



Sen. William R. Haine

Filed: 3/14/2013

09800SB1256sam001

LRB098 06209 KTG 42309 a

1 AMENDMENT TO SENATE BILL 1256

2 AMENDMENT NO. _____. Amend Senate Bill 1256 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Executive Order 1 (2012) Implementation Act.

6 Section 5. Effect. This Act, including all of the
7 amendatory provisions of this Act, implements and supersedes
8 Executive Order 1 (2012).

9 Section 10. Revocation of Executive Order 3 (2005). On the
10 date 6 months after the effective date of this Act, Executive
11 Order 3 (2005) is revoked and rescinded with the exception of
12 Section I (renaming the Department of Public Aid as the
13 Department of Healthcare and Family Services), which remains in
14 effect.

1 Section 15. Transfer back of State healthcare purchasing
2 functions transferred by Executive Order 3 (2005).

3 (a) On the date 6 months after the effective date of this
4 Act or as soon thereafter as practical, all of the powers,
5 duties, rights, and responsibilities related to State
6 healthcare purchasing that were transferred from the
7 Department of Central Management Services, the Department of
8 Corrections, the Department of Human Services, and the
9 Department of Veterans' Affairs to the Department of Healthcare
10 and Family Services by Executive Order 3 (2005) are transferred
11 back to the Departments from which those powers, duties,
12 rights, and responsibilities were transferred; however,
13 powers, duties, rights, and responsibilities related to State
14 healthcare purchasing that were exercised by the Department of
15 Corrections before the effective date of Executive Order 3
16 (2005) but that pertain to individuals resident in facilities
17 operated by the Department of Juvenile Justice are transferred
18 to the Department of Juvenile Justice.

19 (b) The functions associated with State healthcare
20 purchasing that are transferred from the Department of
21 Healthcare and Family Services under this Section include,
22 without limitation, the following:

23 (1) Rate development and negotiation with hospitals,
24 physicians, and managed care providers.

25 (2) Health care procurement development.

26 (3) Contract implementation and fiscal monitoring.

1 (4) Contract amendments.

2 (5) Payment processing.

3 (6) Purchasing aspects of health care plans
4 administered by the State on behalf of the following:

5 (A) State employees. These healthcare purchasing
6 functions include the following health care plans:
7 quality care health plan; managed care health plan;
8 vision plan; pharmacy benefits plan; dental plan;
9 behavioral health plan; employee assistance plan;
10 utilization management plan; and SHIPs and various
11 subrogation agreements. These healthcare purchasing
12 functions also include the purchasing and
13 administration of flu shots, hepatitis B vaccinations,
14 and tuberculosis tests.

15 (B) Persons other than State employees. These
16 healthcare purchasing functions include the following
17 health care plans: the retired teachers' health
18 insurance plan under the State Employees Group
19 Insurance Act of 1971; the local government health
20 insurance plan under the State Employees Group
21 Insurance Act of 1971; the community colleges health
22 insurance plan under the State Employees Group
23 Insurance Act of 1971; the active teacher prescription
24 program; and the Illinois Prescription Drug Discount
25 Program.

26 (C) Residents of State-operated facilities,

1 including (i) correctional and youth facilities
2 operated by the Department of Corrections or the
3 Department of Juvenile Justice, (ii) mental health
4 centers and developmental centers operated by the
5 Department of Human Services, and (iii) veterans homes
6 operated by the Department of Veterans' Affairs.

7 (c) The powers, duties, rights, and responsibilities
8 vested in or associated with State healthcare purchasing are
9 not affected by this Act, except that all management and staff
10 support or other resources necessary to the operation of a
11 State healthcare purchasing function shall be provided by the
12 Department to which that function is transferred under this
13 Act.

14 Section 20. Representation on boards or other entities.
15 When any provision of an Executive Order or Act provides for
16 the membership of the Director of Healthcare and Family
17 Services on any council, commission, board, or other entity
18 that exercises any of the State healthcare purchasing functions
19 transferred by this Act, the Director or Secretary of the
20 Department to which the State healthcare purchasing function is
21 transferred under this Act, or his or her designee, shall serve
22 in the place of the Director of Healthcare and Family Services,
23 but only with regard to the exercise of the function
24 transferred under this Act. If more than one such person is
25 required by law to serve on any council, commission, board, or

1 other entity, then an equivalent number of the representatives
2 of the Department to which the applicable function is
3 transferred under this Act shall so serve. In addition, any
4 statutory mandate that provides for action on the part of the
5 Director of Healthcare and Family Services relating to a State
6 healthcare purchasing function transferred under this Act
7 shall become the responsibility of the Director or Secretary of
8 the Department to which that function is transferred under this
9 Act.

10 Section 25. Personnel transferred.

11 (a) Personnel and positions within the Department of
12 Healthcare and Family Services that are engaged in the
13 performance of State healthcare purchasing functions
14 transferred back to the Department of Central Management
15 Services are transferred to and shall continue their service
16 within the Department of Central Management Services. The
17 status and rights of those employees under the Personnel Code
18 are not affected by this Act.

19 (b) Personnel and positions of the Department of
20 Corrections, the Department of Juvenile Justice, the
21 Department of Human Services, and the Department of Veterans'
22 Affairs were not in fact transferred under Executive Order 3
23 (2005) and are not affected by this Act.

24 Section 30. Books and records transferred. All books,

1 records, papers, documents, property (real and personal),
2 contracts, and pending business pertaining to the powers,
3 duties, rights, and responsibilities related to any of the
4 State healthcare purchasing functions transferred under this
5 Act from the Department of Healthcare and Family Services to
6 the Department of Central Management Services, the Department
7 of Corrections, the Department of Juvenile Justice, the
8 Department of Human Services, and the Department of Veterans'
9 Affairs, including, but not limited to, material in electronic
10 or magnetic format and necessary computer hardware and
11 software, shall be delivered to the Department to which that
12 State healthcare purchasing function is transferred under this
13 Act, provided that the delivery of that information may not
14 violate any applicable confidentiality constraints. The access
15 by personnel of the Department of Central Management Services,
16 the Department of Corrections, the Department of Juvenile
17 Justice, the Department of Human Services, and the Department
18 of Veterans' Affairs to databases and electronic health
19 information that are currently maintained by the Department of
20 Healthcare and Family Services and that contain data and
21 information necessary to the performance of the State
22 healthcare purchasing functions shall continue in the same
23 manner and level of access as before the effective date of
24 Executive Order 1 (2012). Staff of the Department of Central
25 Management Services, the Department of Corrections, the
26 Department of Juvenile Justice, the Department of Human

1 Services, and the Department of Veterans' Affairs may work with
2 staff of the Department of Healthcare and Family Services to
3 add new information relevant to State healthcare purchasing
4 functions.

5 Section 35. Unexpended moneys transferred.

6 (a) With respect to the State healthcare purchasing
7 functions transferred under this Act, the Department of Central
8 Management Services is the successor agency to the Department
9 of Healthcare and Family Services under the Successor Agency
10 Act and Section 9b of the State Finance Act. All unexpended
11 appropriations and balances and other moneys available for use
12 in connection with any of the State healthcare purchasing
13 functions transferred from the Department of Healthcare and
14 Family Services to the Department of Central Management
15 Services are transferred for use by the Department of Central
16 Management Services for the exercise of those functions
17 pursuant to the direction of the Governor. Unexpended balances
18 so transferred shall be expended only for the purpose for which
19 the appropriations were originally made.

20 (b) Appropriations of the Department of Corrections, the
21 Department of Juvenile Justice, the Department of Human
22 Services, and the Department of Veterans' Affairs were not in
23 fact transferred under Executive Order 3 (2005) and are not
24 affected by this Act.

1 Section 40. Exercise of transferred powers; savings
2 provisions. The powers, duties, rights, and responsibilities
3 related to the State healthcare purchasing functions
4 transferred under this Act are vested in and shall be exercised
5 by the Department to which the applicable function is
6 transferred. Each act done in the exercise of those powers,
7 duties, rights, and responsibilities shall have the same legal
8 effect as if done by the Department of Healthcare and Family
9 Services or its divisions, officers, or employees.

10 Section 45. Rules.

11 (a) Any rules that (i) relate to the Illinois Prescription
12 Drug Discount Program or to any other State healthcare
13 purchasing function or program transferred to the Department of
14 Central Management Services by this Act, (ii) are in full force
15 on the effective date of Executive Order 1 (2012), and (iii)
16 have been duly adopted by the Department of Healthcare and
17 Family Services shall become the rules of the Department of
18 Central Management Services. This Act shall not affect the
19 legality of any such rules in the Illinois Administrative Code.

20 (b) Any proposed rule filed with the Secretary of State by
21 the Department of Healthcare and Family Services that pertains
22 to the Illinois Prescription Drug Discount Program, or to any
23 other State healthcare purchasing function or program
24 transferred to the Department of Central Management Services by
25 this Act, and that is pending in the rulemaking process on the

1 effective date of Executive Order 1 (2012) shall be deemed to
2 have been filed by the Department of Central Management
3 Services.

4 (c) On and after the effective date of Executive Order 1
5 (2012), the Department of Central Management Services may
6 propose and adopt, under the Illinois Administrative Procedure
7 Act, other rules that relate to the Illinois Prescription Drug
8 Discount Program, or to any other State healthcare purchasing
9 function or program transferred to the Department of Central
10 Management Services by this Act.

11 Section 50. Rights, obligations, and duties unaffected by
12 transfer. The transfer of powers, duties, rights, and
13 responsibilities from the Department of Healthcare and Family
14 Services under this Act does not affect any person's rights,
15 obligations, or duties, including any civil or criminal
16 penalties applicable thereto, arising out of those transferred
17 powers, duties, rights, and responsibilities.

18 Section 55. Agency officers; penalties. Every officer of
19 the Department of Central Management Services, the Department
20 of Corrections, the Department of Juvenile Justice, the
21 Department of Human Services, and the Department of Veterans'
22 Affairs is, for any offense, subject to the same penalty or
23 penalties, civil or criminal, as are prescribed by existing law
24 for the same offense by any officer whose powers or duties are

1 transferred under this Act.

2 Section 60. Reports, notices, or papers. Whenever reports
3 or notices are required to be made or given or papers or
4 documents furnished or served by any person to or upon the
5 Department of Healthcare and Family Services in connection with
6 any State healthcare purchasing function transferred under
7 this Act, the same shall be made, given, furnished, or served
8 in the same manner to or upon the Department to which that
9 State healthcare purchasing function is transferred.

10 Section 65. Interagency agreements. To the extent
11 necessary or prudent to fully implement the intent of this Act,
12 the Department of Central Management Services, the Department
13 of Corrections, the Department of Human Services, the
14 Department of Juvenile Justice, the Department of Veterans'
15 Affairs, and the Department of Healthcare and Family Services
16 may enter into one or more interagency agreements to ensure the
17 full and appropriate transfer of all State healthcare
18 purchasing functions transferred from the Department of
19 Healthcare and Family Services under this Act.

20 Section 70. Acts and actions unaffected by transfer. This
21 Act does not affect any act done, ratified, or canceled, or any
22 right occurring or established, before the effective date of
23 Executive Order 1 (2012), in connection with any State

1 healthcare purchasing function transferred under this Act.
2 This Act does not affect any action or proceeding had or
3 commenced before the effective date of Executive Order 1 (2012)
4 in an administrative, civil, or criminal cause regarding a
5 State healthcare purchasing function transferred from the
6 Department of Healthcare and Family Services under this Act,
7 but any such action or proceeding may be defended, prosecuted,
8 or continued by the Department to which the applicable State
9 healthcare purchasing function is transferred.

10 Section 900. The State Employees Group Insurance Act of
11 1971 is amended by adding Section 2.5 and changing Sections 3,
12 6.5, 6.10, 10, and 13.1 as follows:

13 (5 ILCS 375/2.5 new)

14 Sec. 2.5. State healthcare purchasing. On and after the
15 date 6 months after the effective date of this amendatory Act
16 of the 98th General Assembly, as provided in the Executive
17 Order 1 (2012) Implementation Act, all of the powers, duties,
18 rights, and responsibilities related to State healthcare
19 purchasing under this Act that were transferred from the
20 Department of Central Management Services to the Department of
21 Healthcare and Family Services by Executive Order 3 (2005) are
22 transferred back to the Department.

23 (5 ILCS 375/3) (from Ch. 127, par. 523)

1 Sec. 3. Definitions. Unless the context otherwise
2 requires, the following words and phrases as used in this Act
3 shall have the following meanings. The Department may define
4 these and other words and phrases separately for the purpose of
5 implementing specific programs providing benefits under this
6 Act.

7 (a) "Administrative service organization" means any
8 person, firm or corporation experienced in the handling of
9 claims which is fully qualified, financially sound and capable
10 of meeting the service requirements of a contract of
11 administration executed with the Department.

