



Rep. Lindsey LaPointe

Filed: 4/14/2026

10400HB4785ham002

LRB104 18498 BAB 36657 a

1 AMENDMENT TO HOUSE BILL 4785

2 AMENDMENT NO. _____. Amend House Bill 4785, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

5 "Section 5. The State Finance Act is amended by changing
6 Section 6z-134 as follows:

7 (30 ILCS 105/6z-134)

8 Sec. 6z-134. Statewide 9-8-8 Trust Fund.

9 (a) The Statewide 9-8-8 Trust Fund is created as a special
10 fund in the State treasury. This Fund is administered by the
11 Department of Human Services. Moneys in the Fund shall be used
12 by the Department of Human Services for the purposes of
13 establishing and maintaining a statewide 9-8-8 suicide
14 prevention and mental health crisis system pursuant to the
15 National Suicide Hotline Designation Act of 2020 as codified
16 in 47 U.S.C. 251 and 251a and any subsequent amendments, the

1 Federal Communication Commission's rules adopted to administer
2 the National Suicide Hotline Designation Act of 2020 as
3 codified in 47 U.S.C. 251 and 251a and any subsequent
4 amendments, and national guidelines for crisis care. The Fund
5 shall consist of:

6 (1) appropriations by the General Assembly;

7 (2) grants and gifts intended for deposit in the Fund;

8 (3) interest, premiums, gains, or other earnings on
9 the Fund;

10 (3.1) proceeds from the statewide 9-8-8 surcharge
11 imposed under Sections 3 and 4 of the Telecommunication
12 Excise Tax Act; and

13 (4) moneys received from any other source that are
14 deposited ~~in~~ or transferred into the Fund.

15 (b) Moneys in the Fund:

16 (1) do not revert at the end of any State fiscal year
17 but remain available for the purposes of the Fund in
18 subsequent State fiscal years;

19 (2) are not subject to transfer to any other Fund or to
20 transfer, assignment, or reassignment for any other use or
21 purpose outside of those specified in this Section; and

22 (3) shall be used by the Department of Human Services
23 to pay expenses pursuant to 47 U.S.C. 251a.

24 (c) An annual report of Fund deposits and expenditures
25 shall be made to the General Assembly and the Federal
26 Communications Commission by the Department of Human Services

1 pursuant to 47 U.S.C. 251a.

2 (d) (Blank).

3 (e) For the purposes of this Section, "statewide 9-8-8
4 suicide prevention and mental health crisis system" means the
5 core elements or pillars of the crisis system, as described by
6 the Substance Abuse and Mental Health Services Administration,
7 and includes Illinois' 9-8-8 Lifeline Contact Centers,
8 community crisis response services, including mobile crisis
9 teams, and crisis receiving and stabilization facilities and
10 programs, including Living Room Programs.

11 (f) In addition to the purposes specified in subsection
12 (a), there is created as a special account within the
13 Statewide 9-8-8 Trust Fund to be known as the Behavioral
14 Health Emergency Services Assessment Account. Moneys deposited
15 into this Account shall consist of assessments, interest, and
16 civil penalties collected pursuant to Section 417 of the
17 Illinois Insurance Code.

18 (g) Moneys in the Behavioral Health Emergency Services
19 Assessment Account shall be used solely, consistent with the
20 purposes described in subsection (a), to fund providers of
21 behavioral health emergency services, including mobile crisis
22 response services and crisis receiving and stabilization
23 services, refunds of erroneous or excessive payments, and
24 administrative costs related to implementation of Section 417
25 of the Illinois Insurance Code, including all reasonable
26 administrative costs incurred by the Department of Insurance

1 in implementing, administering, collecting, and enforcing the
2 assessment established under that Section.

