

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Insurance Code is amended by
5 changing Section 356z.22 and adding Section 356z.43 as
6 follows:

7 (215 ILCS 5/356z.22)

8 Sec. 356z.22. Coverage for telehealth services.

9 (a) For purposes of this Section:

10 "Asynchronous store and forward system" means the
11 transmission of a patient's medical information through an
12 electronic communications system at an originating site to a
13 health care provider at a distant site that does not require
14 real-time or synchronous interaction between the health care
15 provider and the patient.

16 "Distant site" means the location at which the health care
17 provider rendering the telehealth service is located.

18 "E-visits" means patient-initiated, non-face-to-face
19 communications through an online patient portal with a health
20 care professional.

21 "Interactive telecommunications system" means an audio and
22 video system, an audio-only telephone system (landline or
23 cellular), or any other telecommunications system permitting

1 2-way, synchronous interactive communication between the
2 patient at an originating site and the health care
3 professional or facility at a distant site ~~permitting 2-way,~~
4 ~~live interactive communication between the patient and the~~
5 ~~distant site health care provider.~~

6 "Originating site" means the location at which the patient
7 is located at the time health care services are provided to the
8 patient via telehealth.

9 "Remote patient monitoring" means the use of digital
10 technologies and mobile medical devices to collect medical and
11 other health data from a patient at an originating site and
12 electronically transmit that data to a health care
13 professional or facility at a distant site for assessment and
14 intervention to allow for ongoing monitoring and management of
15 chronic and acute conditions.

16 "Telehealth" means the evaluation, diagnosis, or
17 interpretation of electronically transmitted patient-specific
18 data between a remote location and a licensed health care
19 professional that generates interaction or treatment
20 recommendations. "Telehealth" includes telemedicine and the
21 delivery of health care services, including mental health
22 treatment and substance use disorder treatment, provided by
23 way of an interactive telecommunications system, asynchronous
24 store and forward system, remote patient monitoring
25 technologies, e-visits, or virtual check-ins.

26 ~~"Telehealth services" means the delivery of covered health~~

1 ~~care services by way of an interactive telecommunications~~
2 ~~system.~~

3 "Virtual check-in" means a brief, patient-initiated
4 communication with a health care professional that involves an
5 interactive telecommunications system to deliver an
6 individualized clinical diagnosis, treatment, assessment, or
7 guidance to an established patient. "Virtual check-in" only
8 includes communications involving medical discussions that
9 last at least as long as the time ranges provided in the most
10 currently applicable Current Procedural Terminology or
11 Healthcare Common Procedure Coding System codes designated for
12 virtual check-ins. "Virtual check-in" does not include a
13 communication that originates from a related office visit
14 provided within the previous 7 days, nor a communication that
15 leads to an office visit or procedure within the next 24 hours
16 or the soonest available appointment.

17 (b) Health care services that are covered under ~~if~~ an
18 individual or group policy of accident or health insurance
19 must be covered when delivered via ~~provides coverage for~~
20 telehealth when clinically appropriate in the same manner as
21 any other benefits covered under the policy. Coverage required
22 under this Section shall comply with all of ~~services, then it~~
23 ~~must comply with~~ the following:

24 (1) An individual or group policy of accident or
25 health insurance ~~providing telehealth services~~ may not:

26 (A) require that in-person contact occur between a

1 health care provider and a patient;

2 (B) require the health care provider to document a
3 barrier to an in-person consultation for coverage of
4 services to be provided through telehealth;

5 (C) require the use of telehealth when the health
6 care provider has determined that it is not
7 appropriate; ~~or~~

8 (D) require the use of telehealth when a patient
9 chooses an in-person consultation or require patients
10 to use a separate panel of health care providers to
11 receive telehealth service coverage and
12 reimbursement;

13 (E) create geographic or facility restrictions or
14 requirements for telehealth services;

15 (F) require covered individuals or health care
16 providers to prove a hardship or access barrier before
17 the approval of telehealth services for coverage or
18 reimbursement;

19 (G) impose upon telehealth services utilization
20 review requirements that are unnecessary, duplicative,
21 or unwarranted or impose any treatment limitations,
22 prior authorization, documentation, or recordkeeping
23 requirements that are more stringent than the
24 requirements applicable to the same health care
25 service when rendered in-person; or

26 (H) require prior authorization for telehealth

1 services related to COVID-19 delivered by a network
2 provider.

