit which began participation in the
10 program on or after July 1, 1992; or (3) remain eligible for,
11 but no longer receive Medicare coverage which they had been
12 receiving on or after the effective date of this amendatory Act
13 of 1992. Premiums may be adjusted, where applicable, to an
14 amount deemed by the Director to be reasonably consistent with
15 any reduction of benefits.

16 (b) A member, not otherwise covered by this Act, who has
17 retired as a participating member under Article 2 of the
18 Illinois Pension Code but is ineligible for the retirement
19 annuity under Section 2-119 of the Illinois Pension Code, shall
20 pay the premiums for coverage, not exceeding the amount paid by
21 the State for the non-contributory coverage for other members,
22 under the group health benefits program under this Act. The
23 Director shall determine the premiums to be paid by a member
24 under this subsection (b).

25 (Source: P.A. 93-47, eff. 7-1-03.)

1 Section 90. The Critical Health Problems and Comprehensive
2 Health Education Act is amended by changing Section 3 as
3 follows:

4 (105 ILCS 110/3)

5 Sec. 3. Comprehensive Health Education Program. The
6 program established under this Act shall include, but not be
7 limited to, the following major educational areas as a basis
8 for curricula in all elementary and secondary schools in this
9 State: human ecology and health, human growth and development,
10 the emotional, psychological, physiological, hygienic and
11 social responsibilities of family life, including sexual
12 abstinence ~~until marriage~~, prevention and control of disease,
13 including instruction in grades 6 through 12 on the prevention,
14 transmission and spread of AIDS, sexual assault awareness in
15 secondary schools, public and environmental health, consumer
16 health, safety education and disaster survival, mental health
17 and illness, personal health habits, alcohol, drug use, and
18 abuse including the medical and legal ramifications of alcohol,
19 drug, and tobacco use, abuse during pregnancy, sexual
20 abstinence ~~until marriage~~, tobacco, nutrition, and dental
21 health. The program shall also provide course material and
22 instruction to advise pupils of the Abandoned Newborn Infant
23 Protection Act. The program shall include information about
24 cancer, including without limitation types of cancer, signs and
25 symptoms, risk factors, the importance of early prevention and

1 detection, and information on where to go for help.
2 Notwithstanding the above educational areas, the following
3 areas may also be included as a basis for curricula in all
4 elementary and secondary schools in this State: basic first aid
5 (including, but not limited to, cardiopulmonary resuscitation
6 and the Heimlich maneuver), heart disease, diabetes, stroke,
7 the prevention of child abuse, neglect, and suicide, and teen
8 dating violence in grades 8 through 12.

9 The school board of each public elementary and secondary
10 school in the State shall encourage all teachers and other
11 school personnel to acquire, develop, and maintain the
12 knowledge and skills necessary to properly administer
13 life-saving techniques, including without limitation the
14 Heimlich maneuver and rescue breathing. The training shall be
15 in accordance with standards of the American Red Cross, the
16 American Heart Association, or another nationally recognized
17 certifying organization. A school board may use the services of
18 non-governmental entities whose personnel have expertise in
19 life-saving techniques to instruct teachers and other school
20 personnel in these techniques. Each school board is encouraged
21 to have in its employ, or on its volunteer staff, at least one
22 person who is certified, by the American Red Cross or by
23 another qualified certifying agency, as qualified to
24 administer first aid and cardiopulmonary resuscitation. In
25 addition, each school board is authorized to allocate
26 appropriate portions of its institute or inservice days to

1 conduct training programs for teachers and other school
2 personnel who have expressed an interest in becoming qualified
3 to administer emergency first aid or cardiopulmonary
4 resuscitation. School boards are urged to encourage their
5 teachers and other school personnel who coach school athletic
6 programs and other extracurricular school activities to
7 acquire, develop, and maintain the knowledge and skills
8 necessary to properly administer first aid and cardiopulmonary
9 resuscitation in accordance with standards and requirements
10 established by the American Red Cross or another qualified
11 certifying agency. Subject to appropriation, the State Board of
12 Education shall establish and administer a matching grant
13 program to pay for half of the cost that a school district
14 incurs in training those teachers and other school personnel
15 who express an interest in becoming qualified to administer
16 cardiopulmonary resuscitation (which training must be in
17 accordance with standards of the American Red Cross, the
18 American Heart Association, or another nationally recognized
19 certifying organization) or in learning how to use an automated
20 external defibrillator. A school district that applies for a
21 grant must demonstrate that it has funds to pay half of the
22 cost of the training for which matching grant money is sought.
23 The State Board of Education shall award the grants on a
24 first-come, first-serve basis.

