



## 98TH GENERAL ASSEMBLY

### State of Illinois

### 2013 and 2014

### HB3208

by Rep. Michael Unes

#### SYNOPSIS AS INTRODUCED:

50 ILCS 705/10.14 new	
55 ILCS 5/3-6013	from Ch. 34, par. 3-6013
55 ILCS 5/3-6015.1 new	
65 ILCS 5/3.1-30-20	from Ch. 24, par. 3.1-30-20
65 ILCS 5/11-1-1.05 new	
30 ILCS 805/8.37 new	

Amends the Illinois Police Training Act. Provides that the Illinois Law Enforcement Training Standards Board shall certify Tactical Medicine Providers. Provides that in order to be eligible for certification the person must be an Emergency Medical Technician, Advanced Emergency Medical Technician, paramedic, nurse, physician assistant, advanced practice nurse physician, dentist, or other medical provider designated by the Board. Establishes additional training requirements for Tactical Medicine Providers. Amends the Counties Code and the Illinois Municipal Code. Provides that Tactical Medicine Providers may assist the sheriff or police chief, including but not limited to, Special Weapons And Tactics (SWAT), special operations, search and rescue, and disaster response teams. Provides that Tactical Medicine Providers may be assigned to a Special Weapons And Tactics (SWAT) team designated by the sheriff or police chief. Provides that a Tactical Medicine Provider does not have the power of arrest and shall not be considered a conservator of the peace. Provides that immediately prior to, during, and immediately after an authorized deployment or mission, a sheriff or police chief may authorize and direct a Tactical Medicine Provider to carry a firearm for self-protection and protection of their patients and casualties, which may include wounded law enforcement officers. Prescribes the duties of Tactical Medicine Providers. Permits TMPs to live outside the county served by the local law enforcement agency that employs him or her.

LRB098 11172 OMW 41883 b

1 AN ACT concerning Tactical Medicine Providers.

2 WHEREAS, Law enforcement agencies and their special teams  
3 function in high-threat environments, such as encountering  
4 active shooters in schools, malls, and religious institutions,  
5 engaging domestic terrorists, neutralizing methamphetamine  
6 labs, serving high-risk arrest and search warrants, addressing  
7 barricaded suspects holding hostages, and facing a variety of  
8 other life threatening situations; and

9 WHEREAS, Many law enforcement agencies must face these  
10 extreme hazards without the emergency medical care that is  
11 provided to citizens of Illinois through the Emergency Medical  
12 Services system because EMTs and paramedics are not permitted  
13 within the inner perimeter of the hot zone; therefore

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

16 Section 5. The Illinois Police Training Act is amended by  
17 adding Section 10.14 as follows:

18 (50 ILCS 705/10.14 new)

19 Sec. 10.14. Tactical Medicine Provider.

20 (a) The Board shall certify Tactical Medicine Providers. A  
21 person is eligible for certification as a Tactical Medicine  
22 Provider (TMP) if he or she is licensed as follows:

1           (1) by the Department of Public Health as an Emergency  
2           Medical Technician-Basic (EMT-B), an Emergency Medical  
3           Technician-Intermediate (EMT-I), or an Emergency Medical  
4           Technician-Paramedic (EMT-P) under the Emergency Medical  
5           Services (EMS) Systems Act;

6           (2) by the Department of Financial and Professional  
7           Regulation as a physician (whether licensed to practice  
8           medicine in all of its branches or licensed as a  
9           chiropractic physician) under the Medical Practice Act of  
10           1987;

11           (3) by the Department of Financial and Professional  
12           Regulation as a practical nurse, registered nurse, or  
13           advanced practice nurse under the Nurse Practice Act;

14           (4) by the Department of Financial and Professional  
15           Regulation as a physician assistant under the Physician  
16           Assistant Practice Act of 1987; or

17           (5) by the Department of Financial and Professional  
18           Regulation as a dentist under the Illinois Dental Practice  
19           Act.

20           The Board may designate other medical providers as eligible  
21           for certification as Tactical Medicine Providers.

22           (b) The Board shall require a person to receive the  
23           following training in order to be eligible for certification as  
24           a Tactical Medicine Provider:

25           (1) Completion of a standard 40 hour tactical emergency  
26           medicine training course at a reputable school, such as the

1 International School of Tactical Medicine (approved by the  
2 Department of Homeland Security), Counter Narcotics and  
3 Terrorism Operational Medical Support (CONTOMS), or other  
4 reputable tactical emergency medical specialist (TEMS)  
5 training program, as the Board may approve.

