

1                                   AMENDMENT TO HOUSE BILL 3491

2           AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3491 by replacing  
3 the title with the following:

4           "AN ACT relating to budget implementation."; and

5 by replacing everything after the enacting clause with the  
6 following:

7           "Section 1. Short title. This Act may be cited as the  
8 FY2002 Budget Implementation (Human Services) Act.

9           Section 5. Purpose. It is the purpose and subject of  
10 this Act to make the changes in State programs relating to  
11 human services that are necessary to implement the State's  
12 FY2002 budget.

13           Section 10. The Illinois Administrative Procedure Act is  
14 amended by changing Section 5-45 as follows:

15           (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

16           Sec. 5-45. Emergency rulemaking.

17           (a) "Emergency" means the existence of any situation  
18 that any agency finds reasonably constitutes a threat to the  
19 public interest, safety, or welfare.

1 (b) If any agency finds that an emergency exists that  
2 requires adoption of a rule upon fewer days than is required  
3 by Section 5-40 and states in writing its reasons for that  
4 finding, the agency may adopt an emergency rule without prior  
5 notice or hearing upon filing a notice of emergency  
6 rulemaking with the Secretary of State under Section 5-70.  
7 The notice shall include the text of the emergency rule and  
8 shall be published in the Illinois Register. Consent orders  
9 or other court orders adopting settlements negotiated by an  
10 agency may be adopted under this Section. Subject to  
11 applicable constitutional or statutory provisions, an  
12 emergency rule becomes effective immediately upon filing  
13 under Section 5-65 or at a stated date less than 10 days  
14 thereafter. The agency's finding and a statement of the  
15 specific reasons for the finding shall be filed with the  
16 rule. The agency shall take reasonable and appropriate  
17 measures to make emergency rules known to the persons who may  
18 be affected by them.

19 (c) An emergency rule may be effective for a period of  
20 not longer than 150 days, but the agency's authority to adopt  
21 an identical rule under Section 5-40 is not precluded. No  
22 emergency rule may be adopted more than once in any 24 month  
23 period, except that this limitation on the number of  
24 emergency rules that may be adopted in a 24 month period does  
25 not apply to (i) emergency rules that make additions to and  
26 deletions from the Drug Manual under Section 5-5.16 of the  
27 Illinois Public Aid Code or the generic drug formulary under  
28 Section 3.14 of the Illinois Food, Drug and Cosmetic Act or  
29 (ii) emergency rules adopted by the Pollution Control Board  
30 before July 1, 1997 to implement portions of the Livestock  
31 Management Facilities Act. Two or more emergency rules  
32 having substantially the same purpose and effect shall be  
33 deemed to be a single rule for purposes of this Section.

34 (d) In order to provide for the expeditious and timely

1 implementation of the State's fiscal year 1999 budget,  
2 emergency rules to implement any provision of Public Act  
3 90-587 or 90-588 or any other budget initiative for fiscal  
4 year 1999 may be adopted in accordance with this Section by  
5 the agency charged with administering that provision or  
6 initiative, except that the 24-month limitation on the  
7 adoption of emergency rules and the provisions of Sections  
8 5-115 and 5-125 do not apply to rules adopted under this  
9 subsection (d). The adoption of emergency rules authorized  
10 by this subsection (d) shall be deemed to be necessary for  
11 the public interest, safety, and welfare.

12 (e) In order to provide for the expeditious and timely  
13 implementation of the State's fiscal year 2000 budget,  
14 emergency rules to implement any provision of this amendatory  
15 Act of the 91st General Assembly or any other budget  
16 initiative for fiscal year 2000 may be adopted in accordance  
17 with this Section by the agency charged with administering  
18 that provision or initiative, except that the 24-month  
19 limitation on the adoption of emergency rules and the  
20 provisions of Sections 5-115 and 5-125 do not apply to rules  
21 adopted under this subsection (e). The adoption of emergency  
22 rules authorized by this subsection (e) shall be deemed to be  
23 necessary for the public interest, safety, and welfare.

24 (f) In order to provide for the expeditious and timely  
25 implementation of the State's fiscal year 2001 budget,  
26 emergency rules to implement any provision of this amendatory  
27 Act of the 91st General Assembly or any other budget  
28 initiative for fiscal year 2001 may be adopted in accordance  
29 with this Section by the agency charged with administering  
30 that provision or initiative, except that the 24-month  
31 limitation on the adoption of emergency rules and the  
32 provisions of Sections 5-115 and 5-125 do not apply to rules  
33 adopted under this subsection (f). The adoption of emergency  
34 rules authorized by this subsection (f) shall be deemed to be

1 necessary for the public interest, safety, and welfare.