25 No pupil shall be required to take or participate in any
26 class or course on comprehensive sexual health education, AIDS,

1 or family life instruction if his parent or guardian submits
2 written objection thereto, and refusal to take or participate
3 in the course or program shall not be reason for suspension or
4 expulsion of the pupil.

5 Curricula developed under programs established in
6 accordance with this Act in the major educational area of
7 alcohol and drug use and abuse shall include classroom
8 instruction in grades 5 through 12. The instruction, which
9 shall include matters relating to both the physical and legal
10 effects and ramifications of drug and substance abuse, shall be
11 integrated into existing curricula; and the State Board of
12 Education shall develop and make available to all elementary
13 and secondary schools in this State instructional materials and
14 guidelines which will assist the schools in incorporating the
15 instruction into their existing curricula. In addition, school
16 districts may offer, as part of existing curricula during the
17 school day or as part of an after school program, support
18 services and instruction for pupils or pupils whose parent,
19 parents, or guardians are chemically dependent.

20 (Source: P.A. 95-43, eff. 1-1-08; 95-764, eff. 1-1-09; 96-128,
21 eff. 1-1-10; 96-328, eff. 8-11-09; 96-383, eff. 1-1-10; revised
22 9-25-09.)

23 Section 95. The Illinois Public Aid Code is amended by
24 changing Section 5-5 as follows:

1 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

2 (Text of Section before amendment by P.A. 96-806)

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

1 transportation and such other expenses as may be necessary;
2 (15) medical treatment of sexual assault survivors, as defined
3 in Section 1a of the Sexual Assault Survivors Emergency
4 Treatment Act, for injuries sustained as a result of the sexual
5 assault, including examinations and laboratory tests to
6 discover evidence which may be used in criminal proceedings
7 arising from the sexual assault; (16) the diagnosis and
8 treatment of sickle cell anemia; and (17) any other medical
9 care, and any other type of remedial care recognized under the
10 laws of this State, ~~but not including abortions, or induced~~
11 ~~miscarriages or premature births, unless, in the opinion of a~~
12 ~~physician, such procedures are necessary for the preservation~~
13 ~~of the life of the woman seeking such treatment, or except an~~
14 ~~induced premature birth intended to produce a live viable child~~
15 ~~and such procedure is necessary for the health of the mother or~~
16 ~~her unborn child.~~ The Illinois Department, by rule, shall
17 prohibit any physician from providing medical assistance to
18 anyone eligible therefor under this Code where such physician
19 has been found guilty of performing an abortion procedure in a
20 wilful and wanton manner upon a woman who was not pregnant at
21 the time such abortion procedure was performed. The term "any
22 other type of remedial care" shall include nursing care and
23 nursing home service for persons who rely on treatment by
24 spiritual means alone through prayer for healing.

25 Notwithstanding any other provision of this Section, a
26 comprehensive tobacco use cessation program that includes

1 purchasing prescription drugs or prescription medical devices
2 approved by the Food and Drug administration shall be covered
3 under the medical assistance program under this Article for
4 persons who are otherwise eligible for assistance under this
5 Article.

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

13 The Department of Healthcare and Family Services shall
14 provide the following services to persons eligible for
15 assistance under this Article who are participating in
16 education, training or employment programs operated by the
17 Department of Human Services as successor to the Department of
18 Public Aid:

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

21 (2) eyeglasses prescribed by a physician skilled in the
22 diseases of the eye, or by an optometrist, whichever the
23 person may select.

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

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

8 The Illinois Department shall authorize the provision of,
9 and shall authorize payment for, screening by low-dose
10 mammography for the presence of occult breast cancer for women
11 35 years of age or older who are eligible for medical
12 assistance under this Article, as follows:

13 (A) A baseline mammogram for women 35 to 39 years of
14 age.

15 (B) An annual mammogram for women 40 years of age or
16 older.

17 (C) A mammogram at the age and intervals considered
18 medically necessary by the woman's health care provider for
19 women under 40 years of age and having a family history of
20 breast cancer, prior personal history of breast cancer,
21 positive genetic testing, or other risk factors.