6 (2) Completion of a course of study in Tactical Law  
7 Enforcement that develops proficiency in the area that the  
8 TMP is assigned. This may include a 40-hour component that  
9 shall enable the TMP to learn and become proficient in  
10 Special Weapons And Tactics (SWAT). This may be completed  
11 by routine training with the TMP's agency, or at a  
12 certified course, such as a standard 40-hour SWAT course.

13 (3) A 40-hour firearms training course and additional  
14 firearms training conducted with the TMP's tactical team on  
15 an ongoing basis to maintain competency in safely handling  
16 weapons and disarming downed officers and suspects.

17 (4) Routine on-going tactical and medical training  
18 with the law enforcement agency that the TMP is supporting,  
19 including training in topics such as officer-down  
20 scenarios, familiarization with weapons and tactics, and  
21 medical support during training and operations.

22 (5) Training in blood-borne pathogens, hazardous  
23 materials, weapons of mass destruction, terrorism-related  
24 topics, self defense tactics, environmental medicine, law  
25 enforcement, and other advanced training.

26 (6) Such other education and training deemed

1 appropriate by the Board.

2 (c) In determining what training under items (1), (4), and  
3 (5) of subsection (b) of this Section is appropriate, the Board  
4 shall consult with and receive the approval of the Director of  
5 Public Health and the State Emergency Medical Services Advisory  
6 Council before authorizing those particular courses of  
7 training.

8 (d) A sheriff or municipal police chief may employ or may  
9 receive volunteer service from one or more Tactical Medicine  
10 Providers pursuant to Section 3-6015.1 of the Counties Code and  
11 Section 11-1-1.05 of the Illinois Municipal Code.

12 (e) Any TMP serving a law enforcement agency may apply for  
13 a Non-transport Provider license with the Department of Public  
14 Health and shall comply with existing rules regarding such  
15 licensure.

16 (f) A Tactical Medicine Provider certified under this Act  
17 shall not, as a result of his or her acts or omissions in  
18 performing his or her duties as a TMP, be subject to  
19 disciplinary or other adverse action under the Emergency  
20 Medical Services (EMS) Systems Act, the Medical Practice Act of  
21 1987, the Nurse Practice Act, the Physician Assistant Practice  
22 Act of 1987, the Illinois Dental Practice Act, or any other Act  
23 that licenses professions that the Board deems eligible for  
24 certification as Tactical Medicine Providers.

25 Section 10. The Counties Code is amended by changing

1 Section 3-6013 and adding Section 3-6015.1 as follows:

2 (55 ILCS 5/3-6013) (from Ch. 34, par. 3-6013)

3 Sec. 3-6013. Duties, training and compensation of  
4 auxiliary deputies. Auxiliary deputies shall not supplement  
5 members of the regular county police department or regular  
6 deputies in the performance of their assigned and normal  
7 duties, except as provided herein. Auxiliary deputies may be  
8 assigned and directed by the sheriff to perform the following  
9 duties in the county:

10 To aid or direct traffic within the county, to aid in  
11 control of natural or human made disasters, to aid in case of  
12 civil disorder as assigned and directed by the sheriff,  
13 provided, that in emergency cases which render it impractical  
14 for members of the regular county police department or regular  
15 deputies to perform their assigned and normal duties, the  
16 sheriff is hereby authorized to assign and direct auxiliary  
17 deputies to perform such regular and normal duties.  
18 Identification symbols worn by such auxiliary deputies shall be  
19 different and distinct from those used by members of the  
20 regular county police department or regular deputies. Such  
21 auxiliary deputies shall at all times during the performance of  
22 their duties be subject to the direction and control of the  
23 sheriff of the county. Such auxiliary deputies shall not carry  
24 firearms, except with the permission of the sheriff, and only  
25 while in uniform and in the performance of their assigned

1 duties.