2 (g) In order to provide for the expeditious and timely  
3 implementation of the State's fiscal year 2002 budget,  
4 emergency rules to implement any provision of this amendatory  
5 Act of the 92nd General Assembly or any other budget  
6 initiative for fiscal year 2002 may be adopted in accordance  
7 with this Section by the agency charged with administering  
8 that provision or initiative, except that the 24-month  
9 limitation on the adoption of emergency rules and the  
10 provisions of Sections 5-115 and 5-125 do not apply to rules  
11 adopted under this subsection (g). The adoption of emergency  
12 rules authorized by this subsection (g) shall be deemed to be  
13 necessary for the public interest, safety, and welfare.

14 (Source: P.A. 90-9, eff. 7-1-97; 90-587, eff. 7-1-98; 90-588,  
15 eff. 7-1-98; 91-24, eff. 7-1-99; 91-357, eff. 7-29-99;  
16 91-712, eff. 7-1-00.)

17 Section 20. The State Finance Act is amended by changing  
18 Section 6z-24 and adding Sections 5.549, 5.550, 5.551, 6z-52,  
19 and 6z-53 as follows:

20 (30 ILCS 105/5.549 new)  
21 Sec. 5.549. The Independent Academic Medical Center Fund.

22 (30 ILCS 105/5.550 new)  
23 Sec. 5.550. The Drug Rebate Fund.

24 (30 ILCS 105/5.551 new)  
25 Sec. 5.551. The Downstate Emergency Response Fund.

26 (30 ILCS 105/6z-24) (from Ch. 127, par. 142z-24)  
27 Sec. 6z-24. There is created in the State Treasury the  
28 Special Education Medicaid Matching Fund. All monies  
29 received from the federal government due to expenditures by

1 local education agencies for ~~educationally-related~~ services  
 2 authorized under Section 1903 of the Social Security Act, as  
 3 amended, and for the administrative costs related thereto  
 4 shall be deposited in the Special Education Medicaid Matching  
 5 Fund. All monies received from the federal government due to  
 6 expenditures by local education agencies for  
 7 ~~educationally-related~~ services authorized under Section 2105  
 8 of the Social Security Act, as amended, shall be deposited in  
 9 the Special Education Medicaid Matching Fund.

10 The monies in the Special Education Medicaid Matching  
 11 Fund shall be held subject to appropriation by the General  
 12 Assembly to the State Board of Education or the Illinois  
 13 Department of Public Aid for distribution to school  
 14 districts, pursuant to an interagency agreement between the  
 15 Illinois Department of Public Aid and the State Board of  
 16 Education or intergovernmental agreements between the  
 17 Illinois Department of Public Aid and individual local  
 18 education agencies, for eligible ~~special--education--children~~  
 19 claims under Titles XIX and XXI of the Social Security Act.

20 (Source: P.A. 91-24, eff. 7-1-99; 91-266, eff. 7-23-99.)

21 (30 ILCS 105/6z-52 new)

22 Sec. 6z-52. Drug Rebate Fund.

23 (a) There is created in the State Treasury a special  
 24 fund to be known as the Drug Rebate Fund.

25 (b) The Fund is created for the purpose of receiving and  
 26 disbursing moneys in accordance with this Section.  
 27 Disbursements from the Fund shall be made, subject to  
 28 appropriation, only as follows:

29 (1) For payments to pharmacies for reimbursement  
 30 for prescription drugs provided to a recipient of aid  
 31 under Article V of the Illinois Public Aid Code or the  
 32 Children's Health Insurance Program Act.

33 (2) For reimbursement of moneys collected by the

1 Illinois Department of Public Aid through error or  
2 mistake.

3 (3) For payments of any amounts that are  
4 reimbursable to the federal government resulting from a  
5 payment into this Fund.

6 (c) The Fund shall consist of the following:

7 (1) Upon notification from the Director of Public  
8 Aid, the Comptroller shall direct and the Treasurer shall  
9 transfer the net State share of all moneys received by  
10 the Illinois Department of Public Aid from drug rebate  
11 agreements with pharmaceutical manufacturers pursuant to  
12 Title XIX of the federal Social Security Act, including  
13 any portion of the balance in the Public Aid Recoveries  
14 Trust Fund on July 1, 2001 that is attributable to such  
15 receipts.

16 (2) All federal matching funds received by the  
17 Illinois Department as a result of expenditures made by  
18 the Department that are attributable to moneys deposited  
19 in the Fund.

20 (3) Any premium collected by the Illinois  
21 Department from participants under a waiver approved by  
22 the federal government relating to provision of  
23 pharmaceutical services.

24 (4) All other moneys received for the Fund from any  
25 other source, including interest earned thereon.