12 (b) "Annuitant" means (1) an employee who retires, or has
13 retired, on or after January 1, 1966 on an immediate annuity
14 under the provisions of Articles 2, 14 (including an employee
15 who has elected to receive an alternative retirement
16 cancellation payment under Section 14-108.5 of the Illinois
17 Pension Code in lieu of an annuity), 15 (including an employee
18 who has retired under the optional retirement program
19 established under Section 15-158.2), paragraphs (2), (3), or
20 (5) of Section 16-106, or Article 18 of the Illinois Pension
21 Code; (2) any person who was receiving group insurance coverage
22 under this Act as of March 31, 1978 by reason of his status as
23 an annuitant, even though the annuity in relation to which such
24 coverage was provided is a proportional annuity based on less
25 than the minimum period of service required for a retirement
26 annuity in the system involved; (3) any person not otherwise

1 covered by this Act who has retired as a participating member
2 under Article 2 of the Illinois Pension Code but is ineligible
3 for the retirement annuity under Section 2-119 of the Illinois
4 Pension Code; (4) the spouse of any person who is receiving a
5 retirement annuity under Article 18 of the Illinois Pension
6 Code and who is covered under a group health insurance program
7 sponsored by a governmental employer other than the State of
8 Illinois and who has irrevocably elected to waive his or her
9 coverage under this Act and to have his or her spouse
10 considered as the "annuitant" under this Act and not as a
11 "dependent"; or (5) an employee who retires, or has retired,
12 from a qualified position, as determined according to rules
13 promulgated by the Director, under a qualified local
14 government, a qualified rehabilitation facility, a qualified
15 domestic violence shelter or service, or a qualified child
16 advocacy center. (For definition of "retired employee", see (p)
17 post).

18 (b-5) (Blank).

19 (b-6) (Blank).

20 (b-7) (Blank).

21 (c) "Carrier" means (1) an insurance company, a corporation
22 organized under the Limited Health Service Organization Act or
23 the Voluntary Health Services Plan Act, a partnership, or other
24 nongovernmental organization, which is authorized to do group
25 life or group health insurance business in Illinois, or (2) the
26 State of Illinois as a self-insurer.

1 (d) "Compensation" means salary or wages payable on a
2 regular payroll by the State Treasurer on a warrant of the
3 State Comptroller out of any State, trust or federal fund, or
4 by the Governor of the State through a disbursing officer of
5 the State out of a trust or out of federal funds, or by any
6 Department out of State, trust, federal or other funds held by
7 the State Treasurer or the Department, to any person for
8 personal services currently performed, and ordinary or
9 accidental disability benefits under Articles 2, 14, 15
10 (including ordinary or accidental disability benefits under
11 the optional retirement program established under Section
12 15-158.2), paragraphs (2), (3), or (5) of Section 16-106, or
13 Article 18 of the Illinois Pension Code, for disability
14 incurred after January 1, 1966, or benefits payable under the
15 Workers' Compensation or Occupational Diseases Act or benefits
16 payable under a sick pay plan established in accordance with
17 Section 36 of the State Finance Act. "Compensation" also means
18 salary or wages paid to an employee of any qualified local
19 government, qualified rehabilitation facility, qualified
20 domestic violence shelter or service, or qualified child
21 advocacy center.

22 (e) "Commission" means the State Employees Group Insurance
23 Advisory Commission authorized by this Act. Commencing July 1,
24 1984, "Commission" as used in this Act means the Commission on
25 Government Forecasting and Accountability as established by
26 the Legislative Commission Reorganization Act of 1984.

1 (f) "Contributory", when referred to as contributory
2 coverage, shall mean optional coverages or benefits elected by
3 the member toward the cost of which such member makes
4 contribution, or which are funded in whole or in part through
5 the acceptance of a reduction in earnings or the foregoing of
6 an increase in earnings by an employee, as distinguished from
7 noncontributory coverage or benefits which are paid entirely by
8 the State of Illinois without reduction of the member's salary.

9 (g) "Department" means any department, institution, board,
10 commission, officer, court or any agency of the State
11 government receiving appropriations and having power to
12 certify payrolls to the Comptroller authorizing payments of
13 salary and wages against such appropriations as are made by the
14 General Assembly from any State fund, or against trust funds
15 held by the State Treasurer and includes boards of trustees of
16 the retirement systems created by Articles 2, 14, 15, 16 and 18
17 of the Illinois Pension Code. "Department" also includes the
18 Illinois Comprehensive Health Insurance Board, the Board of
19 Examiners established under the Illinois Public Accounting
20 Act, and the Illinois Finance Authority.

21 (h) "Dependent", when the term is used in the context of
22 the health and life plan, means a member's spouse and any child
23 (1) from birth to age 26 including an adopted child, a child
24 who lives with the member from the time of the filing of a
25 petition for adoption until entry of an order of adoption, a
26 stepchild or adjudicated child, or a child who lives with the

1 member if such member is a court appointed guardian of the
2 child or (2) age 19 or over who is mentally or physically
3 disabled from a cause originating prior to the age of 19 (age
4 26 if enrolled as an adult child dependent). For the health
5 plan only, the term "dependent" also includes (1) any person
6 enrolled prior to the effective date of this Section who is
7 dependent upon the member to the extent that the member may
8 claim such person as a dependent for income tax deduction
9 purposes and (2) any person who has received after June 30,
10 2000 an organ transplant and who is financially dependent upon
11 the member and eligible to be claimed as a dependent for income
12 tax purposes. A member requesting to cover any dependent must
13 provide documentation as requested by the Department of Central
14 Management Services and file with the Department any and all
15 forms required by the Department.

16 (i) "Director" means the Director of the Illinois
17 Department of Central Management Services ~~or of any successor~~
18 ~~agency designated to administer this Act.~~

19 (j) "Eligibility period" means the period of time a member
20 has to elect enrollment in programs or to select benefits
21 without regard to age, sex or health.

22 (k) "Employee" means and includes each officer or employee
23 in the service of a department who (1) receives his
24 compensation for service rendered to the department on a
25 warrant issued pursuant to a payroll certified by a department
26 or on a warrant or check issued and drawn by a department upon

1 a trust, federal or other fund or on a warrant issued pursuant
2 to a payroll certified by an elected or duly appointed officer
3 of the State or who receives payment of the performance of
4 personal services on a warrant issued pursuant to a payroll
5 certified by a Department and drawn by the Comptroller upon the
6 State Treasurer against appropriations made by the General
7 Assembly from any fund or against trust funds held by the State
8 Treasurer, and (2) is employed full-time or part-time in a
9 position normally requiring actual performance of duty during
10 not less than 1/2 of a normal work period, as established by
11 the Director in cooperation with each department, except that
12 persons elected by popular vote will be considered employees
13 during the entire term for which they are elected regardless of
14 hours devoted to the service of the State, and (3) except that
15 "employee" does not include any person who is not eligible by
16 reason of such person's employment to participate in one of the
17 State retirement systems under Articles 2, 14, 15 (either the
18 regular Article 15 system or the optional retirement program
19 established under Section 15-158.2) or 18, or under paragraph
20 (2), (3), or (5) of Section 16-106, of the Illinois Pension
21 Code, but such term does include persons who are employed
22 during the 6 month qualifying period under Article 14 of the
23 Illinois Pension Code. Such term also includes any person who
24 (1) after January 1, 1966, is receiving ordinary or accidental
25 disability benefits under Articles 2, 14, 15 (including
26 ordinary or accidental disability benefits under the optional

1 retirement program established under Section 15-158.2),
2 paragraphs (2), (3), or (5) of Section 16-106, or Article 18 of
3 the Illinois Pension Code, for disability incurred after
4 January 1, 1966, (2) receives total permanent or total
5 temporary disability under the Workers' Compensation Act or
6 Occupational Disease Act as a result of injuries sustained or
7 illness contracted in the course of employment with the State
8 of Illinois, or (3) is not otherwise covered under this Act and
9 has retired as a participating member under Article 2 of the
10 Illinois Pension Code but is ineligible for the retirement
11 annuity under Section 2-119 of the Illinois Pension Code.
12 However, a person who satisfies the criteria of the foregoing
13 definition of "employee" except that such person is made
14 ineligible to participate in the State Universities Retirement
15 System by clause (4) of subsection (a) of Section 15-107 of the
16 Illinois Pension Code is also an "employee" for the purposes of
17 this Act. "Employee" also includes any person receiving or
18 eligible for benefits under a sick pay plan established in
19 accordance with Section 36 of the State Finance Act. "Employee"
20 also includes (i) each officer or employee in the service of a
21 qualified local government, including persons appointed as
22 trustees of sanitary districts regardless of hours devoted to
23 the service of the sanitary district, (ii) each employee in the
24 service of a qualified rehabilitation facility, (iii) each
25 full-time employee in the service of a qualified domestic
26 violence shelter or service, and (iv) each full-time employee

1 in the service of a qualified child advocacy center, as
2 determined according to rules promulgated by the Director.

3 (l) "Member" means an employee, annuitant, retired
4 employee or survivor. In the case of an annuitant or retired
5 employee who first becomes an annuitant or retired employee on
6 or after the effective date of this amendatory Act of the 97th
7 General Assembly, the individual must meet the minimum vesting
8 requirements of the applicable retirement system in order to be
9 eligible for group insurance benefits under that system. In the
10 case of a survivor who first becomes a survivor on or after the
11 effective date of this amendatory Act of the 97th General
12 Assembly, the deceased employee, annuitant, or retired
13 employee upon whom the annuity is based must have been eligible
14 to participate in the group insurance system under the
15 applicable retirement system in order for the survivor to be
16 eligible for group insurance benefits under that system.

17 (m) "Optional coverages or benefits" means those coverages
18 or benefits available to the member on his or her voluntary
19 election, and at his or her own expense.

20 (n) "Program" means the group life insurance, health
21 benefits and other employee benefits designed and contracted
22 for by the Director under this Act.

23 (o) "Health plan" means a health benefits program offered
24 by the State of Illinois for persons eligible for the plan.

25 (p) "Retired employee" means any person who would be an
26 annuitant as that term is defined herein but for the fact that

1 such person retired prior to January 1, 1966. Such term also
2 includes any person formerly employed by the University of
3 Illinois in the Cooperative Extension Service who would be an
4 annuitant but for the fact that such person was made ineligible
5 to participate in the State Universities Retirement System by
6 clause (4) of subsection (a) of Section 15-107 of the Illinois
7 Pension Code.

8 (q) "Survivor" means a person receiving an annuity as a
9 survivor of an employee or of an annuitant. "Survivor" also
10 includes: (1) the surviving dependent of a person who satisfies
11 the definition of "employee" except that such person is made
12 ineligible to participate in the State Universities Retirement
13 System by clause (4) of subsection (a) of Section 15-107 of the
14 Illinois Pension Code; (2) the surviving dependent of any
15 person formerly employed by the University of Illinois in the
16 Cooperative Extension Service who would be an annuitant except
17 for the fact that such person was made ineligible to
18 participate in the State Universities Retirement System by
19 clause (4) of subsection (a) of Section 15-107 of the Illinois
20 Pension Code; and (3) the surviving dependent of a person who
21 was an annuitant under this Act by virtue of receiving an
22 alternative retirement cancellation payment under Section
23 14-108.5 of the Illinois Pension Code.

24 (q-2) "SERS" means the State Employees' Retirement System
25 of Illinois, created under Article 14 of the Illinois Pension
26 Code.

1 (q-3) "SURS" means the State Universities Retirement
2 System, created under Article 15 of the Illinois Pension Code.

3 (q-4) "TRS" means the Teachers' Retirement System of the
4 State of Illinois, created under Article 16 of the Illinois
5 Pension Code.

6 (q-5) (Blank).

7 (q-6) (Blank).

8 (q-7) (Blank).

9 (r) "Medical services" means the services provided within
10 the scope of their licenses by practitioners in all categories
11 licensed under the Medical Practice Act of 1987.

12 (s) "Unit of local government" means any county,
13 municipality, township, school district (including a
14 combination of school districts under the Intergovernmental
15 Cooperation Act), special district or other unit, designated as
16 a unit of local government by law, which exercises limited
17 governmental powers or powers in respect to limited
18 governmental subjects, any not-for-profit association with a
19 membership that primarily includes townships and township
20 officials, that has duties that include provision of research
21 service, dissemination of information, and other acts for the
22 purpose of improving township government, and that is funded
23 wholly or partly in accordance with Section 85-15 of the
24 Township Code; any not-for-profit corporation or association,
25 with a membership consisting primarily of municipalities, that
26 operates its own utility system, and provides research,

1 training, dissemination of information, or other acts to
2 promote cooperation between and among municipalities that
3 provide utility services and for the advancement of the goals
4 and purposes of its membership; the Southern Illinois
5 Collegiate Common Market, which is a consortium of higher
6 education institutions in Southern Illinois; the Illinois
7 Association of Park Districts; and any hospital provider that
8 is owned by a county that has 100 or fewer hospital beds and
9 has not already joined the program. "Qualified local
10 government" means a unit of local government approved by the
11 Director and participating in a program created under
12 subsection (i) of Section 10 of this Act.