22 (D) A comprehensive ultrasound screening of an entire
23 breast or breasts if a mammogram demonstrates
24 heterogeneous or dense breast tissue, when medically
25 necessary as determined by a physician licensed to practice
26 medicine in all of its branches.

1 All screenings shall include a physical breast exam,
2 instruction on self-examination and information regarding the
3 frequency of self-examination and its value as a preventative
4 tool. For purposes of this Section, "low-dose mammography"
5 means the x-ray examination of the breast using equipment
6 dedicated specifically for mammography, including the x-ray
7 tube, filter, compression device, and image receptor, with an
8 average radiation exposure delivery of less than one rad per
9 breast for 2 views of an average size breast. The term also
10 includes digital mammography.

11 On and after July 1, 2008, screening and diagnostic
12 mammography shall be reimbursed at the same rate as the
13 Medicare program's rates, including the increased
14 reimbursement for digital mammography.

15 The Department shall convene an expert panel including
16 representatives of hospitals, free-standing mammography
17 facilities, and doctors, including radiologists, to establish
18 quality standards. Based on these quality standards, the
19 Department shall provide for bonus payments to mammography
20 facilities meeting the standards for screening and diagnosis.
21 The bonus payments shall be at least 15% higher than the
22 Medicare rates for mammography.

23 Subject to federal approval, the Department shall
24 establish a rate methodology for mammography at federally
25 qualified health centers and other encounter-rate clinics.
26 These clinics or centers may also collaborate with other

1 hospital-based mammography facilities.

2 The Department shall establish a methodology to remind
3 women who are age-appropriate for screening mammography, but
4 who have not received a mammogram within the previous 18
5 months, of the importance and benefit of screening mammography.

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

12 The Department shall devise a means of case-managing or
13 patient navigation for beneficiaries diagnosed with breast
14 cancer. This program shall initially operate as a pilot program
15 in areas of the State with the highest incidence of mortality
16 related to breast cancer. At least one pilot program site shall
17 be in the metropolitan Chicago area and at least one site shall
18 be outside the metropolitan Chicago area. An evaluation of the
19 pilot program shall be carried out measuring health outcomes
20 and cost of care for those served by the pilot program compared
21 to similarly situated patients who are not served by the pilot
22 program.

23 Any medical or health care provider shall immediately
24 recommend, to any pregnant woman who is being provided prenatal
25 services and is suspected of drug abuse or is addicted as
26 defined in the Alcoholism and Other Drug Abuse and Dependency

1 Act, referral to a local substance abuse treatment provider
2 licensed by the Department of Human Services or to a licensed
3 hospital which provides substance abuse treatment services.
4 The Department of Healthcare and Family Services shall assure
5 coverage for the cost of treatment of the drug abuse or
6 addiction for pregnant recipients in accordance with the
7 Illinois Medicaid Program in conjunction with the Department of
8 Human Services.

9 All medical providers providing medical assistance to
10 pregnant women under this Code shall receive information from
11 the Department on the availability of services under the Drug
12 Free Families with a Future or any comparable program providing
13 case management services for addicted women, including
14 information on appropriate referrals for other social services
15 that may be needed by addicted women in addition to treatment
16 for addiction.

17 The Illinois Department, in cooperation with the
18 Departments of Human Services (as successor to the Department
19 of Alcoholism and Substance Abuse) and Public Health, through a
20 public awareness campaign, may provide information concerning
21 treatment for alcoholism and drug abuse and addiction, prenatal
22 health care, and other pertinent programs directed at reducing
23 the number of drug-affected infants born to recipients of
24 medical assistance.

25 Neither the Department of Healthcare and Family Services
26 nor the Department of Human Services shall sanction the

1 recipient solely on the basis of her substance abuse.

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

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

20 The sponsor must negotiate formal written contracts with
21 medical providers for physician services, inpatient and
22 outpatient hospital care, home health services, treatment for
23 alcoholism and substance abuse, and other services determined
24 necessary by the Illinois Department by rule for delivery by
25 Partnerships. Physician services must include prenatal and
26 obstetrical care. The Illinois Department shall reimburse

1 medical services delivered by Partnership providers to clients
2 in target areas according to provisions of this Article and the
3 Illinois Health Finance Reform Act, except that:

4 (1) Physicians participating in a Partnership and
5 providing certain services, which shall be determined by
6 the Illinois Department, to persons in areas covered by the
7 Partnership may receive an additional surcharge for such
8 services.