3 (2) Patient cost-sharing may be no more than if the
4 health care service were delivered in person. Deductibles,
5 copayments, or coinsurance applicable to services provided
6 through telehealth shall not exceed the deductibles,
7 copayments, or coinsurance required by the individual or
8 group policy of accident or health insurance for the same
9 services provided through in-person consultation.

10 (3) Subject to all terms and conditions of the policy,
11 a health insurer shall reimburse a network provider for
12 behavioral health services, including mental health
13 treatment and substance use disorder treatment, delivered
14 through telehealth on at least the same basis and at the
15 same rate as would be applied for the same services if they
16 had been delivered in-person and shall include reasonable
17 compensation to a facility that serves as the originating
18 site at the time a telehealth service is rendered.

19 (b-5) If an individual or group policy of accident or
20 health insurance provides coverage for telehealth services, it
21 must provide coverage for licensed dietitian nutritionists and
22 certified diabetes educators who counsel senior diabetes
23 patients in the senior diabetes patients' homes to remove the
24 hurdle of transportation for senior diabetes patients to
25 receive treatment.

26 (c) Nothing in this Section shall be deemed as precluding

1 a health insurer from providing benefits for other services,
2 including, but not limited to, services provided through an
3 asynchronous store and forward system, e-visits, remote
4 patient monitoring services, virtual check-ins ~~remote~~
5 monitoring services, other monitoring services, or oral
6 communications otherwise covered under the policy. Health care
7 providers shall determine the appropriateness of specific
8 sites, technology platforms, and technology vendors for a
9 telehealth service, as long as delivered services adhere to
10 privacy laws, including, but not limited to, the Health
11 Insurance Portability and Accountability Act of 1996 and the
12 Mental Health and Developmental Disabilities Confidentiality
13 Act.

14 (d) A health insurer may establish reasonable requirements
15 and parameters for telehealth services, including with respect
16 to document and recordkeeping, to the extent consistent with
17 this Section, the Telehealth Act, or any company bulletin
18 issued by the Department under Executive Order 2020-09. Health
19 insurers shall notify health care providers of any
20 instructions necessary to facilitate billing for telehealth
21 services.

22 (e) Notwithstanding Section 352b of this Code, an excepted
23 benefit policy is subject to this Section if the policy covers
24 the patient's use of health care services, whether on an
25 expense-incurred or a per capita prepaid basis or otherwise.
26 This Section does not apply to an excepted benefit policy with

1 respect to lump sum or periodic payments that the policy
2 covers based on the occurrence of a diagnosis with a specified
3 disease, an accident, or other qualifying health condition,
4 nor does this Section apply to lump sum or periodic payments
5 for expenses other than health care services. However, no
6 policy may deny or reduce any benefit to a patient based on the
7 use of clinically appropriate telehealth services in the
8 course of satisfying the policy's benefit criteria.

9 (Source: P.A. 100-1009, eff. 1-1-19.)

10 (215 ILCS 5/356z.43 new)

11 Sec. 356z.43. Telehealth Payment Parity Task Force.

12 (a) The Telehealth Payment Parity Task Force is created to
13 review and study the use of telehealth services in this State
14 with respect to payment and reimbursement parity for health
15 care providers providing such services. The task force shall
16 be comprised of the following members:

17 (1) two members representing the Department of
18 Insurance appointed by the Director of Insurance;

19 (2) one member representing the Department of Public
20 Health appointed by the Director of Public Health;

21 (3) two members representing the Department of
22 Healthcare and Family Services appointed by the Director
23 of Healthcare and Family Services;

24 (4) two members representing hospitals nominated by
25 the head of a statewide organization representing the

1 interests of hospitals in Illinois and appointed by the
2 Director of Public Health;

3 (5) one member representing physicians nominated by
4 the head of a statewide organization representing the
5 interests of physicians in Illinois and appointed by the
6 Director of Public Health;

7 (6) two members representing the insurance industry
8 nominated by the head of a statewide organization
9 representing the interests of insurers in Illinois and
10 appointed by the Director of Public Health;

11 (7) one member of the General Assembly appointed by
12 the Speaker of the House of Representatives;

13 (8) one member of the General Assembly appointed by
14 the President of the Senate;

15 (9) one member of the General Assembly appointed by
16 the Minority Leader of the House of Representatives; and

17 (10) one member of the General Assembly appointed by
18 the Minority Leader of the Senate.