13 (t) "Qualified rehabilitation facility" means any
14 not-for-profit organization that is accredited by the
15 Commission on Accreditation of Rehabilitation Facilities or
16 certified by the Department of Human Services (as successor to
17 the Department of Mental Health and Developmental
18 Disabilities) to provide services to persons with disabilities
19 and which receives funds from the State of Illinois for
20 providing those services, approved by the Director and
21 participating in a program created under subsection (j) of
22 Section 10 of this Act.

23 (u) "Qualified domestic violence shelter or service" means
24 any Illinois domestic violence shelter or service and its
25 administrative offices funded by the Department of Human
26 Services (as successor to the Illinois Department of Public

1 Aid), approved by the Director and participating in a program
2 created under subsection (k) of Section 10.

3 (v) "TRS benefit recipient" means a person who:

4 (1) is not a "member" as defined in this Section; and

5 (2) is receiving a monthly benefit or retirement
6 annuity under Article 16 of the Illinois Pension Code; and

7 (3) either (i) has at least 8 years of creditable
8 service under Article 16 of the Illinois Pension Code, or
9 (ii) was enrolled in the health insurance program offered
10 under that Article on January 1, 1996, or (iii) is the
11 survivor of a benefit recipient who had at least 8 years of
12 creditable service under Article 16 of the Illinois Pension
13 Code or was enrolled in the health insurance program
14 offered under that Article on the effective date of this
15 amendatory Act of 1995, or (iv) is a recipient or survivor
16 of a recipient of a disability benefit under Article 16 of
17 the Illinois Pension Code.

18 (w) "TRS dependent beneficiary" means a person who:

19 (1) is not a "member" or "dependent" as defined in this
20 Section; and

21 (2) is a TRS benefit recipient's: (A) spouse, (B)
22 dependent parent who is receiving at least half of his or
23 her support from the TRS benefit recipient, or (C) natural,
24 step, adjudicated, or adopted child who is (i) under age
25 26, (ii) was, on January 1, 1996, participating as a
26 dependent beneficiary in the health insurance program

1 offered under Article 16 of the Illinois Pension Code, or
2 (iii) age 19 or over who is mentally or physically disabled
3 from a cause originating prior to the age of 19 (age 26 if
4 enrolled as an adult child).

5 "TRS dependent beneficiary" does not include, as indicated
6 under paragraph (2) of this subsection (w), a dependent of the
7 survivor of a TRS benefit recipient who first becomes a
8 dependent of a survivor of a TRS benefit recipient on or after
9 the effective date of this amendatory Act of the 97th General
10 Assembly unless that dependent would have been eligible for
11 coverage as a dependent of the deceased TRS benefit recipient
12 upon whom the survivor benefit is based.

13 (x) "Military leave" refers to individuals in basic
14 training for reserves, special/advanced training, annual
15 training, emergency call up, activation by the President of the
16 United States, or any other training or duty in service to the
17 United States Armed Forces.

18 (y) (Blank).

19 (z) "Community college benefit recipient" means a person
20 who:

21 (1) is not a "member" as defined in this Section; and

22 (2) is receiving a monthly survivor's annuity or
23 retirement annuity under Article 15 of the Illinois Pension
24 Code; and

25 (3) either (i) was a full-time employee of a community
26 college district or an association of community college

1 boards created under the Public Community College Act
2 (other than an employee whose last employer under Article
3 15 of the Illinois Pension Code was a community college
4 district subject to Article VII of the Public Community
5 College Act) and was eligible to participate in a group
6 health benefit plan as an employee during the time of
7 employment with a community college district (other than a
8 community college district subject to Article VII of the
9 Public Community College Act) or an association of
10 community college boards, or (ii) is the survivor of a
11 person described in item (i).

12 (aa) "Community college dependent beneficiary" means a
13 person who:

14 (1) is not a "member" or "dependent" as defined in this
15 Section; and

16 (2) is a community college benefit recipient's: (A)
17 spouse, (B) dependent parent who is receiving at least half
18 of his or her support from the community college benefit
19 recipient, or (C) natural, step, adjudicated, or adopted
20 child who is (i) under age 26, or (ii) age 19 or over and
21 mentally or physically disabled from a cause originating
22 prior to the age of 19 (age 26 if enrolled as an adult
23 child).

24 "Community college dependent beneficiary" does not
25 include, as indicated under paragraph (2) of this subsection
26 (aa), a dependent of the survivor of a community college

1 benefit recipient who first becomes a dependent of a survivor
2 of a community college benefit recipient on or after the
3 effective date of this amendatory Act of the 97th General
4 Assembly unless that dependent would have been eligible for
5 coverage as a dependent of the deceased community college
6 benefit recipient upon whom the survivor annuity is based.

7 (bb) "Qualified child advocacy center" means any Illinois
8 child advocacy center and its administrative offices funded by
9 the Department of Children and Family Services, as defined by
10 the Children's Advocacy Center Act (55 ILCS 80/), approved by
11 the Director and participating in a program created under
12 subsection (n) of Section 10.

13 (Source: P.A. 96-756, eff. 1-1-10; 96-1519, eff. 2-4-11;
14 97-668, eff. 1-13-12; 97-695, eff. 7-1-12.)

15 (5 ILCS 375/6.5)

16 Sec. 6.5. Health benefits for TRS benefit recipients and
17 TRS dependent beneficiaries.

18 (a) Purpose. It is the purpose of this amendatory Act of
19 1995 to transfer the administration of the program of health
20 benefits established for benefit recipients and their
21 dependent beneficiaries under Article 16 of the Illinois
22 Pension Code to the Department of Central Management Services.

23 (b) Transition provisions. The Board of Trustees of the
24 Teachers' Retirement System shall continue to administer the
25 health benefit program established under Article 16 of the

1 Illinois Pension Code through December 31, 1995. Beginning
2 January 1, 1996, the Department of Central Management Services
3 shall be responsible for administering a program of health
4 benefits for TRS benefit recipients and TRS dependent
5 beneficiaries under this Section. The Department of Central
6 Management Services and the Teachers' Retirement System shall
7 cooperate in this endeavor and shall coordinate their
8 activities so as to ensure a smooth transition and
9 uninterrupted health benefit coverage.

10 (c) Eligibility. All persons who were enrolled in the
11 Article 16 program at the time of the transfer shall be
12 eligible to participate in the program established under this
13 Section without any interruption or delay in coverage or
14 limitation as to pre-existing medical conditions. Eligibility
15 to participate shall be determined by the Teachers' Retirement
16 System. Eligibility information shall be communicated to the
17 Department of Central Management Services in a format
18 acceptable to the Department.

19 A TRS dependent beneficiary who is a child age 19 or over
20 and mentally or physically disabled does not become ineligible
21 to participate by reason of (i) becoming ineligible to be
22 claimed as a dependent for Illinois or federal income tax
23 purposes or (ii) receiving earned income, so long as those
24 earnings are insufficient for the child to be fully
25 self-sufficient.

26 (d) Coverage. The level of health benefits provided under

1 this Section shall be similar to the level of benefits provided
2 by the program previously established under Article 16 of the
3 Illinois Pension Code.

4 Group life insurance benefits are not included in the
5 benefits to be provided to TRS benefit recipients and TRS
6 dependent beneficiaries under this Act.

7 The program of health benefits under this Section may
8 include any or all of the benefit limitations, including but
9 not limited to a reduction in benefits based on eligibility for
10 federal medicare benefits, that are provided under subsection
11 (a) of Section 6 of this Act for other health benefit programs
12 under this Act.

13 (e) Insurance rates and premiums. The Director shall
14 determine the insurance rates and premiums for TRS benefit
15 recipients and TRS dependent beneficiaries, and shall present
16 to the Teachers' Retirement System of the State of Illinois, by
17 April 15 of each calendar year, the rate-setting methodology
18 (including but not limited to utilization levels and costs)
19 used to determine the amount of the health care premiums.

20 For Fiscal Year 1996, the premium shall be equal to the
21 premium actually charged in Fiscal Year 1995; in subsequent
22 years, the premium shall never be lower than the premium
23 charged in Fiscal Year 1995.

24 For Fiscal Year 2003, the premium shall not exceed 110%
25 of the premium actually charged in Fiscal Year 2002.

26 For Fiscal Year 2004, the premium shall not exceed 112%

1 of the premium actually charged in Fiscal Year 2003.

2 For Fiscal Year 2005, the premium shall not exceed a
3 weighted average of 106.6% of the premium actually charged
4 in Fiscal Year 2004.

5 For Fiscal Year 2006, the premium shall not exceed a
6 weighted average of 109.1% of the premium actually charged
7 in Fiscal Year 2005.

8 For Fiscal Year 2007, the premium shall not exceed a
9 weighted average of 103.9% of the premium actually charged
10 in Fiscal Year 2006.

11 For Fiscal Year 2008 and thereafter, the premium in
12 each fiscal year shall not exceed 105% of the premium
13 actually charged in the previous fiscal year.

14 Rates and premiums may be based in part on age and
15 eligibility for federal medicare coverage. However, the cost of
16 participation for a TRS dependent beneficiary who is an
17 unmarried child age 19 or over and mentally or physically
18 disabled shall not exceed the cost for a TRS dependent
19 beneficiary who is an unmarried child under age 19 and
20 participates in the same major medical or managed care program.

21 The cost of health benefits under the program shall be paid
22 as follows:

23 (1) For a TRS benefit recipient selecting a managed
24 care program, up to 75% of the total insurance rate shall
25 be paid from the Teacher Health Insurance Security Fund.
26 Effective with Fiscal Year 2007 and thereafter, for a TRS

1 benefit recipient selecting a managed care program, 75% of
2 the total insurance rate shall be paid from the Teacher
3 Health Insurance Security Fund.

4 (2) For a TRS benefit recipient selecting the major
5 medical coverage program, up to 50% of the total insurance
6 rate shall be paid from the Teacher Health Insurance
7 Security Fund if a managed care program is accessible, as
8 determined by the Teachers' Retirement System. Effective
9 with Fiscal Year 2007 and thereafter, for a TRS benefit
10 recipient selecting the major medical coverage program,
11 50% of the total insurance rate shall be paid from the
12 Teacher Health Insurance Security Fund if a managed care
13 program is accessible, as determined by the Department of
14 Central Management Services.

15 (3) For a TRS benefit recipient selecting the major
16 medical coverage program, up to 75% of the total insurance
17 rate shall be paid from the Teacher Health Insurance
18 Security Fund if a managed care program is not accessible,
19 as determined by the Teachers' Retirement System.
20 Effective with Fiscal Year 2007 and thereafter, for a TRS
21 benefit recipient selecting the major medical coverage
22 program, 75% of the total insurance rate shall be paid from
23 the Teacher Health Insurance Security Fund if a managed
24 care program is not accessible, as determined by the
25 Department of Central Management Services.

26 (3.1) For a TRS dependent beneficiary who is Medicare

1 primary and enrolled in a managed care plan, or the major
2 medical coverage program if a managed care plan is not
3 available, 25% of the total insurance rate shall be paid
4 from the Teacher Health Security Fund as determined by the
5 Department of Central Management Services. For the purpose
6 of this item (3.1), the term "TRS dependent beneficiary who
7 is Medicare primary" means a TRS dependent beneficiary who
8 is participating in Medicare Parts A and B.

9 (4) Except as otherwise provided in item (3.1), the
10 balance of the rate of insurance, including the entire
11 premium of any coverage for TRS dependent beneficiaries
12 that has been elected, shall be paid by deductions
13 authorized by the TRS benefit recipient to be withheld from
14 his or her monthly annuity or benefit payment from the
15 Teachers' Retirement System; except that (i) if the balance
16 of the cost of coverage exceeds the amount of the monthly
17 annuity or benefit payment, the difference shall be paid
18 directly to the Teachers' Retirement System by the TRS
19 benefit recipient, and (ii) all or part of the balance of
20 the cost of coverage may, at the school board's option, be
21 paid to the Teachers' Retirement System by the school board
22 of the school district from which the TRS benefit recipient
23 retired, in accordance with Section 10-22.3b of the School
24 Code. The Teachers' Retirement System shall promptly
25 deposit all moneys withheld by or paid to it under this
26 subdivision (e)(4) into the Teacher Health Insurance

1 Security Fund. These moneys shall not be considered assets
2 of the Retirement System.

3 (f) Financing. Beginning July 1, 1995, all revenues arising
4 from the administration of the health benefit programs
5 established under Article 16 of the Illinois Pension Code or
6 this Section shall be deposited into the Teacher Health
7 Insurance Security Fund, which is hereby created as a
8 nonappropriated trust fund to be held outside the State
9 Treasury, with the State Treasurer as custodian. Any interest
10 earned on moneys in the Teacher Health Insurance Security Fund
11 shall be deposited into the Fund.