9 (2) The Department may elect to consider and negotiate
10 financial incentives to encourage the development of
11 Partnerships and the efficient delivery of medical care.

12 (3) Persons receiving medical services through
13 Partnerships may receive medical and case management
14 services above the level usually offered through the
15 medical assistance program.

16 Medical providers shall be required to meet certain
17 qualifications to participate in Partnerships to ensure the
18 delivery of high quality medical services. These
19 qualifications shall be determined by rule of the Illinois
20 Department and may be higher than qualifications for
21 participation in the medical assistance program. Partnership
22 sponsors may prescribe reasonable additional qualifications
23 for participation by medical providers, only with the prior
24 written approval of the Illinois Department.

25 Nothing in this Section shall limit the free choice of
26 practitioners, hospitals, and other providers of medical

1 services by clients. In order to ensure patient freedom of
2 choice, the Illinois Department shall immediately promulgate
3 all rules and take all other necessary actions so that provided
4 services may be accessed from therapeutically certified
5 optometrists to the full extent of the Illinois Optometric
6 Practice Act of 1987 without discriminating between service
7 providers.

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

11 The Illinois Department shall require health care
12 providers to maintain records that document the medical care
13 and services provided to recipients of Medical Assistance under
14 this Article. The Illinois Department shall require health care
15 providers to make available, when authorized by the patient, in
16 writing, the medical records in a timely fashion to other
17 health care providers who are treating or serving persons
18 eligible for Medical Assistance under this Article. All
19 dispensers of medical services shall be required to maintain
20 and retain business and professional records sufficient to
21 fully and accurately document the nature, scope, details and
22 receipt of the health care provided to persons eligible for
23 medical assistance under this Code, in accordance with
24 regulations promulgated by the Illinois Department. The rules
25 and regulations shall require that proof of the receipt of
26 prescription drugs, dentures, prosthetic devices and

1 eyeglasses by eligible persons under this Section accompany
2 each claim for reimbursement submitted by the dispenser of such
3 medical services. No such claims for reimbursement shall be
4 approved for payment by the Illinois Department without such
5 proof of receipt, unless the Illinois Department shall have put
6 into effect and shall be operating a system of post-payment
7 audit and review which shall, on a sampling basis, be deemed
8 adequate by the Illinois Department to assure that such drugs,
9 dentures, prosthetic devices and eyeglasses for which payment
10 is being made are actually being received by eligible
11 recipients. Within 90 days after the effective date of this
12 amendatory Act of 1984, the Illinois Department shall establish
13 a current list of acquisition costs for all prosthetic devices
14 and any other items recognized as medical equipment and
15 supplies reimbursable under this Article and shall update such
16 list on a quarterly basis, except that the acquisition costs of
17 all prescription drugs shall be updated no less frequently than
18 every 30 days as required by Section 5-5.12.

19 The rules and regulations of the Illinois Department shall
20 require that a written statement including the required opinion
21 of a physician shall accompany any claim for reimbursement for
22 abortions, or induced miscarriages or premature births. This
23 statement shall indicate what procedures were used in providing
24 such medical services.

25 The Illinois Department shall require all dispensers of
26 medical services, other than an individual practitioner or

1 group of practitioners, desiring to participate in the Medical
2 Assistance program established under this Article to disclose
3 all financial, beneficial, ownership, equity, surety or other
4 interests in any and all firms, corporations, partnerships,
5 associations, business enterprises, joint ventures, agencies,
6 institutions or other legal entities providing any form of
7 health care services in this State under this Article.

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

16 Enrollment of a vendor that provides non-emergency medical
17 transportation, defined by the Department by rule, shall be
18 conditional for 180 days. During that time, the Department of
19 Healthcare and Family Services may terminate the vendor's
20 eligibility to participate in the medical assistance program
21 without cause. That termination of eligibility is not subject
22 to the Department's hearing process.

23 The Illinois Department shall establish policies,
24 procedures, standards and criteria by rule for the acquisition,
25 repair and replacement of orthotic and prosthetic devices and
26 durable medical equipment. Such rules shall provide, but not be

1 limited to, the following services: (1) immediate repair or
2 replacement of such devices by recipients without medical
3 authorization; and (2) rental, lease, purchase or
4 lease-purchase of durable medical equipment in a
5 cost-effective manner, taking into consideration the
6 recipient's medical prognosis, the extent of the recipient's
7 needs, and the requirements and costs for maintaining such
8 equipment. Such rules shall enable a recipient to temporarily
9 acquire and use alternative or substitute devices or equipment
10 pending repairs or replacements of any device or equipment
11 previously authorized for such recipient by the Department.