26 (30 ILCS 105/6z-53 new)  
27 Sec. 6z-53. Downstate Emergency Response Fund.

28 (a) In this Section:

29 "Downstate county" means any county with a population of  
30 less than 250,000 with a level I trauma center.

31 "Trauma center" has the same meaning as in the Emergency  
32 Medical Services (EMS) Systems Act.

33 (b) The Downstate Emergency Response Fund is created as

1 a special fund in the State treasury.

2 (c) The following moneys shall be deposited into the  
3 Fund:

4 (1) Moneys appropriated by the General Assembly.

5 (2) Fees or other amounts paid to the Department of  
6 Transportation for the use of an emergency helicopter for  
7 the transportation of an individual to a trauma center  
8 located in a downstate county or for any other medical  
9 emergency response. The Department may adopt rules  
10 establishing reasonable fees and other amounts to be paid  
11 for the use of such helicopters and may collect those  
12 fees and other amounts.

13 (3) Gifts, grants, other appropriations, or any  
14 other moneys designated for deposit into the Fund.

15 (d) Subject to appropriation, moneys in the Fund shall  
16 be used for the following purposes:

17 (1) By the Department of Transportation to  
18 purchase, lease, maintain, and operate helicopters,  
19 including payment of any costs associated with personnel  
20 or other expenses necessary for the maintenance or  
21 operation of such helicopters, (A) for emergency response  
22 transportation of individuals to trauma centers located  
23 in downstate counties and (B) to support law enforcement,  
24 disaster response, and other medical emergency response.  
25 Moneys appropriated from the Fund for these purposes  
26 shall be in addition to any other moneys used for these  
27 purposes.

28 (2) By the Department of Public Aid for medical  
29 assistance under Article V of the Illinois Public Aid  
30 Code.

31 Section 25. The Excellence in Academic Medicine Act is  
32 amended by changing Sections 15, 20, 60, and 65 and adding  
33 Section 35 as follows:

1 (30 ILCS 775/15)

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

3 "Academic medical center hospital" means a hospital  
4 located in Illinois which is either (i) under common  
5 ownership with the college of medicine of a college or  
6 university or (ii) a free-standing hospital in which the  
7 majority of the clinical chiefs of service are department  
8 chairmen in an affiliated medical school.

9 "Academic medical center children's hospital" means a  
10 children's hospital which is separately incorporated and  
11 non-integrated into the academic medical center hospital but  
12 which is the pediatric partner for an academic medical center  
13 hospital and which serves as the primary teaching hospital  
14 for pediatrics for its affiliated medical school; children's  
15 hospitals which are separately incorporated but integrated  
16 into the academic medical center hospital are considered part  
17 of the academic medical center hospital.

18 "Chicago Medicare Metropolitan Statistical Area academic  
19 medical center hospital" means an academic medical center  
20 hospital located in the Chicago Medicare Metropolitan  
21 Statistical Area.

22 "Independent academic medical center hospital" means the  
23 primary teaching hospital for the University of Illinois at  
24 Urbana.

25 "Non-Chicago Medicare Metropolitan Statistical Area  
26 academic medical center hospital" means an academic medical  
27 center hospital located outside the Chicago Medicare  
28 Metropolitan Statistical Area.

29 "Qualified Chicago Medicare Metropolitan Statistical Area  
30 academic medical center hospital" means any Chicago Medicare  
31 Metropolitan Statistical Area academic medical center  
32 hospital that either directly or in connection with its  
33 affiliated medical school receives in excess of \$8,000,000 in  
34 grants or contracts from the National Institutes of Health



1 during the calendar year preceding the beginning of the State  
2 fiscal year; except that for the purposes of Section 25, the  
3 term also includes the entity specified in subsection (e) of  
4 that Section.

5 "Qualified Non-Chicago Medicare Metropolitan Statistical  
6 Area academic medical center hospital" means the primary  
7 teaching hospital for the University of Illinois School of  
8 Medicine at Peoria and the primary teaching hospital for the  
9 University of Illinois School of Medicine at Rockford and the  
10 primary teaching hospitals for Southern Illinois University  
11 School of Medicine in Springfield.

12 "Qualified academic medical center hospital" means (i) a  
13 qualified Chicago Medicare Metropolitan Statistical Area  
14 academic medical center hospital, (ii) a qualified  
15 Non-Chicago Medicare Metropolitan Statistical Area academic  
16 medical center hospital, or (iii) an academic medical center  
17 children's hospital.