3 (h) Moneys in the Behavioral Health Emergency Services
4 Assessment Account shall not be used:

5 (1) to reimburse services provided to individuals
6 enrolled in medical assistance programs under Title XIX or
7 Title XXI of the Social Security Act;

8 (2) for services that have been directly billed to and
9 reimbursed by a covered entity;

10 (3) as the nonfederal share for purposes of drawing
11 down federal matching funds under Title XIX or Title XXI
12 of the Social Security Act; or

13 (4) to supplant existing State general revenue
14 appropriations for behavioral health emergency services.

15 (i) A provider or entity receiving funds from the
16 Behavioral Health Emergency Services Assessment Account
17 attributable to the assessment under Section 417 of the
18 Illinois Insurance Code shall not bill a covered entity for
19 the behavioral health emergency services described in
20 subsection (g) of this Section for a covered life. Nothing in
21 this subsection shall be construed to prohibit a provider or
22 entity from billing a covered entity for behavioral health
23 services covered under a health benefit plan.

24 (j) The Department of Human Services shall submit an
25 annual report to the Governor and the General Assembly on the
26 receipts and expenditures of the Behavioral Health Emergency

1 Services Assessment Account. The report shall include:

2 (1) total assessment revenue collected during the
3 preceding fiscal year;

4 (2) amounts expended by service category; and

5 (3) a summary of supported behavioral health emergency
6 service capacity.

7 (Source: P.A. 104-6, eff. 6-16-25.)

8 Section 10. The Illinois Insurance Code is amended by
9 adding Sections 370c.5 and 417 as follows:

10 (215 ILCS 5/370c.5 new)

11 Sec. 370c.5. Behavioral health emergency services network
12 adequacy.

13 (a) Notwithstanding any other provision of this Code
14 relating to network adequacy, a health insurance issuer or
15 health maintenance organization subject to this Code shall
16 ensure reasonable access to behavioral health emergency
17 services, including mobile crisis response teams, crisis
18 receiving services, and crisis stabilization units.

19 (b) Beginning January 1, 2027, a health insurance issuer
20 or health maintenance organization subject to this Code that
21 is making complete and timely payment of the behavioral health
22 emergency services covered lives assessment established under
23 Section 417 of this Code shall be deemed to satisfy the network
24 adequacy requirements of this Code with respect to behavioral

1 health emergency services.

2 (c) Nothing in this Section shall be construed to alter or
3 limit network adequacy requirements applicable to behavioral
4 health services other than behavioral health emergency
5 services.

6 (215 ILCS 5/417 new)

7 Sec. 417. Preventing Crisis Cost Shifting to Medicaid Law.

8 (a) References to this Section. This Section may be
9 referred to as the Preventing Crisis Cost Shifting to Medicaid
10 Law.

11 (b) Findings. The General Assembly finds that:

12 (1) individuals experiencing behavioral health
13 emergencies, including mental health and substance use
14 crises, require timely access to crisis services to
15 promote safety, stability, and recovery for themselves,
16 their families, and their communities;

17 (2) behavioral health crisis services, including
18 crisis call centers, mobile crisis response teams, crisis
19 receiving services, and crisis stabilization units,
20 function as essential public health infrastructure and
21 must be available statewide without regard to insurance
22 status;

23 (3) commercial health insurance policies and health
24 maintenance organization contracts issued or administered
25 in this State generally do not provide comprehensive

1 coverage for the full continuum of behavioral health
2 crisis services, resulting in the cost of such services
3 being disproportionately borne by Medicaid, local
4 governments, and taxpayers;

5 (4) a predictable financing mechanism is necessary to
6 prevent cost shifting from commercial payors to Medicaid
7 and other publicly financed systems and to ensure the
8 long-term availability and geographic equity of a
9 statewide behavioral health crisis system; and

10 (5) the assessment established under this Section is
11 intended to operate as a broad-based health financing
12 mechanism to support behavioral health emergency services
13 and does not regulate plan benefits, coverage
14 determinations, or claims administration.

15 (c) Definitions. As used in this Section:

16 "Adjustment factor" means the sum of inflation change and
17 population change for the biennium during which an adjustment
18 increase under paragraph (10) of subsection (d) is calculated.