19 (b) The task force shall elect a chairperson from its
20 membership and shall have the authority to determine its
21 meeting schedule, hearing schedule, and agendas. Task force
22 members shall serve without compensation. The Department of
23 Public Health shall provide administrative support to the task
24 force.

25 (c) Appointments shall be made 90 days after the effective
26 date of this amendatory Act of the 102nd General Assembly.

1 (d) The task force shall review existing plans and
2 policies issued, delivered, and offered in this State with
3 respect to coverage and reimbursement for telehealth services,
4 relevant data on payment parity for telehealth services, and
5 payment parity statutes in other states and provide
6 recommendations on the economic feasibility and cost
7 effectiveness of requiring payment parity for health care
8 services provided via telehealth, including recommendations
9 for possible legislation.

10 (e) The task force shall submit its findings and
11 recommendations to the Governor and the General Assembly by
12 December 31, 2021.

13 (f) The task force is dissolved and this Section is
14 repealed on January 1, 2023.

15 Section 10. The Telehealth Act is amended by changing
16 Sections 5 and 15 as follows:

17 (225 ILCS 150/5)

18 Sec. 5. Definitions. As used in this Act:

19 "Health care professional" includes physicians, physician
20 assistants, optometrists, advanced practice registered nurses,
21 clinical psychologists licensed in Illinois, prescribing
22 psychologists licensed in Illinois, dentists, occupational
23 therapists, pharmacists, physical therapists, clinical social
24 workers, speech-language pathologists, audiologists, hearing

1 instrument dispensers, ~~and~~ mental health and substance use
2 disorder treatment professionals and clinicians authorized by
3 Illinois law to provide mental health and substance use
4 disorder treatment services, and qualified providers listed
5 under paragraph (8) of subsection(e) of Section 3 of the Early
6 Intervention Services System Act.

7 "Telehealth" means the evaluation, diagnosis, or
8 interpretation of electronically transmitted patient-specific
9 data between a remote location and a licensed health care
10 professional that generates interaction or treatment
11 recommendations. "Telehealth" includes telemedicine and the
12 delivery of health care services, including mental health
13 treatment and substance use disorder treatment, provided by
14 way of an interactive telecommunications system, asynchronous
15 store and forward system, remote patient monitoring
16 technologies, e-visits, or virtual check-ins as defined in
17 subsection (a) of Section 356z.22 of the Illinois Insurance
18 Code.

19 (Source: P.A. 100-317, eff. 1-1-18; 100-644, eff. 1-1-19;
20 100-930, eff. 1-1-19; 101-81, eff. 7-12-19; 101-84, eff.
21 7-19-19.)

22 (225 ILCS 150/15)

23 Sec. 15. Use of telehealth.

24 (a) A health care professional may engage in the practice
25 of telehealth in Illinois to the extent of his or her scope of

1 practice as established in his or her respective licensing Act
2 consistent with the standards of care for in-person services.
3 This Act shall not be construed to alter the scope of practice
4 of any health care professional or authorize the delivery of
5 health care services in a setting or in a manner not otherwise
6 authorized by the laws of this State.

7 (b) Services provided by telehealth pursuant to this
8 Section shall be consistent with all federal and State
9 privacy, security, and confidentiality laws.

10 (c) Health care professionals shall determine the
11 appropriateness of specific sites, technology platforms, and
12 technology vendors for a telehealth service, as long as
13 delivered services adhere to privacy laws, including, but not
14 limited to, the Health Insurance Portability and
15 Accountability Act of 1996 and the Mental Health and
16 Developmental Disabilities Confidentiality Act.

17 (d) Health care professionals shall maintain documentation
18 and recordkeeping in accordance with subsection (d) of 89 Ill.
19 Adm. Code 140.403.

20 (Source: P.A. 100-317, eff. 1-1-18.)

21 Section 15. The Early Intervention Services System Act is
22 amended by changing Sections 3 and 11 and by adding Section 3b
23 as follows:

24 (325 ILCS 20/3) (from Ch. 23, par. 4153)

1 Sec. 3. Definitions. As used in this Act:

2 (a) "Eligible infants and toddlers" means infants and
3 toddlers under 36 months of age with any of the following
4 conditions:

5 (1) Developmental delays.