18 "Qualified programs" include:

19 (i) Thoracic Transplantation: heart and lung, in  
20 particular;

21 (ii) Cancer: particularly biologic modifiers of  
22 tumor response, and mechanisms of drug resistance in  
23 cancer therapy;

24 (iii) Shock/Burn: development of biological  
25 alternatives to skin for grafting in burn injury, and  
26 research in mechanisms of shock and tissue injury in  
27 severe injury;

28 (iv) Abdominal transplantation: kidney, liver,  
29 pancreas, and development of islet cell and small bowel  
30 transplantation technologies;

31 (v) Minimally invasive surgery: particularly  
32 laparoscopic surgery;

33 (vi) High performance medical computing:  
34 telemedicine and teleradiology;

1           (vii) Transmyocardial laser revascularization: a  
2 laser creates holes in heart muscles to allow new blood  
3 flow;

4           (viii) Pet scanning: viewing how organs function  
5 (CT and MRI only allow viewing of the structure of an  
6 organ);

7           (ix) Strokes in the African-American community:  
8 particularly risk factors for cerebral vascular accident  
9 (strokes) in the African-American community at much  
10 higher risk than the general population;

11           (x) Neurosurgery: particularly focusing on  
12 interventional neuroradiology;

13           (xi) Comprehensive eye center: including further  
14 development in pediatric eye trauma;

15           (xii) Cancers: particularly melanoma, head and  
16 neck;

17           (xiii) Pediatric cancer;

18           (xiv) Invasive pediatric cardiology;

19           (xv) Pediatric organ transplantation:  
20 transplantation of solid organs, marrow, and other stem  
21 cells; and

22           (xvi) Such other programs as may be identified.

23 (Source: P.A. 89-506, eff. 7-3-96.)

24 (30 ILCS 775/20)

25 Sec. 20. Establishment of Funds.

26 (a) The Medical Research and Development Fund is created  
27 in the State Treasury to which the General Assembly may from  
28 time to time appropriate funds and from which the Comptroller  
29 shall pay amounts as authorized by law.

30 (i) The following accounts are created in the  
31 Medical Research and Development Fund: The National  
32 Institutes of Health Account; the Philanthropic Medical  
33 Research Account; and the Market Medical Research

1 Account.

2 (ii) Funds appropriated to the Medical Research and  
3 Development Fund shall be assigned in equal amounts to  
4 each account within the Fund, subject to transferability  
5 of funds under subsection (c) of Section 25.

6 (b) The Post-Tertiary Clinical Services Fund is created  
7 in the State Treasury to which the General Assembly may from  
8 time to time appropriate funds and from which the Comptroller  
9 shall pay amounts as authorized by law.

10 (c) The Independent Academic Medical Center Fund is  
11 created as a special fund in the State Treasury, to which the  
12 General Assembly shall from time to time appropriate funds  
13 for the purposes of the Independent Academic Medical Center  
14 Program. The amount appropriated for any fiscal year after  
15 2002 shall not be less than the amount appropriated for  
16 fiscal year 2002. The State Comptroller shall pay amounts  
17 from the Fund as authorized by law.

18 (Source: P.A. 89-506, eff. 7-3-96.)

19 (30 ILCS 775/35 new)

20 Sec. 35. Independent Academic Medical Center Program.  
21 There is created an Independent Academic Medical Center  
22 Program to provide incentives to develop and enhance the  
23 independent academic medical center hospital. In each State  
24 fiscal year, beginning in fiscal year 2002, the independent  
25 academic medical center hospital shall receive funding under  
26 the Program, equal to the full amount appropriated for that  
27 purpose for that fiscal year. In each fiscal year, one  
28 quarter of the amount payable to the independent academic  
29 medical center hospital shall be paid on the fifteenth  
30 working day after July 1, October 1, January 1, and March 1.

31 (30 ILCS 775/60)

32 Sec. 60. Restriction on funds. No academic medical

1 center hospital shall be eligible for payments from the  
2 Medical Research and Development Fund unless the academic  
3 medical center hospital qualifies under Section 15 as a  
4 qualified Chicago Medicare Metropolitan Statistical Area  
5 academic medical center hospital which in connection with its  
6 affiliated medical school received at least \$8,000,000 in the  
7 preceding calendar year in grants or contracts from the  
8 National Institutes of Health; except that this restriction  
9 does not apply to the entity specified in subsection (e) of  
10 Section 25.

11 If a hospital is eligible for funds from the Independent  
12 Academic Medical Center Fund, that hospital shall not receive  
13 funds from the Medical Research and Development Fund or the  
14 Post-Tertiary Clinical Services Fund. If a hospital receives  
15 funds from the Medical Research and Development Fund or the  
16 Post-Tertiary Clinical Services Fund, that hospital is  
17 ineligible to receive funds from the Independent Academic  
18 Medical Center Fund.

19 (Source: P.A. 89-506, eff. 7-3-96.)