2 Auxiliary deputies, prior to entering upon any of their  
3 duties, shall receive a course of training in the use of  
4 weapons and other police procedures as shall be appropriate in  
5 the exercise of the powers conferred upon them under this  
6 Division, which training and course of study shall be  
7 determined and provided by the sheriff of each county utilizing  
8 auxiliary deputies, provided that, before being permitted to  
9 carry a firearm an auxiliary deputy must have the same course  
10 of training as required of peace officers in Section 2 of the  
11 Peace Officer Firearm Training Act. The county authorities  
12 shall require that all auxiliary deputies be residents of the  
13 county served by them. Prior to the appointment of any  
14 auxiliary deputy his or her fingerprints shall be taken and no  
15 person shall be appointed as such auxiliary deputy if he or she  
16 has been convicted of a felony or other crime involving moral  
17 turpitude.

18 Auxiliary deputies may receive such compensation as is set  
19 by the County Board, with the advice and consent of the  
20 Sheriff, not to exceed the lowest hourly pay of a full-time  
21 sworn member of the regular county police or sheriff's  
22 department and not be paid a salary, except as provided in  
23 Section 3-6036, but may be reimbursed for actual expenses  
24 incurred in performing their assigned duty. The County Board  
25 must approve such actual expenses and arrange for payment.

26 Auxiliary deputies who have been certified by the Illinois

1 Law Enforcement Training Standards Board as Tactical Medicine  
2 Providers shall perform the duties prescribed to them in  
3 Section 3-6015.1.

4 Nothing in this Division shall preclude an auxiliary deputy  
5 from holding a simultaneous appointment as an auxiliary police  
6 officer pursuant to Section 3-6-5 of the Illinois Municipal  
7 Code.

8 (Source: P.A. 97-379, eff. 8-15-11.)

9 (55 ILCS 5/3-6015.1 new)

10 Sec. 3-6015.1. Law enforcement agency support; Tactical  
11 Medicine Providers.

12 (a) A sheriff may employ or may receive volunteer service  
13 from one or more Tactical Medicine Providers. The sheriff may  
14 designate persons as auxiliary deputies who are certified by  
15 the Illinois Law Enforcement Training Standards Board as  
16 Tactical Medicine Providers.

17 (b) A Tactical Medicine Provider may be assigned to a law  
18 enforcement agency, including special teams such as component  
19 of the sheriff's department including, but not limited to,  
20 SWAT, special operations, search and rescue, and disaster  
21 response. One or more Tactical Medicine Providers assigned to a  
22 SWAT team shall be considered a Tactical Emergency Medical  
23 Support Unit and pre-hospital emergency care providers. Before  
24 the sheriff deploys a Tactical Emergency Medical Support Unit  
25 assigned to a SWAT team, the sheriff must receive the approval

1 of the Unit by the Department of Public Health.

2 (c) A Tactical Medicine Provider does not have the power of  
3 arrest and shall not be considered a conservator of the peace.

4 (d) The sheriff may authorize a Tactical Medicine Provider  
5 to carry a firearm during deployment, including a SWAT team  
6 mission, and at times immediately prior to and after the  
7 mission, as designated by the sheriff.

8 (e) The Tactical Medicine Provider shall have the following  
9 duties:

10 (1) Prior to a law enforcement agency team deployment  
11 or SWAT team mission to:

12 (A) attend tactical team training sessions;

13 (B) provide preventive medicine, health  
14 maintenance, and injury control measures;

15 (C) provide medical care to team members who become  
16 injured or ill at training;

17 (D) provide education in first aid and combat  
18 casualty care to team members, including providing  
19 instruction in CPR, combat first aid, ballistics,  
20 field medicine, and other medically-related topics  
21 that pertain to the tactical environment, practicing  
22 "officer down" immediate action drills, extractions,  
23 and other scenarios;

24 (E) prepare the tactical medicine team to deal with  
25 pertinent medical threats and hazards expected at  
26 training event and call-outs;

1           (F) identify and prepare for any pre-existing  
2 medical condition of team members;

3           (G) make recommendations to optimize internal  
4 policies related to Tactical Emergency Medical  
5 Services (TEMS) and general law enforcement health  
6 issues; and

7           (H) serve as a resource for any medical concerns  
8 that affect the sheriff's office.