6 (2) A physical or mental condition which typically
7 results in developmental delay.

8 (3) Being at risk of having substantial developmental
9 delays based on informed clinical opinion.

10 (4) Either (A) having entered the program under any of
11 the circumstances listed in paragraphs (1) through (3) of
12 this subsection but no longer meeting the current
13 eligibility criteria under those paragraphs, and
14 continuing to have any measurable delay, or (B) not having
15 attained a level of development in each area, including
16 (i) cognitive, (ii) physical (including vision and
17 hearing), (iii) language, speech, and communication, (iv)
18 social or emotional, or (v) adaptive, that is at least at
19 the mean of the child's age equivalent peers; and, in
20 addition to either item (A) or item (B), (C) having been
21 determined by the multidisciplinary individualized family
22 service plan team to require the continuation of early
23 intervention services in order to support continuing
24 developmental progress, pursuant to the child's needs and
25 provided in an appropriate developmental manner. The type,
26 frequency, and intensity of services shall differ from the

1 initial individualized family services plan because of the
2 child's developmental progress, and may consist of only
3 service coordination, evaluation, and assessments.

4 (b) "Developmental delay" means a delay in one or more of
5 the following areas of childhood development as measured by
6 appropriate diagnostic instruments and standard procedures:
7 cognitive; physical, including vision and hearing; language,
8 speech and communication; social or emotional; or adaptive.
9 The term means a delay of 30% or more below the mean in
10 function in one or more of those areas.

11 (c) "Physical or mental condition which typically results
12 in developmental delay" means:

13 (1) a diagnosed medical disorder or exposure to a
14 toxic substance bearing a relatively well known expectancy
15 for developmental outcomes within varying ranges of
16 developmental disabilities; or

17 (2) a history of prenatal, perinatal, neonatal or
18 early developmental events suggestive of biological
19 insults to the developing central nervous system and which
20 either singly or collectively increase the probability of
21 developing a disability or delay based on a medical
22 history.

23 (d) "Informed clinical opinion" means both clinical
24 observations and parental participation to determine
25 eligibility by a consensus of a multidisciplinary team of 2 or
26 more members based on their professional experience and

1 expertise.

2 (e) "Early intervention services" means services which:

3 (1) are designed to meet the developmental needs of
4 each child eligible under this Act and the needs of his or
5 her family;

6 (2) are selected in collaboration with the child's
7 family;

8 (3) are provided under public supervision;

9 (4) are provided at no cost except where a schedule of
10 sliding scale fees or other system of payments by families
11 has been adopted in accordance with State and federal law;

12 (5) are designed to meet an infant's or toddler's
13 developmental needs in any of the following areas:

14 (A) physical development, including vision and
15 hearing,

16 (B) cognitive development,

17 (C) communication development,

18 (D) social or emotional development, or

19 (E) adaptive development;

20 (6) meet the standards of the State, including the
21 requirements of this Act;

22 (7) include one or more of the following:

23 (A) family training,

24 (B) social work services, including counseling,
25 and home visits,

26 (C) special instruction,

- 1 (D) speech, language pathology and audiology,
2 (E) occupational therapy,
3 (F) physical therapy,
4 (G) psychological services,
5 (H) service coordination services,
6 (I) medical services only for diagnostic or
7 evaluation purposes,
8 (J) early identification, screening, and
9 assessment services,
10 (K) health services specified by the lead agency
11 as necessary to enable the infant or toddler to
12 benefit from the other early intervention services,
13 (L) vision services,
14 (M) transportation,
15 (N) assistive technology devices and services,
16 (O) nursing services,
17 (P) nutrition services, and
18 (Q) sign language and cued language services;

19 (8) are provided by qualified personnel, including but
20 not limited to:

21 (A) child development specialists or special
22 educators, including teachers of children with hearing
23 impairments (including deafness) and teachers of
24 children with vision impairments (including
25 blindness),

26 (B) speech and language pathologists and

1 audiologists,
2 (C) occupational therapists,
3 (D) physical therapists,
4 (E) social workers,
5 (F) nurses,
6 (G) dietitian nutritionists,
7 (H) vision specialists, including ophthalmologists
8 and optometrists,
9 (I) psychologists, and
10 (J) physicians;

11 (9) are provided in conformity with an Individualized
12 Family Service Plan;

13 (10) are provided throughout the year; and

14 (11) are provided in natural environments, to the
15 maximum extent appropriate, which may include the home and
16 community settings, unless justification is provided
17 consistent with federal regulations adopted under Sections
18 1431 through 1444 of Title 20 of the United States Code.