20 (30 ILCS 775/65)

21 Sec. 65. Reporting requirements. On or before May 1 of  
22 each year, the chief executive officer of each Qualified  
23 Academic Medical Center Hospital shall submit a report to the  
24 Comptroller regarding the effects of the programs authorized  
25 by this Act. The report shall also report the total amount  
26 of grants from and contracts with the National Institutes of  
27 Health in the preceding calendar year. It shall assess  
28 whether the programs funded are likely to be successful,  
29 require further study, or no longer appear to be promising  
30 avenues of research. It shall discuss the probable use of  
31 the developmental program in mainstream medicine including  
32 both cost impact and medical effect. The report shall  
33 address the effects the programs may have on containing Title

1 XIX and Title XXI costs in Illinois. The Comptroller shall  
2 immediately forward the report to the Director of Public Aid  
3 and the Director of Public Health who shall evaluate the  
4 contents in a letter submitted to the President of the Senate  
5 and the Speaker of the House of Representatives.

6 (Source: P.A. 89-506, eff. 7-3-96.)

7 Section 30. The Illinois Public Aid Code is amended by  
8 changing Sections 5-5.4, 12-4.34, and 12-9 and adding Section  
9 5-5.12a as follows:

10 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

11 Sec. 5-5.4. Standards of Payment - Department of Public  
12 Aid. The Department of Public Aid shall develop standards of  
13 payment of skilled nursing and intermediate care services in  
14 facilities providing such services under this Article which:

15 (1) Provides for the determination of a facility's  
16 payment for skilled nursing and intermediate care services on  
17 a prospective basis. The amount of the payment rate for all  
18 nursing facilities certified under the medical assistance  
19 program shall be prospectively established annually on the  
20 basis of historical, financial, and statistical data  
21 reflecting actual costs from prior years, which shall be  
22 applied to the current rate year and updated for inflation,  
23 except that the capital cost element for newly constructed  
24 facilities shall be based upon projected budgets. The  
25 annually established payment rate shall take effect on July 1  
26 in 1984 and subsequent years. Rate increases shall be  
27 provided annually thereafter on July 1 in 1984 and on each  
28 subsequent July 1 in the following years, except that no rate  
29 increase and no update for inflation shall be provided on or  
30 after July 1, 1994 and before July 1, 2001, unless  
31 specifically provided for in this Section.

32 For facilities licensed by the Department of Public

1 Health under the Nursing Home Care Act as Intermediate Care  
2 for the Developmentally Disabled facilities or Long Term Care  
3 for Under Age 22 facilities, the rates taking effect on July  
4 1, 1998 shall include an increase of 3%. For facilities  
5 licensed by the Department of Public Health under the Nursing  
6 Home Care Act as Skilled Nursing facilities or Intermediate  
7 Care facilities, the rates taking effect on July 1, 1998  
8 shall include an increase of 3% plus \$1.10 per resident-day,  
9 as defined by the Department.

10 For facilities licensed by the Department of Public  
11 Health under the Nursing Home Care Act as Intermediate Care  
12 for the Developmentally Disabled facilities or Long Term Care  
13 for Under Age 22 facilities, the rates taking effect on July  
14 1, 1999 shall include an increase of 1.6% plus \$3.00 per  
15 resident-day, as defined by the Department. For facilities  
16 licensed by the Department of Public Health under the Nursing  
17 Home Care Act as Skilled Nursing facilities or Intermediate  
18 Care facilities, the rates taking effect on July 1, 1999  
19 shall include an increase of 1.6% and, for services provided  
20 on or after October 1, 1999, shall be increased by \$4.00 per  
21 resident-day, as defined by the Department.

22 For facilities licensed by the Department of Public  
23 Health under the Nursing Home Care Act as Intermediate Care  
24 for the Developmentally Disabled facilities or Long Term Care  
25 for Under Age 22 facilities, the rates taking effect on July  
26 1, 2000 shall include an increase of 2.5% per resident-day,  
27 as defined by the Department. For facilities licensed by the  
28 Department of Public Health under the Nursing Home Care Act  
29 as Skilled Nursing facilities or Intermediate Care  
30 facilities, the rates taking effect on July 1, 2000 shall  
31 include an increase of 2.5% per resident-day, as defined by  
32 the Department.

33 For facilities licensed by the Department of Public  
34 Health under the Nursing Home Care Act as Intermediate Care

1 for the Developmentally Disabled facilities or Long Term Care  
2 for Under Age 22 facilities, the rates taking effect on March  
3 1, 2001 shall include a statewide increase of 7.85%, as  
4 defined by the Department.

5 For facilities licensed by the Department of Public  
6 Health under the Nursing Home Care Act as Intermediate Care  
7 for the Developmentally Disabled facilities or Long Term Care  
8 for Under Age 22 facilities, the rates taking effect on April  
9 1, 2002 shall include a statewide increase of 2.0%, as  
10 defined by the Department.