9           (2) During a mission "call-out", a Tactical Medicine  
10 Provider shall:

11           (A) remain available to provide emergency medical  
12 care for those in need;

13           (B) participate in mission planning, preparing an  
14 assessment of medical threats, and providing  
15 appropriate advice while keeping missions  
16 appropriately confidential to avoid any information  
17 leaks that would jeopardize the mission;

18           (C) pre-plan and arrange emergency medical  
19 evacuation and transportation pertinent to the  
20 mission, including methods of transport, appropriate  
21 hospitals, and route planning;

22           (D) provide appropriate preventive and immediate  
23 medical care to tactical team members, other law  
24 enforcement officers, and public safety personnel;

25           (E) provide secondary emergency care to  
26 bystanders, suspects, or others on site at the

1 discretion of the team leader or commander;

2 (F) provide "assessment and clearing" of suspects  
3 prior to incarceration as directed by the team leader  
4 or commander;

5 (G) advise the command staff of developing medical  
6 concerns, and remaining available for medical  
7 consultation to the team leader or commander;

8 (H) perform remote assessment or "medicine across  
9 the barricade" of any downed victims in exposed areas  
10 and then advising the commander about the likely  
11 viability of the victim or victims and injuries;

12 (I) improve team performance and morale by the  
13 presence of immediate medical support; and

14 (J) function as a liaison with the local Emergency  
15 Medical Services (EMS) System, hospitals, and  
16 officials from other public safety and law enforcement  
17 agencies.

18 (3) After a mission, a Tactical Medicine Provider may  
19 be involved in the following post-incident support  
20 activities:

21 (A) participating in post-incident debriefing and  
22 review, assisting command staff with analysis of the  
23 operation or training event, or both, and any medical  
24 care delivered, and making improvements to the  
25 tactical medicine unit, policies, and procedures as  
26 needed;

1           (B) reviewing and documenting all medical  
2           treatment and records relevant to operational or  
3           training missions;

4           (C) appropriately optimizing treatment,  
5           rehabilitation, and mental health for injured officers  
6           through "ombudsman" involvement with hospitals,  
7           physicians, family, and sheriff's office officials,  
8           while maintaining HIPAA and patient confidentiality  
9           regulations; and

10           (D) Incorporating "lessons learned" into future  
11           unit training and preparedness, assisting with  
12           preventive medicine efforts, and improving care.

13           (f) A Tactical Medicine Provider may reside outside the  
14           limits of the county served by the law enforcement agency of  
15           his or her employment.

16           (g) The sheriff may authorize Tactical Medicine Providers  
17           that are assigned to a law enforcement agency or a SWAT team,  
18           or both, to deploy with that team to any location in the State  
19           of Illinois or other state to which the responding team is  
20           ordered. If the location is in a different EMS system, then the  
21           TMP (if a non-physician) shall report to his or her regular EMS  
22           Medical Director for the duration of the deployment and shall  
23           continue to abide by his or her normal EMS medical and tactical  
24           medicine protocols. Liability coverage for officers and TMPs  
25           during deployment across county or state lines including, but  
26           not limited to, health insurance, disability insurance,

1 worker's compensation, and other insurance coverage, shall not  
2 be altered by the deployment.

3 (h) If a Tactical Medicine Provider is serving as a  
4 volunteer and engaged in one or more of the duties described in  
5 subsection (e) of this Section, or an act ancillary thereto:

6 (1) he or she shall be treated as if the TMP is a  
7 "public employee" under the Local Governmental and  
8 Governmental Employees Tort Immunity Act; and

9 (2) the acts, or omissions to act, of the TMP shall be  
10 deemed to have been for public and governmental purposes  
11 and subject to immunity from liability to the same extent  
12 as an employee of a governmental entity of this State for  
13 whom the TMP is a volunteer.

14 Section 15. The Illinois Municipal Code is amended by  
15 changing Section 3.1-30-20 and adding Section 11-1-1.05 as  
16 follows:

17 (65 ILCS 5/3.1-30-20) (from Ch. 24, par. 3.1-30-20)

18 Sec. 3.1-30-20. Auxiliary police officers.

19 (a) Auxiliary police officers shall not be members of the  
20 regular police department of the municipality. Auxiliary  
21 police officers shall not supplement members of the regular  
22 police department of any municipality in the performance of  
23 their assigned and normal duties, except as otherwise provided  
24 in this Code. Auxiliary police officers shall only be assigned