19 (f) "Individualized Family Service Plan" or "Plan" means a
20 written plan for providing early intervention services to a
21 child eligible under this Act and the child's family, as set
22 forth in Section 11.

23 (g) "Local interagency agreement" means an agreement
24 entered into by local community and State and regional
25 agencies receiving early intervention funds directly from the
26 State and made in accordance with State interagency agreements

1 providing for the delivery of early intervention services
2 within a local community area.

3 (h) "Council" means the Illinois Interagency Council on
4 Early Intervention established under Section 4.

5 (i) "Lead agency" means the State agency responsible for
6 administering this Act and receiving and disbursing public
7 funds received in accordance with State and federal law and
8 rules.

9 (i-5) "Central billing office" means the central billing
10 office created by the lead agency under Section 13.

11 (j) "Child find" means a service which identifies eligible
12 infants and toddlers.

13 (k) "Regional intake entity" means the lead agency's
14 designated entity responsible for implementation of the Early
15 Intervention Services System within its designated geographic
16 area.

17 (l) "Early intervention provider" means an individual who
18 is qualified, as defined by the lead agency, to provide one or
19 more types of early intervention services, and who has
20 enrolled as a provider in the early intervention program.

21 (m) "Fully credentialed early intervention provider" means
22 an individual who has met the standards in the State
23 applicable to the relevant profession, and has met such other
24 qualifications as the lead agency has determined are suitable
25 for personnel providing early intervention services, including
26 pediatric experience, education, and continuing education. The

1 lead agency shall establish these qualifications by rule filed
2 no later than 180 days after the effective date of this
3 amendatory Act of the 92nd General Assembly.

4 (n) "Telehealth" has the meaning ascribed to that term in
5 Section 5 of the Telehealth Act.

6 (Source: P.A. 101-10, eff. 6-5-19.)

7 (325 ILCS 20/3b new)

8 Sec. 3b. Services delivered by telehealth. An early
9 intervention provider may deliver via telehealth any type of
10 early intervention service outlined in subsection (e) of
11 Section 3 to the extent of his or her scope of practice as
12 established in his or her respective licensing Act consistent
13 with the standards of care for in-person services. This
14 Section shall not be construed to alter the scope of practice
15 of any early intervention provider or authorize the delivery
16 of early intervention services in a setting or in a manner not
17 otherwise authorized by the laws of this State.

18 (325 ILCS 20/11) (from Ch. 23, par. 4161)

19 Sec. 11. Individualized Family Service Plans.

20 (a) Each eligible infant or toddler and that infant's or
21 toddler's family shall receive:

22 (1) timely, comprehensive, multidisciplinary
23 assessment of the unique strengths and needs of each
24 eligible infant and toddler, and assessment of the

1 concerns and priorities of the families to appropriately
2 assist them in meeting their needs and identify supports
3 and services to meet those needs; and

4 (2) a written Individualized Family Service Plan
5 developed by a multidisciplinary team which includes the
6 parent or guardian. The individualized family service plan
7 shall be based on the multidisciplinary team's assessment
8 of the resources, priorities, and concerns of the family
9 and its identification of the supports and services
10 necessary to enhance the family's capacity to meet the
11 developmental needs of the infant or toddler, and shall
12 include the identification of services appropriate to meet
13 those needs, including the frequency, intensity, and
14 method of delivering services. During and as part of the
15 initial development of the individualized family services
16 plan, and any periodic reviews of the plan, the
17 multidisciplinary team may seek consultation from the lead
18 agency's designated experts, if any, to help determine
19 appropriate services and the frequency and intensity of
20 those services. All services in the individualized family
21 services plan must be justified by the multidisciplinary
22 assessment of the unique strengths and needs of the infant
23 or toddler and must be appropriate to meet those needs. At
24 the periodic reviews, the team shall determine whether
25 modification or revision of the outcomes or services is
26 necessary.