11 Rates established effective each July 1 shall govern  
12 payment for services rendered throughout that fiscal year,  
13 except that rates established on July 1, 1996 shall be  
14 increased by 6.8% for services provided on or after January  
15 1, 1997. Such rates will be based upon the rates calculated  
16 for the year beginning July 1, 1990, and for subsequent years  
17 thereafter shall be based on the facility cost reports for  
18 the facility fiscal year ending at any point in time during  
19 the previous calendar year, updated to the midpoint of the  
20 rate year. The cost report shall be on file with the  
21 Department no later than April 1 of the current rate year.  
22 Should the cost report not be on file by April 1, the  
23 Department shall base the rate on the latest cost report  
24 filed by each skilled care facility and intermediate care  
25 facility, updated to the midpoint of the current rate year.  
26 In determining rates for services rendered on and after July  
27 1, 1985, fixed time shall not be computed at less than zero.  
28 The Department shall not make any alterations of regulations  
29 which would reduce any component of the Medicaid rate to a  
30 level below what that component would have been utilizing in  
31 the rate effective on July 1, 1984.

32 (2) Shall take into account the actual costs incurred by  
33 facilities in providing services for recipients of skilled  
34 nursing and intermediate care services under the medical

1 assistance program.

2 (3) Shall take into account the medical and  
3 psycho-social characteristics and needs of the patients.

4 (4) Shall take into account the actual costs incurred by  
5 facilities in meeting licensing and certification standards  
6 imposed and prescribed by the State of Illinois, any of its  
7 political subdivisions or municipalities and by the U.S.  
8 Department of Health and Human Services pursuant to Title XIX  
9 of the Social Security Act.

10 The Department of Public Aid shall develop precise  
11 standards for payments to reimburse nursing facilities for  
12 any utilization of appropriate rehabilitative personnel for  
13 the provision of rehabilitative services which is authorized  
14 by federal regulations, including reimbursement for services  
15 provided by qualified therapists or qualified assistants, and  
16 which is in accordance with accepted professional practices.  
17 Reimbursement also may be made for utilization of other  
18 supportive personnel under appropriate supervision.

19 (Source: P.A. 90-9, eff. 7-1-97; 90-588, eff. 7-1-98; 91-24,  
20 eff. 7-1-99; 91-712, eff. 7-1-00.)

21 (305 ILCS 5/5-5.12a new)

22 Sec. 5-5.12a. Title XIX waiver; pharmacy assistance  
23 program. The Illinois Department may seek a waiver of  
24 otherwise applicable requirements of Title XIX of the federal  
25 Social Security Act in order to claim federal financial  
26 participation for a pharmacy assistance program for persons  
27 aged 65 and over with income levels at or less than 250% of  
28 the federal poverty level. The Illinois Department may  
29 provide by rule for all other requirements of the program,  
30 including cost sharing, as permitted by an approved waiver  
31 and without regard to any provision of this Code to the  
32 contrary. The benefits may be no more restrictive than the  
33 Pharmacy Assistance Program in effect on May 31, 2001.



1 Benefits provided under the waiver are subject to  
2 appropriation.

3 The Illinois Department may not implement the waiver  
4 until cost neutrality is demonstrated for the State relative  
5 to the final Pharmacy Assistance Program appropriation for  
6 the fiscal year beginning July 1, 2001. Implementation of  
7 the waiver shall terminate on June 30, 2007.

8 (305 ILCS 5/12-4.34)

9 (Section scheduled to be repealed on August 31, 2001)

10 Sec. 12-4.34. Services to noncitizens.

11 (a) Subject to specific appropriation for this purpose  
12 and notwithstanding Sections 1-11 and 3-1 of this Code, the  
13 Department of Human Services is authorized to provide  
14 services to legal immigrants, including but not limited to  
15 naturalization and nutrition services and financial  
16 assistance. The nature of these services, payment levels,  
17 and eligibility conditions shall be determined by rule.

18 (b) The Illinois Department is authorized to lower the  
19 payment levels established under this subsection or take such  
20 other actions during the fiscal year as are necessary to  
21 ensure that payments under this subsection do not exceed the  
22 amounts appropriated for this purpose. These changes may be  
23 accomplished by emergency rule under Section 5-45 of the  
24 Illinois Administrative Procedure Act, except that the  
25 limitation on the number of emergency rules that may be  
26 adopted in a 24-month period shall not apply.

27 (c) This Section is repealed on August 31, 2002 ~~2001~~.

28 (Source: P.A. 90-564, eff. 12-22-97; 90-588, eff. 7-1-98;  
29 91-24, eff. 7-1-99; 91-712, eff. 7-1-00.)