12 The Department shall execute, relative to the nursing home
13 prescreening project, written inter-agency agreements with the
14 Department of Human Services and the Department on Aging, to
15 effect the following: (i) intake procedures and common
16 eligibility criteria for those persons who are receiving
17 non-institutional services; and (ii) the establishment and
18 development of non-institutional services in areas of the State
19 where they are not currently available or are undeveloped.

20 The Illinois Department shall develop and operate, in
21 cooperation with other State Departments and agencies and in
22 compliance with applicable federal laws and regulations,
23 appropriate and effective systems of health care evaluation and
24 programs for monitoring of utilization of health care services
25 and facilities, as it affects persons eligible for medical
26 assistance under this Code.

1 The Illinois Department shall report annually to the
2 General Assembly, no later than the second Friday in April of
3 1979 and each year thereafter, in regard to:

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

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

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

10 (d) efforts at utilization review and control by the
11 Illinois Department.

12 The period covered by each report shall be the 3 years
13 ending on the June 30 prior to the report. The report shall
14 include suggested legislation for consideration by the General
15 Assembly. The filing of one copy of the report with the
16 Speaker, one copy with the Minority Leader and one copy with
17 the Clerk of the House of Representatives, one copy with the
18 President, one copy with the Minority Leader and one copy with
19 the Secretary of the Senate, one copy with the Legislative
20 Research Unit, and such additional copies with the State
21 Government Report Distribution Center for the General Assembly
22 as is required under paragraph (t) of Section 7 of the State
23 Library Act shall be deemed sufficient to comply with this
24 Section.

25 Rulemaking authority to implement Public Act 95-1045 ~~this~~
26 ~~amendatory Act of the 95th General Assembly~~, if any, is

1 conditioned on the rules being adopted in accordance with all
2 provisions of the Illinois Administrative Procedure Act and all
3 rules and procedures of the Joint Committee on Administrative
4 Rules; any purported rule not so adopted, for whatever reason,
5 is unauthorized.

6 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
7 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; revised 11-4-09.)

8 (Text of Section after amendment by P.A. 96-806)

9 Sec. 5-5. Medical services. The Illinois Department, by
10 rule, shall determine the quantity and quality of and the rate
11 of reimbursement for the medical assistance for which payment
12 will be authorized, and the medical services to be provided,
13 which may include all or part of the following: (1) inpatient
14 hospital services; (2) outpatient hospital services; (3) other
15 laboratory and X-ray services; (4) skilled nursing home
16 services; (5) physicians' services whether furnished in the
17 office, the patient's home, a hospital, a skilled nursing home,
18 or elsewhere; (6) medical care, or any other type of remedial
19 care furnished by licensed practitioners; (7) home health care
20 services; (8) private duty nursing service; (9) clinic
21 services; (10) dental services, including prevention and
22 treatment of periodontal disease and dental caries disease for
23 pregnant women, provided by an individual licensed to practice
24 dentistry or dental surgery; for purposes of this item (10),
25 "dental services" means diagnostic, preventive, or corrective

1 procedures provided by or under the supervision of a dentist in
2 the practice of his or her profession; (11) physical therapy
3 and related services; (12) prescribed drugs, dentures, and
4 prosthetic devices; and eyeglasses prescribed by a physician
5 skilled in the diseases of the eye, or by an optometrist,
6 whichever the person may select; (13) other diagnostic,
7 screening, preventive, and rehabilitative services; (14)
8 transportation and such other expenses as may be necessary;
9 (15) medical treatment of sexual assault survivors, as defined
10 in Section 1a of the Sexual Assault Survivors Emergency
11 Treatment Act, for injuries sustained as a result of the sexual
12 assault, including examinations and laboratory tests to
13 discover evidence which may be used in criminal proceedings
14 arising from the sexual assault; (16) the diagnosis and
15 treatment of sickle cell anemia; and (17) any other medical
16 care, and any other type of remedial care recognized under the
17 laws of this State, ~~but not including abortions, or induced~~
18 ~~miscarriages or premature births, unless, in the opinion of a~~
19 ~~physician, such procedures are necessary for the preservation~~
20 ~~of the life of the woman seeking such treatment, or except an~~
21 ~~induced premature birth intended to produce a live viable child~~
22 ~~and such procedure is necessary for the health of the mother or~~
23 ~~her unborn child.~~ The Illinois Department, by rule, shall
24 prohibit any physician from providing medical assistance to
25 anyone eligible therefor under this Code where such physician
26 has been found guilty of performing an abortion procedure in a

1 wilful and wanton manner upon a woman who was not pregnant at
2 the time such abortion procedure was performed. The term "any
3 other type of remedial care" shall include nursing care and
4 nursing home service for persons who rely on treatment by
5 spiritual means alone through prayer for healing.