12 Moneys in the Teacher Health Insurance Security Fund shall
13 be used only to pay the costs of the health benefit program
14 established under this Section, including associated
15 administrative costs, and the costs associated with the health
16 benefit program established under Article 16 of the Illinois
17 Pension Code, as authorized in this Section. Beginning July 1,
18 1995, the Department of Central Management Services may make
19 expenditures from the Teacher Health Insurance Security Fund
20 for those costs.

21 After other funds authorized for the payment of the costs
22 of the health benefit program established under Article 16 of
23 the Illinois Pension Code are exhausted and until January 1,
24 1996 (or such later date as may be agreed upon by the Director
25 of Central Management Services and the Secretary of the
26 Teachers' Retirement System), the Secretary of the Teachers'

1 Retirement System may make expenditures from the Teacher Health
2 Insurance Security Fund as necessary to pay up to 75% of the
3 cost of providing health coverage to eligible benefit
4 recipients (as defined in Sections 16-153.1 and 16-153.3 of the
5 Illinois Pension Code) who are enrolled in the Article 16
6 health benefit program and to facilitate the transfer of
7 administration of the health benefit program to the Department
8 of Central Management Services.

9 The Department of Central Management ~~Healthcare and Family~~
10 Services, or any successor agency designated to procure
11 healthcare contracts pursuant to this Act, is authorized to
12 establish funds, separate accounts provided by any bank or
13 banks as defined by the Illinois Banking Act, or separate
14 accounts provided by any savings and loan association or
15 associations as defined by the Illinois Savings and Loan Act of
16 1985 to be held by the Director, outside the State treasury,
17 for the purpose of receiving the transfer of moneys from the
18 Teacher Health Insurance Security Fund. The Department may
19 promulgate rules further defining the methodology for the
20 transfers. Any interest earned by moneys in the funds or
21 accounts shall inure to the Teacher Health Insurance Security
22 Fund. The transferred moneys, and interest accrued thereon,
23 shall be used exclusively for transfers to administrative
24 service organizations or their financial institutions for
25 payments of claims to claimants and providers under the
26 self-insurance health plan. The transferred moneys, and

1 interest accrued thereon, shall not be used for any other
2 purpose including, but not limited to, reimbursement of
3 administration fees due the administrative service
4 organization pursuant to its contract or contracts with the
5 Department.

6 (g) Contract for benefits. The Director shall by contract,
7 self-insurance, or otherwise make available the program of
8 health benefits for TRS benefit recipients and their TRS
9 dependent beneficiaries that is provided for in this Section.
10 The contract or other arrangement for the provision of these
11 health benefits shall be on terms deemed by the Director to be
12 in the best interest of the State of Illinois and the TRS
13 benefit recipients based on, but not limited to, such criteria
14 as administrative cost, service capabilities of the carrier or
15 other contractor, and the costs of the benefits.

16 (g-5) Committee. A Teacher Retirement Insurance Program
17 Committee shall be established, to consist of 10 persons
18 appointed by the Governor.

19 The Committee shall convene at least 4 times each year, and
20 shall consider and make recommendations on issues affecting the
21 program of health benefits provided under this Section.
22 Recommendations of the Committee shall be based on a consensus
23 of the members of the Committee.

24 If the Teacher Health Insurance Security Fund experiences a
25 deficit balance based upon the contribution and subsidy rates
26 established in this Section and Section 6.6 for Fiscal Year

1 2008 or thereafter, the Committee shall make recommendations
2 for adjustments to the funding sources established under these
3 Sections.

4 In addition, the Committee shall identify proposed
5 solutions to the funding shortfalls that are affecting the
6 Teacher Health Insurance Security Fund, and it shall report
7 those solutions to the Governor and the General Assembly within
8 6 months after August 15, 2011 (the effective date of Public
9 Act 97-386).

10 (h) Continuation of program. It is the intention of the
11 General Assembly that the program of health benefits provided
12 under this Section be maintained on an ongoing, affordable
13 basis.

14 The program of health benefits provided under this Section
15 may be amended by the State and is not intended to be a pension
16 or retirement benefit subject to protection under Article XIII,
17 Section 5 of the Illinois Constitution.

18 (i) Repeal. (Blank).

19 (Source: P.A. 96-1519, eff. 2-4-11; 97-386, eff. 8-15-11;
20 97-813, eff. 7-13-12.)

21 (5 ILCS 375/6.10)

22 Sec. 6.10. Contributions to the Community College Health
23 Insurance Security Fund.

24 (a) Beginning January 1, 1999, every active contributor of
25 the State Universities Retirement System (established under

1 Article 15 of the Illinois Pension Code) who (1) is a full-time
2 employee of a community college district (other than a
3 community college district subject to Article VII of the Public
4 Community College Act) or an association of community college
5 boards and (2) is not an employee as defined in Section 3 of
6 this Act shall make contributions toward the cost of community
7 college annuitant and survivor health benefits at the rate of
8 0.50% of salary.

9 These contributions shall be deducted by the employer and
10 paid to the State Universities Retirement System as service
11 agent for the Department of Central Management Services. The
12 System may use the same processes for collecting the
13 contributions required by this subsection that it uses to
14 collect the contributions received from those employees under
15 Section 15-157 of the Illinois Pension Code. An employer may
16 agree to pick up or pay the contributions required under this
17 subsection on behalf of the employee; such contributions shall
18 be deemed to have been paid by the employee.

19 The State Universities Retirement System shall promptly
20 deposit all moneys collected under this subsection (a) into the
21 Community College Health Insurance Security Fund created in
22 Section 6.9 of this Act. The moneys collected under this
23 Section shall be used only for the purposes authorized in
24 Section 6.9 of this Act and shall not be considered to be
25 assets of the State Universities Retirement System.
26 Contributions made under this Section are not transferable to

1 other pension funds or retirement systems and are not
2 refundable upon termination of service.

3 (b) Beginning January 1, 1999, every community college
4 district (other than a community college district subject to
5 Article VII of the Public Community College Act) or association
6 of community college boards that is an employer under the State
7 Universities Retirement System shall contribute toward the
8 cost of the community college health benefits provided under
9 Section 6.9 of this Act an amount equal to 0.50% of the salary
10 paid to its full-time employees who participate in the State
11 Universities Retirement System and are not members as defined
12 in Section 3 of this Act.

13 These contributions shall be paid by the employer to the
14 State Universities Retirement System as service agent for the
15 Department of Central Management Services. The System may use
16 the same processes for collecting the contributions required by
17 this subsection that it uses to collect the contributions
18 received from those employers under Section 15-155 of the
19 Illinois Pension Code.

20 The State Universities Retirement System shall promptly
21 deposit all moneys collected under this subsection (b) into the
22 Community College Health Insurance Security Fund created in
23 Section 6.9 of this Act. The moneys collected under this
24 Section shall be used only for the purposes authorized in
25 Section 6.9 of this Act and shall not be considered to be
26 assets of the State Universities Retirement System.

1 Contributions made under this Section are not transferable to
2 other pension funds or retirement systems and are not
3 refundable upon termination of service.

4 The Department of Central Management ~~Healthcare and Family~~
5 Services, or any successor agency designated to procure
6 healthcare contracts pursuant to this Act, is authorized to
7 establish funds, separate accounts provided by any bank or
8 banks as defined by the Illinois Banking Act, or separate
9 accounts provided by any savings and loan association or
10 associations as defined by the Illinois Savings and Loan Act of
11 1985 to be held by the Director, outside the State treasury,
12 for the purpose of receiving the transfer of moneys from the
13 Community College Health Insurance Security Fund. The
14 Department may promulgate rules further defining the
15 methodology for the transfers. Any interest earned by moneys in
16 the funds or accounts shall inure to the Community College
17 Health Insurance Security Fund. The transferred moneys, and
18 interest accrued thereon, shall be used exclusively for
19 transfers to administrative service organizations or their
20 financial institutions for payments of claims to claimants and
21 providers under the self-insurance health plan. The
22 transferred moneys, and interest accrued thereon, shall not be
23 used for any other purpose including, but not limited to,
24 reimbursement of administration fees due the administrative
25 service organization pursuant to its contract or contracts with
26 the Department.

1 (c) On or before November 15 of each year, the Board of
2 Trustees of the State Universities Retirement System shall
3 certify to the Governor, the Director of Central Management
4 Services, and the State Comptroller its estimate of the total
5 amount of contributions to be paid under subsection (a) of this
6 Section for the next fiscal year. Beginning in fiscal year
7 2008, the amount certified shall be decreased or increased each
8 year by the amount that the actual active employee
9 contributions either fell short of or exceeded the estimate
10 used by the Board in making the certification for the previous
11 fiscal year. The State Universities Retirement System shall
12 calculate the amount of actual active employee contributions in
13 fiscal years 1999 through 2005. Based upon this calculation,
14 the fiscal year 2008 certification shall include an amount
15 equal to the cumulative amount that the actual active employee
16 contributions either fell short of or exceeded the estimate
17 used by the Board in making the certification for those fiscal
18 years. The certification shall include a detailed explanation
19 of the methods and information that the Board relied upon in
20 preparing its estimate. As soon as possible after the effective
21 date of this Section, the Board shall submit its estimate for
22 fiscal year 1999.

23 (d) Beginning in fiscal year 1999, on the first day of each
24 month, or as soon thereafter as may be practical, the State
25 Treasurer and the State Comptroller shall transfer from the
26 General Revenue Fund to the Community College Health Insurance

1 Security Fund 1/12 of the annual amount appropriated for that
2 fiscal year to the State Comptroller for deposit into the
3 Community College Health Insurance Security Fund under Section
4 1.4 of the State Pension Funds Continuing Appropriation Act.

5 (e) Except where otherwise specified in this Section, the
6 definitions that apply to Article 15 of the Illinois Pension
7 Code apply to this Section.

8 (Source: P.A. 94-839, eff. 6-6-06; 95-632, eff. 9-25-07.)

9 (5 ILCS 375/10) (from Ch. 127, par. 530)

10 Sec. 10. Contributions by the State and members.

11 (a) The State shall pay the cost of basic non-contributory
12 group life insurance and, subject to member paid contributions
13 set by the Department or required by this Section and except as
14 provided in this Section, the basic program of group health
15 benefits on each eligible member, except a member, not
16 otherwise covered by this Act, who has retired as a
17 participating member under Article 2 of the Illinois Pension
18 Code but is ineligible for the retirement annuity under Section
19 2-119 of the Illinois Pension Code, and part of each eligible
20 member's and retired member's premiums for health insurance
21 coverage for enrolled dependents as provided by Section 9. The
22 State shall pay the cost of the basic program of group health
23 benefits only after benefits are reduced by the amount of
24 benefits covered by Medicare for all members and dependents who
25 are eligible for benefits under Social Security or the Railroad

1 Retirement system or who had sufficient Medicare-covered
2 government employment, except that such reduction in benefits
3 shall apply only to those members and dependents who (1) first
4 become eligible for such Medicare coverage on or after July 1,
5 1992; or (2) are Medicare-eligible members or dependents of a
6 local government unit which began participation in the program
7 on or after July 1, 1992; or (3) remain eligible for, but no
8 longer receive Medicare coverage which they had been receiving
9 on or after July 1, 1992. The Department may determine the
10 aggregate level of the State's contribution on the basis of
11 actual cost of medical services adjusted for age, sex or
12 geographic or other demographic characteristics which affect
13 the costs of such programs.

14 The cost of participation in the basic program of group
15 health benefits for the dependent or survivor of a living or
16 deceased retired employee who was formerly employed by the
17 University of Illinois in the Cooperative Extension Service and
18 would be an annuitant but for the fact that he or she was made
19 ineligible to participate in the State Universities Retirement
20 System by clause (4) of subsection (a) of Section 15-107 of the
21 Illinois Pension Code shall not be greater than the cost of
22 participation that would otherwise apply to that dependent or
23 survivor if he or she were the dependent or survivor of an
24 annuitant under the State Universities Retirement System.

25 (a-1) (Blank).

26 (a-2) (Blank).

1 (a-3) (Blank).

2 (a-4) (Blank).

3 (a-5) (Blank).

4 (a-6) (Blank).

5 (a-7) (Blank).

6 (a-8) Any annuitant, survivor, or retired employee may
7 waive or terminate coverage in the program of group health
8 benefits. Any such annuitant, survivor, or retired employee who
9 has waived or terminated coverage may enroll or re-enroll in
10 the program of group health benefits only during the annual
11 benefit choice period, as determined by the Director; except
12 that in the event of termination of coverage due to nonpayment
13 of premiums, the annuitant, survivor, or retired employee may
14 not re-enroll in the program.