30 (305 ILCS 5/12-9) (from Ch. 23, par. 12-9)

31 Sec. 12-9. Public Aid Recoveries Trust Fund; uses. The  
32 Public Aid Recoveries Trust Fund shall consist of (1)

1 recoveries by the Illinois Department of Public Aid  
 2 authorized by this Code in respect to applicants or  
 3 recipients under Articles III, IV, V, and VI, including  
 4 recoveries made by the Illinois Department of Public Aid from  
 5 the estates of deceased recipients, (2) recoveries made by  
 6 the Illinois Department of Public Aid in respect to  
 7 applicants and recipients under the Children's Health  
 8 Insurance Program, and (3) federal funds received on behalf  
 9 of and earned by local governmental entities for services  
 10 provided to applicants or recipients covered under this Code.  
 11 ~~to--the--State--Disbursement--Unit--established--under--Section~~  
 12 ~~10-26--of--this--Code--or~~ The Fund shall be held as a special  
 13 fund in the State Treasury.

14 Disbursements from this Fund shall be only (1) for the  
 15 reimbursement of claims collected by the Illinois Department  
 16 of Public Aid through error or mistake, (2) for payment to  
 17 persons or agencies designated as payees or co-payees on any  
 18 instrument, whether or not negotiable, delivered to the  
 19 Illinois Department of Public Aid as a recovery under this  
 20 Section, such payment to be in proportion to the respective  
 21 interests of the payees in the amount so collected, (3) for  
 22 payments to the Department of Human Services for collections  
 23 made by the Illinois Department of Public Aid on behalf of  
 24 the Department of Human Services under this Code, (4) ~~from~~  
 25 ~~the--State--Disbursement--Unit--Revolving--Fund--under--Section~~  
 26 ~~12-8-1--of--this--Code--or~~ for payment of administrative expenses  
 27 incurred in performing the activities authorized under this  
 28 Code, (5) for payment of fees to persons or agencies in the  
 29 performance of activities pursuant to the collection of  
 30 monies owed the State that are collected under this Code, (6)  
 31 for payments of any amounts which are reimbursable to the  
 32 federal government which are required to be paid by State  
 33 warrant by either the State or federal government, and (7)  
 34 for payments to local governmental entities of federal funds

1 for services provided to applicants or recipients covered  
 2 under this Code. Disbursements from this Fund for purposes  
 3 of items (4) and (5) of this paragraph shall be subject to  
 4 appropriations from the Fund to the Illinois Department of  
 5 Public Aid.

6 The balance in this Fund on the first day of each  
 7 calendar quarter, after payment therefrom of any amounts  
 8 reimbursable to the federal government, and minus the amount  
 9 reasonably anticipated to be needed to make the disbursements  
 10 during that quarter authorized by this Section, shall be  
 11 certified by the Director of the Illinois Department of  
 12 Public Aid and transferred by the State Comptroller to the  
 13 Drug Rebate Fund or the General Revenue Fund in the State  
 14 Treasury, as appropriate, within 30 days of the first day of  
 15 each calendar quarter.

16 On July 1, 1999, the State Comptroller shall transfer the  
 17 sum of \$5,000,000 from the Public Aid Recoveries Trust Fund  
 18 (formerly the Public Assistance Recoveries Trust Fund) into  
 19 the DHS Recoveries Trust Fund.

20 (Source: P.A. 90-255, eff. 1-1-98; 91-24, eff. 7-1-99;  
 21 91-212, eff. 7-20-99; revised 9-28-99.)

22 Section 35. The Senior Citizens and Disabled Persons  
 23 Property Tax Relief and Pharmaceutical Assistance Act is  
 24 amended by changing Section 3.15 as follows:

25 (320 ILCS 25/3.15) (from Ch. 67 1/2, par. 403.15)

26 Sec. 3.15. "Covered prescription drug" means (1) any  
 27 cardiovascular agent or drug; (2) any insulin or other  
 28 prescription drug used in the treatment of diabetes,  
 29 including syringe and needles used to administer the insulin;  
 30 (3) any prescription drug used in the treatment of arthritis,  
 31 (4) beginning on January 1, 2001, any prescription drug used  
 32 in the treatment of cancer, (5) beginning on January 1, 2001,

1 any prescription drug used in the treatment of Alzheimer's  
2 disease, (6) beginning on January 1, 2001, any prescription  
3 drug used in the treatment of Parkinson's disease, (7)  
4 beginning on January 1, 2001, any prescription drug used in  
5 the treatment of glaucoma, and (8) beginning on January 1,  
6 2001, any prescription drug used in the treatment of lung  
7 disease and smoking related illnesses, and (9) beginning on  
8 July 1, 2001, any prescription drug used in the treatment of  
9 osteoporosis. The specific agents or products to be included  
10 under such categories shall be listed in a handbook to be  
11 prepared and distributed by the Department. The general  
12 types of covered prescription drugs shall be indicated by  
13 rule. The Department of Public Health shall promulgate a  
14 list of covered prescription drugs under this program that  
15 meet the definition of a narrow therapeutic index drug as  
16 described in subsection (f) of Section 4.