6 Notwithstanding any other provision of this Section, a
7 comprehensive tobacco use cessation program that includes
8 purchasing prescription drugs or prescription medical devices
9 approved by the Food and Drug administration shall be covered
10 under the medical assistance program under this Article for
11 persons who are otherwise eligible for assistance under this
12 Article.

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

20 The Department of Healthcare and Family Services shall
21 provide the following services to persons eligible for
22 assistance under this Article who are participating in
23 education, training or employment programs operated by the
24 Department of Human Services as successor to the Department of
25 Public Aid:

26 (1) dental services provided by or under the

1 supervision of a dentist; and

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

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

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

15 The Illinois Department shall authorize the provision of,
16 and shall authorize payment for, screening by low-dose
17 mammography for the presence of occult breast cancer for women
18 35 years of age or older who are eligible for medical
19 assistance under this Article, as follows:

20 (A) A baseline mammogram for women 35 to 39 years of
21 age.

22 (B) An annual mammogram for women 40 years of age or
23 older.

24 (C) A mammogram at the age and intervals considered
25 medically necessary by the woman's health care provider for
26 women under 40 years of age and having a family history of

1 breast cancer, prior personal history of breast cancer,
2 positive genetic testing, or other risk factors.

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

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

18 On and after July 1, 2008, screening and diagnostic
19 mammography shall be reimbursed at the same rate as the
20 Medicare program's rates, including the increased
21 reimbursement for digital mammography.

22 The Department shall convene an expert panel including
23 representatives of hospitals, free-standing mammography
24 facilities, and doctors, including radiologists, to establish
25 quality standards. Based on these quality standards, the
26 Department shall provide for bonus payments to mammography

1 facilities meeting the standards for screening and diagnosis.
2 The bonus payments shall be at least 15% higher than the
3 Medicare rates for mammography.

4 Subject to federal approval, the Department shall
5 establish a rate methodology for mammography at federally
6 qualified health centers and other encounter-rate clinics.
7 These clinics or centers may also collaborate with other
8 hospital-based mammography facilities.

9 The Department shall establish a methodology to remind
10 women who are age-appropriate for screening mammography, but
11 who have not received a mammogram within the previous 18
12 months, of the importance and benefit of screening mammography.

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

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

1 and cost of care for those served by the pilot program compared
2 to similarly situated patients who are not served by the pilot
3 program.

4 Any medical or health care provider shall immediately
5 recommend, to any pregnant woman who is being provided prenatal
6 services and is suspected of drug abuse or is addicted as
7 defined in the Alcoholism and Other Drug Abuse and Dependency
8 Act, referral to a local substance abuse treatment provider
9 licensed by the Department of Human Services or to a licensed
10 hospital which provides substance abuse treatment services.
11 The Department of Healthcare and Family Services shall assure
12 coverage for the cost of treatment of the drug abuse or
13 addiction for pregnant recipients in accordance with the
14 Illinois Medicaid Program in conjunction with the Department of
15 Human Services.

16 All medical providers providing medical assistance to
17 pregnant women under this Code shall receive information from
18 the Department on the availability of services under the Drug
19 Free Families with a Future or any comparable program providing
20 case management services for addicted women, including
21 information on appropriate referrals for other social services
22 that may be needed by addicted women in addition to treatment
23 for addiction.

24 The Illinois Department, in cooperation with the
25 Departments of Human Services (as successor to the Department
26 of Alcoholism and Substance Abuse) and Public Health, through a

1 public awareness campaign, may provide information concerning
2 treatment for alcoholism and drug abuse and addiction, prenatal
3 health care, and other pertinent programs directed at reducing
4 the number of drug-affected infants born to recipients of
5 medical assistance.

6 Neither the Department of Healthcare and Family Services
7 nor the Department of Human Services shall sanction the
8 recipient solely on the basis of her substance abuse.