15 (a-8.5) Beginning on the effective date of this amendatory
16 Act of the 97th General Assembly, the Director of Central
17 Management Services shall, on an annual basis, determine the
18 amount that the State shall contribute toward the basic program
19 of group health benefits on behalf of annuitants (including
20 individuals who (i) participated in the General Assembly
21 Retirement System, the State Employees' Retirement System of
22 Illinois, the State Universities Retirement System, the
23 Teachers' Retirement System of the State of Illinois, or the
24 Judges Retirement System of Illinois and (ii) qualify as
25 annuitants under subsection (b) of Section 3 of this Act),
26 survivors (including individuals who (i) receive an annuity as

1 a survivor of an individual who participated in the General
2 Assembly Retirement System, the State Employees' Retirement
3 System of Illinois, the State Universities Retirement System,
4 the Teachers' Retirement System of the State of Illinois, or
5 the Judges Retirement System of Illinois and (ii) qualify as
6 survivors under subsection (q) of Section 3 of this Act), and
7 retired employees (as defined in subsection (p) of Section 3 of
8 this Act). The remainder of the cost of coverage for each
9 annuitant, survivor, or retired employee, as determined by the
10 Director of Central Management Services, shall be the
11 responsibility of that annuitant, survivor, or retired
12 employee.

13 Contributions required of annuitants, survivors, and
14 retired employees shall be the same for all retirement systems
15 and shall also be based on whether an individual has made an
16 election under Section 15-135.1 of the Illinois Pension Code.
17 Contributions may be based on annuitants', survivors', or
18 retired employees' Medicare eligibility, but may not be based
19 on Social Security eligibility.

20 (a-9) No later than May 1 of each calendar year, the
21 Director of Central Management Services shall certify in
22 writing to the Executive Secretary of the State Employees'
23 Retirement System of Illinois the amounts of the Medicare
24 supplement health care premiums and the amounts of the health
25 care premiums for all other retirees who are not Medicare
26 eligible.

1 A separate calculation of the premiums based upon the
2 actual cost of each health care plan shall be so certified.

3 The Director of Central Management Services shall provide
4 to the Executive Secretary of the State Employees' Retirement
5 System of Illinois such information, statistics, and other data
6 as he or she may require to review the premium amounts
7 certified by the Director of Central Management Services.

8 The Department of Central Management ~~Healthcare and Family~~
9 Services, or any successor agency designated to procure
10 healthcare contracts pursuant to this Act, is authorized to
11 establish funds, separate accounts provided by any bank or
12 banks as defined by the Illinois Banking Act, or separate
13 accounts provided by any savings and loan association or
14 associations as defined by the Illinois Savings and Loan Act of
15 1985 to be held by the Director, outside the State treasury,
16 for the purpose of receiving the transfer of moneys from the
17 Local Government Health Insurance Reserve Fund. The Department
18 may promulgate rules further defining the methodology for the
19 transfers. Any interest earned by moneys in the funds or
20 accounts shall inure to the Local Government Health Insurance
21 Reserve Fund. The transferred moneys, and interest accrued
22 thereon, shall be used exclusively for transfers to
23 administrative service organizations or their financial
24 institutions for payments of claims to claimants and providers
25 under the self-insurance health plan. The transferred moneys,
26 and interest accrued thereon, shall not be used for any other

1 purpose including, but not limited to, reimbursement of
2 administration fees due the administrative service
3 organization pursuant to its contract or contracts with the
4 Department.

5 (b) State employees who become eligible for this program on
6 or after January 1, 1980 in positions normally requiring actual
7 performance of duty not less than 1/2 of a normal work period
8 but not equal to that of a normal work period, shall be given
9 the option of participating in the available program. If the
10 employee elects coverage, the State shall contribute on behalf
11 of such employee to the cost of the employee's benefit and any
12 applicable dependent supplement, that sum which bears the same
13 percentage as that percentage of time the employee regularly
14 works when compared to normal work period.

15 (c) The basic non-contributory coverage from the basic
16 program of group health benefits shall be continued for each
17 employee not in pay status or on active service by reason of
18 (1) leave of absence due to illness or injury, (2) authorized
19 educational leave of absence or sabbatical leave, or (3)
20 military leave. This coverage shall continue until expiration
21 of authorized leave and return to active service, but not to
22 exceed 24 months for leaves under item (1) or (2). This
23 24-month limitation and the requirement of returning to active
24 service shall not apply to persons receiving ordinary or
25 accidental disability benefits or retirement benefits through
26 the appropriate State retirement system or benefits under the

1 Workers' Compensation or Occupational Disease Act.

2 (d) The basic group life insurance coverage shall continue,
3 with full State contribution, where such person is (1) absent
4 from active service by reason of disability arising from any
5 cause other than self-inflicted, (2) on authorized educational
6 leave of absence or sabbatical leave, or (3) on military leave.

7 (e) Where the person is in non-pay status for a period in
8 excess of 30 days or on leave of absence, other than by reason
9 of disability, educational or sabbatical leave, or military
10 leave, such person may continue coverage only by making
11 personal payment equal to the amount normally contributed by
12 the State on such person's behalf. Such payments and coverage
13 may be continued: (1) until such time as the person returns to
14 a status eligible for coverage at State expense, but not to
15 exceed 24 months or (2) until such person's employment or
16 annuitant status with the State is terminated (exclusive of any
17 additional service imposed pursuant to law).

18 (f) The Department shall establish by rule the extent to
19 which other employee benefits will continue for persons in
20 non-pay status or who are not in active service.

21 (g) The State shall not pay the cost of the basic
22 non-contributory group life insurance, program of health
23 benefits and other employee benefits for members who are
24 survivors as defined by paragraphs (1) and (2) of subsection
25 (q) of Section 3 of this Act. The costs of benefits for these
26 survivors shall be paid by the survivors or by the University

1 of Illinois Cooperative Extension Service, or any combination
2 thereof. However, the State shall pay the amount of the
3 reduction in the cost of participation, if any, resulting from
4 the amendment to subsection (a) made by this amendatory Act of
5 the 91st General Assembly.

6 (h) Those persons occupying positions with any department
7 as a result of emergency appointments pursuant to Section 8b.8
8 of the Personnel Code who are not considered employees under
9 this Act shall be given the option of participating in the
10 programs of group life insurance, health benefits and other
11 employee benefits. Such persons electing coverage may
12 participate only by making payment equal to the amount normally
13 contributed by the State for similarly situated employees. Such
14 amounts shall be determined by the Director. Such payments and
15 coverage may be continued until such time as the person becomes
16 an employee pursuant to this Act or such person's appointment
17 is terminated.

18 (i) Any unit of local government within the State of
19 Illinois may apply to the Director to have its employees,
20 annuitants, and their dependents provided group health
21 coverage under this Act on a non-insured basis. To participate,
22 a unit of local government must agree to enroll all of its
23 employees, who may select coverage under either the State group
24 health benefits plan or a health maintenance organization that
25 has contracted with the State to be available as a health care
26 provider for employees as defined in this Act. A unit of local

1 government must remit the entire cost of providing coverage
2 under the State group health benefits plan or, for coverage
3 under a health maintenance organization, an amount determined
4 by the Director based on an analysis of the sex, age,
5 geographic location, or other relevant demographic variables
6 for its employees, except that the unit of local government
7 shall not be required to enroll those of its employees who are
8 covered spouses or dependents under this plan or another group
9 policy or plan providing health benefits as long as (1) an
10 appropriate official from the unit of local government attests
11 that each employee not enrolled is a covered spouse or
12 dependent under this plan or another group policy or plan, and
13 (2) at least 50% of the employees are enrolled and the unit of
14 local government remits the entire cost of providing coverage
15 to those employees, except that a participating school district
16 must have enrolled at least 50% of its full-time employees who
17 have not waived coverage under the district's group health plan
18 by participating in a component of the district's cafeteria
19 plan. A participating school district is not required to enroll
20 a full-time employee who has waived coverage under the
21 district's health plan, provided that an appropriate official
22 from the participating school district attests that the
23 full-time employee has waived coverage by participating in a
24 component of the district's cafeteria plan. For the purposes of
25 this subsection, "participating school district" includes a
26 unit of local government whose primary purpose is education as

1 defined by the Department's rules.

2 Employees of a participating unit of local government who
3 are not enrolled due to coverage under another group health
4 policy or plan may enroll in the event of a qualifying change
5 in status, special enrollment, special circumstance as defined
6 by the Director, or during the annual Benefit Choice Period. A
7 participating unit of local government may also elect to cover
8 its annuitants. Dependent coverage shall be offered on an
9 optional basis, with the costs paid by the unit of local
10 government, its employees, or some combination of the two as
11 determined by the unit of local government. The unit of local
12 government shall be responsible for timely collection and
13 transmission of dependent premiums.

14 The Director shall annually determine monthly rates of
15 payment, subject to the following constraints:

16 (1) In the first year of coverage, the rates shall be
17 equal to the amount normally charged to State employees for
18 elected optional coverages or for enrolled dependents
19 coverages or other contributory coverages, or contributed
20 by the State for basic insurance coverages on behalf of its
21 employees, adjusted for differences between State
22 employees and employees of the local government in age,
23 sex, geographic location or other relevant demographic
24 variables, plus an amount sufficient to pay for the
25 additional administrative costs of providing coverage to
26 employees of the unit of local government and their

1 dependents.

2 (2) In subsequent years, a further adjustment shall be
3 made to reflect the actual prior years' claims experience
4 of the employees of the unit of local government.

5 In the case of coverage of local government employees under
6 a health maintenance organization, the Director shall annually
7 determine for each participating unit of local government the
8 maximum monthly amount the unit may contribute toward that
9 coverage, based on an analysis of (i) the age, sex, geographic
10 location, and other relevant demographic variables of the
11 unit's employees and (ii) the cost to cover those employees
12 under the State group health benefits plan. The Director may
13 similarly determine the maximum monthly amount each unit of
14 local government may contribute toward coverage of its
15 employees' dependents under a health maintenance organization.

16 Monthly payments by the unit of local government or its
17 employees for group health benefits plan or health maintenance
18 organization coverage shall be deposited in the Local
19 Government Health Insurance Reserve Fund.

20 The Local Government Health Insurance Reserve Fund is
21 hereby created as a nonappropriated trust fund to be held
22 outside the State Treasury, with the State Treasurer as
23 custodian. The Local Government Health Insurance Reserve Fund
24 shall be a continuing fund not subject to fiscal year
25 limitations. The Local Government Health Insurance Reserve
26 Fund is not subject to administrative charges or charge-backs,

1 including but not limited to those authorized under Section 8h
2 of the State Finance Act. All revenues arising from the
3 administration of the health benefits program established
4 under this Section shall be deposited into the Local Government
5 Health Insurance Reserve Fund. Any interest earned on moneys in
6 the Local Government Health Insurance Reserve Fund shall be
7 deposited into the Fund. All expenditures from this Fund shall
8 be used for payments for health care benefits for local
9 government and rehabilitation facility employees, annuitants,
10 and dependents, and to reimburse the Department or its
11 administrative service organization for all expenses incurred
12 in the administration of benefits. No other State funds may be
13 used for these purposes.

14 A local government employer's participation or desire to
15 participate in a program created under this subsection shall
16 not limit that employer's duty to bargain with the
17 representative of any collective bargaining unit of its
18 employees.

19 (j) Any rehabilitation facility within the State of
20 Illinois may apply to the Director to have its employees,
21 annuitants, and their eligible dependents provided group
22 health coverage under this Act on a non-insured basis. To
23 participate, a rehabilitation facility must agree to enroll all
24 of its employees and remit the entire cost of providing such
25 coverage for its employees, except that the rehabilitation
26 facility shall not be required to enroll those of its employees

1 who are covered spouses or dependents under this plan or
2 another group policy or plan providing health benefits as long
3 as (1) an appropriate official from the rehabilitation facility
4 attests that each employee not enrolled is a covered spouse or
5 dependent under this plan or another group policy or plan, and
6 (2) at least 50% of the employees are enrolled and the
7 rehabilitation facility remits the entire cost of providing
8 coverage to those employees. Employees of a participating
9 rehabilitation facility who are not enrolled due to coverage
10 under another group health policy or plan may enroll in the
11 event of a qualifying change in status, special enrollment,
12 special circumstance as defined by the Director, or during the
13 annual Benefit Choice Period. A participating rehabilitation
14 facility may also elect to cover its annuitants. Dependent
15 coverage shall be offered on an optional basis, with the costs
16 paid by the rehabilitation facility, its employees, or some
17 combination of the 2 as determined by the rehabilitation
18 facility. The rehabilitation facility shall be responsible for
19 timely collection and transmission of dependent premiums.