17 (Source: P.A. 91-699, eff. 1-1-01.)

18 Section 40. The Early Intervention Services System Act  
19 is amended by changing Sections 11 and 13 as follows:

20 (325 ILCS 20/11) (from Ch. 23, par. 4161)

21 Sec. 11. Individualized Family Service Plans. Each  
22 eligible infant or toddler and that infant's or toddler's  
23 family shall receive:

24 (a) timely, comprehensive, multidisciplinary  
25 assessment of the unique needs of each eligible infant  
26 and toddler, and assessment of the concerns and  
27 priorities of the families to appropriately assist them  
28 in meeting their needs and identify services to meet  
29 those needs; and

30 (b) a written Individualized Family Service Plan  
31 developed by a multidisciplinary team which includes the  
32 parent or guardian.

1           The Individualized Family Service Plan shall be evaluated  
2           once a year and the family shall be provided a review of the  
3           Plan at 6 month intervals or more often where appropriate  
4           based on infant or toddler and family needs. The lead agency  
5           shall create a quality review process regarding  
6           Individualized Family Service Plan development and changes  
7           thereto, to monitor and help assure that resources are being  
8           used to provide appropriate early intervention services.

9           The evaluation and initial assessment and initial Plan  
10          meeting must be held within 45 days after the initial contact  
11          with the early intervention services system. With parental  
12          consent, early intervention services may commence before the  
13          completion of the comprehensive assessment and development of  
14          the Plan.

15          Parents must be informed that, at their discretion, early  
16          intervention services shall be provided to each eligible  
17          infant and toddler in the natural environment, which may  
18          include the home or other community settings. Parents shall  
19          make the final decision to accept or decline early  
20          intervention services. A decision to decline such services  
21          shall not be a basis for administrative determination of  
22          parental fitness, or other findings or sanctions against the  
23          parents. Parameters of the Plan shall be set forth in rules.  
24          (Source: P.A. 91-538, eff. 8-13-99.)

25                 (325 ILCS 20/13) (from Ch. 23, par. 4163)

26          Sec. 13. Funding and Fiscal Responsibility. The lead  
27          agency and every other participating State agency may receive  
28          and expend funds appropriated by the General Assembly to  
29          implement the early intervention services system as required  
30          by this Act.

31          The lead agency and each participating State agency shall  
32          identify and report on an annual basis to the Council the  
33          State agency funds utilized for the provision of early

1 intervention services to eligible infants and toddlers.

2 Funds provided under Section 633 of the Individuals with  
3 Disabilities Education Act (20 United States Code 1433) may  
4 not be used to satisfy a financial commitment for services  
5 which would have been paid for from another public or private  
6 source but for the enactment of this Act, except whenever  
7 considered necessary to prevent delay in receiving  
8 appropriate early intervention services by the eligible  
9 infant or toddler or family in a timely manner. "Public or  
10 private source" includes public and private insurance  
11 coverage.

12 Funds provided under Section 633 of the Individuals with  
13 Disabilities Education Act may be used by the lead agency to  
14 pay the provider of services pending reimbursement from the  
15 appropriate state agency.

16 Nothing in this Act shall be construed to permit the  
17 State to reduce medical or other assistance available or to  
18 alter eligibility under Title V and Title XIX of the Social  
19 Security Act relating to the Maternal Child Health Program  
20 and Medicaid for eligible infants and toddlers in this State.

21 The lead agency shall create a central billing office to  
22 receive and dispense all relevant State and federal  
23 resources, as well as local government or independent  
24 resources available, for early intervention services. This  
25 office shall assure that maximum federal resources are  
26 utilized and that providers receive funds with minimal  
27 duplications or interagency reporting and with consolidated  
28 audit procedures.

29 The lead agency shall may also create a system of  
30 payments by families, including a schedule of fees. No fees,  
31 however, may be charged for: implementing child find,  
32 evaluation and assessment, service coordination,  
33 administrative and coordination activities related to the  
34 development, review, and evaluation of Individualized Family

1 Service Plans, or the implementation of procedural safeguards  
2 and other administrative components of the statewide early  
3 intervention system.

4 (Source: P.A. 91-538, eff. 8-13-99.)

5 Section 99. Effective date. This Act takes effect upon  
6 becoming law."