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

18 Notwithstanding any other provision of law, a health care
19 provider under the medical assistance program may elect, in
20 lieu of receiving direct payment for services provided under
21 that program, to participate in the State Employees Deferred
22 Compensation Plan adopted under Article 24 of the Illinois
23 Pension Code. A health care provider who elects to participate
24 in the plan does not have a cause of action against the State
25 for any damages allegedly suffered by the provider as a result
26 of any delay by the State in crediting the amount of any

1 contribution to the provider's plan account.

2 The Illinois Department may develop and contract with
3 Partnerships of medical providers to arrange medical services
4 for persons eligible under Section 5-2 of this Code.
5 Implementation of this Section may be by demonstration projects
6 in certain geographic areas. The Partnership shall be
7 represented by a sponsor organization. The Department, by rule,
8 shall develop qualifications for sponsors of Partnerships.
9 Nothing in this Section shall be construed to require that the
10 sponsor organization be a medical organization.

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

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

26 (2) The Department may elect to consider and negotiate

1 financial incentives to encourage the development of
2 Partnerships and the efficient delivery of medical care.

3 (3) Persons receiving medical services through
4 Partnerships may receive medical and case management
5 services above the level usually offered through the
6 medical assistance program.

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

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

25 The Department shall apply for a waiver from the United
26 States Health Care Financing Administration to allow for the

1 implementation of Partnerships under this Section.

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

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

10 The rules and regulations of the Illinois Department shall
11 require that a written statement including the required opinion
12 of a physician shall accompany any claim for reimbursement for
13 abortions, or induced miscarriages or premature births. This
14 statement shall indicate what procedures were used in providing
15 such medical services.

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

25 The Illinois Department may require that all dispensers of
26 medical services desiring to participate in the medical

1 assistance program established under this Article disclose,
2 under such terms and conditions as the Illinois Department may
3 by rule establish, all inquiries from clients and attorneys
4 regarding medical bills paid by the Illinois Department, which
5 inquiries could indicate potential existence of claims or liens
6 for the Illinois Department.

7 Enrollment of a vendor that provides non-emergency medical
8 transportation, defined by the Department by rule, shall be
9 conditional for 180 days. During that time, the Department of
10 Healthcare and Family Services may terminate the vendor's
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12 without cause. That termination of eligibility is not subject
13 to the Department's hearing process.

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20 authorization; and (2) rental, lease, purchase or
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22 cost-effective manner, taking into consideration the
23 recipient's medical prognosis, the extent of the recipient's
24 needs, and the requirements and costs for maintaining such
25 equipment. Such rules shall enable a recipient to temporarily
26 acquire and use alternative or substitute devices or equipment

1 pending repairs or replacements of any device or equipment
2 previously authorized for such recipient by the Department.

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4 prescreening project, written inter-agency agreements with the
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6 effect the following: (i) intake procedures and common
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8 non-institutional services; and (ii) the establishment and
9 development of non-institutional services in areas of the State
10 where they are not currently available or are undeveloped.

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

18 The Illinois Department shall report annually to the
19 General Assembly, no later than the second Friday in April of
20 1979 and each year thereafter, in regard to:

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

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

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

1 (d) efforts at utilization review and control by the
2 Illinois Department.

3 The period covered by each report shall be the 3 years
4 ending on the June 30 prior to the report. The report shall
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8 the Clerk of the House of Representatives, one copy with the
9 President, one copy with the Minority Leader and one copy with
10 the Secretary of the Senate, one copy with the Legislative
11 Research Unit, and such additional copies with the State
12 Government Report Distribution Center for the General Assembly
13 as is required under paragraph (t) of Section 7 of the State
14 Library Act shall be deemed sufficient to comply with this
15 Section.

16 Rulemaking authority to implement Public Act 95-1045 ~~this~~
17 ~~amendatory Act of the 95th General Assembly~~, if any, is
18 conditioned on the rules being adopted in accordance with all
19 provisions of the Illinois Administrative Procedure Act and all
20 rules and procedures of the Joint Committee on Administrative
21 Rules; any purported rule not so adopted, for whatever reason,
22 is unauthorized.

23 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;
24 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.
25 7-1-10; revised 11-4-09.)

1 Section 96. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.

8 Section 97. Severability. If any portion of this Act or any
9 amendments thereto, or its applicability to any person or
10 circumstance is held invalid by a court, the remainder of this
11 Act or its applicability to other persons or circumstances
12 shall not be affected.".