20 The Director shall annually determine quarterly rates of
21 payment, subject to the following constraints:

22 (1) In the first year of coverage, the rates shall be
23 equal to the amount normally charged to State employees for
24 elected optional coverages or for enrolled dependents
25 coverages or other contributory coverages on behalf of its
26 employees, adjusted for differences between State

1 employees and employees of the rehabilitation facility in
2 age, sex, geographic location or other relevant
3 demographic variables, plus an amount sufficient to pay for
4 the additional administrative costs of providing coverage
5 to employees of the rehabilitation facility and their
6 dependents.

7 (2) In subsequent years, a further adjustment shall be
8 made to reflect the actual prior years' claims experience
9 of the employees of the rehabilitation facility.

10 Monthly payments by the rehabilitation facility or its
11 employees for group health benefits shall be deposited in the
12 Local Government Health Insurance Reserve Fund.

13 (k) Any domestic violence shelter or service within the
14 State of Illinois may apply to the Director to have its
15 employees, annuitants, and their dependents provided group
16 health coverage under this Act on a non-insured basis. To
17 participate, a domestic violence shelter or service must agree
18 to enroll all of its employees and pay the entire cost of
19 providing such coverage for its employees. The domestic
20 violence shelter shall not be required to enroll those of its
21 employees who are covered spouses or dependents under this plan
22 or another group policy or plan providing health benefits as
23 long as (1) an appropriate official from the domestic violence
24 shelter attests that each employee not enrolled is a covered
25 spouse or dependent under this plan or another group policy or
26 plan and (2) at least 50% of the employees are enrolled and the

1 domestic violence shelter remits the entire cost of providing
2 coverage to those employees. Employees of a participating
3 domestic violence shelter who are not enrolled due to coverage
4 under another group health policy or plan may enroll in the
5 event of a qualifying change in status, special enrollment, or
6 special circumstance as defined by the Director or during the
7 annual Benefit Choice Period. A participating domestic
8 violence shelter may also elect to cover its annuitants.
9 Dependent coverage shall be offered on an optional basis, with
10 employees, or some combination of the 2 as determined by the
11 domestic violence shelter or service. The domestic violence
12 shelter or service shall be responsible for timely collection
13 and transmission of dependent premiums.

14 The Director shall annually determine rates of payment,
15 subject to the following constraints:

16 (1) In the first year of coverage, the rates shall be
17 equal to the amount normally charged to State employees for
18 elected optional coverages or for enrolled dependents
19 coverages or other contributory coverages on behalf of its
20 employees, adjusted for differences between State
21 employees and employees of the domestic violence shelter or
22 service in age, sex, geographic location or other relevant
23 demographic variables, plus an amount sufficient to pay for
24 the additional administrative costs of providing coverage
25 to employees of the domestic violence shelter or service
26 and their dependents.

1 (2) In subsequent years, a further adjustment shall be
2 made to reflect the actual prior years' claims experience
3 of the employees of the domestic violence shelter or
4 service.

5 Monthly payments by the domestic violence shelter or
6 service or its employees for group health insurance shall be
7 deposited in the Local Government Health Insurance Reserve
8 Fund.

9 (1) A public community college or entity organized pursuant
10 to the Public Community College Act may apply to the Director
11 initially to have only annuitants not covered prior to July 1,
12 1992 by the district's health plan provided health coverage
13 under this Act on a non-insured basis. The community college
14 must execute a 2-year contract to participate in the Local
15 Government Health Plan. Any annuitant may enroll in the event
16 of a qualifying change in status, special enrollment, special
17 circumstance as defined by the Director, or during the annual
18 Benefit Choice Period.

19 The Director shall annually determine monthly rates of
20 payment subject to the following constraints: for those
21 community colleges with annuitants only enrolled, first year
22 rates shall be equal to the average cost to cover claims for a
23 State member adjusted for demographics, Medicare
24 participation, and other factors; and in the second year, a
25 further adjustment of rates shall be made to reflect the actual
26 first year's claims experience of the covered annuitants.

1 (1-5) The provisions of subsection (1) become inoperative
2 on July 1, 1999.

3 (m) The Director shall adopt any rules deemed necessary for
4 implementation of this amendatory Act of 1989 (Public Act
5 86-978).

6 (n) Any child advocacy center within the State of Illinois
7 may apply to the Director to have its employees, annuitants,
8 and their dependents provided group health coverage under this
9 Act on a non-insured basis. To participate, a child advocacy
10 center must agree to enroll all of its employees and pay the
11 entire cost of providing coverage for its employees. The child
12 advocacy center shall not be required to enroll those of its
13 employees who are covered spouses or dependents under this plan
14 or another group policy or plan providing health benefits as
15 long as (1) an appropriate official from the child advocacy
16 center attests that each employee not enrolled is a covered
17 spouse or dependent under this plan or another group policy or
18 plan and (2) at least 50% of the employees are enrolled and the
19 child advocacy center remits the entire cost of providing
20 coverage to those employees. Employees of a participating child
21 advocacy center who are not enrolled due to coverage under
22 another group health policy or plan may enroll in the event of
23 a qualifying change in status, special enrollment, or special
24 circumstance as defined by the Director or during the annual
25 Benefit Choice Period. A participating child advocacy center
26 may also elect to cover its annuitants. Dependent coverage

1 shall be offered on an optional basis, with the costs paid by
2 the child advocacy center, its employees, or some combination
3 of the 2 as determined by the child advocacy center. The child
4 advocacy center shall be responsible for timely collection and
5 transmission of dependent premiums.

6 The Director shall annually determine rates of payment,
7 subject to the following constraints:

8 (1) In the first year of coverage, the rates shall be
9 equal to the amount normally charged to State employees for
10 elected optional coverages or for enrolled dependents
11 coverages or other contributory coverages on behalf of its
12 employees, adjusted for differences between State
13 employees and employees of the child advocacy center in
14 age, sex, geographic location, or other relevant
15 demographic variables, plus an amount sufficient to pay for
16 the additional administrative costs of providing coverage
17 to employees of the child advocacy center and their
18 dependents.

19 (2) In subsequent years, a further adjustment shall be
20 made to reflect the actual prior years' claims experience
21 of the employees of the child advocacy center.

22 Monthly payments by the child advocacy center or its
23 employees for group health insurance shall be deposited into
24 the Local Government Health Insurance Reserve Fund.

25 (Source: P.A. 96-756, eff. 1-1-10; 96-1232, eff. 7-23-10;
26 96-1519, eff. 2-4-11; 97-695, eff. 7-1-12.)

1 (5 ILCS 375/13.1) (from Ch. 127, par. 533.1)

2 Sec. 13.1. (a) All contributions, appropriations,
3 interest, and dividend payments to fund the program of health
4 benefits and other employee benefits, and all other revenues
5 arising from the administration of any employee health benefits
6 program, shall be deposited in a trust fund outside the State
7 Treasury, with the State Treasurer as ex-officio custodian, to
8 be known as the Health Insurance Reserve Fund.

9 (b) Upon the adoption of a self-insurance health plan, any
10 monies attributable to the group health insurance program shall
11 be deposited in or transferred to the Health Insurance Reserve
12 Fund for use by the Department. As of the effective date of
13 this amendatory Act of 1986, the Department shall certify to
14 the Comptroller the amount of money in the Group Insurance
15 Premium Fund attributable to the State group health insurance
16 program and the Comptroller shall transfer such money from the
17 Group Insurance Premium Fund to the Health Insurance Reserve
18 Fund. Contributions by the State to the Health Insurance
19 Reserve Fund to meet the requirements of this Act, as
20 established by the Director, from the General Revenue Fund and
21 the Road Fund to the Health Insurance Reserve Fund shall be by
22 annual appropriations, and all other contributions to meet the
23 requirements of the programs of health benefits or other
24 employee benefits shall be deposited in the Health Insurance
25 Reserve Fund. The Department shall draw the appropriation from

1 the General Revenue Fund and the Road Fund from time to time as
2 necessary to make expenditures authorized under this Act.

3 The Director may employ such assistance and services and
4 may purchase such goods as may be necessary for the proper
5 development and administration of any of the benefit programs
6 authorized by this Act. The Director may promulgate rules and
7 regulations in regard to the administration of these programs.

8 All monies received by the Department for deposit in or
9 transfer to the Health Insurance Reserve Fund, through
10 appropriation or otherwise, shall be used to provide for the
11 making of payments to claimants and providers and to reimburse
12 the Department for all expenses directly incurred relating to
13 Department development and administration of the program of
14 health benefits and other employee benefits.

15 Any administrative service organization administering any
16 self-insurance health plan and paying claims and benefits under
17 authority of this Act may receive, pursuant to written
18 authorization and direction of the Director, an initial
19 transfer and periodic transfers of funds from the Health
20 Insurance Reserve Fund in amounts determined by the Director
21 who may consider the amount recommended by the administrative
22 service organization. Notwithstanding any other statute, such
23 transferred funds shall be retained by the administrative
24 service organization in a separate account provided by any bank
25 as defined by the Illinois Banking Act. The Department may
26 promulgate regulations further defining the banks authorized

1 to accept such funds and all methodology for transfer of such
2 funds. Any interest earned by monies in such account shall
3 inure to the Health Insurance Reserve Fund, shall remain in
4 such account and shall be used exclusively to pay claims and
5 benefits under this Act. Such transferred funds shall be used
6 exclusively for administrative service organization payment of
7 claims to claimants and providers under the self-insurance
8 health plan by the drawing of checks against such account. The
9 administrative service organization may not use such
10 transferred funds, or interest accrued thereon, for any other
11 purpose including, but not limited to, reimbursement of
12 administrative expenses or payments of administration fees due
13 the organization pursuant to its contract or contracts with the
14 Department of Central Management Services.

15 The account of the administrative service organization
16 established under this Section, any transfers from the Health
17 Insurance Reserve Fund to such account and the use of such
18 account and funds shall be subject to (1) audit by the
19 Department or private contractor authorized by the Department
20 to conduct audits, and (2) post audit pursuant to the Illinois
21 State Auditing Act.

22 The Department of Central Management ~~Healthcare and Family~~
23 Services, or any successor agency designated to procure
24 healthcare contracts pursuant to this Act, is authorized to
25 establish funds, separate accounts provided by any bank or
26 banks as defined by the Illinois Banking Act, or separate

1 accounts provided by any savings and loan association or
2 associations as defined by the Illinois Savings and Loan Act of
3 1985 to be held by the Director, outside the State treasury,
4 for the purpose of receiving the transfer of moneys from the
5 Health Insurance Reserve Fund. The Department may promulgate
6 rules further defining the methodology for the transfers. Any
7 interest earned by monies in the funds or accounts shall inure
8 to the Health Insurance Reserve Fund. The transferred moneys,
9 and interest accrued thereon, shall be used exclusively for
10 transfers to administrative service organizations or their
11 financial institutions for payments of claims to claimants and
12 providers under the self-insurance health plan. The
13 transferred moneys, and interest accrued thereon, shall not be
14 used for any other purpose including, but not limited to,
15 reimbursement of administration fees due the administrative
16 service organization pursuant to its contract or contracts with
17 the Department.

18 (c) The Director, with the advice and consent of the
19 Commission, shall establish premiums for optional coverage for
20 dependents of eligible members for the health plans. The
21 eligible members shall be responsible for their portion of such
22 optional premium. The State shall contribute an amount per
23 month for each eligible member who has enrolled one or more
24 dependents under the health plans. Such contribution shall be
25 made directly to the Health Insurance Reserve Fund. Those
26 employees described in subsection (b) of Section 9 of this Act

1 shall be allowed to continue in the health plan by making
2 personal payments with the premiums to be deposited in the
3 Health Insurance Reserve Fund.

4 (d) The Health Insurance Reserve Fund shall be a continuing
5 fund not subject to fiscal year limitations. All expenditures
6 from that fund shall be at the direction of the Director and
7 shall be only for the purpose of:

8 (1) the payment of administrative expenses incurred by
9 the Department for the program of health benefits or other
10 employee benefit programs, including but not limited to the
11 costs of audits or actuarial consultations, professional
12 and contractual services, electronic data processing
13 systems and services, and expenses in connection with the
14 development and administration of such programs;

15 (2) the payment of administrative expenses incurred by
16 the Administrative Service Organization;

17 (3) the payment of health benefits;

18 (3.5) the payment of medical expenses incurred by the
19 Department for the treatment of employees who suffer
20 accidental injury or death within the scope of their
21 employment;

22 (4) refunds to employees for erroneous payments of
23 their selected dependent coverage;

24 (5) payment of premium for stop-loss or re-insurance;

25 (6) payment of premium to health maintenance
26 organizations pursuant to Section 6.1 of this Act;

- 1 (7) payment of adoption program benefits; and
2 (8) payment of other benefits offered to members and
3 dependents under this Act.

4 (Source: P.A. 94-839, eff. 6-6-06; 95-632, eff. 9-25-07;
5 95-744, eff. 7-18-08.)