1 to perform the following duties in a municipality: (i) to aid  
2 or direct traffic within the municipality, (ii) to aid in  
3 control of natural or man made disasters, and (iii) to aid in  
4 case of civil disorder as directed by the chief of police. When  
5 it is impractical for members of the regular police department  
6 to perform those normal and regular police duties, however, the  
7 chief of police of the regular police department may assign  
8 auxiliary police officers to perform those normal and regular  
9 police duties. Identification symbols worn by auxiliary police  
10 officers shall be different and distinct from those used by  
11 members of the regular police department. Auxiliary police  
12 officers shall at all times during the performance of their  
13 duties be subject to the direction and control of the chief of  
14 police of the municipality. Auxiliary police officers shall not  
15 carry firearms, except with the permission of the chief of  
16 police and while in uniform and in the performance of their  
17 duties. Auxiliary police officers, when on duty, shall also be  
18 conservators of the peace and shall have the powers specified  
19 in Section 3.1-15-25.

20 (b) Auxiliary police officers, before entering upon any of  
21 their duties, shall receive a course of training in the use of  
22 weapons and other police procedures appropriate for the  
23 exercise of the powers conferred upon them under this Code. The  
24 training and course of study shall be determined and provided  
25 by the corporate authorities of each municipality employing  
26 auxiliary police officers. Before being permitted to carry a

1 firearm, however, an auxiliary police officer must have the  
2 same course of training as required of peace officers under  
3 Section 2 of the Peace Officer Firearm Training Act. The  
4 municipal authorities may require that all auxiliary police  
5 officers be residents of the municipality served by them.  
6 Before the appointment of an auxiliary police officer, the  
7 person's fingerprints shall be taken, and no person shall be  
8 appointed as an auxiliary police officer if that person has  
9 been convicted of a felony or other crime involving moral  
10 turpitude.

11 (b-5) Auxiliary police officers who have been certified by  
12 the Illinois Law Enforcement Training Standards Board as  
13 Tactical Medicine Providers shall perform the duties  
14 prescribed to them in Section 11-1-1.05.

15 (c) The Line of Duty Compensation Act shall be applicable  
16 to auxiliary police officers upon their death in the line of  
17 duty described in this Code.

18 (Source: P.A. 94-984, eff. 6-30-06.)

19 (65 ILCS 5/11-1-1.05 new)

20 Sec. 11-1-1.05. Law enforcement agency support; Tactical  
21 Medicine Providers.

22 (a) A municipal police chief may employ or may receive  
23 volunteer service from one or more Tactical Medicine Providers.  
24 The municipal police chief may designate persons as auxiliary  
25 police officers who are certified by the Illinois Law

1 Enforcement Training Standards Board as Tactical Medicine  
2 Providers.

3 (b) A Tactical Medicine Provider may be assigned to a Law  
4 Enforcement Agency, including special teams such as a Special  
5 Weapons And Tactics (SWAT) team, designated by the municipal  
6 police chief. One or more Tactical Medicine Providers assigned  
7 to a SWAT team shall be considered a Tactical Emergency Medical  
8 Support Unit and pre-hospital emergency care providers. Before  
9 the municipal police chief deploys a Tactical Emergency Medical  
10 Support Unit assigned to a SWAT team, the municipal police  
11 chief must receive the approval of the Unit by the Department  
12 of Public Health.

13 (c) A Tactical Medicine Provider does not have the power of  
14 arrest and shall not be considered a conservator of the peace.

15 (d) The municipal police chief may authorize a Tactical  
16 Medicine Provider to carry a firearm during a law enforcement  
17 agency deployment, such as a SWAT team mission, and at times  
18 immediately prior to and after the mission as designated by the  
19 municipal police chief.

20 (e) The Tactical Medicine Provider shall have the following  
21 duties:

22 (1) Prior to a SWAT team mission to:

23 (A) attend tactical team training sessions;

24 (B) provide preventive medicine, health  
25 maintenance, and injury control measures;

26 (C) provide medical care to team members who become

1 injured or ill at training;

2 (D) provide education in first aid and combat  
3 casualty care to team members, including providing  
4 instruction in CPR, combat first aid, ballistics,  
5 field medicine, and other medically-related topics  
6 that pertain to the tactical environment, practicing  
7 "officer down" immediate action drills, extractions,  
8 and other scenarios;

9 (E) prepare the tactical medicine team to deal with  
10 pertinent medical threats and hazards expected at  
11 training event and call-outs;

12 (F) identify and prepare for any pre-existing  
13 medical condition of team members;

14 (G) make recommendations to optimize internal  
15 policies related to Tactical Emergency Medical  
16 Services (TEMS) and general law enforcement health  
17 issues; and

18 (H) serve as a resource for any medical concerns  
19 that affect the sheriff's office.