1 (b) The Individualized Family Service Plan shall be
2 evaluated once a year and the family shall be provided a review
3 of the Plan at 6 month intervals or more often where
4 appropriate based on infant or toddler and family needs. The
5 lead agency 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 (c) The initial evaluation and initial assessment and
10 initial Plan meeting must be held within 45 days after the
11 initial contact with the early intervention services system.
12 The 45-day timeline does not apply for any period when the
13 child or parent is unavailable to complete the initial
14 evaluation, the initial assessments of the child and family,
15 or the initial Plan meeting, due to exceptional family
16 circumstances that are documented in the child's early
17 intervention records, or when the parent has not provided
18 consent for the initial evaluation or the initial assessment
19 of the child despite documented, repeated attempts to obtain
20 parental consent. As soon as exceptional family circumstances
21 no longer exist or parental consent has been obtained, the
22 initial evaluation, the initial assessment, and the initial
23 Plan meeting must be completed as soon as possible. With
24 parental consent, early intervention services may commence
25 before the completion of the comprehensive assessment and
26 development of the Plan.

1 (d) Parents must be informed that early intervention
2 services shall be provided to each eligible infant and
3 toddler, to the maximum extent appropriate, in the natural
4 environment, which may include the home or other community
5 settings. Parents must also be informed of the availability of
6 early intervention services provided through telehealth.
7 Parents shall make the final decision to accept or decline
8 early intervention services, including whether accepted
9 services are delivered in person or via telehealth. A decision
10 to decline such services shall not be a basis for
11 administrative determination of parental fitness, or other
12 findings or sanctions against the parents. Parameters of the
13 Plan shall be set forth in rules.

14 (e) The regional intake offices shall explain to each
15 family, orally and in writing, all of the following:

16 (1) That the early intervention program will pay for
17 all early intervention services set forth in the
18 individualized family service plan that are not covered or
19 paid under the family's public or private insurance plan
20 or policy and not eligible for payment through any other
21 third party payor.

22 (2) That services will not be delayed due to any rules
23 or restrictions under the family's insurance plan or
24 policy.

25 (3) That the family may request, with appropriate
26 documentation supporting the request, a determination of

1 an exemption from private insurance use under Section
2 13.25.

3 (4) That responsibility for co-payments or
4 co-insurance under a family's private insurance plan or
5 policy will be transferred to the lead agency's central
6 billing office.

7 (5) That families will be responsible for payments of
8 family fees, which will be based on a sliding scale
9 according to the State's definition of ability to pay
10 which is comparing household size and income to the
11 sliding scale and considering out-of-pocket medical or
12 disaster expenses, and that these fees are payable to the
13 central billing office. Families who fail to provide
14 income information shall be charged the maximum amount on
15 the sliding scale.

16 (f) The individualized family service plan must state
17 whether the family has private insurance coverage and, if the
18 family has such coverage, must have attached to it a copy of
19 the family's insurance identification card or otherwise
20 include all of the following information:

21 (1) The name, address, and telephone number of the
22 insurance carrier.

23 (2) The contract number and policy number of the
24 insurance plan.

25 (3) The name, address, and social security number of
26 the primary insured.

1 (4) The beginning date of the insurance benefit year.

2 (g) A copy of the individualized family service plan must
3 be provided to each enrolled provider who is providing early
4 intervention services to the child who is the subject of that
5 plan.

6 (h) Children receiving services under this Act shall
7 receive a smooth and effective transition by their third
8 birthday consistent with federal regulations adopted pursuant
9 to Sections 1431 through 1444 of Title 20 of the United States
10 Code. Beginning July 1, 2022, children who receive early
11 intervention services prior to their third birthday and are
12 found eligible for an individualized education program under
13 the Individuals with Disabilities Education Act, 20 U.S.C.
14 1414(d)(1)(A), and under Section 14-8.02 of the School Code
15 and whose birthday falls between May 1 and August 31 may
16 continue to receive early intervention services until the
17 beginning of the school year following their third birthday in
18 order to minimize gaps in services, ensure better continuity
19 of care, and align practices for the enrollment of preschool
20 children with special needs to the enrollment practices of
21 typically developing preschool children.

22 (Source: P.A. 101-654, eff. 3-8-21.)

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.