6 Section 905. The Department of Central Management Services
7 Law of the Civil Administrative Code of Illinois is amended by
8 adding Section 405-520 as follows:

9 (20 ILCS 405/405-520 new)

10 Sec. 405-520. State healthcare purchasing. On and after the
11 date 6 months after the effective date of this amendatory Act
12 of the 98th General Assembly, as provided in the Executive
13 Order 1 (2012) Implementation Act, all of the powers, duties,
14 rights, and responsibilities related to State healthcare
15 purchasing under this Law that were transferred from the
16 Department to the Department of Healthcare and Family Services
17 by Executive Order 3 (2005) are transferred back to the
18 Department.

19 Section 910. The Department of Human Services Act is
20 amended by changing Section 1-20 as follows:

21 (20 ILCS 1305/1-20)

22 Sec. 1-20. General powers and duties.

1 (a) The Department shall exercise the rights, powers,
2 duties, and functions provided by law, including (but not
3 limited to) the rights, powers, duties, and functions
4 transferred to the Department under Article 80 and Article 90
5 of this Act.

6 (b) The Department may employ personnel (in accordance with
7 the Personnel Code), provide facilities, contract for goods and
8 services, and adopt rules as necessary to carry out its
9 functions and purposes, all in accordance with applicable State
10 and federal law.

11 (c) On and after the date 6 months after the effective date
12 of this amendatory Act of the 98th General Assembly, as
13 provided in the Executive Order 1 (2012) Implementation Act,
14 all of the powers, duties, rights, and responsibilities related
15 to State healthcare purchasing under this Act that were
16 transferred from the Department to the Department of Healthcare
17 and Family Services by Executive Order 3 (2005) are transferred
18 back to the Department.

19 (Source: P.A. 89-507, eff. 7-3-96.)

20 Section 915. The Department of Healthcare and Family
21 Services Law of the Civil Administrative Code of Illinois is
22 amended by adding Section 2205-20 as follows:

23 (20 ILCS 2205/2205-20 new)

24 Sec. 2205-20. State healthcare purchasing. On and after the

1 date 6 months after the effective date of this amendatory Act
2 of the 98th General Assembly, as provided in the Executive
3 Order 1 (2012) Implementation Act, all of the powers, duties,
4 rights, and responsibilities related to State healthcare
5 purchasing under this Law that were transferred to the
6 Department of Healthcare and Family Services by Executive Order
7 3 (2005) are transferred back to the Departments from which
8 those powers, duties, rights, and responsibilities were
9 transferred; however, powers, duties, rights, and
10 responsibilities related to State healthcare purchasing under
11 this Law that were exercised by the Department of Corrections
12 before the effective date of Executive Order 3 (2005) but that
13 pertain to individuals resident in facilities operated by
14 Department of Juvenile Justice shall be transferred to the
15 Department of Juvenile Justice.

16 Section 920. The Department of Veterans Affairs Act is
17 amended by adding Section 2.08 as follows:

18 (20 ILCS 2805/2.08 new)

19 Sec. 2.08. State Healthcare purchasing. On and after the
20 date 6 months after the effective date of this amendatory Act
21 of the 98th General Assembly, as provided in the Executive
22 Order 1 (2012) Implementation Act, all of the powers, duties,
23 rights, and responsibilities related to State healthcare
24 purchasing under this Act that were transferred from the

1 Department to the Department of Healthcare and Family Services
2 by Executive Order 3 (2005) are transferred back to the
3 Department.

4 Section 925. The School Employee Benefit Act is amended by
5 adding Section 7 as follows:

6 (105 ILCS 55/7 new)

7 Sec. 7. State healthcare purchasing. On and after the date
8 6 months after the effective date of this amendatory Act of the
9 98th General Assembly, as provided in the Executive Order 1
10 (2012) Implementation Act, all of the powers, duties, rights,
11 and responsibilities related to State healthcare purchasing
12 under this Act that were transferred from the Department to the
13 Department of Healthcare and Family Services by Executive Order
14 3 (2005) are transferred back to the Department.

15 Section 930. The Illinois Prescription Drug Discount
16 Program Act is amended by changing Sections 10 and 15 and by
17 adding Section 2 as follows:

18 (320 ILCS 55/2 new)

19 Sec. 2. State healthcare purchasing. On and after the date
20 6 months after the effective date of this amendatory Act of the
21 98th General Assembly, as provided in the Executive Order 1
22 (2012) Implementation Act, all of the powers, duties, rights,

1 and responsibilities related to State healthcare purchasing
2 under this Act that were transferred from the Department of
3 Central Management Services to the Department of Healthcare and
4 Family Services by Executive Order 3 (2005) are transferred
5 back to the Department of Central Management Services.

6 (320 ILCS 55/10)

7 Sec. 10. Purpose. The purpose of this program is to require
8 the Department of Central Management ~~Healthcare and Family~~
9 Services to establish and administer a program that will enable
10 eligible Illinois residents to purchase prescription drugs at
11 discounted prices.

12 (Source: P.A. 93-18, eff. 7-1-03; 94-86, eff. 1-1-06.)

13 (320 ILCS 55/15)

14 Sec. 15. Definitions. As used in this Act:

15 "Authorized pharmacy" means any pharmacy registered in
16 this State under the Pharmacy Practice Act or approved by the
17 Department of Financial and Professional Regulation and
18 approved by the Department or its program administrator.

19 "AWP" or "average wholesale price" means the amount
20 determined from the latest publication of the Red Book, a
21 universally subscribed pharmacist reference guide annually
22 published by the Hearst Corporation. "AWP" or "average
23 wholesale price" may also be derived electronically from the
24 drug pricing database synonymous with the latest publication of

1 the Red Book and furnished in the National Drug Data File
2 (NDDF) by First Data Bank (FDB), a service of the Hearst
3 Corporation.

4 "Covered medication" means any medication included in the
5 Illinois Prescription Drug Discount Program.

6 "Department" means the Department of Central Management
7 ~~Healthcare and Family~~ Services.

8 "Director" means the Director of Central Management
9 ~~Healthcare and Family~~ Services.

10 "Drug manufacturer" means any entity (1) that is located
11 within or outside Illinois that is engaged in (i) the
12 production, preparation, propagation, compounding, conversion,
13 or processing of prescription drug products covered under the
14 program, either directly or indirectly by extraction from
15 substances of natural origin, independently by means of
16 chemical synthesis, or by a combination of extraction and
17 chemical synthesis or (ii) the packaging, repackaging,
18 leveling, labeling, or distribution of prescription drug
19 products covered under the program and (2) that elects to
20 provide prescription drugs either directly or under contract
21 with any entity providing prescription drug services on behalf
22 of the State of Illinois. "Drug manufacturer", however, does
23 not include a wholesale distributor of drugs or a retail
24 pharmacy licensed under Illinois law.

25 "Federal Poverty Limit" or "FPL" means the Federal Poverty
26 Income Guidelines published annually in the Federal Register.

1 "Prescription drug" means any prescribed drug that may be
2 legally dispensed by an authorized pharmacy.

3 "Program" means the Illinois Prescription Drug Discount
4 Program created under this Act.

5 "Program administrator" means the entity that is chosen by
6 the Department to administer the program. The program
7 administrator may, in this case, be the Director or a Pharmacy
8 Benefits Manager (PBM) chosen to subcontract with the Director.

9 "Rules" includes rules adopted and forms prescribed by the
10 Department.

11 (Source: P.A. 94-86, eff. 1-1-06; 95-689, eff. 10-29-07.)

12 Section 935. The Unified Code of Corrections is amended by
13 changing Sections 3-2-2 and 3-2.5-20 as follows:

14 (730 ILCS 5/3-2-2) (from Ch. 38, par. 1003-2-2)

15 Sec. 3-2-2. Powers and Duties of the Department.

16 (1) In addition to the powers, duties and responsibilities
17 which are otherwise provided by law, the Department shall have
18 the following powers:

19 (a) To accept persons committed to it by the courts of
20 this State for care, custody, treatment and
21 rehabilitation, and to accept federal prisoners and aliens
22 over whom the Office of the Federal Detention Trustee is
23 authorized to exercise the federal detention function for
24 limited purposes and periods of time.

1 (b) To develop and maintain reception and evaluation
2 units for purposes of analyzing the custody and
3 rehabilitation needs of persons committed to it and to
4 assign such persons to institutions and programs under its
5 control or transfer them to other appropriate agencies. In
6 consultation with the Department of Alcoholism and
7 Substance Abuse (now the Department of Human Services), the
8 Department of Corrections shall develop a master plan for
9 the screening and evaluation of persons committed to its
10 custody who have alcohol or drug abuse problems, and for
11 making appropriate treatment available to such persons;
12 the Department shall report to the General Assembly on such
13 plan not later than April 1, 1987. The maintenance and
14 implementation of such plan shall be contingent upon the
15 availability of funds.

16 (b-1) To create and implement, on January 1, 2002, a
17 pilot program to establish the effectiveness of
18 pupillometer technology (the measurement of the pupil's
19 reaction to light) as an alternative to a urine test for
20 purposes of screening and evaluating persons committed to
21 its custody who have alcohol or drug problems. The pilot
22 program shall require the pupillometer technology to be
23 used in at least one Department of Corrections facility.
24 The Director may expand the pilot program to include an
25 additional facility or facilities as he or she deems
26 appropriate. A minimum of 4,000 tests shall be included in

1 the pilot program. The Department must report to the
2 General Assembly on the effectiveness of the program by
3 January 1, 2003.

4 (b-5) To develop, in consultation with the Department
5 of State Police, a program for tracking and evaluating each
6 inmate from commitment through release for recording his or
7 her gang affiliations, activities, or ranks.

8 (c) To maintain and administer all State correctional
9 institutions and facilities under its control and to
10 establish new ones as needed. Pursuant to its power to
11 establish new institutions and facilities, the Department
12 may, with the written approval of the Governor, authorize
13 the Department of Central Management Services to enter into
14 an agreement of the type described in subsection (d) of
15 Section 405-300 of the Department of Central Management
16 Services Law (20 ILCS 405/405-300). The Department shall
17 designate those institutions which shall constitute the
18 State Penitentiary System.

19 Pursuant to its power to establish new institutions and
20 facilities, the Department may authorize the Department of
21 Central Management Services to accept bids from counties
22 and municipalities for the construction, remodeling or
23 conversion of a structure to be leased to the Department of
24 Corrections for the purposes of its serving as a
25 correctional institution or facility. Such construction,
26 remodeling or conversion may be financed with revenue bonds

1 issued pursuant to the Industrial Building Revenue Bond Act
2 by the municipality or county. The lease specified in a bid
3 shall be for a term of not less than the time needed to
4 retire any revenue bonds used to finance the project, but
5 not to exceed 40 years. The lease may grant to the State
6 the option to purchase the structure outright.

7 Upon receipt of the bids, the Department may certify
8 one or more of the bids and shall submit any such bids to
9 the General Assembly for approval. Upon approval of a bid
10 by a constitutional majority of both houses of the General
11 Assembly, pursuant to joint resolution, the Department of
12 Central Management Services may enter into an agreement
13 with the county or municipality pursuant to such bid.

14 (c-5) To build and maintain regional juvenile
15 detention centers and to charge a per diem to the counties
16 as established by the Department to defray the costs of
17 housing each minor in a center. In this subsection (c-5),
18 "juvenile detention center" means a facility to house
19 minors during pendency of trial who have been transferred
20 from proceedings under the Juvenile Court Act of 1987 to
21 prosecutions under the criminal laws of this State in
22 accordance with Section 5-805 of the Juvenile Court Act of
23 1987, whether the transfer was by operation of law or
24 permissive under that Section. The Department shall
25 designate the counties to be served by each regional
26 juvenile detention center.

1 (d) To develop and maintain programs of control,
2 rehabilitation and employment of committed persons within
3 its institutions.

4 (d-5) To provide a pre-release job preparation program
5 for inmates at Illinois adult correctional centers.

6 (e) To establish a system of supervision and guidance
7 of committed persons in the community.

8 (f) To establish in cooperation with the Department of
9 Transportation to supply a sufficient number of prisoners
10 for use by the Department of Transportation to clean up the
11 trash and garbage along State, county, township, or
12 municipal highways as designated by the Department of
13 Transportation. The Department of Corrections, at the
14 request of the Department of Transportation, shall furnish
15 such prisoners at least annually for a period to be agreed
16 upon between the Director of Corrections and the Director
17 of Transportation. The prisoners used on this program shall
18 be selected by the Director of Corrections on whatever
19 basis he deems proper in consideration of their term,
20 behavior and earned eligibility to participate in such
21 program - where they will be outside of the prison facility
22 but still in the custody of the Department of Corrections.
23 Prisoners convicted of first degree murder, or a Class X
24 felony, or armed violence, or aggravated kidnapping, or
25 criminal sexual assault, aggravated criminal sexual abuse
26 or a subsequent conviction for criminal sexual abuse, or

1 forcible detention, or arson, or a prisoner adjudged a
2 Habitual Criminal shall not be eligible for selection to
3 participate in such program. The prisoners shall remain as
4 prisoners in the custody of the Department of Corrections
5 and such Department shall furnish whatever security is
6 necessary. The Department of Transportation shall furnish
7 trucks and equipment for the highway cleanup program and
8 personnel to supervise and direct the program. Neither the
9 Department of Corrections nor the Department of
10 Transportation shall replace any regular employee with a
11 prisoner.