19 "Covered entity" means:

20 (1) an entity authorized to issue or administer
21 accident and health insurance in this State, including
22 individual and group coverage, providing coverage for
23 hospital or medical treatment or services for illness or
24 injury on an expense-incurred basis; or

25 (2) a health maintenance organization authorized under
26 the Health Maintenance Organization Act.

1 "Covered lives" means all persons residing in Illinois who
2 are enrolled in health coverage offered by a covered entity.

3 "Covered lives" does not include lives enrolled in Medicaid
4 managed care organizations under contract with the Department
5 of Healthcare and Family Services, lives enrolled in Medicare
6 Advantage plans established under Medicare Part C, lives
7 enrolled in outpatient prescription drug plans established
8 under Medicare Part D, or lives enrolled in Federal Employee
9 Health Benefit plans.

10 "Department" means the Department of Insurance.

11 "Director" means the Director of Insurance.

12 "Inflation change" means the percentage change in the
13 Consumer Price Index for All Urban Consumers, or successor
14 index, as published by the United States Bureau of Labor
15 Statistics, for the biennium during which an adjustment
16 increase under paragraph (10) of subsection (d) is calculated.

17 "Population change" means the percentage change in the
18 population of this State as reported by the Governor's Office
19 of Management and Budget, or successor entity, for the
20 biennium during which an adjustment increase under paragraph
21 (10) of subsection (d) is calculated.

22 (d) Behavioral health emergency services covered lives
23 assessment.

24 (1) Beginning January 1, 2027, each covered entity
25 shall pay to the Department a behavioral health emergency
26 services covered lives assessment for deposit into the

1 Behavioral Health Emergency Services Assessment Account
2 within the Statewide 9-8-8 Trust Fund.

3 (2) The assessment shall be imposed at a rate of \$1.25
4 per member per month per covered life. The Department
5 shall collect the assessment on a quarterly basis. Each
6 covered entity shall report covered lives in a form and
7 manner to be determined by the Department by rule.

8 (3) The assessment imposed under this Section is a
9 health care financing assessment and shall not be
10 considered a premium tax under this Code.

11 (4) The assessment imposed under this Section is an
12 obligation of the covered entity and shall not be
13 construed to regulate plan benefits, cost sharing, claims
14 administration, or the design of coverage.

15 (5) Payments are due within 45 days after notice from
16 the Department of the amount owed. Interest begins to
17 accrue on the 46th day on amounts received after the
18 45-day period, at a rate to be determined by the
19 Department by rule consistent with State law.

20 (6) A covered entity that fails to pay the assessment
21 within 90 days after notice shall be assessed a civil
22 penalty equal to 150% of the assessment owed, in addition
23 to interest. The assessment, penalty, and interest may be
24 recovered by the Department in a civil action. The
25 Director may suspend or revoke the certificate of
26 authority of an entity regulated by the Department until

1 all amounts due are paid.

2 (7) A covered entity that is unable to pay the full
3 assessment when due may submit a payment plan to the
4 Department for approval. A payment plan shall include an
5 initial payment and a schedule for payment of the
6 remaining balance. The Director may approve, modify, or
7 deny a proposed payment plan and may require compliance
8 with the terms of the approved plan as a condition of
9 avoiding additional penalties.

10 (8) The Department may contract with a third party to
11 obtain covered lives information, administer the
12 assessment, and perform related audit or collection
13 functions consistent with this Section.

14 (9) In the event of a merger, acquisition, or other
15 transfer of ownership, liability for the assessment shall
16 be assumed by the successor entity.

17 (10) Each June of even-numbered years, the Director
18 shall calculate the assessment for the next 2 calendar
19 years by increasing the current assessment by known
20 changes in the adjustment factor, except that the increase
21 shall not exceed 10%.

22 Section 97. Severability. The provisions of this Act are
23 severable under Section 1.31 of the Statute on Statutes.

24 Section 99. Effective date. This Act takes effect January

1 1, 2027.".