20 (2) During a mission "call-out", a Tactical Medicine  
21 Provider shall:

22 (A) remain available to provide emergency medical  
23 care for those in need;

24 (B) participate in mission planning, preparing an  
25 assessment of medical threats, and providing  
26 appropriate advice while keeping missions

1 appropriately confidential to avoid any information  
2 leaks that would jeopardize the mission;

3 (C) pre-plan and arrange emergency medical  
4 evacuation and transportation pertinent to the  
5 mission, including methods of transport, appropriate  
6 hospitals, and route planning;

7 (D) provide appropriate preventive and immediate  
8 medical care to tactical team members, other law  
9 enforcement officers, and public safety personnel;

10 (E) provide secondary emergency care to  
11 bystanders, suspects, or others on site at the  
12 discretion of the team leader or commander;

13 (F) provide "assessment and clearing" of suspects  
14 prior to incarceration as directed by the team leader  
15 or commander;

16 (G) advise the command staff of developing medical  
17 concerns, and remaining available for medical  
18 consultation to the team leader or commander;

19 (H) perform remote assessment or "medicine across  
20 the barricade" of any downed victims in exposed areas  
21 and then advising the commander about the likely  
22 viability of the victim or victims and injuries;

23 (I) improve team performance and morale by the  
24 presence of immediate medical support; and

25 (J) function as a liaison with the local Emergency  
26 Medical Services (EMS) System, hospitals, and

1 officials from other public safety and law enforcement  
2 agencies.

3 (3) After a mission, a Tactical Medicine Provider may  
4 be involved in the following post-incident support  
5 activities:

6 (A) participating in post-incident debriefing and  
7 review, assisting command staff with analysis of the  
8 operation or training event, or both, and any medical  
9 care delivered, and making improvements to the  
10 tactical medicine unit, policies, and procedures as  
11 needed;

12 (B) reviewing and documenting all medical  
13 treatment and records relevant to operational or  
14 training missions;

15 (C) appropriately optimizing treatment,  
16 rehabilitation, and mental health for injured officers  
17 through "ombudsman" involvement with hospitals,  
18 physicians, family, and sheriff's office officials,  
19 while maintaining HIPAA and patient confidentiality  
20 regulations; and

21 (D) Incorporating "lessons learned" into future  
22 unit training and preparedness, assisting with  
23 preventive medicine efforts, and improving care.

24 (f) A Tactical Medicine Provider may reside outside the  
25 limits of the municipality served by the law enforcement agency  
26 of his or her employment.

1       (g) The municipal police chief may authorize Tactical  
2 Medicine Providers that are assigned to a law enforcement  
3 agency or a SWAT team, or both, to deploy with that team to any  
4 location in the State of Illinois or other state to which the  
5 responding team is ordered. If the location is in a different  
6 EMS system, then the TMP (if a non-physician) shall report to  
7 his or her regular EMS Medical Director for the duration of the  
8 deployment and shall continue to abide by his or her normal EMS  
9 medical and tactical medicine protocols. Liability coverage  
10 for officers and TMPs during deployment across county or state  
11 lines including, but not limited to, health insurance,  
12 disability insurance, workmen's compensation, and other  
13 insurance coverage, shall not be altered by the deployment.

14       (h) If a Tactical Medicine Provider is serving as a  
15 volunteer and engaged in one or more of the duties described in  
16 subsection (e) of this Section, or an act ancillary thereto:

17           (1) he or she shall be treated as if the TMP is a  
18 "public employee" under the Local Governmental and  
19 Governmental Employees Tort Immunity Act; and

20           (2) the acts, or omissions to act, of the TMP shall be  
21 deemed to have been for public and governmental purposes  
22 and subject to immunity from liability to the same extent  
23 as an employee of a governmental entity of this State for  
24 whom the TMP is a volunteer.

25       Section 90. The State Mandates Act is amended by adding

1 Section 8.37 as follows:

2 (30 ILCS 805/8.37 new)

3 Sec. 8.37. Exempt mandate. Notwithstanding Sections 6 and 8  
4 of this Act, no reimbursement by the State is required for the  
5 implementation of any mandate created by this amendatory Act of  
6 the 98th General Assembly.