12 (g) To maintain records of persons committed to it and
13 to establish programs of research, statistics and
14 planning.

15 (h) To investigate the grievances of any person
16 committed to the Department, to inquire into any alleged
17 misconduct by employees or committed persons, and to
18 investigate the assets of committed persons to implement
19 Section 3-7-6 of this Code; and for these purposes it may
20 issue subpoenas and compel the attendance of witnesses and
21 the production of writings and papers, and may examine
22 under oath any witnesses who may appear before it; to also
23 investigate alleged violations of a parolee's or
24 releasee's conditions of parole or release; and for this
25 purpose it may issue subpoenas and compel the attendance of
26 witnesses and the production of documents only if there is

1 reason to believe that such procedures would provide
2 evidence that such violations have occurred.

3 If any person fails to obey a subpoena issued under
4 this subsection, the Director may apply to any circuit
5 court to secure compliance with the subpoena. The failure
6 to comply with the order of the court issued in response
7 thereto shall be punishable as contempt of court.

8 (i) To appoint and remove the chief administrative
9 officers, and administer programs of training and
10 development of personnel of the Department. Personnel
11 assigned by the Department to be responsible for the
12 custody and control of committed persons or to investigate
13 the alleged misconduct of committed persons or employees or
14 alleged violations of a parolee's or releasee's conditions
15 of parole shall be conservators of the peace for those
16 purposes, and shall have the full power of peace officers
17 outside of the facilities of the Department in the
18 protection, arrest, retaking and reconfining of committed
19 persons or where the exercise of such power is necessary to
20 the investigation of such misconduct or violations.

21 (j) To cooperate with other departments and agencies
22 and with local communities for the development of standards
23 and programs for better correctional services in this
24 State.

25 (k) To administer all moneys and properties of the
26 Department.

1 (l) To report annually to the Governor on the committed
2 persons, institutions and programs of the Department.

3 (1-5) (Blank).

4 (m) To make all rules and regulations and exercise all
5 powers and duties vested by law in the Department.

6 (n) To establish rules and regulations for
7 administering a system of sentence credits, established in
8 accordance with Section 3-6-3, subject to review by the
9 Prisoner Review Board.

10 (o) To administer the distribution of funds from the
11 State Treasury to reimburse counties where State penal
12 institutions are located for the payment of assistant
13 state's attorneys' salaries under Section 4-2001 of the
14 Counties Code.

15 (p) To exchange information with the Department of
16 Human Services and the Department of Healthcare and Family
17 Services for the purpose of verifying living arrangements
18 and for other purposes directly connected with the
19 administration of this Code and the Illinois Public Aid
20 Code.

21 (q) To establish a diversion program.

22 The program shall provide a structured environment for
23 selected technical parole or mandatory supervised release
24 violators and committed persons who have violated the rules
25 governing their conduct while in work release. This program
26 shall not apply to those persons who have committed a new

1 offense while serving on parole or mandatory supervised
2 release or while committed to work release.

3 Elements of the program shall include, but shall not be
4 limited to, the following:

5 (1) The staff of a diversion facility shall provide
6 supervision in accordance with required objectives set
7 by the facility.

8 (2) Participants shall be required to maintain
9 employment.

10 (3) Each participant shall pay for room and board
11 at the facility on a sliding-scale basis according to
12 the participant's income.

13 (4) Each participant shall:

14 (A) provide restitution to victims in
15 accordance with any court order;

16 (B) provide financial support to his
17 dependents; and

18 (C) make appropriate payments toward any other
19 court-ordered obligations.

20 (5) Each participant shall complete community
21 service in addition to employment.

22 (6) Participants shall take part in such
23 counseling, educational and other programs as the
24 Department may deem appropriate.

25 (7) Participants shall submit to drug and alcohol
26 screening.

1 (8) The Department shall promulgate rules
2 governing the administration of the program.

3 (r) To enter into intergovernmental cooperation
4 agreements under which persons in the custody of the
5 Department may participate in a county impact
6 incarceration program established under Section 3-6038 or
7 3-15003.5 of the Counties Code.

8 (r-5) (Blank).

9 (r-10) To systematically and routinely identify with
10 respect to each streetgang active within the correctional
11 system: (1) each active gang; (2) every existing inter-gang
12 affiliation or alliance; and (3) the current leaders in
13 each gang. The Department shall promptly segregate leaders
14 from inmates who belong to their gangs and allied gangs.
15 "Segregate" means no physical contact and, to the extent
16 possible under the conditions and space available at the
17 correctional facility, prohibition of visual and sound
18 communication. For the purposes of this paragraph (r-10),
19 "leaders" means persons who:

20 (i) are members of a criminal streetgang;

21 (ii) with respect to other individuals within the
22 streetgang, occupy a position of organizer,
23 supervisor, or other position of management or
24 leadership; and

25 (iii) are actively and personally engaged in
26 directing, ordering, authorizing, or requesting

1 commission of criminal acts by others, which are
2 punishable as a felony, in furtherance of streetgang
3 related activity both within and outside of the
4 Department of Corrections.

5 "Streetgang", "gang", and "streetgang related" have the
6 meanings ascribed to them in Section 10 of the Illinois
7 Streetgang Terrorism Omnibus Prevention Act.

8 (s) To operate a super-maximum security institution,
9 in order to manage and supervise inmates who are disruptive
10 or dangerous and provide for the safety and security of the
11 staff and the other inmates.

12 (t) To monitor any unprivileged conversation or any
13 unprivileged communication, whether in person or by mail,
14 telephone, or other means, between an inmate who, before
15 commitment to the Department, was a member of an organized
16 gang and any other person without the need to show cause or
17 satisfy any other requirement of law before beginning the
18 monitoring, except as constitutionally required. The
19 monitoring may be by video, voice, or other method of
20 recording or by any other means. As used in this
21 subdivision (1)(t), "organized gang" has the meaning
22 ascribed to it in Section 10 of the Illinois Streetgang
23 Terrorism Omnibus Prevention Act.

24 As used in this subdivision (1)(t), "unprivileged
25 conversation" or "unprivileged communication" means a
26 conversation or communication that is not protected by any

1 privilege recognized by law or by decision, rule, or order
2 of the Illinois Supreme Court.

3 (u) To establish a Women's and Children's Pre-release
4 Community Supervision Program for the purpose of providing
5 housing and services to eligible female inmates, as
6 determined by the Department, and their newborn and young
7 children.

8 (u-5) To issue an order, whenever a person committed to
9 the Department absconds or absents himself or herself,
10 without authority to do so, from any facility or program to
11 which he or she is assigned. The order shall be certified
12 by the Director, the Supervisor of the Apprehension Unit,
13 or any person duly designated by the Director, with the
14 seal of the Department affixed. The order shall be directed
15 to all sheriffs, coroners, and police officers, or to any
16 particular person named in the order. Any order issued
17 pursuant to this subdivision (1) (u-5) shall be sufficient
18 warrant for the officer or person named in the order to
19 arrest and deliver the committed person to the proper
20 correctional officials and shall be executed the same as
21 criminal process.

22 (v) To do all other acts necessary to carry out the
23 provisions of this Chapter.

24 (2) The Department of Corrections shall by January 1, 1998,
25 consider building and operating a correctional facility within
26 100 miles of a county of over 2,000,000 inhabitants, especially

1 a facility designed to house juvenile participants in the
2 impact incarceration program.

3 (3) When the Department lets bids for contracts for medical
4 services to be provided to persons committed to Department
5 facilities by a health maintenance organization, medical
6 service corporation, or other health care provider, the bid may
7 only be let to a health care provider that has obtained an
8 irrevocable letter of credit or performance bond issued by a
9 company whose bonds have an investment grade or higher rating
10 by a bond rating organization.

11 (4) When the Department lets bids for contracts for food or
12 commissary services to be provided to Department facilities,
13 the bid may only be let to a food or commissary services
14 provider that has obtained an irrevocable letter of credit or
15 performance bond issued by a company whose bonds have an
16 investment grade or higher rating by a bond rating
17 organization.

18 (5) On and after the date 6 months after the effective date
19 of this amendatory Act of the 98th General Assembly, as
20 provided in the Executive Order 1 (2012) Implementation Act,
21 all of the powers, duties, rights, and responsibilities related
22 to State healthcare purchasing under this Code that were
23 transferred from the Department of Corrections to the
24 Department of Healthcare and Family Services by Executive Order
25 3 (2005) are transferred back to the Department of Corrections;
26 however, powers, duties, rights, and responsibilities related

1 to State healthcare purchasing under this Code that were
2 exercised by the Department of Corrections before the effective
3 date of Executive Order 3 (2005) but that pertain to
4 individuals resident in facilities operated by the Department
5 of Juvenile Justice are transferred to the Department of
6 Juvenile Justice.

7 (Source: P.A. 96-1265, eff. 7-26-10; 97-697, eff. 6-22-12;
8 97-800, eff. 7-13-12; 97-802, eff. 7-13-12; revised 7-23-12.)

9 (730 ILCS 5/3-2.5-20)

10 Sec. 3-2.5-20. General powers and duties.

11 (a) In addition to the powers, duties, and responsibilities
12 which are otherwise provided by law or transferred to the
13 Department as a result of this Article, the Department, as
14 determined by the Director, shall have, but are not limited to,
15 the following rights, powers, functions and duties:

16 (1) To accept juveniles committed to it by the courts
17 of this State for care, custody, treatment, and
18 rehabilitation.

19 (2) To maintain and administer all State juvenile
20 correctional institutions previously under the control of
21 the Juvenile and Women's & Children Divisions of the
22 Department of Corrections, and to establish and maintain
23 institutions as needed to meet the needs of the youth
24 committed to its care.

25 (3) To identify the need for and recommend the funding

1 and implementation of an appropriate mix of programs and
2 services within the juvenile justice continuum, including
3 but not limited to prevention, nonresidential and
4 residential commitment programs, day treatment, and
5 conditional release programs and services, with the
6 support of educational, vocational, alcohol, drug abuse,
7 and mental health services where appropriate.

8 (4) To establish and provide transitional and
9 post-release treatment programs for juveniles committed to
10 the Department. Services shall include but are not limited
11 to:

12 (i) family and individual counseling and treatment
13 placement;

14 (ii) referral services to any other State or local
15 agencies;

16 (iii) mental health services;

17 (iv) educational services;

18 (v) family counseling services; and

19 (vi) substance abuse services.

20 (5) To access vital records of juveniles for the
21 purposes of providing necessary documentation for
22 transitional services such as obtaining identification,
23 educational enrollment, employment, and housing.

24 (6) To develop staffing and workload standards and
25 coordinate staff development and training appropriate for
26 juvenile populations.

1 (7) To develop, with the approval of the Office of the
2 Governor and the Governor's Office of Management and
3 Budget, annual budget requests.

4 (8) To administer the Interstate Compact for
5 Juveniles, with respect to all juveniles under its
6 jurisdiction, and to cooperate with the Department of Human
7 Services with regard to all non-offender juveniles subject
8 to the Interstate Compact for Juveniles.

9 (b) The Department may employ personnel in accordance with
10 the Personnel Code and Section 3-2.5-15 of this Code, provide
11 facilities, contract for goods and services, and adopt rules as
12 necessary to carry out its functions and purposes, all in
13 accordance with applicable State and federal law.

14 (c) On and after the date 6 months after the effective date
15 of this amendatory Act of the 98th General Assembly, as
16 provided in the Executive Order 1 (2012) Implementation Act,
17 all of the powers, duties, rights, and responsibilities related
18 to State healthcare purchasing under this Code that were
19 transferred from the Department of Corrections to the
20 Department of Healthcare and Family Services by Executive Order
21 3 (2005) are transferred back to the Department of Corrections;
22 however, powers, duties, rights, and responsibilities related
23 to State healthcare purchasing under this Code that were
24 exercised by the Department of Corrections before the effective
25 date of Executive Order 3 (2005) but that pertain to
26 individuals resident in facilities operated by the Department

1 of Juvenile Justice are transferred to the Department of
2 Juvenile Justice.

3 (Source: P.A. 94-696, eff. 6-1-06; 95-937, eff. 8-26-08.)

4 Section 997. Severability. The provisions of this Act are
5 severable under Section 1.31 of the Statute on Statutes.

6 Section 999. Effective date. This Act takes effect upon
7 becoming law.".